



Workplace Safety for Departmental Safety Coordinators, Supervisors, Managers and Leads

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Safety Topics

- Part 1
 - Your Responsibilities
 - Safety In California
- Part 2
 - Employee training
 - Documentation and Reporting
- Part 3
 - OSHA Inspections
 - Emergency Planning and Evacuations



Where does safety begin?

- Safety starts at the top
- Re-enforcement is key



Managers and Business Owners

- Are required by law to know and comply with all regulations
- Failure to do so can result in personal liability from misdemeanor to felony.



“Show Me Where It Says That”

- The most often asked question when you need an approval to:
 - Spend money
 - Change practices
 - Conduct training



“Supervisor”

- Means those who are responsible for:
 - The activities of other individuals, and / or
 - Physical floor space



“Supervisor” Responsibilities

- To ensure that employees:
 - Follow workplace safety rules and other standard practices and procedures
 - Have available and use PPE
 - Participate in inspections and corrective actions
 - Implement Protocol-Specific Safety Procedures



“Supervisor” Responsibilities

- To ensure that physical floor space is:
 - Safe for use
 - Properly protected against risk of fire, flood, earthquake
 - Capable of handling a full-scale evacuation



Who is a “Supervisor”?

- Supervisors in the traditional sense have the authority to hire, fire, discipline, evaluate or promote the employees they supervise.



National Labor Relations Board

- National Labor Relations Board has expanded the definition of “Supervisor”.
- The Supreme Court in *NLRB v. Kentucky River Community Care, Inc.*, issued a decision favorable to healthcare employers on May 29, 2001.

National Labor Relations Board

“...a definition so broad that a worker with no authority to hire, fire, discipline, promote, or reward other employees, who earns no more than they do, and who performs the same work could be considered a supervisor merely because he or she sometimes directs other employees in the performance of their tasks.”

Chapter 2 – County of Santa Clara Safety & Health Policy

Chapter 2 – County of Santa Clara Safety & Health Policy Table of Contents

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2.3 Safety Philosophy

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2.6 Safety Resources

- <https://www.sccgov.org/sites/osec/SafetyResources/Illness%20Prevention%20Plan/Chapter02.pdf>

2.2 - Safety Goals

- The County of Santa Clara has adopted the following goals as the vision to guide the establishment and administration of our Safety Program.
 - The County of Santa Clara values its employees and clients and will provide healthy, safe, and secure County facilities for them.
 - Safety is everyone's responsibility and the County supports and encourages employees to identify and resolve safety problems.
 - Response to safety concerns will be given the highest priority at every level of County government.

2.4 - Roles and Responsibilities of Individuals

- All Employees:
 - As an employee, you are responsible, to a large extent, for the safety of yourself, your co-workers and clients in the workplace.
 - Although the County will provide a safe and healthy work environment, it is up to you to use safe work practices and to be alert for safety hazards.

2.4 - Roles and Responsibilities of Individuals

- First-line Supervisors:
 - First-line supervisors have a major responsibility for ensuring a safe workplace since they must provide the guidance; information and support employees need to do their work safely.
 - As a supervisor, you must lead by example - by reinforcing and modeling safe work practices and responding to safety concerns proactively.

2.4 - Roles and Responsibilities of Individuals

- Agency /Department Heads:
 - Agency /Department Heads are responsible for providing safe and healthy workplaces in their departments.
 - Although they may appoint others to manage specific aspects of safety, they bear ultimate responsibility for safety in their departments.

SAFETY IN CALIFORNIA

History of Safety In California

- 1913 - Workmen's Compensation, Insurance and Safety Act.
- 1937 - Labor Code, Division V - "Safety in Employment"
- 1945 - "The "Workmen's Safety" provisions of the Labor Code"

History of Safety In California

- Prior to 1970, a fatality on the job received a penalty between \$25 and \$50.

YOYO

“You’re On Your Own”

Federal OSH Act

- In 1970, Congress passed the federal Occupational Safety and Health Act.
- President Richard M. Nixon signed into law on December 29, 1970



Federal OSH Act

- Allowed States to assume responsibility for developing and enforcing occupational safety and health standards.
- Any state can submit a plan which the Secretary of Labor must approve, if in their judgment, it meets certain conditions.

Tunnel Accident

- July 24, 1971
- Sylmar, California
- Methane Gas Explosion
- 17 workers
- 1 survivor

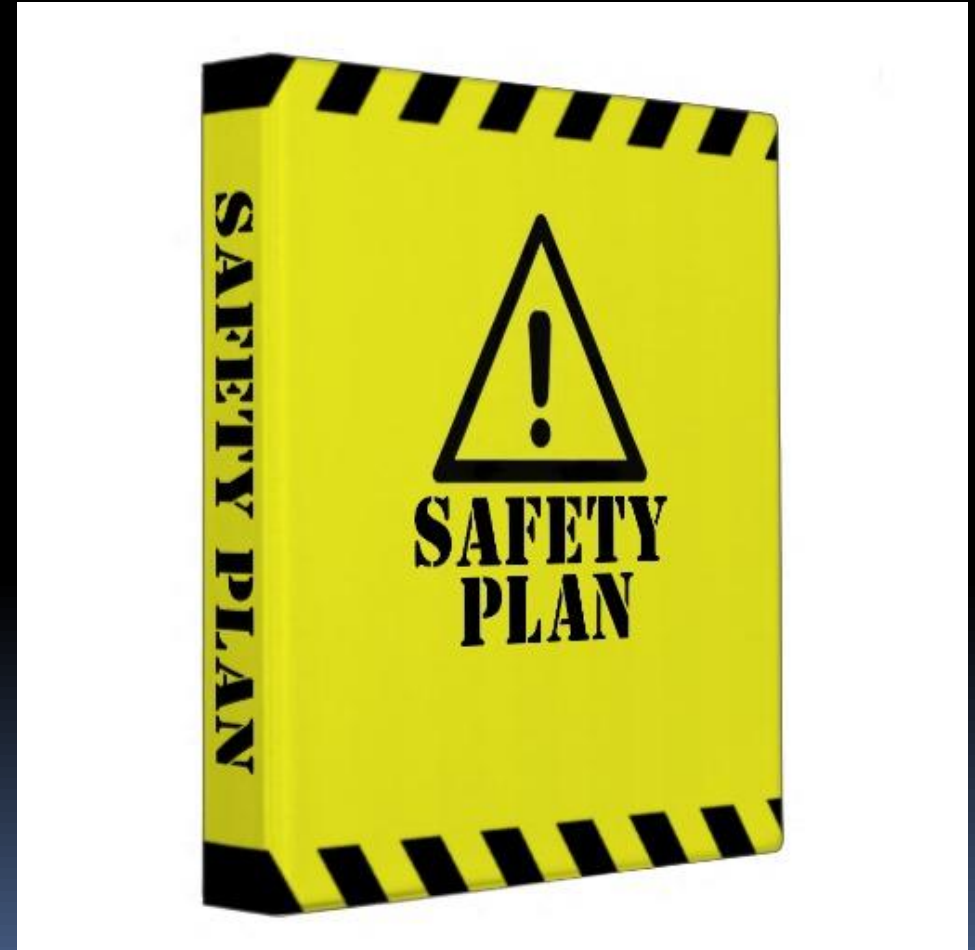


State Investigation

- In August of 1971, an Assembly Select Committee on Industrial Safety was appointed.
- Conducting hearings at which it took testimony from representatives of the Division of Industrial Safety.
- These hearings revealed “serious and far-reaching problems in the Division.”
- It discovered “a deplorable lack of programs and planning to ensure safety for California workers.”

California Program Application

- California submitted their plan on September 27, 1972.
- Intent was to develop progressive programs and standards governing the safety of workplaces instead of merely adopting Federal OSHA standards.



Bridge Accident

- October 16, 1972
- Pasadena, CA
- A freeway bridge collapsed across the Arroyo Seco during construction.
 - 6 deaths
 - 31 injuries



State Plan is Approved

- The plan was approved May 1, 1973.
- Cal/OSHA is created.



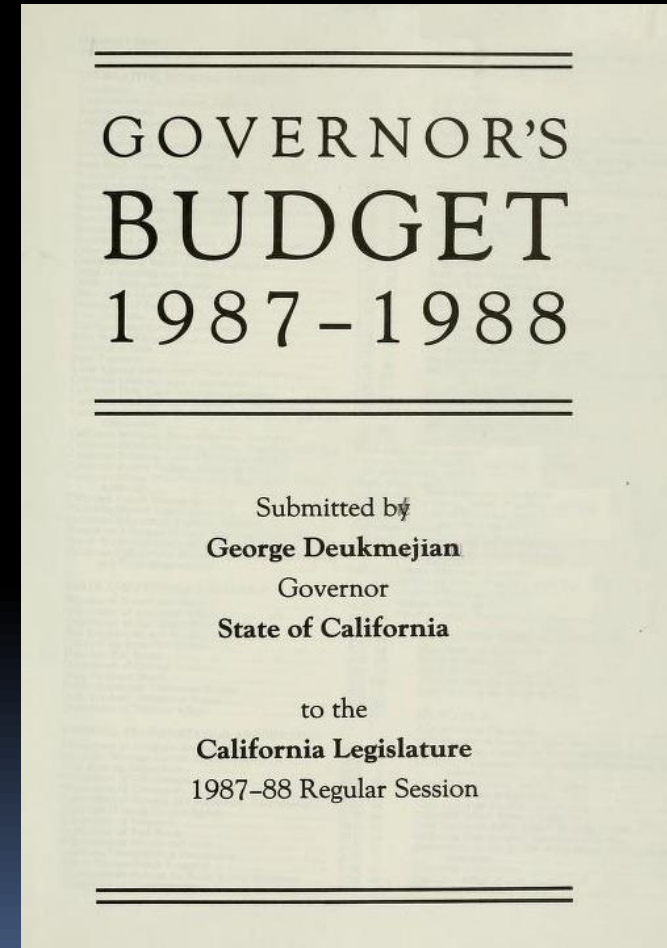
State Abdicates Safety Program

- February, 1987
- Governor Deukmejian advises the U.S. Secretary of Labor of his intent to withdraw the State plan and to return exclusive control of the administration and enforcement of safety to the federal government.



State Budget Cuts

- Thereafter, the Governor reduced the amount of funds appropriated to Cal/OSHA in the 1987 budget bill by \$7 million.



Cal/OSHA Gets Fired

- This effectively terminated California's enforcement of its private sector responsibilities under Cal/OSHA.



California Proposition 97

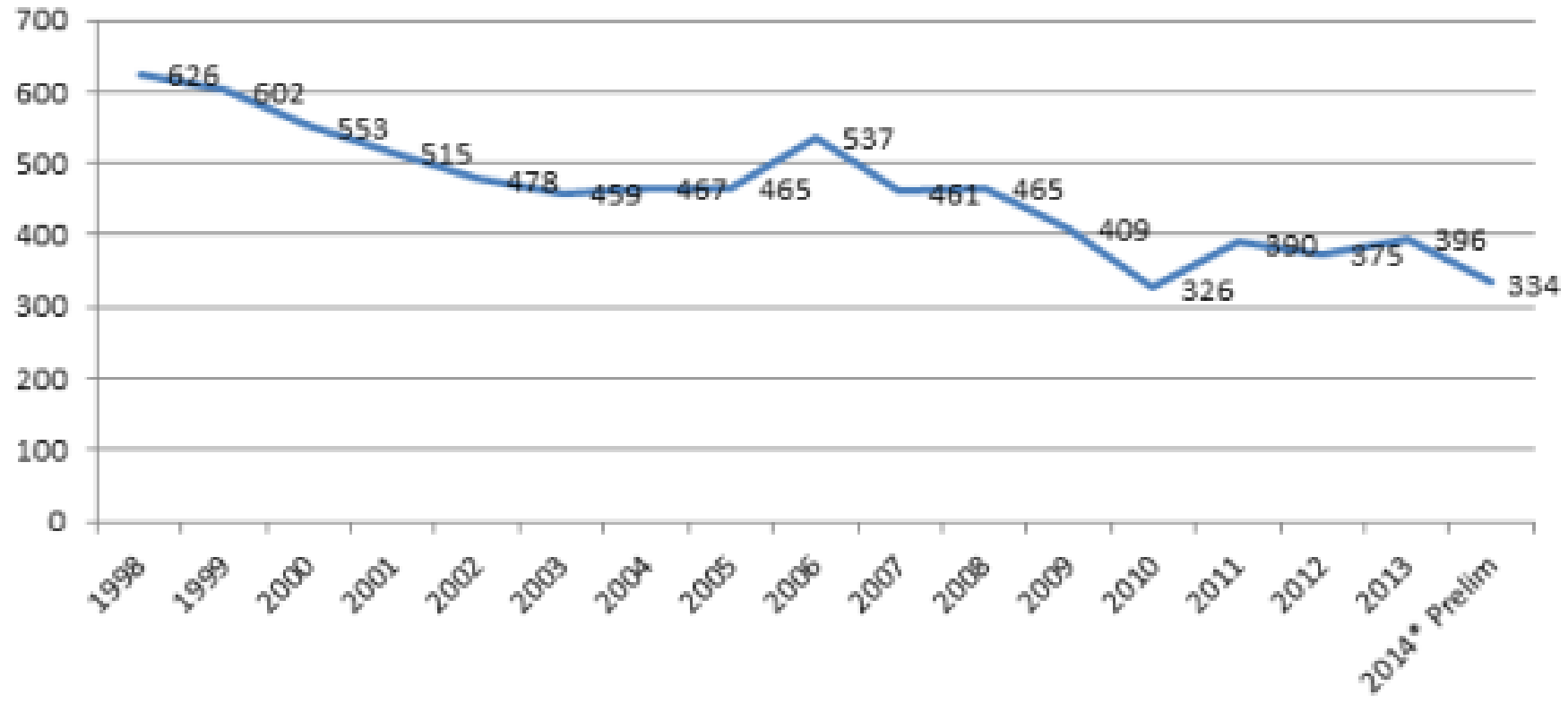
- "Restoration of Cal-OSHA"
- On November 8, 1988, voters approve by a margin of 54% to 46%
- Cal OSHA is re-hired by the Spring of 1989.

"This was something that had never been done before in the state--restoring a government program whose funding had been abolished by the governor."

Injury and Illness Prevention Program

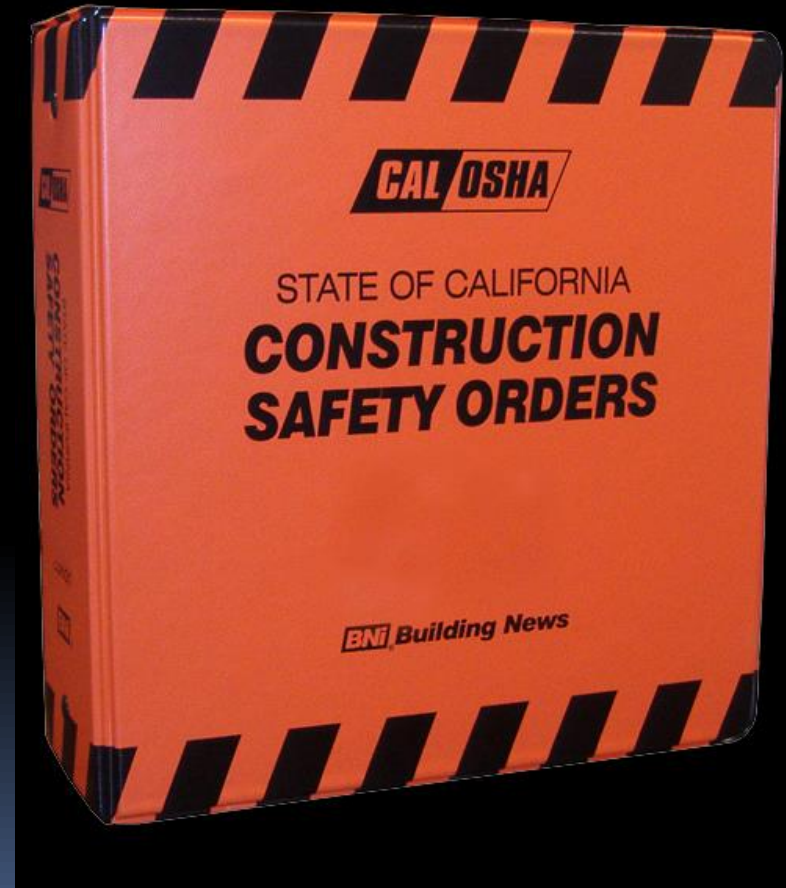
- October 2, 1989
- Governor George Deukmejian signs Senate Bill 198 (SB198) into law.
- This historic statute reconfirmed California's interest in leading the nation by developing progressive programs.
- There is no comparable federal standard.

CFOI Fatalities 1998 to 2014



Cal/OSHA Today

- Budget cuts and staff turnover over the last five years has reduced the number of inspectors and inspections.
- Fed OSHA is demanding improvements.



Cal/OSHA Today

- An additional 44 positions (34 with inspection responsibilities), will be added over a period of two years.
- The goal is perform an estimated 1,400 additional annual inspections, including an additional 630 planned inspections in high-hazard industries.



REGULATIONS

Regulations

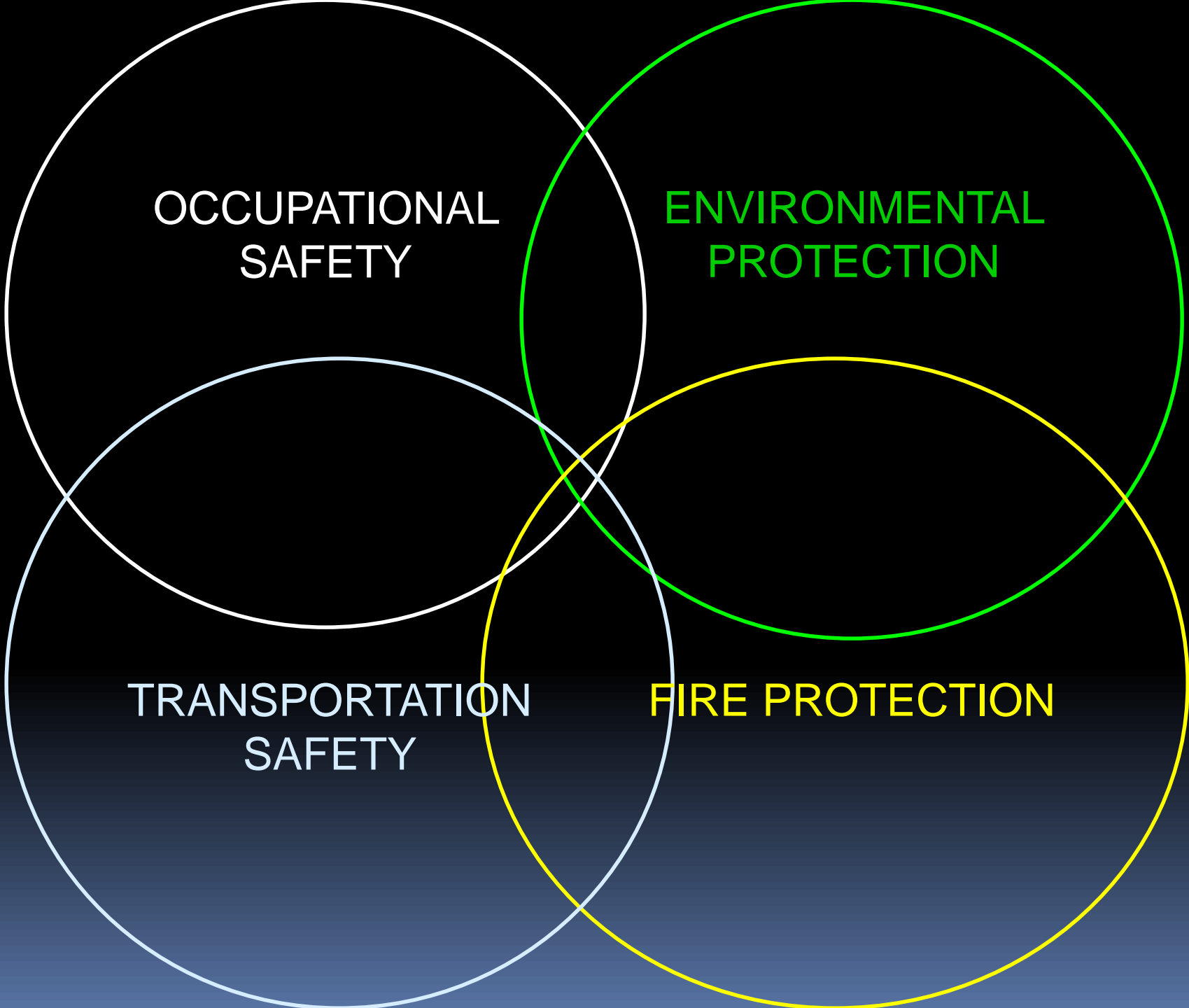
- Exist at all levels:
 - Federal
 - State
 - Regional
 - County
 - City



Regulations

- Born out of necessity
- Written for a reason
- No one knows them all
- No one is in 100% compliance





OCCUPATIONAL
SAFETY

ENVIRONMENTAL
PROTECTION

TRANSPORTATION
SAFETY

FIRE PROTECTION

Occupational Health Safety Act

- Past in 1970
- Purpose: Protect workers in the Workplace
- “Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees...” 29 USC 654.
- Established OSHA

OSHA

Occupational Safety & Health Administration
U.S. Department of Labor



General Duty Clause

Part 1

“Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees...”

General Duty Clause

Part 2

“Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct.”

Code of Federal Regulations (CFR)

- 29 – Department of Labor
 - §1904 - Recording and Reporting Occupational Injuries and Illness
 - §1910 – General Industry Safety
 - §1926 – Construction Safety

code of
federal regulations



California Labor Code

- Laws are written into the State Labor Code
 - Workplace safety is in Sections 6300-6332
- Assures safe and healthful working conditions for all California working men and women.
- Visit: <http://www.leginfo.ca.gov/>



California Regulations

- Enforcement regulations are included in Title 8 of California's Code of Regulations.
- Chapter 3.2. California Occupational Safety and Health Regulations
 - Subchapter 2. Regulations of the Division of Occupational Safety and Health
 - Subchapter 4 – Construction
 - Subchapter 7 – General Industry

AGENCIES



Federal OSHA

- The mission of the Occupational Safety and Health Administration (OSHA) is to:
 - Save lives,
 - Prevent injuries, and
 - Protect the health of 154 million men and women working for 30 million employers.
 - 22 million work for government
 - 1.4 million work for Wal-Mart





Cal / OSHA

- Created by the Occupational Safety and Health Act of 1973
- Mission:
 - Enforce effective standards
 - Assist and encourage safe and healthful working conditions
 - Provide for enforcement, research, information, education and training





Cal/OSHA

- Department of Industrial Relations (DIR)
- Division of Occupational Safety and Health (DOSH)
- Occupational Safety and Health Administration (Enforcement)

Cal/OSHA is not Advisory

- Cal/OSHA is the compliance unit and is the enforcement arm of the occupational safety program
- Federal OSHA can be called in for special emphasis.

Cal/OSHA Enforcement Branch

1. Complaints and accident investigations
2. Targeted and programmed inspections
3. Citations, special orders, and orders to take special action
4. Orders prohibiting use
5. Permits, certifications, licenses, approvals, and classifications

NEW EMPLOYEE
SAFETY
ORIENTATION

New Employee Safety Orientation

- What It Is Supposed to Do:
 - Meet State requirements
 - Provide an overview of the County's Safety Programs
 - Introduce you to OSEC
 - Provide you with job specific information from your supervisor.

Training is Required

- To all new employees;
- To all employees given new job assignments for which training has not previously been received;
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;

Training is Required

- Whenever the employer is made aware of a new or previously unrecognized hazard; and,
- For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

New Employee Safety Orientation

- Initial training will be with OSEC
- Supervisors are responsible to follow up with department specific requirements.



New Employee Safety Orientation

Do you remember what was discussed?

Yes!

No!

I'm not sure...
it was all a blur.



BLUR

“Mindfulness”

- The practice of maintaining a non-judgmental state of heightened or complete awareness of one's thoughts, emotions, or experiences on a moment-to-moment basis.

Present Moment Awareness

- Means not forgetting what the hazards are where ever you may be at any given moment.
- Climbing
- Descending
- Walking
- Driving
- Operating Tools and Equipment

Safety Orientation Checklist

Safety Orientation Checklist

As required under Title 8 of the California Code of Regulations Section 3203 and County Policy, every supervisor must instruct each new employee in the Safety requirements of the job. This checklist is provided for that purpose. Instruction should be completed within one week after an employee is hired. Check each of the items on this form at the time instruction is given. When completed, sign, obtain employee's signature and give original copy to the employee. Place a copy in the employee's health and safety records file.

Employee's Name: _____

Job Class Title: _____

Date Hired: _____

Agency: _____ Department: _____

Completed: _____

- Emergency Procedures / Evacuation routes
- First aid kit and ERT personnel.
- Emergency telephone numbers.
- Report safety/health hazards
- Report Injuries
- Explanation of job hazards and safe work practices
- Location and review of Hazard Communication Program & Safety Data Sheets
- Discussion of equipment safety devices
- Personal Protective equipment (when required, what/how to use)
- Demonstration and fitting of personal protective equipment
- Ergonomics
- Proper lifting techniques
- Location and review of Injury and Illness Prevention Program (IIPP)
- Housekeeping
- County driver orientation

I instructed the above employee in the subjects checked and feel he/she can reasonably be expected to perform his/her duties with an adequate degree of safety.

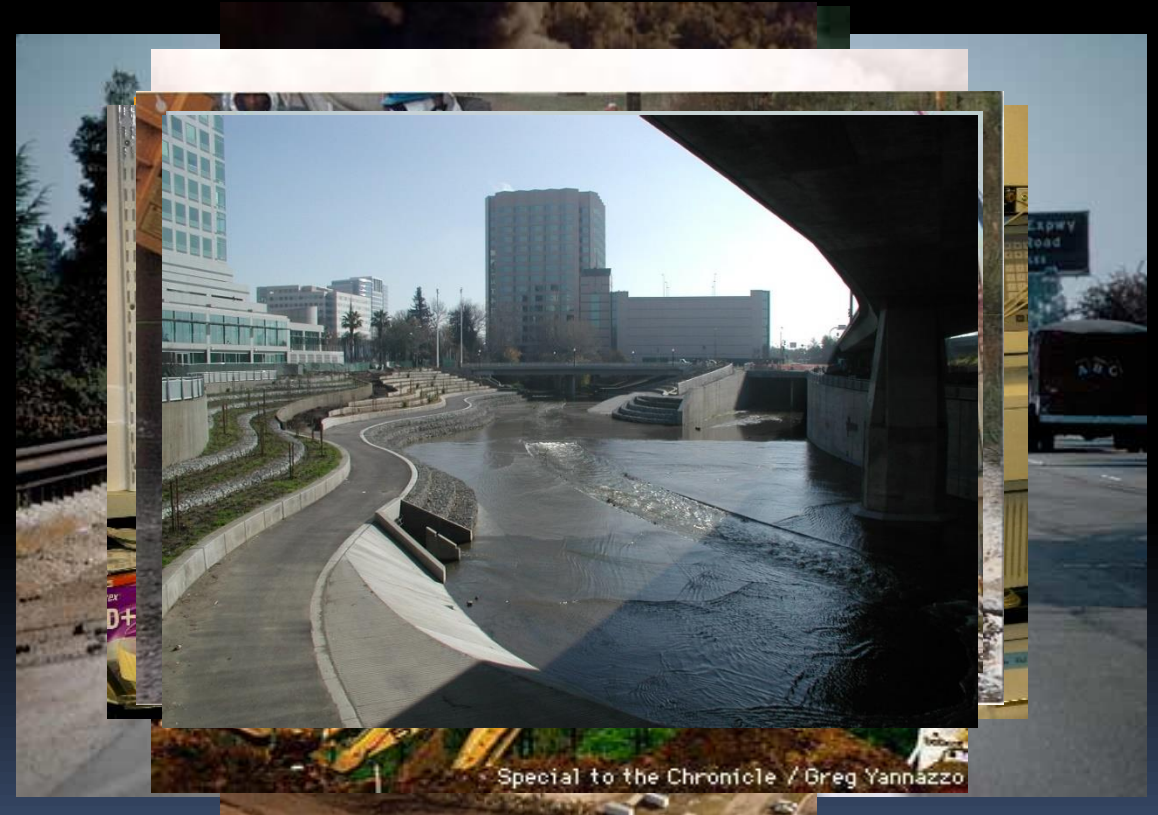
Supervisor _____

Signature _____ Date _____

#1 -
EMERGENCY
PROCEDURES

Types of Possible Emergencies

- Personal Injury
- Fire
- Earthquake
- Extreme Weather
- Technological Emergency
- Resource Emergency
- Hazardous Material Incident
- Civil Disturbance
- Terrorism
- Flood



Your Priorities

- Protect Yourself First!
- Assess your own safety
- Ask "Am I Safe?"
- Answer, then proceed.



When An Incident Occurs...

- Don't Panic
- Remain Calm
- Set an Example
- Demonstrate Leadership
- Act with Confidence

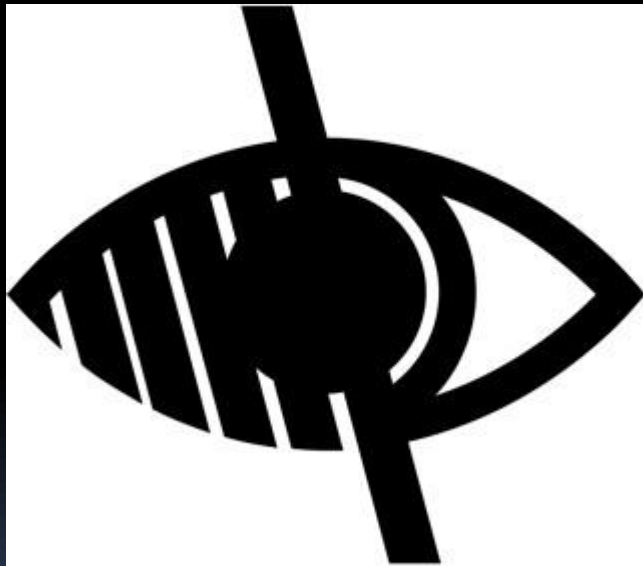


Types of Reactions

- Prepare (collect belongings)
- Confront (grab a fire extinguisher)
- Gather/provide info (look out window)
- Provide assistance (rescue trapped colleagues)
- Seek refuge (hide under desk)
- Do nothing at all (frozen with fear)
- Extreme behavior (panic – pushing, fighting)

Not everyone can see and hear

Sight Impaired or Blind

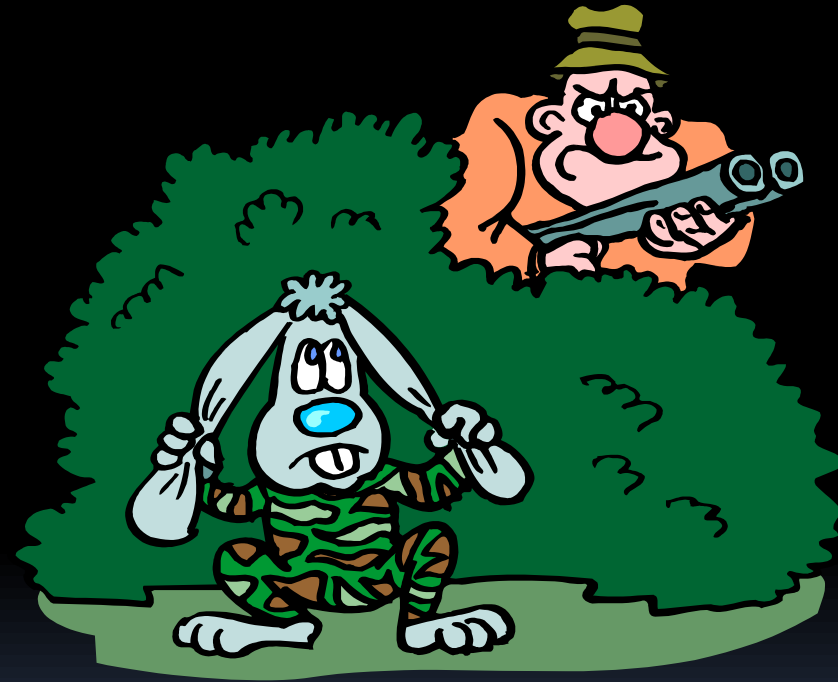


Hearing Impaired or Deaf



Evacuate or Shelter-In-Place?

- “Shelter In Place” when hazardous conditions exist outside
- Advise others to stay until more information is obtained
- Close all doors and blinds
- Monitor webcasts & radios



Evacuation Phases

- Detection
- Decision
- Alarm
- Reaction
- Movement to an area of refuge or an assembly station
- Transportation

Detection and Warning

- Human Senses
- Electronic Sensors
 - Carbon Monoxide
 - Fire
 - Smoke
 - Heat
 - Toxic Gas



Alarms

- Pull the Fire Alarm
- Evacuate if there is a risk of:
 - Fire Spread
 - Chemical inhalation
 - Gas explosion



Not everyone will act

- Disbelief – false alarm syndrome
- Not urgent or important
 - Anyone with 'work in progress'
 - Senior management?
- Is it raining outside?



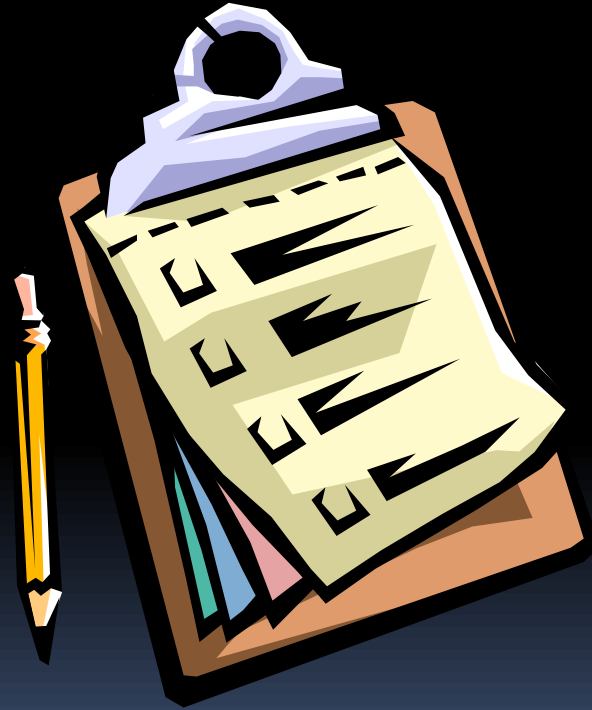
Building Evacuation

- Follow your evacuation route (if safe)
- Be alert for hazards that could change your search route



Get a Headcount

- Obtain as much information as possible:
 - Who's missing and location last seen
 - Injuries: number and types



Assembly Areas

- Remain calm
- Do not smoke
- Do not play Football or Frisbee



Prevent Re-Entry

- Prevent Re-Entry until “All-Clear” signal is given.
- People may want re-enter for:
 - Tools and Equipment
 - Car keys
 - Cigarettes
 - Paycheck



Medical Emergency

- What if you are contaminated or injured?



Marcy Borders, 8/25/2014, R.I.P

Can You Leave?

- Only after you have checked in and are dismissed.
- But, there may be a lot of traffic.



#2 –

First Aid Kits &
ERT Personnel

First-Aid Kits

- (1) There shall be adequate first-aid materials, approved by the consulting physician, readily available for employees on every job.
- (2) Such materials shall be kept in a sanitary and usable condition.
- (3) A frequent inspection shall be made of all first-aid materials, which shall be replenished as necessary.

First-Aid Kits

- (4) Drugs, antiseptics, eye irrigation solutions, inhalants, medicines, or proprietary preparations shall not be included in first-aid kits unless specifically approved, in writing, by an employer-authorized, licensed physician.

First-Aid Kits

- (5) Other supplies and equipment, when provided, shall be in accordance with the documented recommendations of an employer-authorized, licensed physician.
- Based upon:
 - The extent and type of emergency care to be given,
 - The anticipated incidence and nature of injuries and illnesses, and
 - Availability of transportation to medical care.

ERT Personnel

- These team members are the front line of the Emergency Response Plan.
- Emergency Response Teams should be made up of at least five employees who have completed the minimum initial training program.
- Teams are most effective in performing the tasks for which they have been trained.

#3 – Emergency Phone Numbers

Emergency Notification

- Call from a safe location and report:
 - Your Name & Phone #
 - Your Location!
 - Type of Emergency
- Send someone to meet responders.



Emergency Telephone Numbers

- GSA Communications 299-2501
- GSA Building Ops. (24 hrs.) 299-3682
- Fire Marshal 299-3805
- Health Dept. – Hazardous Materials
Compliance Division 299-6930
- ESA Risk Management/Insurance 392-3460
- Occupational Safety and Environmental
Compliance (OSEC) 441-4280
- Office of Emergency Services 299-3751
- ERT Program Manager 392-3470

#4 – Reporting Safety / Health Hazards



Hazard Report



Concerned Employee: Complete This Section

If this hazard presents a *clear and immediate* danger to health and safety, **DO NOT USE THIS FORM**. Report the problem to your supervisor and, if necessary, Occupational Safety and Environmental Compliance.

It is usually best to discuss a safety hazard with your supervisor before using this form. Use this form if you wish to make a written notice of the hazard. Ask your supervisor for a blank form or photocopy any blank form to use as an original. You may also ask your Steward to submit an anonymous report for you.

Hazard location: Address: _____
Building: _____ Floor: _____ Department: _____

Describe the Hazard: _____

What action do you recommend? _____

Name: _____ Phone: _____ Signature: _____ Date: _____

☛ Give this form to your supervisor and keep a copy.

☛ If you do not hear from your supervisor within two business days, send copies to your Steward, the departmental Safety Coordinator, Occupational Safety and Environmental Compliance 441-4280 Fax 432-7555, and the local office of your union.

Supervisor: Complete This Section *Give to the employee within two business days. Keep a copy.*

Your analysis and action taken: _____

Person contacted: _____ Phone: _____ Date: _____

Person contacted: _____ Phone: _____ Date: _____

Work Order or Service Call number (if applicable): _____

Name: _____ Phone: _____ Signature: _____ Date: _____

Concerned Employee:

If you are satisfied with your supervisor's response, no further action is necessary.

If you are dissatisfied or would like to discuss this matter further, contact your Steward, the departmental Safety Coordinator, and Occupational Safety and Environmental Compliance 441-4280.

Concerned Employee: Complete This Section

If this hazard presents a *clear and immediate* danger to health and safety, DO NOT USE THIS FORM. Report the problem to your supervisor and, if necessary, Occupational Safety and Environmental Compliance.

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Concerned Employee:

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If you are dissatisfied or would like to discuss this matter further, contact your Steward, the departmental Safety Coordinator, and Occupational Safety and Environmental Compliance 441-4280.

#5 – Reporting Injuries

How to report Injuries

- Report potential life threatening emergencies immediately by dialing 9-1-1 and also by alerting the facility Emergency Response Team.
- Report all medical emergencies to a medically trained individual.
- Any injury to an employee must also be reported to the employee's supervisor.

5020 Form – Employer's Report

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.	
				FATALITY <input type="checkbox"/>	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.			
EMPLOYER	1. FIRM NAME			1a. Policy Number	
	2. MAILING ADDRESS: (Number, Street, City, Zip)			2a. Phone Number	
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)			3a. Location Code	
	4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.			5. State unemployment insurance acct.no	
	6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____			INDUSTRY	
	7. DATE OF INJURY / ONSET OF ILLNESS		8. TIME INJURY/ILLNESS OCCURRED		9. TIME EMPLOYEE BEGAN WORK
				10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)	

DWC-1 Form – Worker’s Compensation

State of California
Department of Industrial Relations
DIVISION OF WORKERS’ COMPENSATION



WORKERS’ COMPENSATION CLAIM FORM (DWC 1)

Employee: Complete the “Employee” section and give the form to your employer. Keep a copy and mark it “Employee’s Temporary Receipt” until you receive the signed and dated copy from your employer. You may call the Division of Workers’ Compensation and hear recorded information at (800) 736-7401. An explanation of workers’ compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers’ compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of a felony.

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Empleado: Complete la sección “Empleado” y entregue la forma a su empleador. Quédese con la copia designada “Recibo Temporal del Empleado” hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor “felonia”.

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today’s Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar donde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____

#6 –

Explanation of Job
Hazards and Safe
Work Practices

Hazardous Tasks

- Employees must be informed about:
 - Tasks to be performed
 - Associated hazards
 - Protective measures



#7 –
Hazard
Communication

Hazard Communication

- By law, you have a “Right to Understand” about chemical products
- Safety Data Sheets are required for all hazardous materials used on-site.

**FEDERAL OSHA
HAZARD
COMMUNICATION
STANDARD
29 CFR 1910.1200**

**CAL-OSHA
HAZARD
COMMUNICATION
STANDARD
8 CCR 5194**

Safety Data Sheets

- Safety Data Sheets are available for all products containing chemicals
- Keep a binder of all materials used on site
- Be prepared to produce if an employee is exposed.



Safety Data Sheets

- Now have a specified 16-section format
 - Based upon ANSI Std. Z400.1-1993.

SDS Sections

- Sequence is based on 4 questions:
 - 1. What is the material & what do I need to know in an emergency?
 - 2. What should I do if a hazardous situation occurs?
 - 3. How can I prevent hazardous situations from occurring?
 - 4. Is there any other useful information about this material?

SDS Sections

- Section 1. Identification
- Section 2. Hazard(s) identification
- Section 3. Composition/information on ingredients
- Section 4. First-Aid measures
- Section 5. Fire-fighting measures
- Section 6. Accidental release measures
- Section 7. Handling and storage
- Section 8. Exposure controls/personal protection

SDS Sections

- Section 9. Physical and chemical properties
- Section 10. Stability and reactivity
- Section 11. Toxicological information
- Section 12. Ecological information
- Section 13. Disposal considerations
- Section 14. Transport information
- Section 15. Regulatory information
- Section 16. Other information, including date of preparation or last revision

#8 –

Safety Devices

Equipment Safety Devices

- Emergency Stop
- Back up alarms
- Safety switch
- Machine guards
- Ground Fault Circuit Interrupter (GFCI)
- Machine interlocks



Equipment Safety Devices

- Never defeat a safety device





#9 –
Personal Protective
Equipment

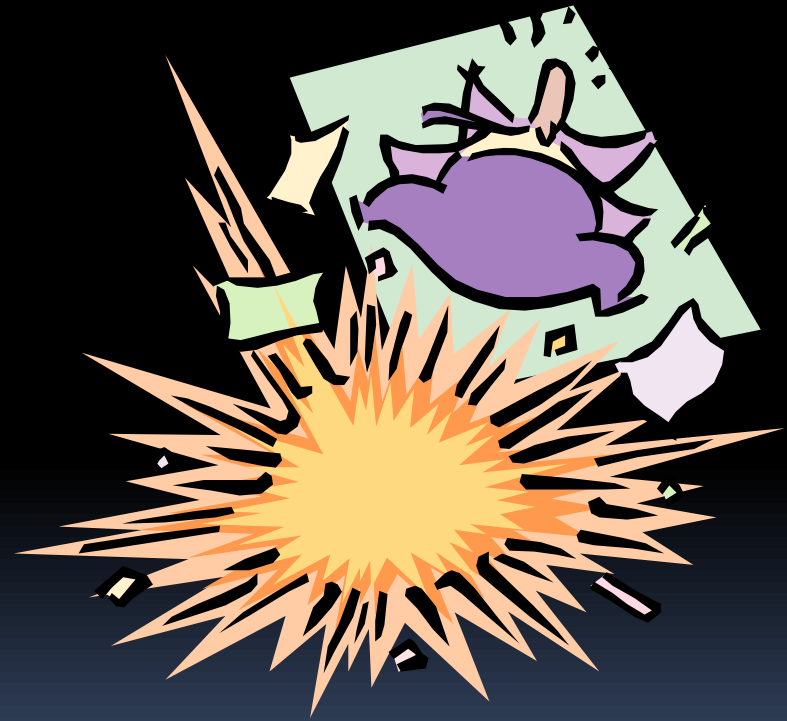
Personal Protective Equipment

- Last line of defense
- Use of PPE follows Engineering Controls and Work Practices



Reducing Risk

- Selection of PPE must be based on the worst-case scenarios.



Hazards to Guard Against

- Physical Hazards
 - Crush
 - Projection
 - Projectile
 - Hot/Cold
 - Noise
 - Skin & Eye Protection
 - absorption of harmful substances,
 - cuts or lacerations,
 - abrasions,
 - punctures



Hazards to Guard Against

- Chemical Hazards
 - Corrosives
 - Solvents



Hazards to Guard Against

- Radiological Hazards
 - Hazardous Light Rays
 - Laser
 - Welding
 - Radioactive Materials



#10 –
PPE Demonstration
and Fitting

PPE Training

- Each employer must provide training to each employee who is required to use PPE.
- Each employee must be trained to know at least the following:
 - When PPE is necessary;
 - What PPE is necessary;
 - How to properly don, doff, adjust, and wear PPE;
 - The limitations of the PPE; and,
 - The proper care, maintenance, useful life and disposal of the PPE.







#11 –
Ergonomics

Musculo Skeletal Disorders (MSDs)

- The U. S. Department of Labor defines an MSD as an injury or disorder of the muscles, nerves, tendons, joints, cartilage, and spinal discs.
- MSDs do not include disorders caused by slips, trips, falls, motor vehicle accidents, or similar accidents.



Ergonomics

- The practice of designing products, systems, or processes to take proper account of the interaction between them and the people who use them.



Ergonomics

- Proper ergonomic design is necessary to prevent repetitive strain injuries and other musculoskeletal disorders, which can develop over time and can lead to long-term disability.



#12 –
Proper Lifting

Back Injury Statistics

- 80% of Americans will have a back injury that requires medical attention at some time in their lives.
- One-half of all working Americans admit to having back pain symptoms each year.



Back Pain Facts

- Back pain is one of the most common reasons for missed work.
- It is the second most common reason for visits to the doctor's office, outnumbered only by upper-respiratory infections.



Back Injury Prevention

- Proper lifting techniques



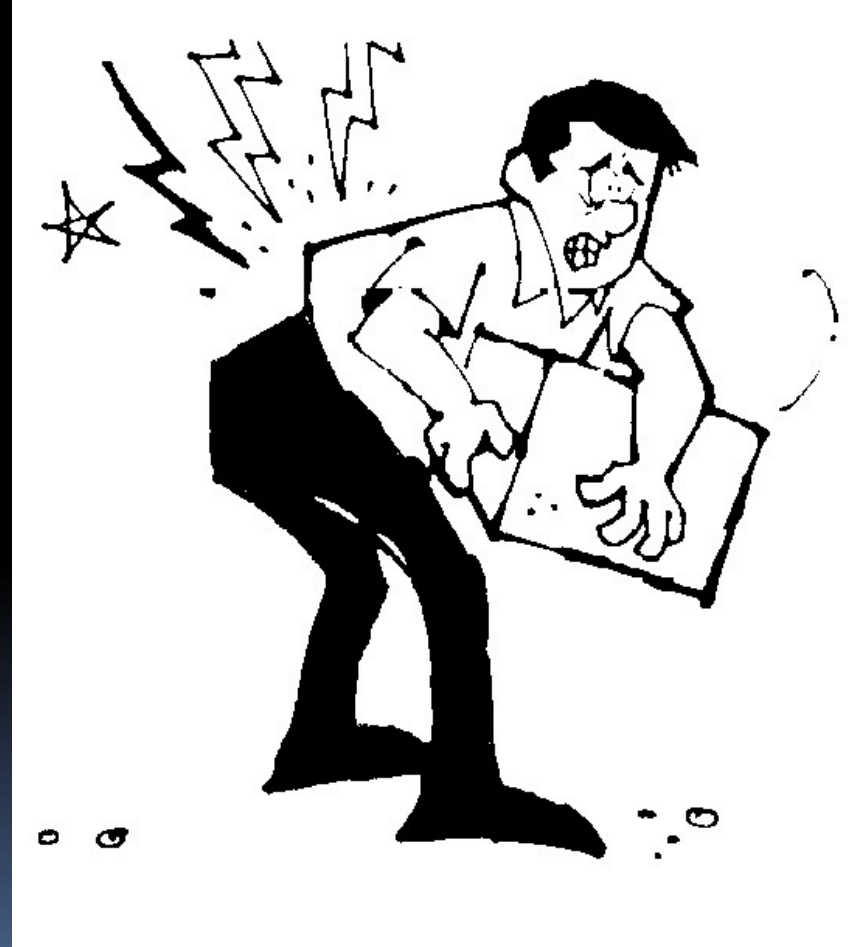
Plan Each Lift

- Size up the load
 - Weight
 - Shape and size
- Clear the path
 - Objects
 - Restrictions
 - Tight doorways or corners
- Select an Unloading zone



Proper Lifting

- Rise up with your legs
- Do not twist your back

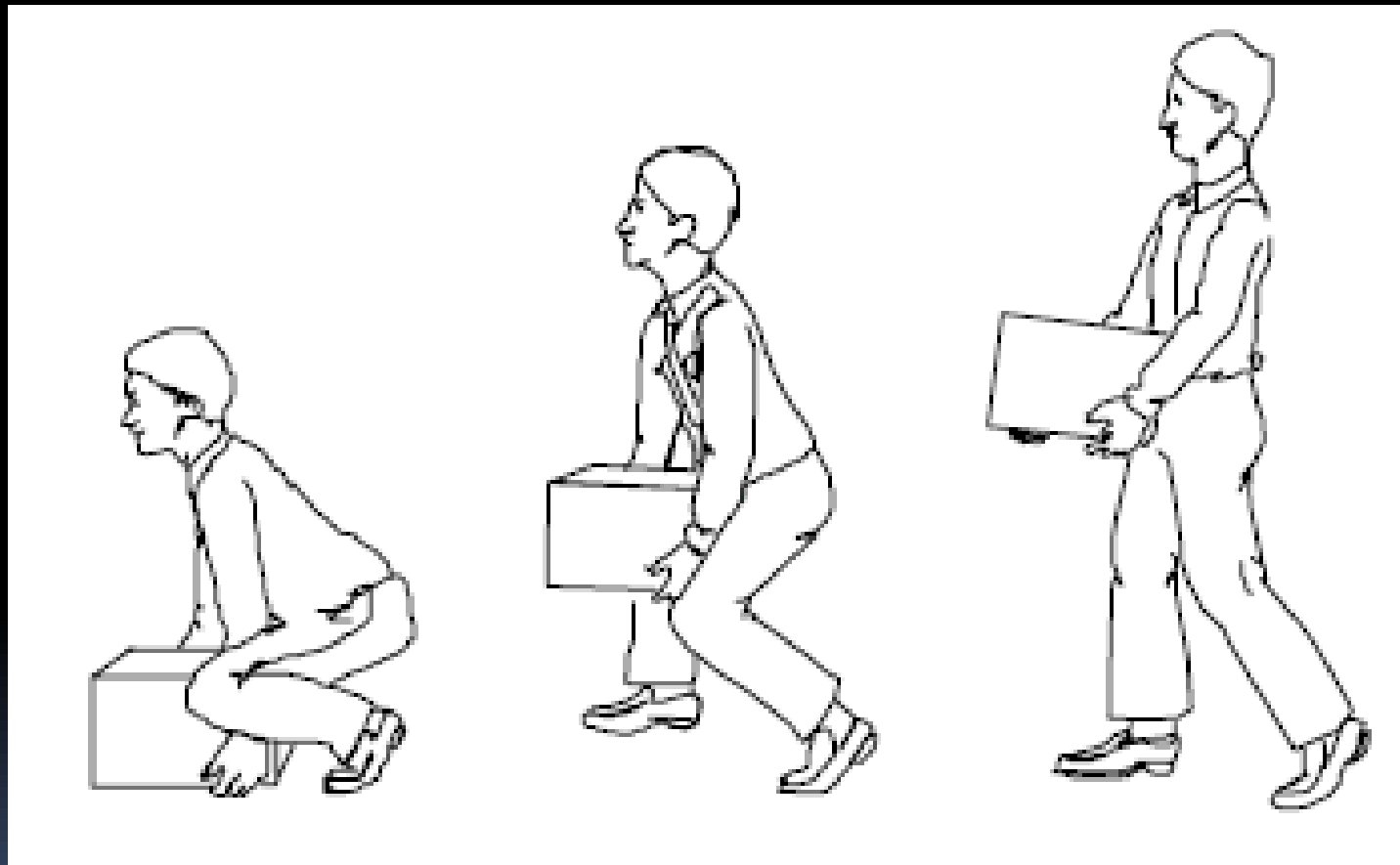


Types of Lifts

- Diagonal
- Power
- Tripod



The Diagonal Lift



The Power Lift



Tripod Lift



#13 - IIPP

Injury and Illness Prevention Program

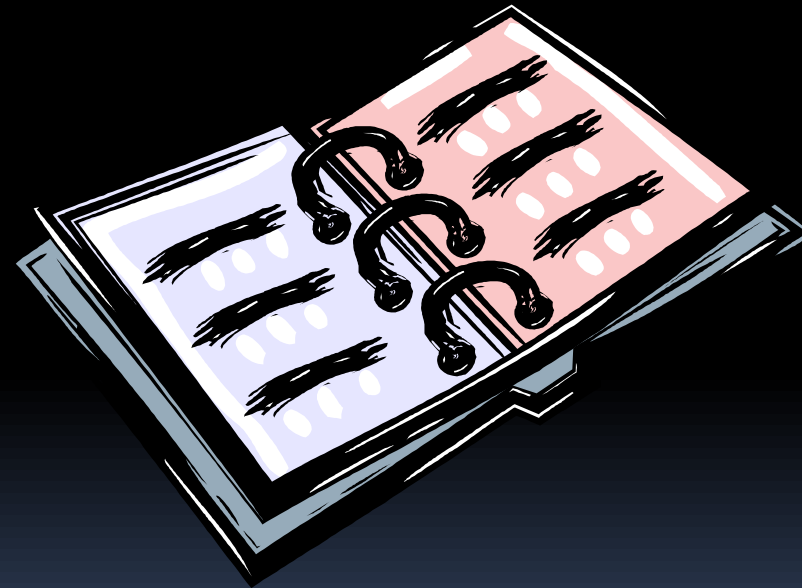
- Serves as the overall safety program
- Addresses how hazards are identified and corrected
- OSHA will review during site visit.



IIPP

Injury and Illness Prevention Program

- Safety Program Administration
- Employee Rights and Responsibilities
- Compliance Policy
- Hazard Identification
- Hazard Correction
- Training
- Recordkeeping



Responsible Person

- The person/office responsible for program implementation must be identified.

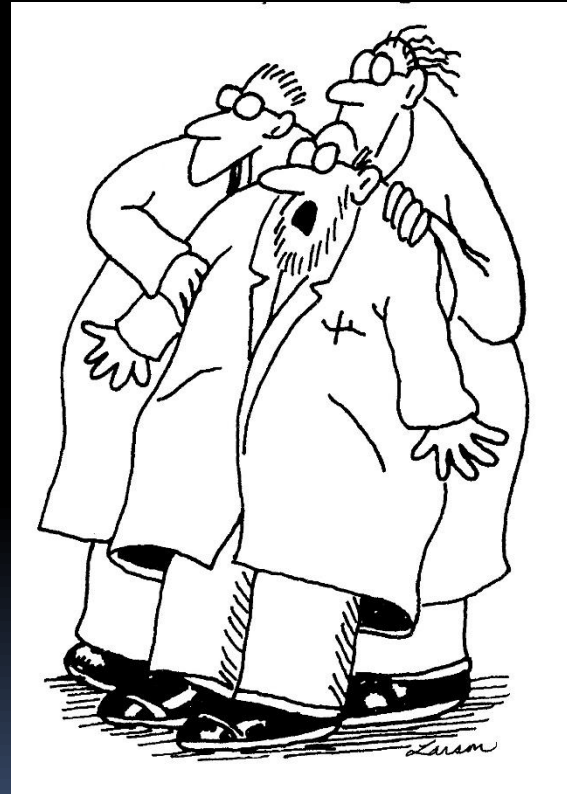


Office of Environmental and Safety Compliance (OSEC)



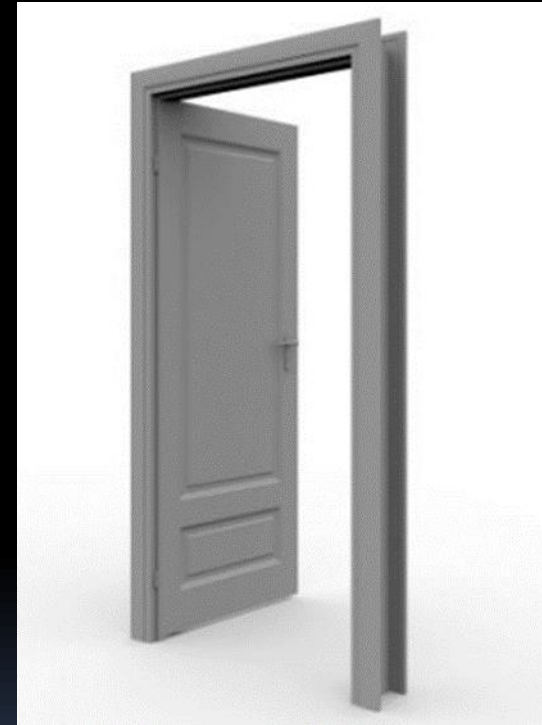
Hazard Identification

- Communication
- Inspection
- Accident Investigation




Communication

- Open, Two-Way Communication encouraged between all employees and the County.
- Report all known hazards immediately so that they can be corrected.



How to report safety/health hazards



Concerned Employee: Complete This Section

If this hazard presents a *clear and immediate* danger to health and safety, **DO NOT USE THIS FORM**. Report the problem to your supervisor and, if necessary, Occupational Safety and Environmental Compliance.

It is usually best to discuss a safety hazard with your supervisor before using this form. Use this form if you wish to make a written notice of the hazard. Ask your supervisor for a blank form or photocopy any blank form to use as an original. You may also ask your Steward to submit an anonymous report for you.

Hazard location: Address: _____
Building: _____ Floor: _____ Department: _____

Describe the Hazard: _____

What action do you recommend? _____

Name: _____ Phone: _____ Signature: _____ Date: _____

➔ Give this form to your supervisor and keep a copy.

➔ If you do not hear from your supervisor within two business days, send copies to your Steward, the departmental Safety Coordinator, Occupational Safety and Environmental Compliance 441-4280 Fax 432-7555, and the local office of your union.

Supervisor: Complete This Section *Give to the employee within two business days. Keep a copy.*

Your analysis and action taken: _____

Person contacted: _____ Phone: _____ Date: _____
Person contacted: _____ Phone: _____ Date: _____

Work Order or Service Call number (if applicable): _____

Name: _____ Phone: _____ Signature: _____ Date: _____

Concerned Employee:

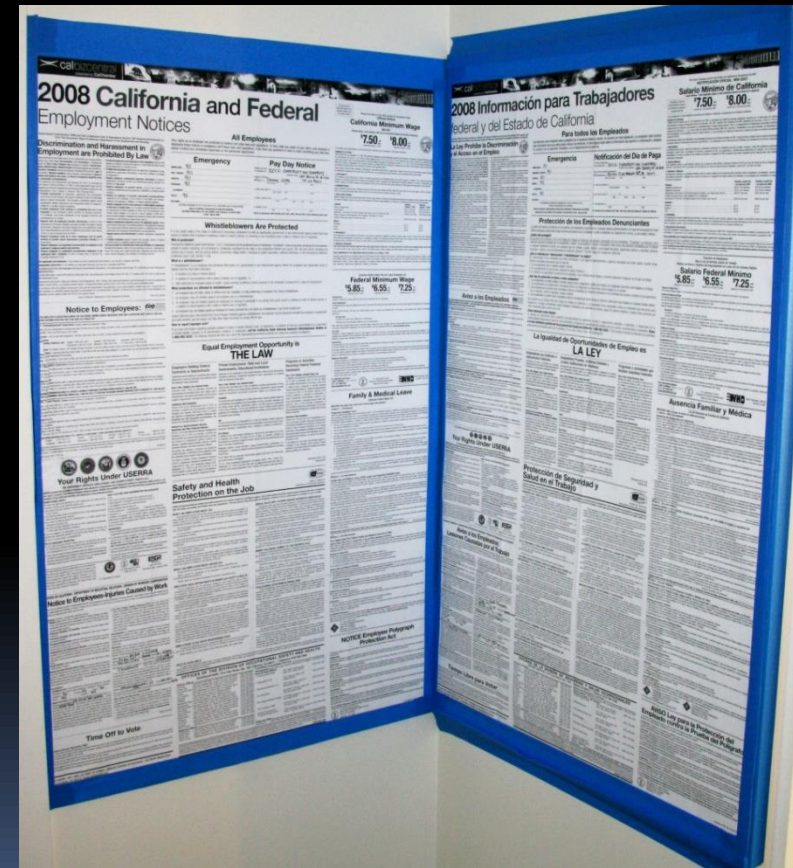
If you are satisfied with your supervisor's response, no further action is necessary.

If you are dissatisfied or would like to discuss this matter further, contact your Steward, the departmental Safety Coordinator, and Occupational Safety and Environmental Compliance 441-4280.

4205 REV 7/07 REORDER CODE NUMBER 963079This form developed by the Countywide Joint Labor/Management Safety Committee

Safety Posters

- Current Federal and State notices are required to be posted in the work place.
- All blanks must be filled in.



Inspections

- Safety inspections must be performed in each area
- Use Checklists
- Be observant – avoid complacency.



Accident Investigations

- Learning from close calls and actual accidents is very important:
 - No Repeats!



Why do Accidents Happen?

- Inadequate training
- Insufficient training
- Work overload
- Unfamiliarity
- Poorly maintained equipment
- Poor choices
- Overall Fatigue



#14 –
Good
Housekeeping

Agency Inspections

- First impressions are going to count!



Good Housekeeping

- Sweeping
- Keeping dumpsters closed
- Cleaning up small spills immediately



If you use it... Clean it!

- Housekeeping is everyone's responsibility



#15 –
Safe Driving

County Driver Orientation

- Supervisors must contact ESA Insurance to coordinate the two-hour behind-the-wheel "Driving Practices Observation" review, if deemed appropriate, by a professional driver trainer BEFORE the employee is allowed to drive on County business

Documentation

- Heavy Equipment
 - Operator training is required for each piece of equipment
 - Proof of Daily Inspection
 - Forklifts
 - Aerial Lifts
 - Safety Manual on board
 - Original Factory Decals



#16 –
Heat Illness
Prevention

Heat Illness Prevention Topics

- The environmental and personal risk factors for heat illness.
- Importance of frequent consumptions of small quantities of water.
- Importance of acclimatization
- Different types of heat illness, common signs and symptoms
- Emergency Procedures

When Temperatures Are Below 80°F

- Employees shall be allowed and encouraged to take a preventative cool-down rest period in the shade when they feel they need to do so to protect themselves from overheating.

When Temperatures Are Below 80°F

- Access to shade shall be permitted at all times.
- Even if temperatures do not exceed 80 degrees, shade must still be available.



When Temperatures Are Below 80°F

- For employers using shade structures, it is helpful to have the structures erected if the weather is hot enough that the shade can help employees cool off.



When Temperatures Are **Above** 80°F

- Monitor New Employees for Acclimation
- Provide Shade
- Encourage Preventative Cool-down Rest
- Check Water Quality & Container Sanitization
- Encourage Water Consumption
- Replenish Water & Cups
- Collect ALL Water Bottles

Heat Illness Prevention

- Pay Attention
 - Employees watch out for each other & provide more frequent feedback
 - Designate person - closely monitor/report employees conditions

Heat Illness Prevention

- Drink More Water
 - Employees should drink small quantities of water more frequently before, during and after work
 - Effective replenishment of extra supplies of water
 - Encourage employees to consult with their doctor on salt/mineral replacement

Heat Illness Prevention

- Provide Shade
 - Do not rely on trees
 - Rest areas must have room between people
 - Provide air movement

Heat Illness Prevention

- Provide Cooling
 - Use other cooling measures in addition to shade
 - Spraying body with water/wiping with wet towels
 - Additional/longer breaks in the shade

Heat Illness Prevention

- Change Meals
 - Encourage employees to:
 - Eat smaller/more frequent meals (less body heat during digestion than with big meals)
 - Choose foods with higher water content (for example, fruits, vegetables, salads)

Heat Illness Prevention

- Change Schedule
 - Start work earlier or later in the evening
 - Split-up work shifts - avoid working in hotter parts of the day
 - Cut work shifts short or stop work

Heat Illness Prevention

- Acclimatization Warning
 - Even employees previously fully acclimatized are at risk for heat illness
 - Body needs time to adjust to sudden, abnormally high temperatures or other extreme conditions

Heat Illness Prevention

- Wear Sunblock
- Minimum SPF = 33
- Re-apply as directed.



High-heat Procedures

- When temperatures equals or exceeds 95 degrees Fahrenheit:
 - Ensure that effective communication by voice, observation, or electronic means is maintained so that employees at the work site can contact a supervisor when necessary.
 - Observe employees for alertness and signs or symptoms of heat illness.

High-heat Procedures

- During periods of high heat, it is crucial that employees be monitored for early signs and symptoms of heat illness to help ensure that sick employees receive treatment immediately and progression to serious illness is arrested.

High-heat Procedures

- When temperatures equals or exceeds 95 degrees Fahrenheit:
 - Remind employees throughout the work shift to drink plenty of water.

Summary - Employee Responsibilities

- Abide by Department Policies
- Perform job according to safe operating procedures
- If in doubt, stop and ask
- Use all personal protection equipment required
- Report all unsafe conditions and equipment.
- Report to your supervisor all accidents in which the employee is involved and getting first aid for all injuries.
- Work safely

WHY DO
ACCIDENTS
HAPPEN?

“How did that happen?”

- The most often asked question after a serious accident



Poor Choices

- Did not:
 - Take the time to do it properly
 - Want to do things right
 - Know how to do it
 - Realize the results of poor decision making
- Wanted to:
 - finish the job quickly, or
 - before the end of the shift, or
 - within the scheduled number of days



Poor Attitudes Towards Safety

- Complacency
- Arrogance
- Ignorance
- Lack of Accountability



Complacency

- “I always do it this way.”
- “I’ve been doing it this way for 15 years and nothing’s ever happened!”
- “I’ve done it this way 100 times before!”



Arrogance

- False belief that accidents are things that happen to other people
 - “Don’t worry about me, you just worry about your own stuff.”
 - “I know more than you do.”
 - “It’s not going happen to me!”



Ignorance

“Ignorance isn’t what you don’t know,
it’s what you know wrong.”

Yogi Berra

- “If I ignore it, it will go away.”
- “I didn’t know that would happen.”
- “Where did that come from?”



Accountability

- Reporting can have significant and unpleasant consequences
- Ignoring the frequency of accidents, injuries and other claims
- Adopting a “We have insurance – who cares?” attitude



RECORDING
LOST TIME ON
THE OSHA FORM

300

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
						Remained at Work				Away from work (K)	On job transfer or restriction (L)	(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)								
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Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . .	
(M)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

(____) _____ / /
 Phone _____ Date _____

OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (____) _____ - _____ Date ____/____/____

Information about the employee

- 1) Full name _____
- 2) Street _____
- City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
- Facility _____
- Street _____
- City _____ State _____ ZIP _____
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death ____/____/____

OSHA Reporting

Reporting Accidents to Cal-OSHA

- Serious accidents must be reported by the employer to the regional Cal-OSHA office within 8 hours of discovery.
- Report whether Work-related or not.
- Report anytime 9-1-1 is called.

Notify OSHA - Within 8 hrs.

- Hospitalization for more than 24 hours for anything other than observation
- Loss of Consciousness
- Loss of an eye
- Permanent Disfigurement
- Amputation

Notify OSHA - Immediately

- Any Fatality
 - Note: 4,405 workers died on the job in 2013
- A Catastrophe
 - Event involving 3 or more employees.



Cal OSHA Reporting

- Fremont Office
 - San Jose – Cupertino – Gilroy 510-794-2521
- Foster City Office
 - Sunnyvale – Mountain View 650-573-3812
- Email: caloshaaccidentreport@tel-us.com

Cal OSHA Regulations 8CCR §342

- a) Every employer shall report immediately by telephone or ~~telegraph~~ email to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.

Cal OSHA Regulations 8CCR §342

- Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness.

Cal OSHA Regulations 8CCR §342

- If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

California Labor Code § 6409.2

- Whenever a state, county, or local fire or police agency is called to an accident involving an employee in which a serious injury or illness, or death occurs, the nearest office of the Division shall be notified by telephone immediately by the responding agency.

Penalty for Failure to Report

- An employer who violates this subdivision may be assessed a civil penalty of not less than five thousand dollars (\$5,000).



Report Details

- When making a report, include the following information, if available:
 1. Time and date of accident.
 2. Employer's name, address and telephone number.
 3. Name and job title, or badge number of person reporting the accident.

Report Details

- When making a report, include the following information, if available:
 4. Address of site of accident or event.
 5. Name of person to contact at site of accident.
 6. Name and address of injured employee(s).

Report Details

- When making a report, include the following information, if available:
 7. Nature of injury.
 8. Location where injured employee(s) was (were) moved to.
 9. List and identity of other law enforcement agencies present at the site of accident.

Report Details

- When making a report, include the following information, if available:
 10. Description of accident and whether the accident scene or instrumentality has been altered.

OSHA INSPECTIONS

Cal OSHA Inspections

- It is not a matter of IF you will be inspected, but WHEN you will be inspected.



Reasons for Inspections

- Report of Serious Injury or Illness
- Programmed
- Complaint
- Referral Inspection
- Follow Up
- Criminal Action
- Drive-By Observation
- Fatality / Catastrophe



Programmed Inspections

- A randomly scheduled inspection resulting from:
 - A certain injury or illness rate or
 - A "special emphasis program" applying to a particular industry

Complaints

- Inspection resulting from a complaint filed by an employee.
- This may be:
 - An informal inquiry by telephone or letter (“phone and fax”) or
 - An on-site inspection where an employee has filed a written, formal complaint

Referral Inspection

- An inspection resulting from:
 - a referral from another government agency,
 - a complaint by a third party, such as a neighbor, or
 - a media story.

Fatality/Catastrophe

- Investigations triggered by report of:
 - A fatality, or
 - The hospitalization of three or more employees, regardless of duration.
- Will be investigated the CA Bureau of Investigations

Drive By Observation

- Compliance personnel may cite an employer for a violative condition which is clearly visible from a public location even if the employer denies permission to conduct an inspection.
- Most common example: Scaffolds

Imminent Danger

- Inspection conducted because "a danger exists which could reasonably be expected to cause death or serious physical harm immediately."

Notice of Inspection

- No advance notice of inspections is required to be given.



Advance notice may be given if:

- Imminent danger
- After business hours
- Special preparations are necessary
- Assurance of employer and employee presence
- As determined by District Manager

Cal OSHA Inspections

- Have you ever had to escort an Inspector before?
- What will be their first impression?



Initial Contact

- After initial contact with the employer, compliance personnel are required to present their State of California Identification.



Request to Gain Entry

- Next, the inspector will ask to speak to the employer's representative to gain entry.
- Permission to enter does not imply waiver of citation or penalty



Refusal to Grant Permission

- Compliance personnel shall interrupt their inspection and leave the worksite when any of the following conditions occur:
 - At the time compliance personnel make initial contact, the employer refuses to give permission to enter the workplace; or

Refusal to Grant Permission

- Compliance personnel shall interrupt their inspection and leave the worksite when any of the following conditions occur:
 - After compliance personnel conduct an Opening Conference, the employer refuses to permit compliance personnel to conduct the walk-around portion of the inspection; or

Refusal to Grant Permission

- Compliance personnel shall interrupt their inspection and leave the worksite when any of the following conditions occur:
 - At any time during the course of the inspection, the employer withdraws to continue any part of the inspection.

Opening Conference

- Upon gaining entry, the Compliance Officer (Inspector) will conduct an opening conference with the employer and employees' representative, if any.

Opening Conference

- The opening conference is the first opportunity to begin managing the inspection.
- Therefore, planning for the opening conference is important.

Type of Inspection

- The Compliance Officer should be asked to identify the type of inspection to be conducted, and state the reason for and scope of the inspection.

Issues and Scope

- The employer should press for a clear understanding of the issues to be investigated, and the areas of the facility to be observed.

Issues and Scope

- Absent an agreement to limit the scope of the inspection, or unless the employer declines consent, the Compliance Officer may inspect any portion of a worksite.
- Inspections are to be “reasonable” in the way they are conducted.

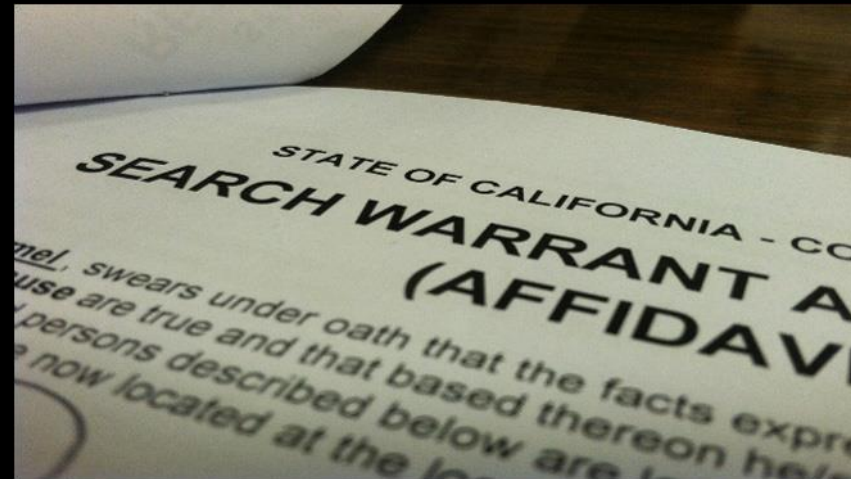
Issues and Scope

- Limit the inspection's focus to only the documents and facility areas identified in the opening conference.



Issues and Scope

- If they want a “wall to wall inspection” and you know you have significant violations, request a Search Warrant.



Questions and Answers

- Respond to the questions, but only to the questions, as briefly as possible.



How to Answer the Questions

- Provide neutral, fact-based answers to the inspector's questions
- Don't offer opinions or guess at answers.
- It's okay to say:
 "I don't have that information."

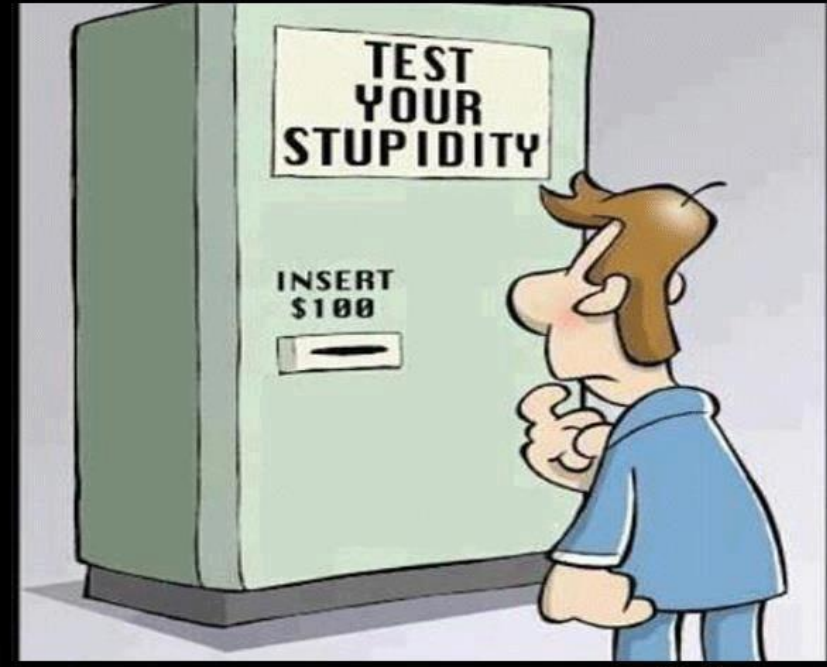


What to Expect

- Silence (Pregnant Pause)
 - “Whoever speaks first, loses.”
- Open Ended Questions
 - Inspector’s goal is to get excessive and volunteered information
- Fishing Expeditions
 - Inspector is trying to open a cans of worms.

Opening Conference

- Don't make jokes about health and safety, worksite, or personnel matters.



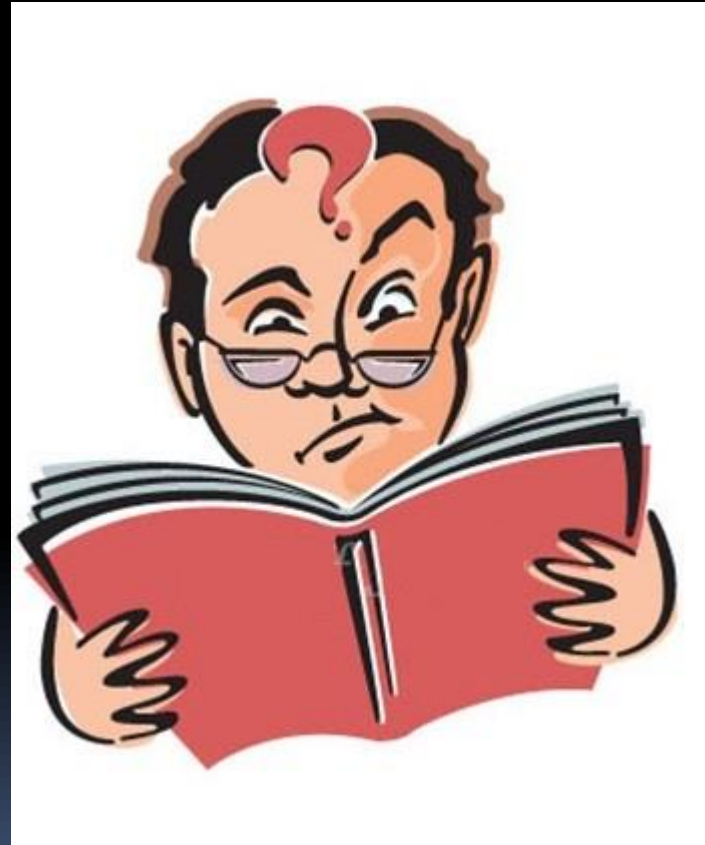
More pics on www.LeFunny.net

Non-Verbal Communication

- Be aware of your body language
 - Avoid defensive postures
 - Use direct eye contact
- Answer questions with confidence, speaking slowly and clearly
- Be attentive and gain positive feedback to show you are listening

Documentation Review

- Only give them the documents they request.
- Inspectors will need time to review your policies and procedures.



Documentation Request

- Inspectors will request to see the following:
 - OSHA Permits
 - OSHA 300 Logs
 - IIPP w/ Code of Safe Practices
 - Heat Illness Prevention Plan
 - Hazard Communication Program
 - Inspection Records
 - Training Records, including Tailgate Mtgs.
 - Accident Investigation reports

Cal-OSHA Document Request Form

- Typically, 3 days are given to provide additional documentation.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

www.dir.ca.gov/DOSE
DOCUMENT REQUEST

EMPLOYER: _____ DATE: _____ Postmark by: _____
EMPLOYER CONTACT: _____ Cal/OSHA Inspector: _____

As discussed during the inspection on _____, it has been determined that copies of the following documents are required for review. Please provide the Cal/OSHA inspector with the required copies by the "postmark" date noted above. If the copies are not provided by that date, it will be interpreted as an admission that the documents do not exist, and possible citations and monetary penalties could result.

Federal ER ID No. / _____

<input type="checkbox"/> Licenses & Permits: <input type="checkbox"/> Business License <input type="checkbox"/> State ER Tax ID No. <input type="checkbox"/> CSLB <input type="checkbox"/> Garment Bag <input type="checkbox"/> Farm Labor Contractor	Rec'd _____
<input type="checkbox"/> Facility Layout (floor plan, evacuation routes, etc)	Rec'd _____
<input type="checkbox"/> OSHA Log 300 (from _____ to _____) § CCR 14301	Rec'd _____
<input type="checkbox"/> OSHA 5020 (Employer's First Report of Injury)	Rec'd _____
<input type="checkbox"/> DWC Form 1 (Worker's Compensation Claim)	Rec'd _____
<input type="checkbox"/> Worker's Compensation Insurance Carrier	Rec'd _____
<input type="checkbox"/> Injury and Illness Prevention Program (written safety program) § CCR 3203	Rec'd _____
<input type="checkbox"/> Safety Inspection Records	Rec'd _____
<input type="checkbox"/> Employee Training Records	Rec'd _____
<input type="checkbox"/> Safety Committee Meeting Minutes	Rec'd _____
<input type="checkbox"/> Heat Illness Prevention Program § CCR 3395	Rec'd _____
<input type="checkbox"/> First Aid Kit approval § CCR 3400	Rec'd _____
<input type="checkbox"/> Emergency Action Plan § CCR 3220	Rec'd _____
<input type="checkbox"/> Fire Prevention Plan § CCR 3221	Rec'd _____
<input type="checkbox"/> Hazard Communication Program § CCR 5194	Rec'd _____
<input type="checkbox"/> Material Safety Data Sheets, for _____	Rec'd _____
<input type="checkbox"/> Respiratory Protection Program § CCR 5144	Rec'd _____
<input type="checkbox"/> Hearing Conservation Program (Noise) § CCR 3097	Rec'd _____
<input type="checkbox"/> Exposure Control Plan / Bloodborne Pathogens § CCR 5193	Rec'd _____
<input type="checkbox"/> Workplace Exposure Records/Monitoring Results	Rec'd _____
<input type="checkbox"/> Chemical Hygiene Plan § CCR 5191	Rec'd _____
<input type="checkbox"/> Carcinogen Registration § CCR Article 110	Rec'd _____
<input type="checkbox"/> Permits / Variances, for _____	Rec'd _____
<input type="checkbox"/> Maintenance Records of Equipment	Rec'd _____
<input type="checkbox"/> Safety Instructions / Equipment Manuals	Rec'd _____
<input type="checkbox"/> _____	Rec'd _____
<input type="checkbox"/> _____	Rec'd _____

If you require an extension of time in order to satisfy this request, please contact the Cal/OSHA inspector identified with your inspection at the phone numbers above before the deadline.

INSPECTION NO. _____ INSPECTOR ID. _____ OPT RPT NO. _____
Cal/OSHA IAY(04/06)

Site Safety Orientation

- Before entering a facility or worksite, OSHA Compliance Officers must undergo the same orientation as any other visitor, such as:
 - a video on site safety procedures,
 - the meaning of alarms, and
 - evacuation procedures.

Personal Protective Equipment

- Compliance Officers must wear personal protective equipment in those areas where it is required of employees.



Walk-Around

- Accompany the inspector at all times
- Do not let them walk around unattended.



Interviews

- Private employee interviews can be arranged in controlled access conference rooms.
- Interviews can be recorded.



Questions and Answers

- Workers may point out hazards, describe injuries, illnesses or near misses that resulted from those hazards and describe any concern they have about a safety or health issue.

Walk-Around

- Keep notes, photos, and records during the visit.
- If the inspector takes photos, take duplicate photos.
- Document the item(s) that the photo is illustrating.



Walk-Around

- If the inspector takes measurements or readings, conduct the same measurements and readings simultaneously.



Verbal Discussions

- What to Say

- “Thank you for pointing that out.”
- “I don’t have that information.”

- What Not to Say

- “Where did that come from?”
- “If you think this is bad...”
- “We always do it that way.”
- “Oh. That’s bad, isn’t it?”

“White Glove”

- Inspectors can tell when a site has been cleaned up only for the purposes of inspection.
- They will probably come back at a later date.



Observations

- If observed...
 - Must be written up



Demonstrations of work or processes

- The employer is not required to stage demonstrations for OSHA.
- OSHA is entitled to observe work as it is being performed, but cannot insist that it be shown how equipment operates, or how particular operations are performed.

Demonstrations of work or processes

- Sometimes, it is to an employer's advantage to stage such demonstrations, as when it is necessary to clarify misunderstandings.
- Be mindful, however, that “Murphy's Law” is always in force.

Notice Prohibiting Use

- An imminent hazard is any condition or practice which poses a hazard to employees which could reasonably be expected to cause death or serious physical harm immediately, or before the imminence of such hazard can be eliminated through normal enforcement procedures.



Closing Conference

- After the inspection is completed, the Compliance Officer will hold a closing conference that includes management and union representatives.
- The purpose of the closing conference is to inform the parties of the possible violations OSHA found.

Cal OSHA Notifications

- Within a reasonable period, the employer usually will be advised of the following outcomes:
 - No citations or violations noted.
 - Citations or notices of violations.
 - Request for more information or the need for a re-inspection

Corrective Actions

- Documentation required:
 - Abatement certification letter
 - Evidence of abatement
 - Abatement plans / progress reports
 - Warning tags for moveable equipment

Corrective Action Response Period

- If non-serious
 - 30 days
- If serious
 - One week
- If life threatening
 - Immediate



Worker Right To Know

- Employer must inform affected employees and their representatives
- Citations must be posted.

Other Misdemeanors

- Falsifying records
 - Up to \$10,000, six months in jail, or both
- Violations of posting requirements
 - Civil fine up to \$7,000
- Assaulting, interfering with, intimidating a CSHO while performing their duties
 - Up to three years prison, and
 - \$5,000 fine

Summary

- OSHA inspections will happen
 - Not if, but when.
- Being prepared is critical to avoid unnecessary citations

EMERGENCY ACTION PLANNING

Emergency Action Planning

- Knowing what to do in an emergency requires training and practice drills.



Emergency Action Planning

- Employers are required to have a coordinated plan with excellent communication systems.
- Extremely critical in multiple tenant buildings.



Cal OSHA Regulations

- Subchapter 7 –
General Industry Safety Orders
 - §3220 - Emergency Action Plan.

§3220 - Emergency Action Plan

- (1) Emergency escape procedures and emergency escape route assignments;
- (2) Procedures to be followed by employees who remain to operate critical plant operations before they evacuate;

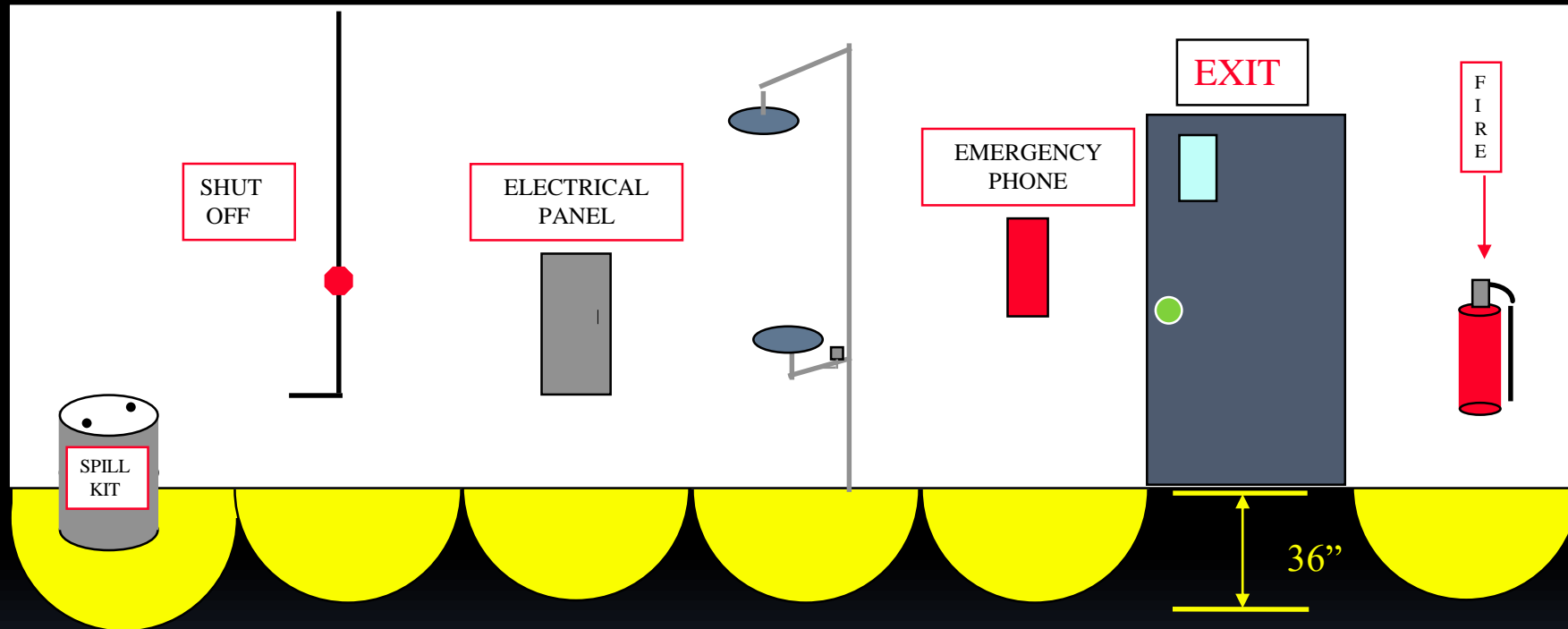
§3220 - Emergency Action Plan

- (3) Procedures to account for all employees after emergency evacuation has been completed;
- (4) Rescue and medical duties for those employees who are to perform them;

§3220 - Emergency Action Plan

- (5) The preferred means of reporting fires and other emergencies; and
- (6) Names or regular job titles of persons or departments who can be contacted for further information or explanation of duties under the plan.

Emergency Equipment



- Provide 36" clearance for emergency equipment
- Maintain all equipment in good working order
- Provide proof of Monthly Inspections

Preparation

- Know where the fire equipment is located
- Make sure it is not blocked



Inspection Tags



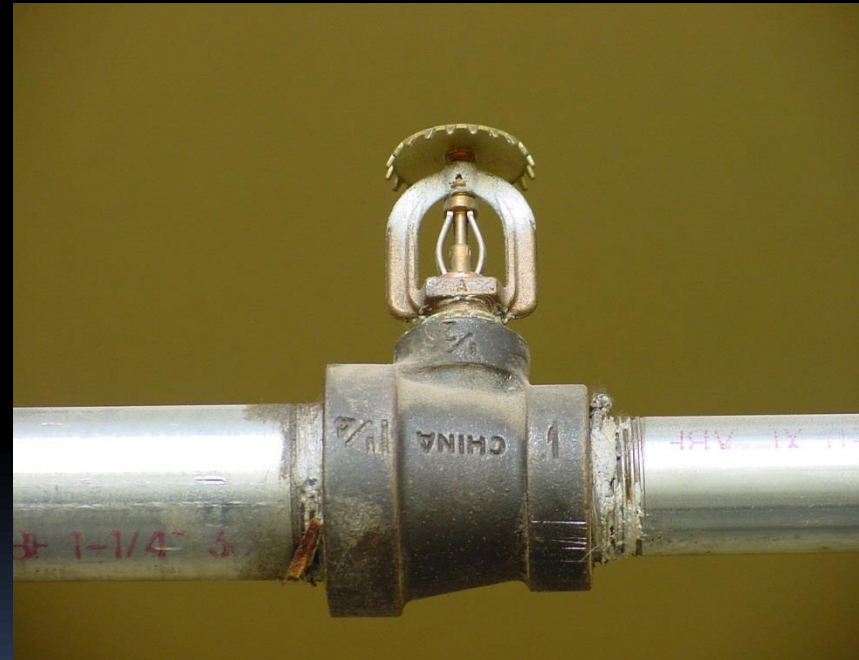
Emergency Equipment

- Users must be trained.
- If training is not made available, then employees must be instructed NOT to use fire fighting equipment.



Automatic Fire Sprinklers

- Do not block
- Maintain 18" minimum clearance in all directions
- Do not attach anything to pipes
- Report any damage



EVACUATION PLANNING

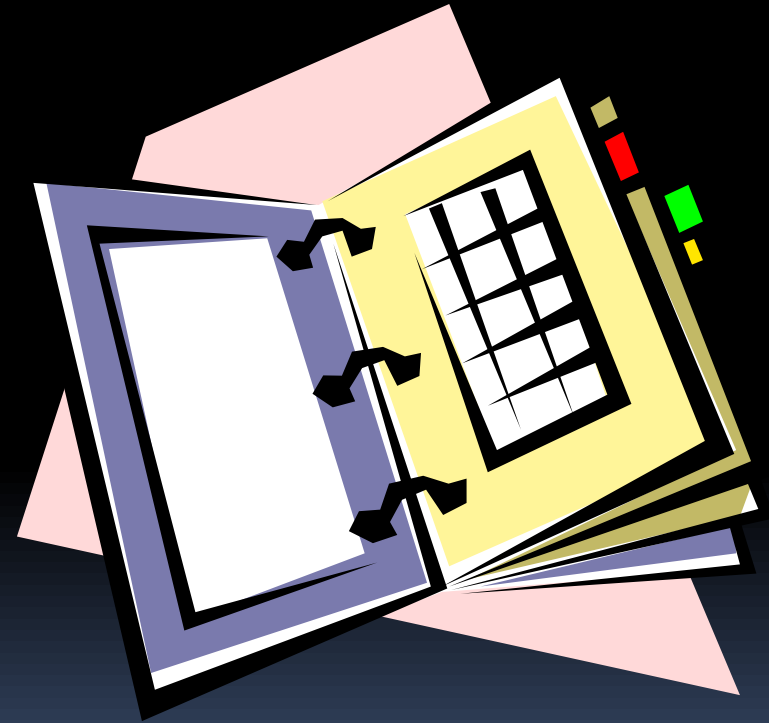
Emergencies Requiring Evacuation

- Chemical Release
- Fire / Explosion
- Flood
- Earthquake
- Odor
- Suspicious Device
- Power Outage
- Workplace Violence
- Civil Disturbance



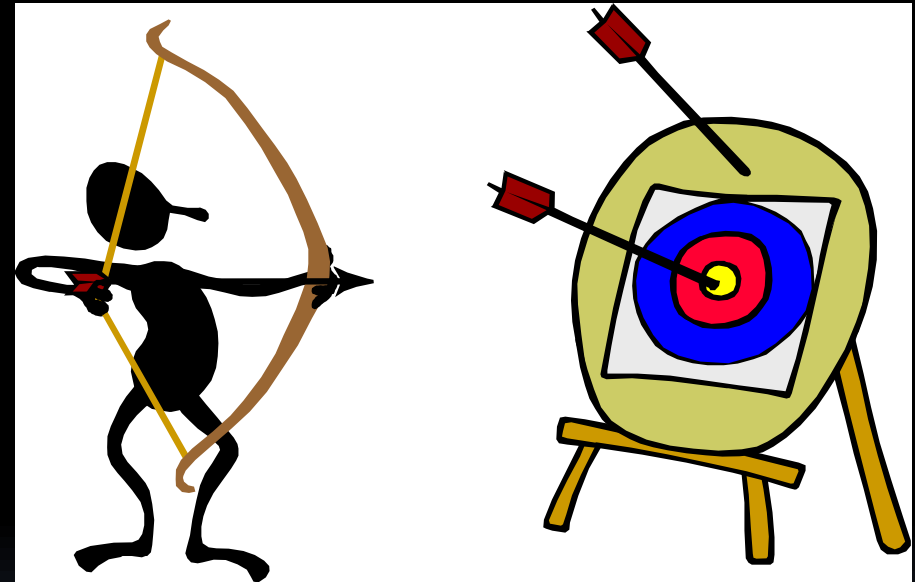
Evacuation Written Program

- Contents:
 - Responsibilities
 - Training
 - Equipment
 - Evacuation Initiation
 - Emergency Specific Procedures
 - Maps



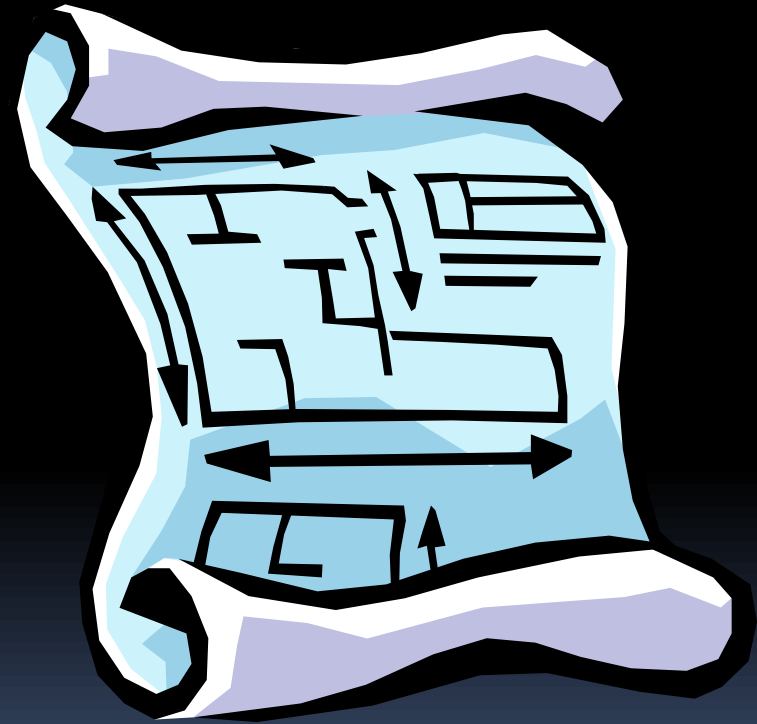
Evacuation Goals

- 100% Notification
- Everyone to Reach Assembly Area(s) within specified number of minutes
- Full Accounting
- Prevent Re-Entry or Premature Departure



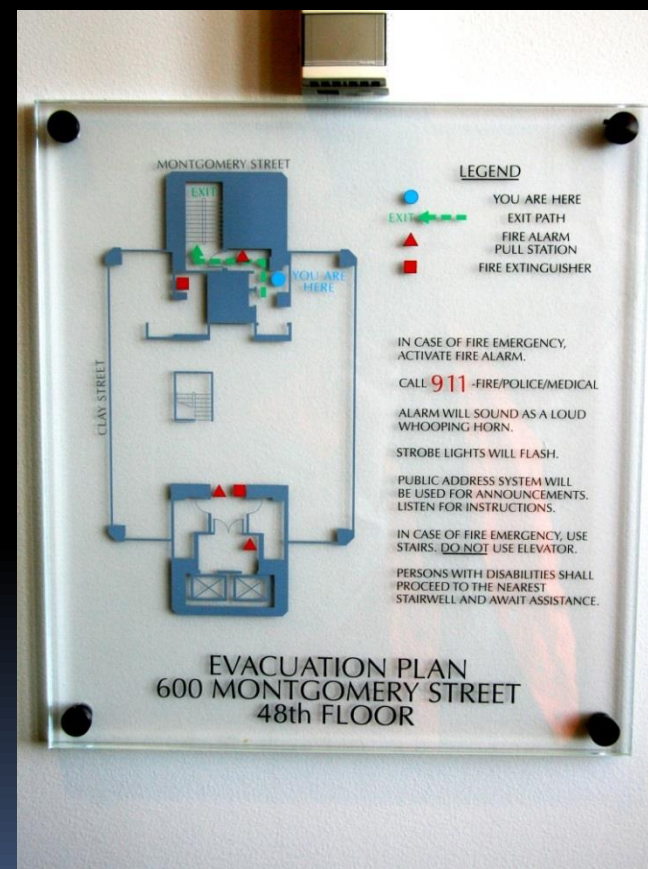
Preparation

- Know the people in your area
- Get a general idea of “who’s-where-when”
- Identify Evacuation Coordinators or a Sweep Team



Emergency Routes

- Study evacuation maps ahead of time
 - Located at entrances to buildings and each floor
- Look for at least two ways out.
- Look for signage



Pull Stations

- Located at each exit
- Use when entire building needs to evacuate
- Not available in all buildings



Emergency Exits

- Must be kept clear (on both sides) at all times
- Correct or Report blocked exits immediately



Assembly Area Locations

- Avoid locating near:
 - Driveways
 - Roads
 - Power lines
 - Un-reinforced masonry



Evacuation Drills

- Annual drills are required
 - Evacuations are expensive
- People may forget what they have learned
 - Head for the front door instead of the nearest emergency exit door.
- Practice both:
 - Evacuation
 - Shelter in Place

REVIEW

Employee Rights

b

- You have a legal right to:
 - A safe and healthful working environment
 - Refuse to perform work if believed unsafe
 - Review citations
 - Review the OSHA Injury and Illness (300) Log
 - View exposure records related to your work area
 - Receive training.

Management Responsibilities

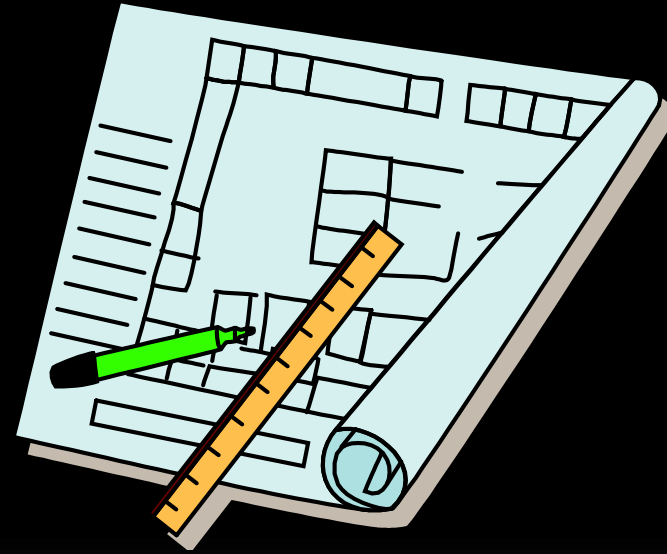
- Implement the IIPP
- Ensure employees receive safety training
- Ensure timely correction of workplace hazards
- Discipline employees for safety infractions
- Coordinate workplace inspections
- Ensure financial resources available for safety

Most Important SDS Sections

- Section 2. Hazard(s) identification
- Section 4. First-Aid measures
- Section 8. Exposure controls/personal protection

Evacuation Maps

- Posted at:
 - Entrances to main areas
 - Elevators
 - Stairwell landings
- Show at least two exits from each work area



Evacuation Preparation

- Identify and maintain exit routes and lighting.
- Know the safe assembly area
- Get a Headcount
- Practice, Practice, Practice



For More Information...

- Office of Safety and Environmental Compliance
- County Intranet
- <https://connect.sccgov.org>