

**INJURY & ILLNESS PREVENTION PROGRAM**

**FOR**

**MT. SHASTA UNION SCHOOL DISTRICT**

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## **INTRODUCTION**

In order to maintain a safe and healthful work environment the Mt. Shasta Union School District has developed this Injury & Illness Prevention Program for all employees to follow. This document describes the goals, statutory authority, and the responsibilities of all employees under the Program. It addresses Compliance, Hazard Identification, Accident Investigation, Hazard Mitigation, Training, Hazard Communication, and Program Documentation. By making employee safety a high priority for every employee we can reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at Mt. Shasta Union School District.

## **GOALS**

Diligent implementation of this program will reap many benefits for Mt. Shasta Union School District. Most notably it will:

1. Protect the health and safety of employees. Decrease the potential risk of disease, illness, injury, and harmful exposures to district personnel.
2. Reduce workers' compensation claims and costs.
3. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees.
4. Improve employee morale and efficiency as employees see that their safety is important to management.
5. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes.

## **STATUTORY AUTHORITY**

- ◆ California Labor Code Section 6401.7.
- ◆ California Code of Regulations Title 8, Sections 1509 and 3203.

## **RESPONSIBILITY**

The ultimate responsibility for establishing and maintaining effective environmental health and safety policies specific to district facilities and operations rests with Superintendent. General policies, which govern the activities and responsibilities of the Injury & Illness Prevention Program, are established under (his or her) final authority.

It is the responsibility of Site Administrators Supervisors and Managers to develop procedures, which ensure effective compliance with the Injury & Illness Prevention Program, as well as other health and safety policies related to operations under their control.

Site Administrators, Supervisors and Managers, are responsible for enforcement of this Program among the employees under their direction by carrying out the various duties outlined herein, setting acceptable safety policies and procedures for each employee to follow and ensuring that employees receive the general safety training. Each Site Administrator, Supervisor, and Manager must also ensure that appropriate job specific safety training is received, and that safety responsibilities are clearly outlined in the job descriptions, which govern the employees under their direction. Supervising others also carries the responsibility for knowing how to safely accomplish the tasks assigned each employee, for purchasing appropriate personal protective equipment, and for evaluating employee compliance.

Immediate responsibility for workplace health and safety rests with each individual employee. Employees are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this Program. Employees are also responsible for using the personal protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their supervisors.

The Superintendent is responsible for developing and managing this Injury & Illness Prevention Program.

## **COMPLIANCE**

Compliance with this Injury & Illness Prevention Program will be achieved in the following manner:

1. Site Administrators, Supervisors, and Managers will set positive examples for working safely and require that all staff under their direction work safely.
2. Site Administrators, Supervisors, and Managers will use all disciplinary procedures available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action are available.
3. Site Administrators, Supervisors, and Managers will identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.
4. Site Administrators, Supervisors, and Managers will establish appropriate means of recognition for employees who demonstrate safe work practices.

Mt. Shasta Union School District has developed this comprehensive Injury & Illness Prevention Program to enhance the health and safety of its employees.

## **HAZARD IDENTIFICATION**

A health and safety inspection program is essential in order to reduce unsafe conditions, which may expose employees to incidents that could result in personal injuries or property damage. It is the responsibility of \_\_\_\_\_ to ensure that appropriate, systematic safety inspections are conducted periodically.

### ***Scheduled Safety Inspections***

Upon initial implementation of this, Program inspections of all work areas will be conducted. All inspections will be documented using the attached forms (or equivalent) with appropriate abatement of any hazards detected.

Thereafter, safety inspections will be conducted at the frequency described below:

1. Annual inspections of all office areas will be conducted to detect and eliminate any hazardous conditions that may exist.
2. Semi-annual inspections of all potentially hazardous areas (shops, cafeterias, warehouses, gymnasiums, sheds, etc.) will be conducted to detect and eliminate any hazardous conditions that may exist.

### ***Unscheduled Safety Inspections***

1. Additional safety inspections will be conducted whenever new equipment or changes in procedures are introduced into the workplace that presents new hazards.
2. Superintendent or Site Administrator(s) will conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.
3. Safety reviews will be conducted when occupational accidents occur to identify and correct hazards that may have contributed to the accident.

## **ACCIDENT INVESTIGATIONS**

Superintendents, Site Administrators, Supervisors, and Managers will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the root cause. Appropriate repairs or procedural changes will be implemented promptly to correct the hazards implicated in these events.

To ensure timely accounting for Workers' Compensation procedures, both employee and supervisor must complete their respective portions on the Report of Employee Injury/Exposure Form and District Accident Investigation Form available at the District Office or school site.

## **HAZARD CORRECTION**

All hazards identified will be promptly investigated and alternate procedures implemented as indicated. The District recognizes that hazards range from imminent dangers to hazards of relatively low risk. Corrective actions or plans, including suitable timetables for completion, are the responsibility of the Site Administrator or Superintendent.

## **TRAINING**

Effective dissemination of safety information lies at the very heart of a successful Injury & Illness Prevention Program. All employees must be trained in general safe work practices. In addition, specific instruction with respect to hazards unique to each employee's job assignment will be provided.

### ***General Safe Work Practices***

At a minimum, all employees will be trained in the following:

1. Fire Safety, Evacuation, and Emergency Procedures
2. Hazard Communication (Use of Material Safety Data Sheets)
3. Bloodborne Pathogens
4. Injury & Illness Prevention Program

### ***Specific Safe Work Practices***

In addition to this general training, each employee will be instructed how to protect themselves from the hazards specific to their individual job duties. At a minimum this entails how to use workplace equipment, safe handling of hazardous materials and use of personal protective equipment. Training must be completed before beginning to work on assigned equipment, and whenever new hazards or changes in procedures are implemented.

The Superintendent is responsible for providing Site Administrators, Supervisors, and Managers with the training necessary to familiarize themselves with the safety and health hazards their employees are exposed to.

It is the responsibility of each Site Administrator, Supervisor, and Manager to know the hazards related to his/her employee's job tasks, and ensure they receive appropriate training.

1. Supervisors will ensure that all employees receive general and job-specific training prior to initial or new job assignments.
2. Supervisors will ensure that employees are trained whenever new substances, processes, procedures or equipment are introduced to the workplace which may create new hazards. Training must also be given when new or previously unrecognized hazards are brought to a supervisor's attention.
3. All training will be documented and kept in employee files. The attached Employee Training Checklist Form (or equivalent) will be used for this purpose.

**COMMUNICATION**

Effective two-way communication, which involves employee input on matters of workplace safety, is essential to maintaining an effective Injury & Illness Prevention Program. To foster better safety communication the following guidelines will be implemented:

The department will use an Employee Bulletin Board for posting information on safety in a location accessible to all employees. Changes in protocol, safety bulletins, accident statistics, training announcements, and other safety information will be posted, as they become available.

Site Administrators, Managers, and Supervisors will provide time at periodic staff meetings to discuss safety topics. Status reports will be given on safety inspections, hazard correction projects, and accident investigation results, as well as feedback to previous employee suggestions. Employees will be encouraged to participate and give suggestions without fear of reprisal. The attached attendance sheet should be used to document attendance and topics covered. Additional communication methods to be used are:

- Posters       Meetings       Manuals
- Newsletters       Bulletins       Warning Labels

Other, please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employees are encouraged to bring to the District’s attention any potential health or safety hazard that may exist in the work area. The attached Employee Safety Recommendation form (or equivalent) can be used for this purpose. These forms are available in the District Office and at each school site.

Supervisors will follow up all suggestions and investigate the concerns brought up through these communication methods. Feedback to the employees is critical, and must be provided for effective two-way communication.

*Compliance will be reinforced by:*

\_\_\_\_\_ Appropriate comments on performance evaluations.

Other, please specify:

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*Non-compliance will be addressed by:*

\_\_\_\_\_ An immediate discussion between the supervisor and the employee who is discovered working in an unsafe manner.

\_\_\_\_\_ Appropriate disciplinary action up to dismissal.

Other, please specify:

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The District will pursue readily understandable health and safety communications for all affected employees.

## **DOCUMENTATION**

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety. To comply with these regulations, as well as to demonstrate that the critical elements of this Injury & Illness Prevention Program are being implemented, the following records will be kept on file in the District Office or school site for at least the length of time indicated below:

1. Copies of all IIPP Safety Inspection Forms. Retain 5 years.
2. Copies of all Accident Investigation Forms. Retain 5 years.
3. Copies of all Employee Training Checklists and related Training Documents. Retain for duration of each individual's employment.
4. Copies of all Safety Meeting Agendas. Retain 5 years.

The District will ensure that these records are kept in their files, and present them to Cal/OSHA or other regulatory agency representatives if requested. A review of these records will be conducted by the Superintendent during routine inspections to measure compliance with the Program.

A safe and healthy workplace must be the goal of everyone at Mt. Shasta Union School District, with responsibility shared by management and staff alike. If you have any questions regarding this Injury & Illness Prevention Program, please contact the District Office at (530) 926-6007.

**APPENDIX A**  
**ACCIDENT INVESTIGATION CHECKLIST**

# QUICK REFERENCE GUIDE for ACCIDENT INVESTIGATION

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This quick reference guide is information for supervisors and managers to use while investigating work related injuries and illnesses. Remember, prior to investigating an accident, employees' should be trained to report injuries to supervision, no matter how minor they may be. "Near-accidents" should also be reported and investigated by supervision. **Please follow these 4 easy steps when investigating work related injuries:**

## Step 1:

- A. Act at once. Talk with injured employee immediately if possible. (one on one is best) Use fact-finding, not fault-finding questions to determine what occurred. Ask the injured person or a witness to show you how the accident happened. Use the Accident Investigation Checklist (attached) for a list of sample questions that you may need to ask during an investigation.
- B. Review physical causes, such as poor housekeeping, improper guards, improper apparel (such as a lack of properly soled shoes or safety shoes, eye, hand, or head protection), defective equipment, slippery floors, or other working conditions. Completely describe location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident.
- C. Review personal causes, such as dangerous practices, inability, inexperience, poor judgement, disobeying rules. Review employees' safety record for past accidents, if any.
- D. Trace down each item of information to find every contributory cause. Decide the necessary preventive measures to prevent accidents in the future. Report any defective equipment to the person responsible. Tell other exposed employees about the accident and how they could have avoided it.
- E. Non-injury accidents (an accident that nearly caused an injury of any severity) should also be investigated.

**Step 2:** Complete a supervisor accident investigation reporting form within 24 hours. Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence. Keep a copy for your records and send original to the Risk Management Office.

**Step 3:** Provide injured employee with an "Employee's Claim for Workers' Compensation Benefits" form before or after treatment or as he or she is able.

**Step 4:** Follow-up with employee after he or she receives treatment to find out if they are doing well. In addition, ensure contributing factors to the accident, if any, are fixed (work orders sent) and all exposed employees' are aware of the contributing causes of the accident. **It is vital for supervisors to re-evaluate completed work orders to ensure problems have been resolved.**

**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

(This report is intended to be confidential for transmission to attorneys for the District in the event that litigation arises out of this incident.)

NAME OF INJURED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ HOUR: \_\_\_\_\_

PHOTOS Y/N \_\_\_\_\_

DATE REPORTED: \_\_\_\_\_ HOUR: \_\_\_\_\_

ACCIDENT LOCATION \_\_\_\_\_

WITNESSES: NAMES; ADDRESSES; PHONE NUMBERS

1. \_\_\_\_\_

2. \_\_\_\_\_

TIME NOTIFIED \_\_\_\_\_ TIME ON SCENE \_\_\_\_\_ TIME OFF SCENE \_\_\_\_\_

**FIELD INVESTIGATION**

EXACT LOCATION OF INCIDENT \_\_\_\_\_

\_\_\_\_\_

Completely describe location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident

\_\_\_\_\_

\_\_\_\_\_

Describe injuries / illnesses which you observed or which were described to you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe demeanor of person involved and include statements made as "Excited Utterances":

\_\_\_\_\_

\_\_\_\_\_

Describe shoes, physical appearance or any other characteristic that would contribute to understanding how the accident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence: \_\_\_\_\_

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Steps taken to prevent similar incident: \_\_\_\_\_

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Did employee seek medical care? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of medical facility/Doctor: \_\_\_\_\_ Date/Time \_\_\_\_\_

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Date / Time form completed

\_\_\_\_\_  
Print Investigator's Name

**APPENDIX B**

**EMPLOYEE SAFETY RECOMMENDATION FORM**

**MT. SHASTA UNION SCHOOL DISTRICT**

**EMPLOYEE SAFETY RECOMMENDATION FORM**

LOCATION:

DEPT:

SUPERVISOR:

DATE:

**IDENTIFICATION OF SAFETY OR HEALTH HAZARD**

**SUGGESTION FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD**

**DO NOT WRITE BELOW THIS LINE**

Date complaint was investigated:

Investigated by:

Action taken:

Date Action was reported to the employee:

Comments:

**APPENDIX C**

**OFFICE SAFETY INSPECTION CHECKLIST**

**MT. SHASTA UNION SCHOOL DISTRICT  
OFFICE SAFETY INSPECTION CHECKLIST**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Inspector: \_\_\_\_\_ Job Title: \_\_\_\_\_

**ADMINISTRATION AND TRAINING**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the department have a written Injury & Illness Prevention Plan? Are all departmental safety records maintained in a centralized file for easy access? Is it current?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have all of the employees attended an IIPP training class? If not, what percentage has received training? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the department have a completed Emergency Action Plan? Percentage completed? _____ Is training being provided to employees on its contents?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are chemical products used in the office? (Are Material Safety Data Sheets maintained?)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are the Cal/OSHA Information Poster, Workers' Compensation Bulletin, Annual Accident Summaries (must be posted during February, at a minimum) and Emergency Response Guide flipchart posted? Is the Safety Briefs newsletter being sent to the area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are annual workplace inspections being performed? Are records being maintained?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Has there been any employee accidents from this department? Are there Accident Investigation Reports completed for each accident?  |

**GENERAL SAFETY**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are all exits, fire alarms, pullboxes, extinguishers, sprinklers, and fire notification devices clearly marked and unobstructed?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are all aisles/corridors unobstructed to allow unimpeded evacuations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is a clearly identified, charged, currently inspected and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas? (No empty wall hooks, charge needles in the red, missing plastic pin tabs or extinguishers on the floor.) |

**GENERAL SAFETY (CONTINUED)**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are ergonomic issues being addressed for administrative personnel using computers?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Is a fully stocked first-aid kit available? Do all employees in the area know its location?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Are all cabinets, shelves, or furniture above 5 feet in height secured to prevent toppling during an earthquake?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Are all books and supplies stored so as not to fall during an earthquake? (Store heavy items low to the floor, shelf lips on shelves above work areas.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Is the office kept clean of trash and other recyclable materials removed promptly?  |

**ELECTRICAL/MECHANICAL SAFETY**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are all plugs, cords, electrical panels, and receptacles in good condition (no exposed conductors or broken insulation)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are all circuit breaker panels accessible with each breaker appropriately labeled?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Is lighting adequate throughout the work environment?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are extension cords being used correctly? (They must not be run through walls, doors, ceilings; not represent a trip hazard running across aiseways; not to be used as a permanent source of electrical supply--use fused outlet strips or have additional outlets installed; not to be linked together. No "thin" zip cords.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Are portable electric heaters being used? (If so, use fused power strips and locate away from combustible materials.)  |

**Comments**

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**APPENDIX D**

**LABORATORY SAFETY INSPECTION CHECKLIST**

**MT. SHASTA UNION SCHOOL DISTRICT**  
**LABORATORY SAFETY INSPECTION CHECKLIST**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Inspector: \_\_\_\_\_ Job Title: \_\_\_\_\_

**HEALTH AND SAFETY MANAGEMENT**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Is there a Chemical Hygiene Program present?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are personnel trained in chemical health/physical hazards and laboratory safety?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Do lab personnel have access to and are familiar with the use of Material Safety Data Sheets (MSDSs)?          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have personnel using biohazards, toxins, and regulated carcinogens been given documented special training?     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are personnel instructed in emergency procedures (exits, location, and use of fire extinguishers, medical)?    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have personnel been instructed on how to respond in the event of a chemical spill?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Are complete training records and documents available for review by the Personnel Office and outside agencies? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Have all hazards identified by the annual survey been abated? (Action records must be retained.)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Do laboratory personnel perform semi-annual lab inspections? (PI must retain records.)                         |

**GENERAL SAFETY**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are rooms and cabinets containing regulated carcinogens, biohazards, and radioactive materials labeled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are work areas clean and uncluttered?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Do employees know the location of the first aid kit and is it accessible?                               |

**GENERAL SAFETY (continued)**

- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Is equipment greater than 5 feet tall seismically secured to prevent tipping during an earthquake?             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do shelves have lips, wires, or other seismic restraints to prevent items from falling?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are food and beverages kept away from work areas and out of laboratory refrigerators or cabinets?              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are fire extinguishers accessible and charged? (If not, please call Physical Plant Services.)                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are sinks labeled, "Industrial Water – Do Not Drink"?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have personnel been instructed on the hazards of wearing contact lenses in the laboratory?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Are protective gloves available and worn for laboratory procedures where skin absorption/irritation may occur? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are safety glasses or other eye protection available and worn in the laboratory?                               |

**COMMENTS**

Biosafety Cabinet: Date last inspected?  
Types of regulated carcinogens  
Types and quantity of compressed gasses  
Gallons of flammable liquids  
Types of personnel protective equipment

**LABORATORY EQUIPMENT**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have chemical fume hoods been tested within the past year?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Is storage in hoods kept to a minimum and is it placed so it does not impede proper airflow?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Does fume hood draw air (test with a tissue on hood edge) and is alarm installed and working? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Is the lab ventilation negative with respect to corridors and offices?                        |

### LABORATORY EQUIPMENT (continued)

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Are rotating or moveable parts and belts guarded with screens having less than 1/4 inch opening?            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Are refrigerators and freezers, which are used for storage of flammables, spark proof and properly labeled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Are non-spark proof refrigerators labeled as "Unsafe for Flammable Storage"?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Are all gas cylinders restrained to prevent tipping or falling?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Are valves of gas cylinders capped when not in use?   |

### HAZARDOUS MATERIALS

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Are chemicals labeled to identify contents and hazards?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Are regulated carcinogens handled safely to reduce employee exposure?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Are chemicals separated by hazard class and stored to prevent spills (acids, bases, oxidizers, flammables, etc.)?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Are chemicals inventoried (chemical name, quantity on hand, amount used per year)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Are chemical wastes properly segregated and stored with Waste Pick-up Tags attached to the containers?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Are all hazardous wastes disposed of and not poured into the sewer system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. Is a plumbed emergency eyewash station available within 100 feet of all areas where chemicals may splash onto an employee's body?                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. Is a plumbed emergency eyewash station available within 100 feet of all areas where chemicals may splash or mechanical hazards such as grinding? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. Are ether and other peroxide formers dated?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39. Are sharps stored in puncture-proof containers and labeled appropriately (infectious waste or hazardous waste)?                                  |

### FIRE AND ELECTRICAL SAFETY

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40. Are fire doors unobstructed and readily closeable?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41. If greater than 10 gallons of flammables are stored, is an approved flammable storage cabinet used? |

**FIRE AND ELECTRICAL SAFETY (continued)**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42. Are flammable liquids stored in less than 1-gallon quantity or kept in less than 2-gallon safety cans?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. Are flammable liquids limited to 60 gallons per fire area?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Are plugs, cords, and receptacles in good condition (no splices or frayed cords)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. Is all equipment properly grounded?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46. Are extension cords used? (These are not to be used in place of permanent wiring, running through walls, ceilings, doors, etc.)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. Are all electrical boxes, panels, receptacles, and fittings covered to protect against electrical shock?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. Are control switches, circuit breakers, electrical panels, and emergency power cabinets free of obstructions?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. Are circuit breakers labeled to indicate what equipment is served by each?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Have all outlet adapters been removed? (Install additional outlets or use fused power strips if current demand is within the strip's rating.) |

**COMMENTS**

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**APPENDIX E**  
**FACILITY SAFETY INSPECTION CHECKLIST**

**MT. SHASTA UNION SCHOOL DISTRICT**

**FACILITY SAFETY INSPECTION CHECKLIST**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Inspector: \_\_\_\_\_ Job Title: \_\_\_\_\_

**ADMINISTRATION AND TRAINING**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have all employees received General Safety Training (fire, earthquake, VDTs, lifting, emergency evacuation, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are all employees familiar with the use of MSDSs?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have all employees been instructed in how to operate the equipment they are required to use?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have all employees been trained in how to protect themselves from the hazards identified in their work area?       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are all employees current on any specialized training (lockout, confined space, respirators, etc.) needed?         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are all training records up to date for each employee?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do all employees have access to the Departmental Emergency Action Plan and know their responsibilities?            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is the Cal/OSHA information poster, Workers' Compensation Bulletin and Annual Injury & Illness Summaries posted?   |

**FIRE SAFETY**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are all fire exits clearly marked and unobstructed?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is trash, debris, and oily rags removed from the shop daily? Are metal cans available for storage of oily rags?     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are all aisles cleared for at least a 44-inch pathway and building exit corridors completely clear for safe egress? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Are all flammable solvents in excess of 10 1-gallon containers stored in approved flammable storage cabinets?       |

- 13. Are spray-painting operations, which employ flammable materials, conducted inside spray booths?

**FIRE SAFETY (continued)**

- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Are flammable and combustible materials stored at least 25 feet away from heat or ignition sources?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are flammable gas cylinders are stored at least 25 feet away from oxygen cylinders or ignition sources?              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are fire separators intact (no holes in firewalls, no doors to exit corridors propped open, etc.)?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are charged, wall-mounted fire extinguishers (of the appropriate type) available within 75 feet of all workstations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Are employee workstations arranged to be comfortable without unnecessary strain on backs, arms, necks, etc.?         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Is there an inspection card attached to each fire extinguisher and are monthly inspections properly documented?      |

**ELECTRICAL SAFETY**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are all plugs, cords, panels, and receptacles in good condition (no exposed conductors or broken insulation)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Are all circuit breaker panels accessible with labels identifying each switch's function?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Are plug adapters banned? (Install additional outlets or properly rated fused power strips in lieu of plug adapters.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Is permanent building wiring installed away from public contact (in conduit, raceways, or walls)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Are Ground Fault Circuit Interrupters available for use in wet areas?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Are the wheels on rolling files or other mobile equipment free from binding when rolled?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Are extension cords in use? (These are not to be run through walls, ceilings, or doors, and are not safe for permanent equipment. Unplug extension cords daily or replace with fused power strips if current demand is within the strip's rating; otherwise, install additional outlets to reach equipment. Do not link extension cords together.) |

## MECHANICAL SAFETY

- |                                      |                          |                          |   |
|--------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 27. Is defective equipment promptly repaired? (If defects pose an imminent danger, then remove out of service.)                 |
| <b>MECHANICAL SAFETY (continued)</b> |                          |                          |   |
| Yes                                  | No                       | N/A                      |   |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 28. Are all the machine guards for belts, gears, and points of operation in place and adjusted properly?                        |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 29. Are machine and tool switches safe (easy access to disengage, stay off if de-energized and re-started)?                     |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 30. Are gas welding torches equipped with flashback arrestors? Are arc welders properly grounded with safe wiring?              |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 31. Are air tanks greater than 1.5 cubic feet (11.22 gal.) capacity inspected as evidenced by a current posted Cal/OSHA permit? |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 32. Are cranes, slings, ropes, hoists, jacks, jackstands, etc., inspected prior to each use and used safely?                    |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 33. Are floors maintained clean, spills wiped up promptly, and anti-slip materials used where moisture is prevalent?            |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 34. Are all cabinets, shelves, and equipment greater than 5 feet high secured to prevent injury to custodial personnel?         |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 35. Are cutting blades disposed of in rigid containers to prevent injury to custodial personnel?                                |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 36. Are guardrails installed around floor openings and lofts, along catwalks, etc., to prevent employee falls?                  |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 37. Are potable water, soap, and towels available for hand washing?   |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 38. Are all plumbing fixtures served by Industrial Water labeled to prohibit drinking?  |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 39. Are forklifts inspected frequently for defects, equipped with proper safety devices and operated safely?                    |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 40. Are excessive noise levels adequately controlled?   |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 41. Is an approved first aid kit available and its location known to all employees?   |
| <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | 42. Are stacked and shelved items stored to prevent falling during an   |

earthquake? (Advise installing 2 inch shelf lips or other means of restraining items, especially above exits and employee workstations.)

43. Are cross-connections between potable water and sewer inlets promptly abated (remove hoses which extend into sinks or down drains), and leaking backflow protection devices promptly repaired?

**HAZARDOUS MATERIALS/PERSONAL PROTECTION**

- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Are chemicals stored to prevent spills?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. Are carcinogens handled safely to reduce employee exposure?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46. Are chemicals separated by Hazard Class (acids, bases, oxidizers, flammables, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. Are chemicals inventoried with copies provided to the Personnel Office?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. Are chemical wastes properly segregated and stored with Waste Pickup Tags attached to the containers?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. Are all hazardous wastes disposed of and not poured into the sewer system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Is a plumbed emergency shower available within 100 feet of all areas where chemicals may splash onto an employee's body?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51. Are gloves suitable for the hazard warranting protection (chemicals, heat, friction, etc.) available?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. Is eye protection suitable for the hazard warranting protection (welding, chemicals, particulates, etc.) available?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. Is a plumbed emergency eyewash station available within 100 feet of all chemical splash or mechanical hazards such as grinding operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Is hearing protection suitable for the hazards warranting protection available?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. Are safety shoes available for those employees subject to falling objects and other foot impact hazards?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. Are hard hats available for employees subject to falling objects, low overhead obstructions, etc.?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57. Are aprons or other suitable clothing available for employees subject to   |

chemicals, oil, grease, etc.?

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58. Are lockout locks and tags available for employees who work on equipment served by hazardous energy sources?

**COMMENTS**

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