

CITY OF LOS ANGELES



**LOS ANGELES CITY
EMPLOYEES' RETIREMENT SYSTEM

INJURY AND ILLNESS
PREVENTION PROGRAM (IIPP)**

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Date: May 5, 2022

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Injury and Illness Prevention Program

INJURY AND ILLNESS PREVENTION PROGRAM

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INJURY AND ILLNESS PREVENTION PROGRAM

SAFETY POLICY AND MANAGEMENT COMMITMENT

It is the policy of the City of Los Angeles to maintain a safe and healthful workplace for all employees. This safety policy applies to all business operations and functions including those situations where employees are required to work off-site.

The City of Los Angeles and the Los Angeles City Employees' Retirement System (LACERS) recognize the value of their employees and are committed to ensure compliance with Executive Directive No.18 (ED-18), "A Safe and Healthy Workforce", as well as all applicable federal and state regulations, and City policies and programs; demonstrate visible and active leadership in all of our business activities by providing resources necessary to manage and communicate safety commitment, expectations, and accountability; provide the required safety trainings; implement proactive hazard identification and follow through with the elimination and control of identified hazards. Keeping safety and wellness as an integral part of all operations, we will be able to better identify, reduce or eliminate on-the-job hazards and unsafe work practices in our workplace.

In this endeavor, this departmental Injury and Illness Prevention Program (IIPP) has been developed for our employees so that safety is given primary consideration for all work conducted. In addition, when there is a public health announcement regarding an outbreak of communicable diseases, the department will adapt infection control strategies based on a thorough hazard assessment, using appropriate combination of engineering and administrative controls, safe work practices, and personal protective equipment (PPE) to prevent employee exposure based on City directives/orders/policies and applicable regulatory requirements.

The IIPP will pursue its objective through the effective implementation of the following nine (9) enumerated elements:

1. Safety Responsibilities
2. Employee Compliance
3. Safety Communication
4. Hazard Assessment and Inspection
5. Hazard Correction
6. Accident/Exposure/Near-Miss Investigation
7. Employee Access to the Program
8. Training and Instruction
9. Recordkeeping

Lin Lin, Senior Personnel Analyst II, has been named the Chief Safety and Wellness Officer and will serve as the departmental liaison to the Los Angeles City Employees' Retirement System (LACERS), the Personnel Department and other departments/offices with respect to all matters related to employee safety and health, and will have the overall authority and responsibility for implementing this IIPP. Dan Goto, Management Analyst is the Department Safety Coordinator and is responsible for the day-to-day implementation of the department's IIPP. All employees are expected to adhere to this IIPP and work diligently to maintain safe and healthful working conditions.

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SAFETY RESPONSIBILITIES

Each person at the department plays an important role in maintaining a safe and hazard-free work environment. To ensure that the safety program remains effective, the following specific responsibilities are required:

General Manager or Head of Department/Office Responsibilities

- Monitor implementation of the Safety and Wellness programs
- Designate a senior manager as the Chief Safety and Wellness Officer
- Designate a senior manager as the Chief Risk Management Officer
- Incorporate supervisors' safety efforts and safety performance into performance evaluations
- Serve as or designate an individual to serve as the IIPP Implementation Plan Administrator
- Oversee and support the components outlined in this program
- Authorize the allocation of physical and financial resources necessary to maintain an effective IIPP
- Ensure the IIPP is reviewed and updated annually or more frequently, as needed

Chief Safety and Wellness Officer Responsibilities

- Serve as liaison to the Mayor's Office, the Personnel Department and other Department offices with respect to matters related to workers' safety and wellness
- Provide assistance with safety compliance components of this IIPP, ED-18, and any other regulatory and policy mandates
- Ensure safety and wellness data entry and updates are maintained in regulatory compliance
- Enforce all applicable safety and health regulations as required to comply with this IIPP
- Serve as a contact for the Safety Coordinator(s)
- Consult with the General Manager of the Personnel Department to ensure the IIPP complies with Cal/OSHA and with ED-18
- Ensure that the IIPP is tailored to meet the specific needs of the Department/Office
- Ensure that IIPP is reviewed and updated annually as appropriate and that electronic copies are maintained
- Ensure that a procedure is in place for employees and/or their designated representatives to obtain access to this IIPP as required by Cal/OSHA
- Oversee the tracking of safety incidents and that appropriate corrective actions have been taken
- Oversee that an accident investigation is conducted and that a corresponding accident investigation form is completed for all injuries
- Maintain and track occupational injury/illness statistics. Prepare, post, and submit injuries and illnesses information for the department as required by OSHA
- Ensure that the Safety Committee has been established
- Ensure that safety and compliance data, OSHA correspondence and citations are provided to the General Manager of the Personnel Department in a timely manner upon request
- Distribute a memorandum to the City Attorney's Office, Workers' Compensation, and the Personnel Department's Occupational Safety and Health Division (OSHD), in the event of a fatality/serious injury or illness. Said memorandum briefly describes the incident and confirms that Cal/OSHA and the City Safety Administrator, Najma Bashir, were made aware within eight (8) hours of knowledge of the incident.

Najma Bashir, City Safety Administrator
Personnel Department

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520 East Temple Street,
Los Angeles, CA 90012
Telephone: (213) 473-7097
Email: najma.bashar@lacity.org

- Ensure notification to City Safety Administrator, within 24 hours of knowledge, via the Google form link at <https://forms.gle/eaNLS7KBusCW6Ebv8>, (Attachment I-2) for the following:
 - Any regulatory inquiry, citation, notice of violation, final order **along with any pertinent document**
 - Any fatality or serious injury or illness that triggers notification to a regulatory agency
 - Any single incident or exposure where the department is aware that three or more employees have reported health issue(s)
 - Any site visit by a local or state regulatory agency (e.g., Cal/OSHA, DPH, or SCAQMD)
 - Any on-site incident that becomes subject of significant public attention or media coverage
 - Any incident where a building is evacuated for unsafe condition
- Ensure on a quarterly basis, by February 1, May 1, August 1, and November 1, submission is made per the Mayoral ED-18 requirements, and the Personnel Department's General Manager new compliance requirements/agreement submissions (Ref: Memo dated July 12, 2019) as follows:
 - General Manager Quarterly Reporting Metrics covering the prior quarter via Google form link: <https://sites.google.com/lacity.org/risk/quarterly-reporting>
 - Pertinent documents covering the prior quarter to per.safety@lacity.org
 - Copies of written correspondence made in response to regulatory inquiries or actions
 - Corrective actions made to manage or address workplace risks and/or hazards identified by supervisors, employees, contractors, volunteers, regulators, or vendors
 - Safety committee meeting minutes as applicable
 - IIPP (when and if updated)

Department/Division Managers/Chiefs Responsibilities

- Provide support, leadership and direction for the IIPP
- Adopt policies, standards, and procedures that include the written Code of Safe Practices to ensure that activities and operations within the department/division are conducted safely and comply with applicable local, state, federal regulations and City policies
- Ensure the development of a project-specific Code of Safe Practices when City employees are involved in construction work, and that the project-specific Code of Safe Practices is posted or is provided to each supervisory employee who shall have it readily available at the construction job site
- Provide financial support for completion of the provisions outlined in this program
- Assist managers in pursuing disciplinary action against employees who violate health and safety rules and guidelines
- Actively promulgate and support a system for communicating with employees on matters relating to employee health and safety through safety committees, or any other means that ensure effective communication and acknowledgement by employees
- Ensure that, in compliance with City policy, an accident investigation and corresponding Accident Investigation Form is completed when there is a safety incident or workers' compensation claim filed

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- Ensure that the Department Safety Coordinator and or Personnel Department's OSHD are notified whenever Cal/OSHA, or any other health and safety regulatory agency, arrives on-site or the Department receives any written inquiry from them
- Through discussion with supervisors, evaluate the effectiveness of implementing the IIPP and provide recommendations for improvement to the department's Safety Coordinator and/or Personnel Department's OSHD
- Ensure their offices maintain and post occupational injury statistics (Cal/OSHA Forms 300 and 300A)
- Establish and support a Safety Committee
- Ensure that all required safety equipment is available for use
- Evaluate supervisors' safety performance as part of their annual evaluation

Section Heads and Supervisors Responsibilities

- Familiarize themselves with City and departmental safety policies, programs, and procedures
- Ensure effective implementation of this IIPP within their section or unit
- Ensure that employees who require training pursuant to City, department, and/or regulatory requirements receive appropriate training in a timely manner
- Ensure that all safety and health policies and procedures, including this IIPP, are clearly communicated to employees
- Consistently and fairly follow and enforce all state, City and department safety rules
- Inspect work areas on a periodic basis to ensure compliance with applicable health and safety rules and regulations
- Encourage employees to report workplace hazards and emphasize that such reporting may be done without fear of reprisal
- Investigate or facilitate the appropriate investigation of safety concerns or accidents that occur on the job within their section or unit
- Conduct prompt and thorough investigation of every safety incident, accident or near-miss to determine cause and any lessons learned
- Ensure that corrective actions are taken to prevent recurrence
- Ensure that all health and safety hazards are documented and that the Chief Safety and Wellness Officer and other appropriate personnel are notified for corrective action/abatement
- Post the responses to corrected unsafe conditions (Attachment D - Hazard Abatement Form)
- Report immediately any regulatory inquiry, site visit, and significant incident up to the chain of command
- Report questionable incidents and/or injuries which may involve fraud to the Workers' Compensation Division
- Based on the results of an authorized investigation, work in conjunction with the Personnel Services Section to implement appropriate disciplinary measures in accordance with City practice and negotiated labor contract provisions
- Maintain a current list of hazardous chemicals and the respective Safety Data Sheets (SDS) for ones to which their employees may be exposed

Employees Responsibilities

- Work safely and assist coworkers and other to work safely
- Follow department's, manager's and supervisor's safety directives
- Comply with the provisions of this written plan and department's Code of Safe Practices
- Obtain clarification on any provision in this Plan that they do not understand

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- Report to work in the necessary mental and physical condition to perform the essential functions of their job
- Inform supervisors if there is a reason they are unable to perform the essential functions of their job
- Wear appropriate safety equipment as required when performing job duties
- Maintain equipment in proper working order and good condition
- Immediately report all injuries, accidents and near-misses, no matter how minor, to their supervisor
- Report unsafe acts, work practices and working conditions without fear of reprisal
- Complete the necessary health and safety training, as directed by their supervisors, managers and department for their job
- Maintain their work area in a safe and healthful condition
- Cooperate fully with all authorized investigations regarding accidents and safety practices

Safety Coordinator Responsibilities

- Advise managers and supervisors of their safety responsibilities and performance
- Communicate workplace safety and health issues to all employees
- Advise management on program policy and procedure issues
- Provide support to Safety Committees
- Review employee safety concerns and make recommendations as deemed necessary
- Assist division's/sections with safety inspections or assessments
- Review and track identified concerns or hazards from such inspection records until resolved
- Ensure that an accident investigation is conducted and that a corresponding accident investigation form is completed for all injuries
- Ensure compliance with mandated reporting to regulatory agencies as applicable
- Assist offices to maintain, submit, and post occupational injury statistics as necessary (e.g., Cal/OSHA Form 300, Form 300A, etc.)
- Maintain IIPP-related inspection, accident, and training records

EMPLOYEE COMPLIANCE WITH SAFE WORK PRACTICES

An effective safety program requires the cooperation and compliance of all employees. Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees, and enforced fairly and uniformly. To ensure that all employees comply with department rules and maintain a safe work environment, our compliance system includes one or more of the following checked practices:

- Informing employees of the provisions of our IIP Program
- Evaluating the safety performance of all employees
- Recognizing employees who perform safe and healthful work practices
- Providing training to employees whose safety performance is deficient
- Disciplining employees for failure to comply with safe and healthful work practices

All employees will be provided with department's Code of Safe Practices as set forth in this document (Attachment A). Employees will be required to comply with the Code of Safe Work Practices.

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SAFETY COMMUNICATION

Communication is an essential element of an effective safety program. Management, supervisors and employees are encouraged to clearly communicate and act upon safety and health questions or concerns without fear of reprisal. Communication of safety issues is to be in a form that is readily understandable by all affected employees.

In addition to the department/division Safety Committee, effective communications with employees have been established using one or more of the following checked methods:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Department/division Safety Committee | <input type="checkbox"/> Employee safety recognition |
| <input checked="" type="checkbox"/> Staff meetings | <input checked="" type="checkbox"/> Safety Data Sheets |
| <input type="checkbox"/> Tailgate/pre-job meetings | <input checked="" type="checkbox"/> Signage, posters and warning labels |
| <input type="checkbox"/> Specific policies/procedures/memos | <input checked="" type="checkbox"/> Safety newsletter, bulletins, handouts |
| <input type="checkbox"/> Department hazard assessment | <input type="checkbox"/> Anonymous hazard notification |
| <input type="checkbox"/> Employee safety training | <input checked="" type="checkbox"/> Email notification, Intranet updates |

All managers and supervisors are responsible for communicating with all employees about occupational safety and health in a form readily understandable by all employees. Safety and health related information can be communicated in-person or via telephone, webpage, email, mail, etc.

The Safety Committee is established to assist with the open sharing of knowledge and to respond to questions from employees in a timely manner. Attachment L provides guidelines to develop an effective Safety Committee.

Our communication system encourages all employees to inform their managers and supervisors about workplace hazards without fear of reprisal. Employees may also communicate their concerns/suggestions in face-to-face conversations, via telephone, email, mail and/or by completing Safety Concern or Suggestion Form (Attachment B) and submitting it to their supervisor, Safety Committee members, Safety Coordinator, and/or Personnel Department's OSHD at 213-378-3611 or per.safety@lacity.org. Copies of Safety Concern or Suggestion Form (Attachment B) will be provided to facilitate an employee's report. Under no circumstances will employees be disciplined or subjected to any form of reprisal for legitimately reporting a hazard.

Employee safety bulletin boards are located at 202 West First Street, Suite 500 Los Angeles, CA 90012 (lunchroom) and 977 North Broadway, Los Angeles, CA 90012. Employees are encouraged to become familiar with the location of, and the materials posted on, the bulletin boards such as:

- "Safety and Health Protection on the Job" (Cal/OSHA)
- "Notice to Employees--Injuries Caused By Work" (Form DWC 7)
- "Access to Medical and Exposure Records" (Cal/OSHA)
- "Emergency Phone Numbers" (Cal/OSHA Form S-500)
- Responses to corrected unsafe conditions (Attachment D - Hazard Abatement Form)
- "Whistleblowers Are Protected" (Labor Code Section 1102.8 (a))
- Current safety meeting minutes
- Summary of Work-Related Injuries and Illnesses (Form 300A) (posted from February 1st to April 30th of each year)

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HAZARD ASSESSMENT AND INSPECTION

The primary reason for conducting hazard assessments and facility safety inspections is to identify and control hazards, unsafe conditions, and unsafe work practices. Controlling hazards minimizes the risk to employees and helps to prevent accidents and injuries.

The department will conduct hazard assessments and facility safety inspections at least once annually and additionally when one or more of the following conditions occur:

- When the IIPP is established
- When new equipment creates an unsafe condition
- When a product, process or procedure creates a hazard or unsafe condition
- When new or previously unrecognized hazard or unsafe condition, and communicable disease outbreak (e.g., COVID-19) is identified
- When an occupational injury or illness occurs
- When a workplace condition warrants an inspection

Walkthrough safety inspections or assessments will be conducted by one or more of the following:

- Managers and Supervisors
- Safety Committee
- Safety Coordinator
- Others

Employees are encouraged to use Hazard Assessment and Safety Inspection Checklist Form(s) (Attachment C) when conducting formalized walkthrough inspections.

The completed Hazard Assessment and Safety Inspection Checklist Form(s) - Attachment C will be forwarded to the Safety Coordinator. The Safety Coordinator will track identified concerns or hazards from such inspection records until resolved.

HAZARD CORRECTION

It is the department's intention to eliminate workplace hazards and unsafe work practices as soon as feasible. However, some corrective actions may require more time. Hazards that cannot be immediately corrected/abated will be prioritized based on the following considerations among others:

- Probability and severity of an injury or illness resulting from the hazard
- Availability of needed equipment, materials and/or personnel
- Time for delivery, installation, modification, or construction
- Training periods

While corrective action is in process, necessary precautions are to be taken by the department to protect or remove employees from exposure to hazards.

When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, all exposed employees are to be evacuated from the area except those

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necessary to correct the existing condition. Employees necessary to correct the hazardous condition are to be provided with the appropriate training and required personal protective equipment.

The department will use the Hazard Assessment and Safety Inspection Checklist Form and Hazard Abatement Form (Attachments C and D) as appropriate to describe the measures taken to abate hazards or unsafe work practices. The completed forms will be forwarded to the Safety Coordinator for tracking identified concerns or hazards until resolved.

ACCIDENT/INCIDENT/NEAR-MISS INVESTIGATION

Accident, incident, and near-miss investigations are performed in order to gather information on the cause(s) that contributed to the occurrence. This information is useful in determining corrective actions that can be taken to prevent the same type of incident from recurring. Investigations are to be documented and the results communicated to all affected employees.

The department has the responsibility to investigate all work-related accidents, incidents, and near-misses and make any necessary hazard corrections to prevent recurrence.

Employees must immediately report all work-related accidents, incidents, or illnesses to their supervisor, using the Employee's Report of Injury/Illness Form (Attachment E), unless the employee is unable to do so. In this case, the notification must be made by a lead worker or co-worker, or the employee as soon as possible thereafter.

Note: Police and Fire will follow their own departmental Accident Investigation and Reporting Policy.

Upon becoming aware of an employee injury or illness, the supervisor or designated staff shall:

- Assess the need for medical attention:
 - If injuries appear to be critical, dial 911 or 9-911 (when using City's telephone) for immediate emergency services
 - If urgent medical treatment is required or if the employee is in immediate danger, the employee should be taken to the nearest hospital emergency room

If the injury or illness is not a medical emergency, but requires further medical treatment, direct the employee to providers in the City's Medical Provider Networks (MPNs) using the links below:

If the employee is a member of the Los Angeles Police Protective League (LAPPL), the MPN providers are listed at <http://lappladrmpn.cityoflampn.com>

If the employee is a member of one of the following MOUs: 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 34, 36, 37, 62, 63, and 64, the MPN providers are listed at <http://adrmpn.cityoflampn.com>

If the employee is a member of any other MOU, the MPN providers are listed at <http://lacitympn.cityoflampn.com>

- Note: If the employee states that they have a pre-designated personal physician, contact Workers' Compensation Division at (213) 473-3400 to verify
- If the injury only requires First Aid, provide First Aid to the employee using the workplace First Aid kit

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- Provide the injured employee with Workers' Compensation Claim Form (DWC 1) and Notice of Potential Eligibility within 24-hours of receiving notice or knowledge of injury. If the employee is off work, the form may be mailed or delivered in person. In addition, provide the injured employee with the Medical Provider Network (MPN) Notice relevant to that employee based on their MOU. Once the employee has been given the notice have them complete and return the Receipt – Proof of Service form which can be obtained here: <https://per.lacity.org/doc.cfm?get=Receipt-ProofOfService>
 - As soon as possible, but no later than 8 hours from knowledge, report the injury to City's WCD via phone at (213) 473-3400, or fax at (213) 473-3433, or email at per.wcddiv@lacity.org
 - Ensure employees complete Employee's Report of Injury/Illness Form - Attachment E
 - Initiate investigation as soon as possible in order to identify the "who, what, why, where and when" by interviewing the injured employee(s) and witness(es), visit and examine the accident/incident scene, and take pictures and measurements as appropriate
 - Complete Supervisor's Investigation Form (Attachment F) and have accident witness(es) complete Accident/Incident Witness Statement Form (Attachment G)
 - Complete the "Employer's Report of Injury," (Form 5020) - Attachment H. This form may also be accessed through the following link: <http://cityforms.ci.la.ca.us/> and is available in Claims Enterprise (CE). To submit a claim in CE, go to File Menu - Digital Portal
 - Forward all completed original Forms to WCD and copies to the Safety Coordinator for further review and recordkeeping as necessary
- (Note: For all First-Aid-only injuries, the completed Form 5020 – Employer's Report of Injury and other accident-related investigation forms are not required to be forwarded to WCD.)

Serious Injury or Illness and Fatality

For accidents that result in a fatality or a serious injury or illness (see definition), the supervisor or designated staff must:

- Immediately notify LACERS Departmental Personnel Director, Workers' Compensation Division, and City Safety Administrator.
- Per the direction of LACERS Departmental Personnel Director, immediately and within eight (8) hours after the initial knowledge of the incident, report the serious injury and fatality to the nearest Cal/OSHA District office.

Attachment I-1, Cal/OSHA Accident Reporting Worksheet, provides a list of information that will be needed before placing a call to the Cal/OSHA District Office to report serious injury and/or fatality. Head of the department/office will distribute a memorandum addressing the City Attorney's Office, WCD, and City Safety Administrator that briefly describes the incident and confirms that a notification to Cal/OSHA was made within eight (8) hours of knowledge of the incident.

Incident Notification

Supervisor or designated staff must immediately notify the City Safety Administrator via Google form link at <https://forms.gle/eaNLS7KBusCW6Ebv8>, for the following:

- Any regulatory inquiry, citation, notice of violation, final order along with any pertinent document (forward to per.safety@lacity.org)
- Any fatality or serious injury or illness that triggers notification to a regulatory agency
- Any single incident or exposure where the department is aware that three or more employees have reported health issue(s)
- Any site visit by a local or state regulatory agency (e.g., Cal/OSHA, DPH, or SCAQMD)
- Any on-site incident that becomes subject of significant public attention or media coverage

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- Any incident where a building is evacuated for unsafe condition

Attachment I-2, Safety Notification Reporting Form, provides a list of information that needs to be reported.

Vehicle Accidents

Any employee involved in a vehicle traffic accident involving City or privately owned mileage vehicles operated on City business shall follow the procedure below regardless of whether or not the accidents occur on or off City property:

- Notify the Los Angeles Police Department (LAPD), at the non-emergency phone number (877) 275-5273 of all accidents, including:
 - Accidents which occur in a county area or other incorporated City
 - Accidents in which an employee is accused of being involved and of which the employee has no knowledge
 - Accidents in which an animal has been seriously injured or killed (in which case the driver should attempt to search for the owner and report the circumstances of the accident)

When reporting, inform the LAPD that a City vehicle has been involved in an accident and be prepared to give the location.

- In an accident involving injury or a fatality, call 911 for assistance. Employee must also immediately contact the City Attorney, Auto Liability Division at 213-978-7040. If after hours, contact the City Hall Operator at 311 or 213-485-2121
- Employee must remain at the scene of the accident until a law enforcement officer arrives. If a law enforcement officer is not sent out, employee must obtain information from the other person's driver's license, insurance information, etc.
- Refer to the City of Los Angeles, Accident Reporting Instructions (Form Gen 84-A), located in City vehicle's glove compartment. Per the instructions, have witnesses (if any) sign witness cards (Form Gen 84B-9-65) and fill out an Automobile Accident Report (Form General 88, link: <http://cityforms.ci.la.ca.us/>)
- Employee must notify their manager/supervisor immediately of the accident and submit the witness cards and Automobile Accident Report. Supervisor must submit the witness cards and Automobile Accident Report to the City Attorney within 24 hours of the accident and a copy of the Automobile Accident Report to the OSHD (per.safety@lacity.org) and General Services Department (GSD) Fleet Services (gsd.fleetinfo@lacity.org)
- If the accident resulted in any injuries to City employee(s), complete DWC 1 Claim Form and Employer's Report of Occupational Injury or Illness
- If a City-owned vehicle was damaged, it must be brought into the GSD Fleet Services (213) 485-5380, for inspection within five (5) working days of the accident

If a City-owned vehicle requires towing, call 213-473-8540 between 6:00 a.m. and 2:30 p.m. or at 213-485-4964 between 2:30 p.m. to 11:00 p.m. After hours and weekends, employee can call the City Hall Operator at 213-485-2121 to contact the GSD emergency mechanic.

Workplace Violence Incidents

Threats, threatening behavior, or acts of violence against an employee or any other individual cannot and will not be tolerated. Employees are encouraged to immediately communicate to supervisors or managers any work-related or non-work-related situation that has the potential to create violence in the workplace. All reports of workplace violence will be taken seriously and will be investigated

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promptly and thoroughly. Policy related to Workplace Violence, and additional guidelines are available through the following link: <http://per.lacity.org/eo/violence.htm>.

Log of Work-Related Injuries and Illnesses

The department maintains its own injury/illness log using the following Cal/OSHA forms as listed below:

- Cal/OSHA Form 300 (Log of Work-Related Injuries and Illnesses)
- Cal/OSHA Form 300A (Summary of Work-Related Injuries and Illnesses)

Said log is to document work-related injuries and illnesses caused by an event or exposure that results in employee death, loss of consciousness, one or more days away from work, restricted duty, job transfer, medical treatment beyond First Aid or a significant injury or illness diagnosed by a physician or other licensed health care provider.

The Safety Coordinator maintains and tracks such occupational injury statistics. At the end of each calendar year, the Safety Coordinator or designated staff prepares an annual summary of injuries and illnesses that occurred during that calendar year (Form 300A). This annual summary is posted in a conspicuous location from February 1 until April 30. Also, on an annual basis, before March 2, Safety Coordinator or designee electronically submits appropriate injury and illness data in OSHA's Injury Tracking Application (ITA) online portal as required.

Near-Miss Incident

Employees should immediately report all work-related near-miss incidents to their supervisor. For all near-miss incidents reported (regardless of the outcome), the supervisor or designated staff shall document the incident and immediately conduct an investigation using the Near-Miss Reporting and Investigation Form (Attachment J). Any unsafe acts or conditions identified during the investigation must be corrected, and results effectively communicated to prevent future occurrence of similar incidents. The completed Near-Miss Form will be forwarded to the Safety Coordinator for further review and recordkeeping.

TRAINING AND INSTRUCTION

The department shall ensure compliance with Cal/OSHA and City of Los Angeles health and safety training requirements, and shall ensure employees receive regular and effective communication regarding safety training and safety programs, rules and regulations.

Employee training shall be offered under, but not limited to, the following circumstances:

- To all employees new to the City and/or to a particular work assignment, unless the employees provide documentation and/or proof of current valid training (e.g., a Certificate of Training from another employer or agency)
- To all employees with respect to hazards specific to their job assignment
- To supervisors and/or managers when necessary to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed
- Whenever new equipment, substances, processes, and procedures are introduced to the workplace which may pose or represent a new hazard or non-routine hazard
- Whenever the department/division is made aware of a new or previously-unrecognized hazard including communicable diseases

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- As required by other agencies (e.g., Department of Motor Vehicles (DMV), Department of Transportation (DOT), etc.) for continuing education and/or certification for employee to function on behalf of the City

In addition to the above, and at a minimum, workplace health and safety training and practices for all City employees shall include, but not be limited to, the following:

- Explanation of the department's IIPP, Emergency Action Plan and Fire Prevention Plan
- Instructions on how to report any unsafe conditions, work practices, and injuries
- Explanation of what to do when additional instruction is needed
- Job specific instructions regarding non-routine hazards unique to a job assignment, to the extent that such information was not already covered in other trainings
- Information about chemical hazards to which employees may be exposed
- Information regarding other hazard communication programs
- Information regarding the provision of medical services and First Aid, including emergency procedures
- Information regarding the name, telephone number, and location of the medical clinic and nearby hospital where employees should be taken for treatment

Safety and health training must be documented in writing for each employee. Health and Safety Training Form -Attachment K will be utilized to document employee training. The completed training forms will be forwarded to Safety Coordinator for recordkeeping purposes.

EMPLOYEE ACCESS TO THE PROGRAM

The department shall provide employees with the access to the IIPP. Access to the current version of the IIPP is provided through one or more of the following:

- Employees are provided with unobstructed access to review, print, and email an electronic copy available to department employees on the department's website, intranet, shared drive, and/or 202 W 1st St. Suite 500, Los Angeles, CA 90012 or 977 N Broadway, Los Angeles, CA 90012.
- The department will provide a hard or electronic copy within five (5) business days after the request for access is received from an employee or designated representative, as defined below. Request for access shall be forwarded to LACERS Human Resources:
 - One printed copy of the current program shall be provided free of charge every 12 months unless the employee or designated representative agrees to receive an electronic copy of the program.
 - The program copy provided to the employee or designated representative need not include any of the records of the steps taken to implement and maintain the written program.
 - When the department develops distinctly separate and different programs for its operations, the program copy provided will be limited to the one applicable to the employee requesting it.

The department shall communicate to employees their right and the proper procedure to access the IIPP.

- Current employees are informed of their right and the procedure to access the IIPP.
- New employees will be provided with this information upon hire or transfer to the department.

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For the purpose of this section:

Access means the right and opportunity to examine and receive a copy.

Designated representative means any individual or organization to whom an employee gives written authorization to exercise a right of access. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative for the purpose of access to the program.

Unobstructed access means that the employee, as part of his or her regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

Written authorization means a request provided to the department containing the following information:

- a. Name and signature of the employee authorizing a designated representative to access the program on employee's behalf;
- b. Date of the request;
- c. Name of the designated representative (individual or organization) authorized to receive the program on employee's behalf; and
- d. Date upon which the written authorization will expire (if less than one (1) year).

RECORDKEEPING

The department shall ensure compliance with Cal/OSHA and City recordkeeping requirements.

Records that document implementation of the IIPP shall be maintained in the department's central safety files. These files are located at 202 West First Street, Suite 500 Los Angeles, CA 90012 (HRU). The following records will be maintained for at least the period indicated:

The written IIPP	until the next revision or updates
Completed Inspection and Abatement Forms – Minimum 1 Year	1 years
Completed Investigation	1 years
Employee Training Records – Minimum 1 Year	1 years
Records relating to employee communication and enforcement:	
Safety Committee Meeting Minutes & Sign-up Sheets – Minimum 1 Year	1 years
Employee Suggestion/Question and Responses	1 years
Cal/OSHA 300 and 300A forms	5 years
Medical and employee exposure records	duration of employment plus 30 years

DEFINITIONS

Near-Miss Incident is an unplanned event that did not result in an injury and/or illness but had the potential to do so.

Serious Injury or Illness means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization of any period, for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of

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an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

PERFORMANCE MONITORING

The Chief Safety and Wellness Officer shall conduct an annual review of the program template and update as appropriate. This review includes assessing any new regulatory requirements or changes to existing regulatory requirements, and identifying any opportunities for improvements to the program.

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REVIEW/REVISION HISTORY

Rev.	Date	Description of Revision	Contact
1	12/27/16	Compliant with Cal/OSHA Regulation	N. Bashar
2	05/22/17	Compliant with ED-18	N. Bashar
3	6/12/2018	Update IIPP	L. Lin
4	6/5/2019	Update IIPP	L. Lin
5	6/29/2020	Update IIPP	L.Lin
6	9/30/2020	Minor editorial changes, addition of Attachment M for COVID-19	L.Lin
7	11/18/2020	Addition of "Employee Access to the Program" compliant with Cal/OSHA regulations (new subsections T8 CCR 3203(a)(8)-(a)(8)(F) effective July 1, 2020) roles and responsibilities, serious injury/illness definition, and other editorial changes	L. Lin
8	4/12/21	Removed Appendix A, and updated Attachment A, Code of Safe Practices - General Office	A. Vasquez
9	5/5/22	Added Attachment I-2 - Safety Notification Reporting Form. Updated Attachment I-1 - Cal/OSHA Accident Reporting Worksheet. Revised Accident/Incident/Near Miss Investigation (including City's Medical Provider Network information), and Vehicle Accidents. Made other minor editorial changes throughout the document.	M. Nguyen

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ATTACHMENTS

- Attachment A: Code of Safe Practices – General Office
- Attachment B: Safety Concern or Suggestion Form
- Attachment C: Hazard Assessment and Safety Inspection Checklist Forms
- Attachment D: Hazard Abatement Form
- Attachment E: Employee's Report of Injury/Illness Form
- Attachment F: Supervisor's Investigation Form
- Attachment G: Accident/Incident Witness Statement Form
- Attachment H: Form 5020 – Employer's Report of Injury Form
- Attachment I-1: Cal/OSHA Accident Reporting Worksheet
- Attachment I-2: Safety Notification Reporting Form
- Attachment J: Near-Miss Reporting and Investigation Form
- Attachment K: Health and Safety Training Form
- Attachment L: Guidelines to Developing a Safety Committee



CODE OF SAFE PRACTICES – GENERAL OFFICE

Employees are required to comply with the Code of Safe Practices. Employees shall familiarize themselves with the department's Code of Safe Practices and any additional safe work practices applicable to their work duties. These rules are not meant to be all-inclusive for all operations/settings.

General

1. All employees shall follow these safe practice rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the supervisor. [\[CCR T8 SECTION 3203\]](#)
2. Employees shall observe safe working methods and procedures and assist in acquainting new employees with our safety culture. [\[CCR T8 SECTION 3203\]](#)
3. All unsafe conditions, accidents, near-misses, and injuries or illnesses shall be reported promptly upon occurrence or observation to the supervisor. [\[CCR T8 SECTION 3203\]](#)
4. All employees shall be provided with training as it pertains to their job tasks. [\[CCR T8 SECTION 3203\]](#)
5. Work shall be well planned and supervised to prevent injuries in handling materials and working together with equipment. [\[CCR T8 SECTION 3203\]](#)
6. Personal protective equipment (PPE) shall be provided according to the Hazard Evaluation. Employees shall wear PPE properly when and where prescribed. [\[CCR T8 SECTIONS 3203, 3380\]](#)
7. Horseplay, practical jokes, scuffling, pushing, fighting, and other acts that tend to have an adverse influence on the safety or well-being of the employees shall be prohibited. [\[CCR T8 SECTION 3203\]](#)

Work Environment

8. Smoking (including combustion and electronic) is prohibited indoors and within 20 feet of main entrances, exits, and operable windows of a public building occupied by the state, a county, and a city. [\[CALIFORNIA GOVERNMENT CODE SECTIONS 7596-7598\]](#)
9. Employees shall maintain their assigned office, cubicle, workstation, and immediate area in a safe, clean, neat, and orderly manner. Work surfaces, keyboard tray, keyboard, monitor, telephone, and equipment shall be kept clean. Avoid clutter on the desktop, underneath, and around the desk. All boxes, cartons, packing material, etc. shall be discarded appropriately or neatly placed in a designated storage area. [\[CCR T8 SECTION 3362\]](#)
10. Avoid loose paper buildup in offices and cubicles. Office papers for short-term storage should be bound or stored in suitable files/containers. Utilize the "2-sided copy" feature when printing or copying whenever possible to reduce the amount of paper. [\[CCR T8 SECTION 3362\]](#)
11. Workplace flooring shall be kept free of debris, floor storage, and trip hazards (e.g., electrical cords in walkways). Any tears in the carpet or other uneven floor areas shall be reported to supervisor, facilities, or Safety Coordinator. [\[CCR T8 SECTIONS 3273, 3362\]](#)

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12. All materials shall be stored safely to prevent them from falling and tipping over. [CCR T8 SECTION 3241]
13. Decorations shall be secured and shall not suspend from the ceiling grid, ceiling tiles, sprinkler heads, smoke detectors, or fire strobes. Decorations that create a safety hazard, such as slip, trip, fall, electrical, fire, obstructing or interfering with emergency equipment access and operation shall be removed. [CCR T8 SECTION 3217]
14. Plants shall be subjected to removal when they are withering, overgrown, leaking, harboring insects, or otherwise contributing to an unhealthy or unsafe condition. [CCR T8 SECTION 3362]
15. Employees shall practice good housekeeping. Work areas, including areas under and around desks, shall be kept free of boxes or debris, and trash shall be placed in appropriate receptacles. Trash, garbage, or waste containers shall not be allowed to overflow. Employees shall clean up after preparing food and wipe up any water splashed onto countertops, tables, or floors. [CCR T8 SECTION 3362]
16. Meeting rooms and conference rooms shall be kept clean by the employees who utilize these rooms. When food or beverages are served, the event hosts shall ensure the room, furniture, and floor are thoroughly clean after the event. Food and beverages shall be removed from the room. Trash shall be taken to the trash containers before it is empty for the day. [CCR T8 SECTION 3362]
17. All food shall be stored in durable airtight containers and not be left out unattended. Employees shall eliminate open food and water sources before leaving work. [CCR T8 SECTION 3362]
18. Any trash from food, snacks, or beverages shall be disposed of in (lunchroom) trash-bin before the emptying time for the day. Perishable and food waste shall not be left overnight. [CCR T8 SECTION 3362]
19. Styrofoam cups, aluminum cans, and food containers shall be disposed of or taken home daily. [CCR T8 SECTION 3362]
20. Beverages and cups in the work area shall be covered to prevent spillage; exercise caution when on the move. [CCR T8 SECTIONS 3273, 3362]
21. Floors shall be kept clean and dry to prevent slipping hazards. All spills shall be cleaned up promptly. Section off the area and warn others (verbally or use signs) of the wet floor. Request assistance and take caution for a large spill or when sharps are present. [CCR T8 SECTIONS 3273, 3362]
22. Water intrusion, leakage, or other uncontrolled water accumulation shall be reported and corrected as soon as possible. [CCR T8 SECTION 3362]
23. The workplace shall be maintained to prevent the entrance or harborage of insects, rodents, or other vermin. [CCR T8 SECTION 3362]
24. Adequate lighting shall be provided throughout the work areas. [CCR T8 SECTION 3317]
25. Employees shall be aware and considerate to minimize disruptions to others with the loudness of audio and sound from the computer, equipment, phone, conversation, etc. [COURTESY]

Ergonomics

26. Workstations, equipment, and materials shall be arranged and adjusted for employee comfort and to preclude excessive reaching, physical strain, and unnecessary exertions, to the extent possible. Minimize overstretching by placing frequently used items in the accessible primary reach zone and less often used items in the secondary reach zone. Complete an ergonomic self-

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- evaluation when assigned to a new workstation. Follow appropriate ergonomic guidance that may be applied or be directed by supervision. [\[CCR T8 SECTION 5110, ERGONOMICS PRACTICES\]](#)
27. Employees shall practice ergonomic principles – maintain comfortable, neutral body postures during daily activities, reduce the frequency of performing the same motions, alternate between tasks to use different muscles, and take micro-breaks every 1-2 hours to reduce muscle fatigue. [\[CCR T8 SECTION 5110, ERGONOMICS PRACTICES\]](#)
 28. Do not lean excessively back in a chair. The chair can tip over. [\[INJURY PREVENTION PRACTICES\]](#)
 29. Heavy or awkward to lift items shall be stored on the shelves at about waist height or lower. Be careful not to overload shelves. Do not load file drawers in a manner that makes them top-heavy. [\[CCR T8 SECTION 3241, CCR T8 SECTION 5110, ERGONOMICS PRACTICES\]](#)
 30. Lifting shall begin with proper planning, considering the best route with hazard controlled, destination clearance, load size and weight, moving equipment, and communication with coworkers. [\[CCR T8 SECTION 3203, CCR T8 SECTION 5110, ERGONOMICS PRACTICES\]](#)
 31. Employees shall apply proper body mechanics for lifting to use the large muscles of the leg instead of the smaller muscles of the back. Break up bulky or heavy items into smaller, more manageable loads whenever possible. Move heavy objects with dollies, handcarts, or get help. Never attempt to lift or push an object that is too heavy for you. [\[CCR T8 SECTION 3203, CCR T8 SECTION 5110, ERGONOMICS PRACTICES\]](#)

File and Storage

32. Items shall be stored in proper storage space. [\[CCR T8 SECTION 3362\]](#)
33. Electrical, mechanical, heater, boiler room and other room dedicated to building physical plant components shall not be used for storage. [\[NFPA 1 SECTION 10.18.5, CA. FIRE CODE TITLE 24 SECTION 315.3.3, 2017 LAFC SECTION 315.3.3\]](#)
34. Filing cabinets and bookcases shall be sufficiently secured to the floor or wall to prevent tipping during earthquakes. [\[CCR T8 SECTION 3241\]](#)
35. No more than one file drawer shall be opened in a file cabinet at a time. File cabinets are unstable with the drawers open, particularly when bottom drawers are not full. [\[INJURY PREVENTION PRACTICES\]](#)
36. Cardboard file drawers not equipped with a restraining device that limits outward travel shall not be pulled out quickly. [\[INJURY PREVENTION PRACTICES\]](#)
37. Employees shall not leave file cabinet or desk drawers in the open position unattended. Close all drawers to avoid tripping hazards or limiting the safe use of aisles. Maintain adequate aisle space with file drawers in the open position. [\[INJURY PREVENTION PRACTICES\]](#)
38. Any material shall be stored in a stable manner maintained on shelves, inside cabinets, or in other rigid covered containers. When stacking cardboard boxes, use a tier method (step increase per adjacent column or pyramid-like structure). [\[CCR T8 SECTION 3241\]](#)
39. Overhead storage shall be prevented or minimized when possible. Items shall not be placed in the following places: above the height of partition in a cubicle, more than 36 inches on top of a cabinet, within 24 inches from the ceiling, and 18 inches from fire sprinkler heads across the room. [\[CCR T8 SECTION 3241, CCR T8 SECTION 6170, NFPA 13-2019 20.6.6.4\]](#)
40. Storage areas shall be organized, clean, and free from debris and clutter. Avoid storage on a permanent basis and keep clutter to a minimum. [\[CCR T8 SECTIONS 3273, 3362\]](#)

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41. Reduce clutter by offering reusable equipment and furniture no longer in use to units within the department or the City salvage. [\[INJURY PREVENTION PRACTICES\]](#)

Access and Egress

42. Exits and means of egress shall be at least 28 inches wide, well lighted, unlocked from inside, and never be blocked. [\[CCR T8 SECTION 3229\]](#)
43. All exit doors shall comply with fire safety regulations at all times. No hangings or draperies shall be placed over exit doors or otherwise so located as to conceal or obscure any exit. No mirrors shall be placed on exit doors. No mirrors shall be placed in or adjacent to any exit in such a manner as to confuse the direction of exit. [\[CCR T8 SECTION 3225\]](#)
44. Never block or prop open a fire door. Fire doors shall be closed at all times unless controlled by automatic closers. [\[CCR T8 SECTION 3235, CA BUILDING CODE SECTION 716.5.9\]](#)
45. Items shall not block or obstruct aisles, hallways, corridors, doorways, stairways, or emergency exits as to provide the minimum clear space of 24 inches in width and 6 feet 8 inches clear headroom. [\[CCR T8 SECTIONS 3225, 3227, 3272\]](#)
46. Employees shall not stand on a box, cabinet, shelf, drawer, table, desk, or chair to gain height to reach high areas. Use a sturdy and stable step stool or ladder as appropriate when retrieving elevated supplies and materials. Reaching above shoulder height should be avoided. [\[CCR T8 SECTIONS 3210, 3276\]](#)
47. Any use of ladders or step stools shall comply with all safety instructions and design specifications of the equipment. [\[CCR T8 SECTION 3276\]](#)
48. Employees shall not run electrical cords or any other cords, ropes, cables, or other trip hazards across aisles, walkways, corridors, passageways, stairways, or any other areas where people might be expected to walk. Electric cables and cords, including temporary setup, shall be secured to avoid trips and falls. [\[CCR T8 SECTIONS 3273, 2500.8\]](#)
49. When traveling on foot, employees shall plan the route and look ahead in the path to avoid tripping, stumbling, slipping, and similar hazards. Beware of the surroundings. Do not read or text while walking. Use the designated walkways, paths, and stairs whenever possible. Keep hands out and free whenever possible to increase balance and be ready to react. [\[INJURY PREVENTION PRACTICES\]](#)
50. Employees shall exercise caution and slow down when approaching doorways, corners, blind spots, and junctions, where the surface is wet, when hands are occupied, or view is obstructed. When transporting materials, secure multiple loose items to prevent them from falling. Do not carry objects (e.g., pencils/pens) with sharp points protruding from your pockets. [\[INJURY PREVENTION PRACTICES\]](#)
51. Employees shall open doors carefully, always be aware that someone may be on the other side passing by in the pathway of the door swing. [\[INJURY PREVENTION PRACTICES\]](#)
52. Handrails shall be utilized as much as possible when climbing or descending stairs. Avoid carrying heavy objects while in stairwells, unless supported by other persons capable of lending assistance. [\[INJURY PREVENTION PRACTICES\]](#)
53. Inappropriate footwear or shoes with slippery or badly worn soles shall not be worn. [\[INJURY PREVENTION PRACTICES\]](#)

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Fire Safety

54. Employees shall familiarize themselves with the emergency procedures, exit routes, and be aware of the nearest emergency equipment location, e.g., fire extinguisher, first aid kit, etc. [CCR T8 SECTIONS 3220, 6184]
55. In the event of a fire, immediately notify coworkers according to the Building Emergency Plan. [CCR T8 SECTIONS 3220, 6184]
56. Upon hearing the fire alarm, employees shall stop work immediately, proceed to the nearest clear exit, and gather in the designated outside safe refuge area for an accounting of employee evacuation and wait for instructions. Employees assigned with roles (e.g., floor wardens, stairwell monitors, etc.) for the Building Emergency Plan shall commence their duties accordingly. [CCR T8 SECTIONS 3220, 6184]
57. Portable fire extinguishers, fire pull stations, fire sprinklers, electrical panels, and other emergency equipment shall be readily accessible and not obstructed. Adequate access and clear working space around them shall be maintained at all times. [CCR T8 SECTIONS 3219, 6151, 6165, 6170, 6184, 2340.16]
58. Portable fire extinguishers shall not be operated, tampered with, or removed except in an emergency and according to safety procedures and the person's level of training. If a fire extinguisher is used, the department shall contact facilities to replace the extinguisher. [CCR T8 SECTIONS 6151, 2017 LAFC SECTION 906.2]
59. The 18 inches clearance from the fire sprinkler heads shall be free of any storage across the room. [NFPA 13-2019 SECTION 9.5.6.4, 2017 LAFC SECTION 903.3.10, CCR T8 SECTION 6170]
60. Food being heated or cooked in a stove, microwave, toaster, oven, etc. shall not be left unattended. [INJURY PREVENTION PRACTICES]
61. Open flames shall not be permitted without the approval of the supervisor and/or facilities. [CCR T8 SECTION 3221]

Electrical

62. Any heat-producing device shall not be left unattended, including thermostatically controlled portable electrical appliances that will cycle on-and-off on their own. Employees shall de-energize such devices before walking away. [2017 LA CITY FIRE CODE 305.1, CCR T8 SECTION 3221]
63. Lights and equipment not in use shall be turned off each evening to conserve electricity and prevent fire. [CCR T8 SECTION 3221]
64. Electrical outlets and power strips shall not be overloaded. All electrical equipment and appliances shall be plugged into appropriate wall receptacles or approved extension cord sized for capacity. Approved refrigerators, microwaves, toasters, ovens, and portable heaters shall not use a power strip. [CA. FIRE CODE TITLE 24 SECTIONS 604.5, 604.10]
65. Power strips shall be plugged directly into approved electrical outlets. Extension cords shall be plugged directly into approved electrical outlets and are permitted for temporary use only. [CA. FIRE CODE TITLE 24 SECTION 604.5, 2017 LAFC SECTIONS 605.5.3, 605.10, CCR T8 SECTION 2500.7]
66. Only listed and labeled electrical appliances shall be used. [CCR T8 SECTIONS 2305.4, 2340.2, 2522.7]
67. Use only approved electrical appliances in the manner according to the approval, manufacturer's specifications, and Fire Codes. Appliances and equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used. [2017 LAFC SECTIONS 605.1, 605.5.3, CCR T8 SECTIONS 2340.2, 2522.7]

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68. Personal electrical appliances (coffee makers, space refrigerators, microwaves, toasters, ovens, space heaters, fans, etc.) shall not be allowed in the workstation without approval from the supervisor. Supervisors may consult with the Department Safety Coordinator and the building's facilities/electrician for assistance.

If a special accommodation is requested, the employee shall submit the personal electrical appliance, specifications, user manual, and other pertinent safety and electrical information for the supervisor's review to obtain approval before using the item.

Cubicle partition electrical systems are typically not designed to handle most personal space heaters, refrigerators, and other thermostatically controlled devices. Approved personal electrical appliances shall be used in accordance with the Fire Codes, manufacturer's instructions, and approval. [\[2017 LAFC SECTION 605.1, CCR T8 SECTION 2522.7\]](#)

69. A space heater, to be considered for supervisor and/or facilities management approval, shall minimally be equipped with ALL of the following:

- tested, listed, and labeled by a Nationally Recognized Testing Laboratory (NRTL), such as FM Approvals (FM), Intertek (ETL), or Underwriters Laboratories (UL);
- overheat protection that automatically shuts the unit off if it begins to overheat;
- tip-over kill switch that automatically power down the heater if it tips over; and
- heating element protected from direct contact. [\[2017 LAFC SECTION 605.10\]](#)

70. Space heaters that meet the requirements, and are approved by supervisor, shall be operated safely:

- Space heaters shall be plugged directly into an approved receptacle, without any other electrical device into the same outlet.
- Space heaters shall not use an extension cord or power strip.
- Space heaters shall be operated only in locations for which they are listed, and shall not be operated within 3 feet of any combustible materials (e.g. paper). [\[2017 LAFC SECTION 605.10, CCR T8 SECTION 2522.7\]](#)

71. Electrical control panels and similar equipment shall not be blocked or obstructed. There shall always be clearance for working space of at least 30 inches wide, 36 inches deep, and 78 inches high in front of electrical control panels and similar equipment. [\[CCR T8 SECTIONS 2340.16, 2017 LAFC SECTION 605.3, 2019 CA. FIRE CODE TITLE 24 SECTION 604.3\]](#)

72. Do not allow excessive dust to accumulate in areas of electrical components. [\[2017 LA CITY FIRE CODE, 2203.2.1, CCR T8 SECTIONS 5174\(F\), 2340.1\]](#)

73. Do not establish water sources within six feet of an electrical outlet, unless the outlet is equipped with a ground fault circuit interrupter (GFCI) device. [\[CCR T8 SECTIONS 2360.3, 2405.4, 2510.5, 2569.5, 2569.31, 2569.51\]](#)

74. All electrical outlets shall be covered. Employees shall not remove electrical outlet covers, except for maintenance by authorized personnel. [\[2017 LAFC SECTION 605.6, CCR T8 SECTIONS 2320.1, 2340.1, 2510.4\]](#)

75. Employees shall not use electrical tools or equipment that is not properly grounded. Cords equipped with a 3-prong plug shall not be modified to fit into a 2-prong electrical outlet. [\[2017 LAFC SECTION 605.10, CCR T8 SECTION 2395.45\]](#)

76. Metal ladders shall never be used when working on or near electrical components and systems. [\[CCR T8 SECTIONS 3276, 3287\]](#)

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77. Employees shall protect electrical cords to prevent electrical shock and trip hazards and allow wheelchair access as required by law or regulation. Frayed or badly worn cords shall be replaced. Cords shall not be allowed to come in contact with heat-producing equipment, such as portable heaters. When unplugging any equipment and appliance, pull by the plug, not the wire. [\[2017 LAFC SECTION 605.5, CCR T8 SECTION 2405.2\]](#)
78. Frayed electrical cords or exposed wiring shall not be used and shall be reported to the supervisor immediately. [\[CCR T8 SECTIONS 2360.3\(B\)\(3\)\(C\), 2340.26, 2500.25, 3203\]](#)
79. When unplugging electrical equipment never unplug the equipment by the cord -- use the plug. [\[CCR T8 SECTION 2522.22\]](#)
80. Never use electrical equipment with wet hands. [\[INJURY PREVENTION PRACTICES\]](#)
81. Extension cords shall not be used in place of fixed wiring. [\[CCR T8 SECTION 2500.8\]](#)
82. Employees shall never store items in electrical closets or equipment rooms -- electrical space shall require being free and clear. [\[NFPA 1 SECTION 10.18.5, CA. FIRE CODE TITLE 24 SECTION 315.3.3, 2017 LAFC SECTION 315.3.3\]](#)
83. Employees shall not use more than one power strip per electrical receptacle -- such practices can potentially overload the receptacle and related components. [\[CA. FIRE CODE TITLE 24 SECTION 604.5, 2017 LAFC SECTIONS 605.5.3, 605.10, CCR T8 SECTION 2500.7\]](#)
84. Employees shall not daisy chain electrical cords, power strips or similar equipment. [\[CA. FIRE CODE TITLE 24 SECTION 604.5, 2017 LAFC SECTIONS 605.5.3, 605.10, CCR T8 SECTION 2500.7\]](#)
85. Employees shall not bind, kink or knot electrical cords. [\[CCR T8 SECTION 2500.8\]](#)
86. Employees shall not run electrical cords under carpets, through aisles/doorways or in places where they could be run over by chairs and equipment. [\[CCR T8 SECTION 2500.8\]](#)
87. Employees shall never attempt to repair electrical equipment unless they are properly trained. [\[CCR T8 SECTION 2320.1\]](#)
88. Employees shall not work on energized electrical equipment. [\[CCR T8 SECTIONS 2320.1, 2320.2, 3314\]](#)
89. Employees shall not ignore warning signs, touch or get near any tagged and locked out electrical equipment/devices. [\[CCR T8 SECTIONS 2320.1, 2320.2, 3314\]](#)
90. Employees shall report any obvious electrical hazards to their immediate supervisor as soon as possible. [\[CCR T8 SECTION 3203\]](#)

Equipment and Tools

91. Equipment, including machines and appliances, and tools shall be used for their intended purpose. [\[CCR T8 SECTION 3556\]](#)
92. Employees shall not use personal equipment or tools without approval of the supervisor. [\[CCR T8 SECTION 3380\]](#)
93. Equipment shall be arranged in such a manner as to provide safe working conditions. [\[CCR T8 SECTION 3273\]](#)
94. Employees shall operate equipment only to the extent of their training and following the manufacturer's instructions. [\[CCR T8 SECTION 3203\(A\)\(7\)\]](#)
95. Employees shall not handle or tamper with any electrical equipment, machinery, or building systems in a manner not within the scope of their duties unless they have received instructions from their supervisor. [\[CCR T8 SECTIONS 3328, T8 2321.1\]](#)

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96. Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to the supervisor. Guards and other protective devices shall not be removed or bypassed in any way. All equipment such as fans, paper cutters, and shredders shall have built-in guards to prevent cuts and abrasions. [\[CCR T8 SECTIONS 3556, 4002, 4184, 4207, 4227\]](#)
97. Equipment and tools shall be serviced and maintained in accordance with the manufacturer's instructions. [\[CCR T8 SECTION 3328\]](#)
98. Equipment and tools in need of repair shall be removed from service immediately and not returned to use until properly repaired by a qualified person. [\[CCR T8 SECTION 3328\]](#)
99. Only qualified persons shall perform installation, repair, or maintenance of any equipment. [\[CCR T8 SECTION 3328\]](#)
100. Power shall be turned off, and parts shall be secured to prevent inadvertent movement before cleaning, servicing, adjusting, repairing, and setting-up of machines and equipment, unless specified otherwise by the manufacturer. [\[CCR T8 SECTIONS 3328, 3314, 2320.4, 2320.5\]](#)
101. When clearing jams in copy machines, do not rest arms inside the machine where a burn hazard may exist. Only perform to the extent of one's training and capability. [\[CCR T8 SECTION 3314\]](#)
102. Blade of box cutter and other sharps shall be retracted and/or protected when not in use. [\[CCR T8 SECTIONS 3556, 4002, 4184\]](#)
103. Paper trimmers/cutters shall be used on a level, unobstructed, and clear surface. The blade lever shall be set down to the closed position and latched when not in use. Trimmers and cutters shall not be used if any guard is missing or damaged. [\[CCR T8 SECTION 4184\]](#)

Chemical

104. Hazardous chemicals shall be used only for their intended purpose and in the manner prescribed on their labels. Protective equipment required by labels shall be worn. Employees shall not bring hazardous chemicals or products from home to use at work (e.g., bug spray, nail polish remover, cleaning products). [\[CCR T8 SECTION 5194, CCR T8 SECTIONS 3380 – 3385\]](#)
105. The Department Safety Coordinator, facilities, and supervisor shall be notified prior to introducing a chemical substance to the workplace. Employees who are exposed to hazardous substances shall be trained at the time of their initial assignment, and whenever a new chemical hazard is introduced into their work area in accordance with the Hazard Communication Plan. [\[CCR T8 SECTION 5194\]](#)
106. Chemical use shall be consistent with training received, hazard warning labels, and safe-handling procedures, as found on the Safety Data Sheets (SDSs). [\[CCR T8 SECTION 5194\]](#)
107. A copy of the SDS for all hazardous substances shall be available on site and accessible to users. [\[CCR T8 SECTION 5194\]](#)
108. Contractors performing maintenance activities shall be required to submit SDSs to the supervisor or facilities ahead for employee notification and make available to employees. [\[CCR T8 SECTION 5194\]](#)
109. Hazardous material spills shall be reported immediately to the supervisor. [\[CCR T8 SECTIONS 5194, 3203\]](#)

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Parking Area

110. Employees shall follow instructions, signage, and assignments for parking. [CVC 21113]
111. Drivers shall observe the posted speed limit. Drive no more than 15 mph if no limit is posted. [CVC 22352]
112. Drivers shall yield to pedestrian traffic when entering and exiting the parking structure. Use the mounted mirrors at intersections and corners. [CVC 21949 – 21971]
113. Pedestrians shall stay on designated paths and out of traffic lanes. [CVC 21949 – 21971]
114. Vehicles shall be parked in designated spaces and within the space and painted lines. [CVC 21113(A)]
115. Vehicles shall be parked in such a manner to prevent damaging an adjacent vehicle when opening a door. Parked vehicles shall not block crosswalk, intersection, traffic, another vehicle, access to handicap space, equipment room doors, fire hydrants, or fire lane. [CVC 21113(A), 22500, 22500.1, 22507.8, 22514, 22522, 22953]
116. Vehicles shall not be left in a traffic lane. [CVC 22500(g)]
117. Employees shall not discard trash or store any materials in traffic lanes or parking spaces. [CVC]
118. Employees shall lock doors and close windows of vehicles to prevent thefts. [LOSS PREVENTION PRACTICES]

Personal Safety and Security Tips [INJURY PREVENTION PRACTICES]

119. Be observant. Know your surroundings, and observe the people around you. Stay vigilant and be aware of parked cars, vacant buildings, and suspicious subjects.
120. Be aware of locations and situations that are potential threats to your safety.
121. Be alert. Make eye contact with people when walking.
122. Have identification on your person at all times.
123. Prominently display employee ID cards when within secure areas of a facility and follow security procedures.
124. Ensure access doors are closed and locked behind you to preclude unauthorized access.
125. Direct visitors to the Security Desk for visitor check-in and access.
126. Notify security if a visitor appears to be loitering in unauthorized areas.
127. General solicitation is discouraged. Visitors are only authorized to access areas and personnel to conduct legitimate business.
128. Follow your instincts if you feel unsafe. Leave the scene if your safety is compromised.
129. Call 911 for any life-threatening situation.
130. Report all crimes, incidents, suspicious people, and activities to the proper authorities: supervisor, security, and/or law enforcement.
131. Street precautions:
 - Looking lost increases vulnerability. Choose your route and map it out in advance, if possible, let someone know where you are going.
 - Be alert to your surroundings and people around you, especially if you are alone or dark out. Try to walk in pairs if possible.

LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
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- Walk confidently at a steady pace on the side of the street facing traffic, avoid doorway, bushes, and alleys where someone could be hiding.
- Avoid concentrating on your cell phone and not your surroundings. Do keep your phone charged.
- Earbuds should not be so loud that you can't hear your surroundings. Leave one ear open.
- Wear clothes and footwear that give you freedom of movement. If your shoes limit mobility, bring an extra pair for outside of the office.
- Ensure your hands are free and unrestricted in the event you need to protect yourself. If you carry a purse or briefcase, be prepared to use them to defend yourself.
- If you feel you are being followed or observe a person or group further down the street that makes you feel uncomfortable, cross the street, walk in another direction, or ask someone walking near you if you may walk a short distance with them.
- Do not respond to conversation from strangers on the streets, continue walking.
- If you see someone being attacked, stand back at a safe distance, call out for help (if safe to do so), call 911, think about your safety, and don't become another victim.

132. Waiting for a bus or a train:

- If possible, avoid isolated bus stops or stations.
- Stand away from the curb or tracks until the bus or train arrives. Keep your back against a wall or pole so that you cannot be surprised from behind.
- Have money or pass in hand, do not open your purse or wallet while boarding.
- Stay alert of the people around you at the stop or the station, whether you are on the bus or train.
- If someone bothers you, change seats and/or tell the driver.

133. Car safety:

- Always lock your doors after entering or leaving your vehicle.
- Park in well-lighted areas.
- Have your keys in hand; don't linger before entering your vehicle.
- Check the back before entering your car.
- Become familiar with LAPD, Sheriff, CHP, and/or Fire Dept. station locations.

134. Be responsive if you are confronted:

- If someone demands your property, use your best judgment. It may be advisable to comply than to resist and risk severe injury or death.
- Stay as calm as possible, think rationally, and evaluate your resources and options. It may not be effective to use logic or reason when a person is very upset or agitated.
- If you are upset, it will only escalate the situation. Take a deep breath and use a low, dull tone of voice. Do not express anger, impatience, or irritation.
- Do not argue with individuals who seem to be experiencing delusions or hallucinations.
- Maintain your personal space to a distance that offers reasonable time to react to any threat.

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- Do not maintain direct continuous eye contact that may appear threatening, but maintain visual awareness.
- If you can escape by running, then do so!
- If you are in trouble, attract help any way you can, yell, SCREAM!
- If no other options are left, then FIGHT!



SAFETY CONCERN OR SUGGESTION FORM

If the safety concern creates a hazard to employees and needs immediate attention, please notify your supervisor or contact the Department Safety Coordinator or City Safety Administrator at (213) 473-7097. All personal information contained on this form is confidential.

Name: _____ Phone Number: _____
(OPTIONAL) (OPTIONAL)

Site or Facility Address: _____ Date: _____

Include a brief description of the safety concern or safety suggestion; include the location in which it can be investigated.

Has this safety concern been brought to the attention of your supervisor?

Yes No If yes, date notified: _____

Was Administrative Services Division notified regarding safety-related repairs?

Yes No If yes, date notified: _____

Do you want the Safety Staff to contact you?

Yes No If yes, please include your name and phone number above.

Please indicate your preference: Do not reveal my name to my supervisor

My name may be revealed to my supervisor

LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
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Attachment C

Sample Hazard Assessment and Safety Inspection Checklist Form

The following pages contain examples of safety inspection checklists on various health and safety topics. These are designed to help you evaluate your work areas. They will give you some indication of where you should begin action to make your workplace safer and more healthful for your employees. The checklists are not meant to be all-inclusive or to replace other additional safety and precautionary measures to cover usual or unusual conditions.

**LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
Injury and Illness Prevention Program**

INSPECTION CHECKLIST

GENERAL WORK ENVIRONMENT

Location: _____ Date of Inspection: _____
Address/Name of Building

Inspection Performed by: _____
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
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EMPLOYER POSTING

Is the Cal/OSHA notice "Safety and Health Protection on the Job" displayed in a prominent location where all employees are likely to see it?					
Are emergency telephone numbers posted where they can be readily found in case of emergency?					
Where employees may be exposed to any toxic substances or harmful physical agents, has appropriate information concerning employee access to medical and exposure records, and "Safety Data Sheets," etc., been posted or otherwise made readily available to affected employees?					
Are other California posters properly displayed such as:					
Industrial Welfare Commission orders regulating wages, hours and working conditions?					
Discrimination in employment prohibited by law?					
Notice to employees of unemployment and disability insurance?					
Payday notice?					
Summary of occupational injuries and illnesses posted in the months of February to April?					
Operating rules for industrial trucks (if applicable)?					
Whistleblowers are protected?					

RECORDKEEPING

Are all occupational injuries or illnesses, except minor injuries requiring only First Aid, being recorded as required on Cal/OSHA Form 300?					
Are employee medical records and records of employee exposure to hazardous substances or harmful physical agents up-to-date?					
Have arrangements been made to maintain required records for the legal period of time for each specific type of record such as: <ul style="list-style-type: none"> • Training Records • Annual Certifications • Equipment Inspections 					

SAFETY AND HEALTH PROGRAM

Do you have an active safety and health program in operation?					
Do you have a Injury Illness Prevention Plan?					
Is one person clearly responsible for the overall activities of the safety and health program?					
Do you have a Safety Committee or group that meets regularly and reports in writing on its activities?					

LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
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Do you have a working procedure for handling in-house employee complaints regarding safety and health?					
Are you keeping your employees advised of the successful effort and accomplishments the Safety Committee has made in assuring they will have a workplace that is safe and healthful?					

GENERAL WORK ENVIRONMENT

Are all worksites clean and orderly?					
Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?					
Are spilled materials or liquids cleaned up immediately?					
Is combustible trash removed from the worksite daily?					
Is accumulated combustible dust routinely removed from elevated surfaces, including the overhead structure of buildings?					
When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?					
Are restrooms and washrooms kept clean and sanitary?					
Is potable water provided for drinking and washing?					
Are outlets for water not suitable for drinking clearly identified?					
Are work areas properly illuminated?					
Is the ventilation system appropriate for the work performed?					
Are pits and floor openings covered or guarded?					
Where heat stress is a problem, do all fixed work areas have air conditioning?					
Are floors free from protruding nails, splinters, holes, etc.?					
Are permanent aisles and passageways clearly marked?					
Are aisles and passageways kept clear?					
Is there safe clearance in aisles where motorized or mechanical handling equipment travel?					
Do you have eye wash facilities and a quick drench shower within the work area where employees are exposed to injurious corrosive materials?					
Do extension cords have a grounding conductor?					
Are ground-fault circuit interrupters used at locations where construction, demolition, modification, alteration or excavation operations are being performed?					

FLOOR AND WALL OPENINGS, STAIRS AND STAIRWAYS

Are floor openings guarded by covers or guardrails on all sides?					
Do skylights have screens or fixed railings that would prevent someone on the roof from falling through?					
Are open pits and trap doors guarded?					
Are grates or similar type covers over floor openings such as floor drains, designed so that foot traffic or rolling equipment are not affected by grate spacing?					
Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?					
Are steps on stairs and stairways designed or provided with a slip-resistant					

LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
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surface?					
Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?					

ELEVATED SURFACES

Is the vertical distance between stairway landings limited to 12 feet or less?					
Are stairways adequately illuminated?					
Are signs posted showing the elevated surface load capacity?					
Do elevated work areas have a permanent means of access and egress?					
Are materials on elevated surfaces piled, stacked or racked in a manner to prevent tipping, falling, collapsing, rolling or spreading?					

EXITS AND EXIT DOORS

Are all exits marked with an exit sign and illuminated by a reliable light source?					
Are exit routes clearly marked?					
Are doors, passageways or stairways that are neither exits nor access to exits appropriately marked "NOT AN EXIT" or "STOREROOM" etc.?					
Are all exits kept free of obstructions?					
Are there sufficient exits to permit prompt escape in case of emergency?					
Do exit doors open in the direction of exit travel?					
Are doors that swing in both directions provided with viewing panels in each door?					
Are exits and exit routes equipped with emergency lighting?					

ADDITIONAL REMARKS:

LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
Injury and Illness Prevention Program

INSPECTION CHECKLIST

HAZARD COMMUNICATION PROGRAM

Location: _____ Date of Inspection: _____
Address/Name of Building

Inspection Performed by: _____
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Do you have an inventory of all hazardous substances used in your workplace?					
Is there a written hazard communication program that covers Safety Data Sheets (SDS), labeling and employee training?					
Is there an SDS readily available for each hazardous substance used?					
Is there an employee training program for hazardous substances?					
Does the employee training program include:					
• An explanation of what an SDS is and how to obtain and use it?					
• The physical and health hazards of substances in the work area, and specific protective measures to be used?					
• Employee access to the employer's written hazard communication program and where hazardous substances are present in their work areas?					
• An explanation of the "Right to Know" standards?					
• Details of the hazard communication program, including how to use the labeling system and SDS?					

ADDITIONAL REMARKS:

**LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
Injury and Illness Prevention Program**

INSPECTION CHECKLIST

PERSONAL PROTECTIVE EQUIPMENT

Location: _____ Date of Inspection: _____
Address/Name of Building

Inspection Performed by: _____
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Is personal protective equipment (PPE) provided, used and maintained when required?					
Is all protective equipment maintained in a sanitary condition and ready for use?					
Are employees trained in the selection, use and maintenance of PPE and protective clothing?					
Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?					
Are protective goggles, face shields or glasses used where there is a danger of flying particles or corrosive materials splash?					
Are protective gloves, aprons, shields or other means provided and used to prevent cuts and corrosive liquid or chemical splash injuries?					
Are hard hats provided and worn where there is a danger of falling objects?					
Is appropriate foot protection provided and used where there is a risk of foot injuries from hot, corrosive substances or falling objects or crushing or penetrating actions?					
Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the Cal/OSHA noise standard?					

RESPIRATORY PROTECTION

Is respiratory protection provided and used when required?					
Do you have a written respiratory protection program?					
Do you have written procedures for the selection, use and maintenance of respirators?					
Are employees instructed and trained in the limitations, proper use and care of respirators used?					
Are respirators cleaned, disinfected and inspected after every use?					
Is the proper respirator used for the hazard present?					
Are respirators stored in a convenient, clean and sanitary location?					
Are emergency use respirators inspected monthly and are records of monthly inspections kept?					
Are users of negative pressure respirators fit tested?					
Are respirator users given periodic physical examinations?					

LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
Injury and Illness Prevention Program

ADDITIONAL REMARKS:

**LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
Injury and Illness Prevention Program**

INSPECTION CHECKLIST

FIRE SAFETY

Location: _____ Date of Inspection: _____
Address/Name of Building

Inspection Performed by: _____
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
If you have an alarm system, is it tested annually?					
Are fire doors and shutter fusible links in place?					
Are fire doors operating properly and unobstructed?					
Are automatic sprinkler system water control valves and water pressure checked periodically?					
Is the maintenance of automatic sprinkler systems assigned to competent persons or to a sprinkler contractor?					
Is proper clearance maintained below sprinkler heads?					
Are fire extinguishers provided in adequate number and type?					
Are fire extinguishers serviceable and mounted in readily accessible locations?					
Are fire extinguishers inspected monthly and noted on the inspection tag?					
Are employees instructed in the use of fire extinguishers?					
Are required fire extinguishers mounted within 75 feet of any outside areas containing flammable liquids, and within 10 feet of any inside storage areas?					
Is access to fire extinguishers free of obstruction?					
Are all fire extinguishers serviced and maintained at intervals not exceeding one year?					
Are all fire extinguishers fully charged and in designated locations?					
Are fire extinguishers selected and provided for the appropriate class of fire expected based on materials stored in the area?					
o Class A: Ordinary combustible material fires.					
o Class B: Flammable liquid, gas or grease fires.					
o Class C: Energized – electrical equipment fires.					

ADDITIONAL REMARKS

:

**LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
Injury and Illness Prevention Program**

INSPECTION CHECKLIST

HAND AND POWER TOOLS AND EQUIPMENT

Location: _____ Date of Inspection: _____
Address/Name of Building

Inspection Performed by: _____
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
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HAND TOOLS AND EQUIPMENT

Are tools and equipment in good condition?					
Are chisels, punches or other mushroomed-head tools repaired or replaced?					
Are broken handles on hammers and axes replaced promptly?					
Are worn or bent wrenches repaired or replaced?					
Do files have handles?					
Is eye and face protection worn while using hand tools that might produce flying materials or breakage?					
Have employees been trained to use hand tools properly?					
Are jacks checked to assure that they are in good operating condition and marked with the jack capacity?					

PORTABLE POWER TOOLS AND EQUIPMENT

Are grinders, saws and similar equipment used with appropriate safety guards?					
Are portable circular saws equipped with guards above and below the base shoe?					
Are rotating or moving parts guarded to prevent physical contact?					
Are all cord-connected, electrically operated tools and equipment grounded or double insulated?					
Are guards in place over belts, pulleys, chains and sprockets on equipment such as concrete mixers, air compressors, etc.?					
Are portable fans provided with full guards having openings of 1/2 inch or less?					
Are Ground Fault Circuit Interrupters (GFCI) used with portable electrical power tools?					
Is compressed air used for cleaning reduced to a nozzle pressure of 30 psi or less?					
Are pneumatic and hydraulic hoses on power-operated tools inspected regularly for serviceability?					
Is portable hoisting equipment posted with capacity and latest load test information?					
Do chain saws have anti-kickback devices?					

ABRASIVE WHEEL GRINDERS

Is the work rest adjusted to within 1/8 inch on the wheel?					
--	--	--	--	--	--

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INSPECTION CHECKLIST

PORTABLE LADDER SAFETY

Location: _____ Date of Inspection: _____
Address/Name of Building

Inspection Performed by: _____
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are all ladders maintained in good condition?					
Is each ladder equipped with non-slip safety feet?					
Are ladder rungs and steps free of grease and oil?					
Are ladders prohibited from being placed on unstable bases (such as boxes, barrels, truck beds, etc.) to gain added height?					
Do employees face the ladder and use both hands when climbing and descending the ladder?					
Are unserviceable ladders discarded?					
Do ladders extend at least 3 feet above the landing?					
Are rungs of ladders uniformly spaced at 12 inches?					
Do employees stand on the top step of ladders?					
Are portable metal ladders marked with signs reading, "CAUTION – DO NOT USE AROUND ELECTRICAL EQUIPMENT?"					

ADDITIONAL REMARKS:

LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
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INSPECTION CHECKLIST
COMPRESSED GAS CYLINDERS

Location: _____ Date of Inspection: _____
Address/Name of Building

Inspection Performed by: _____
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are cylinders equipped with a valve protection device?					
Are cylinders clearly marked to identify the gas they contain?					
Are cylinders stored in an area protected from high heat sources?					
Are cylinders stored or transported in a manner to prevent them from tipping, falling or rolling?					
Are valve protectors always placed on cylinders when they are not in use or connected for use?					
Are valves closed before a cylinder is moved, when the cylinder is empty, and at the completion of each job?					
Are cylinders checked periodically for corrosion, general distortion, cracks, or any other defect that may render them unserviceable or hazardous?					

ADDITIONAL REMARKS:

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INSPECTION CHECKLIST

FORKLIFTS AND INDUSTRIAL TRUCKS

Location: _____ Date of Inspection: _____
Address/Name of Building

Inspection Performed by: _____
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are only trained personnel allowed to operate industrial trucks?					
Is overhead protection provided on rider lift trucks?					
Does each industrial truck have a warning device that can be clearly heard above the normal noise in the operating area?					
Are lift truck operating rules posted and enforced?					
Are brakes on industrial trucks capable of bringing the vehicle to a complete and safe stop when fully loaded?					
Will the industrial truck's parking brake prevent the vehicle from moving when unattended?					
Are forklift loads lowered while the truck is traveling?					
Are industrial trucks operating in areas where flammable gases or vapors, or combustible dust or ignitable fibers may be present in the atmosphere, approved for such locations?					
Are motorized hand and hand/rider trucks designed so when the brakes are applied, power to the drive motor shuts off when the operator releases his grip on the device that controls the travel?					
Are industrial trucks with internal combustion engines, operating in buildings or enclosed areas, carefully checked to ensure such operations do not cause harmful concentrations of dangerous gases or fumes?					

ADDITIONAL REMARKS:



HAZARD ABATEMENT FORM

You may identify hazardous conditions. The next step is to eliminate these hazards. Use this form to record actions taken to correct hazards.

Date:

Area inspected:

Identified hazard or concern:

The steps to be taken to remove hazard:

Priority:

High ___ Medium ___ Low ___

Deadline for removing hazard (date):

Hazard has been successfully removed/abated on (date):

Notes:

Supervisor's signature:

Date:

Los Angeles City Employees' Retirement System
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Attachment E

	<h2 style="margin: 0;">EMPLOYEE'S REPORT OF INJURY/ILLNESS FORM</h2> <p style="margin: 0;">To be completed by the Employee Please print clearly and add additional sheet if necessary</p>	
Employee's name: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of birth: ____/____/____	Contact telephone #: _____	
Home address: _____		
City: _____	State: _____	Zip Code: _____
Present job classification: _____	Department/Division: _____	
Date of accident/incident: _____	Time of accident/incident: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Date reported: _____	If date reported different from injury date, give reason: _____	
Location of accident/incident (address and specific area): _____		
Describe fully how accident/incident occurred (including events that occurred immediately before the accident/incident). Include relevant photos and diagram as necessary: 		
Describe injury or illness sustained due to the accident/incident (e.g., strain, sprain, burn, fracture, etc.): _____		
Body part(s) affected/injured (e.g., head, back, hand, etc.)? _____		
Name of your supervisor: _____		Phone #: _____
Name(s) of witness(es): _____		Phone #: _____
Name(s) of witness(es): _____		Phone #: _____
When did you report the injury/illness to your supervisor? _____		
To whom did you report the injury/illness (if other than your supervisor)? _____		
Do you require medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	Have you been treated by a physician for this injury/illness before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What can the City of Los Angeles do to help prevent similar accidents/incidents? 		
Signature of employee: _____		Date: _____

Los Angeles City Employees' Retirement System
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Attachment F



SUPERVISOR'S INVESTIGATION FORM

To be completed by the employee's Supervisor or other responsible administrative official after a work related accident/incident other than a near-miss incident. Please print clearly and use additional sheet if necessary.

Name of injured employee:		Department/Office assigned:	
Job title or occupation:	Length of time in this job class?	Date of accident/incident:	
Location where accident/incident occurred: Address: Area:	Employer's premises: <input type="checkbox"/> Yes <input type="checkbox"/> No External job site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time of accident/incident: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Describe fully how accident/incident occurred. Include events that occurred immediately before the accident/incident. List all objects and substances involved. Include relevant photos and diagram as necessary.			
Accident/incident resulted in: <input type="checkbox"/> Property Damage <input type="checkbox"/> First Aid <input type="checkbox"/> Injury/Illness Requiring Medical Treatment <input type="checkbox"/> Fatality			
Describe the nature and extent of injury/illness and property damage.			
Part(s) and side of body affected/injured?	Any prior physical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe condition:	
What equipment/machine was being used? (if none leave blank)	What task/activity was being performed?	The task/activity was part of <input type="checkbox"/> Regular Duty <input type="checkbox"/> Special Project	
PLEASE SELECT ONE OR MORE OF THE CATEGORIES LISTED BELOW WHICH MAY HAVE LED TO THE ACCIDENT/INCIDENT. USE THE FACTORS LISTED ON THE FOLLOWING PAGE TO DETERMINE THE CAUSE(S).			
<input type="checkbox"/> Lack of Knowledge/Skill/Training <input type="checkbox"/> Failure to Follow Policy/Procedures <input type="checkbox"/> Stress/Personal Factors <input type="checkbox"/> Unsafe Use of Tools/Equipment <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Repetitive/Forceful/Awkward Work <input type="checkbox"/> Unsafe Condition/Exposure <input type="checkbox"/> Exercise/Fitness/Drill <input type="checkbox"/> Use of Force (For Sworn Only) <input type="checkbox"/> Traffic Accident (Fill out Form Gen. 88, Automobile Accident Report)			
What is the chance of this accident/incident happening again? <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low			
What action has or will be taken to prevent a recurrence of this accident/incident?			
Who has or will take action (Name/Title)?			When will the action be taken (date)?
Did employee promptly report the injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, date reported:			
Is modified duty available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Supervisor's name:	Supervisor's signature:	Phone #:	Date:

Los Angeles City Employees' Retirement System
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INSTRUCTION: USE THIS LISTING FOR IDENTIFYING CAUSE(S) THAT LED TO THE ACCIDENT/INCIDENT. CHECK ALL THAT APPLY.

	Lack of Knowledge/Skill/Training	<input type="checkbox"/>	Employee had difficulty interacting with co-workers and/or supervisor.
<input type="checkbox"/>	Incident occurred due to inadequate knowledge/skill.		Unsafe Act
<input type="checkbox"/>	Training was not available/provided for the associated task.	<input type="checkbox"/>	Employee was operating equipment at an improper speed/capacity.
<input type="checkbox"/>	Employee reported inadequate understanding of training materials.	<input type="checkbox"/>	Employee was involved in horseplay.
<input type="checkbox"/>	Employee was not trained to perform the task.	<input type="checkbox"/>	Employee was not using proper personal protective equipment (PPE).
<input type="checkbox"/>	New work methods were introduced without training.	<input type="checkbox"/>	Employee was in a rush.
<input type="checkbox"/>	Employee did not attend the required refresher training.	<input type="checkbox"/>	Employee failed to use available equipment.
	Unsafe Use of Tools/Equipment	<input type="checkbox"/>	Employee took a short cut.
<input type="checkbox"/>	Wrong equipment/tool was used for the task at hand.	<input type="checkbox"/>	Employee failed to warn or signal the hazard.
<input type="checkbox"/>	The equipment/tool used was not inspected/maintained properly.	<input type="checkbox"/>	Employee failed to secure or tie down materials to prevent unexpected movement.
<input type="checkbox"/>	The equipment/tool was faulty or defective.	<input type="checkbox"/>	The unsafe act was conducted by someone other than the injured employee.
<input type="checkbox"/>	Required safety devices were inadequate/defective.		Repetitive/Forceful/Awkward Work
<input type="checkbox"/>	Required safety devices were disabled/removed.	<input type="checkbox"/>	The workstation design or layout was not proper.
	Unsafe Condition/Exposure	<input type="checkbox"/>	Employee was lifting awkward-shaped items.
<input type="checkbox"/>	There was an extreme temperature (hot or cold) or weather condition.	<input type="checkbox"/>	The task required excessive use of finger or hand.
<input type="checkbox"/>	There were hazardous environmental conditions, e.g., gas, smoke, dust, fumes, mold.	<input type="checkbox"/>	Employee was reaching too far.
<input type="checkbox"/>	There was a fire and explosion hazard.	<input type="checkbox"/>	Employee was using computer more than two to four hours a day at work.
<input type="checkbox"/>	The ventilation was not adequate.	<input type="checkbox"/>	Employee's task required awkward posture – bending, twisting, and/or stooping.
<input type="checkbox"/>	The environment was noisy.	<input type="checkbox"/>	Employee was improperly lifting, pushing and/or pulling.
<input type="checkbox"/>	There was poor housekeeping.	<input type="checkbox"/>	Employee was experiencing pain and discomfort.
<input type="checkbox"/>	There was presence of insect and/or animal.		Exercise/Fitness/Drill
<input type="checkbox"/>	There was exposure to pathogen, bacteria, infection, etc.	<input type="checkbox"/>	The fitness or exercise area was not designed appropriately.
<input type="checkbox"/>	There was a slip, trip, and fall hazard.	<input type="checkbox"/>	Employee was training too hard or too often without having sufficient rest between workouts/fitness activities.
<input type="checkbox"/>	There were no handrails, guardrails and/or fall protection available or used.	<input type="checkbox"/>	Employee did not take time to stretch/warm up appropriately.
<input type="checkbox"/>	There was poor visibility or insufficient lighting.	<input type="checkbox"/>	Employee did not know their body's physical condition and/or limitations.
<input type="checkbox"/>	There was inadequate warning system (labels, signs, alarm, etc.) to identify unsafe condition and/or hazard.	<input type="checkbox"/>	Employee did not hydrate properly.
<input type="checkbox"/>	There was improper storage of hazardous substances/chemicals.	<input type="checkbox"/>	Employee was not wearing proper attire or equipment for the Exercise/Fitness/Drill.
<input type="checkbox"/>	The area was congested or restricted.		Failure to Follow Policy/Procedures
<input type="checkbox"/>	There was water intrusion/ leak.	<input type="checkbox"/>	There was no policy or procedure for the task.
<input type="checkbox"/>	There was overhead or head bump hazard.	<input type="checkbox"/>	The policy or procedure related to the task was not followed properly.
	Stress/Personal Factors	<input type="checkbox"/>	The policy or procedure followed was not appropriate for the task.
<input type="checkbox"/>	Employee reported stress.	<input type="checkbox"/>	Disciplinary action/policy was not enforced for safety infraction.
<input type="checkbox"/>	Employee was disciplined or going through an investigation.	<input type="checkbox"/>	There was inadequate jobsite supervision.
<input type="checkbox"/>	Employee was having job performance issues.		

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Attachment G



ACCIDENT/INCIDENT WITNESS STATEMENT FORM

To be completed by Witness

Name of employee involved in accident/incident:		
Name of witness:		
Home address (witness):		
City:	State:	Zip Code:
Contact telephone #:	Is witness a City employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If witness is a City employee, Department/Office assigned:		Job title or occupation:
Date of accident/incident:	Time of accident/incident: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Location where the accident/incident occurred (include the address and specific area):		
Describe fully how accident/incident occurred. Include events that occurred immediately before the accident/incident. List all objects and substances involved. Include relevant photos and diagram as necessary.		
Describe bodily injury/illness sustained (be specific about body part(s) affected):		
Recommendation on how to prevent this type of accident/incident from recurring:		
Signature of witness:	Date:	

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Attachment H

Form 5020 - Employer's Report of Injury

STATE OF CALIFORNIA EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to: CITY OF LOS ANGELES PERSONNEL DEPARTMENT 700 EAST TEMPLE STREET, ROOM 210 LOS ANGELES, CA 90012		OSHA CASE NO.
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.		
1. FIRM NAME		1a. Policy Number Self Insured		Please do not use this column
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 N/A		CASE NUMBER
4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.		5. State unemployment insurance acct.no N/A		
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:		7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)		OWNERSHIP
8. TIME INJURY/ILLNESS OCCURRED		9. TIME EMPLOYEE BEGAN WORK		
10. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. DATE LAST WORKED (mm/dd/yy)		OCCUPATION
12. DATE RETURNED TO WORK (mm/dd/yy)		13. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)		
14. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. DATE OF EMPLOYER'S KNOWLEDGE NOTICE OF INJURY/ILLNESS (mm/dd/yy)		SEX
16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)		
18. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning		19. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)		AGE
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY		
21. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.		21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No		DAILY HOURS
22. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold		22. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
23. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.		23. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		DAYS PER WEEK
24. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.		24. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Name and address of physician (number, street, city, zip)		25a. Phone Number		WEEKLY HOURS
26. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)		26a. Phone Number		
27. Name and address of physician (number, street, city, zip)		27a. Phone Number		WEEKLY WAGE
28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)		28a. Phone Number		
29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		COUNTY
30. EMPLOYEE NAME		30. SOCIAL SECURITY NUMBER		
31. HOME ADDRESS (Number, Street, City, Zip)		31. DATE OF BIRTH (mm/dd/yy)		NATURE OF INJURY
32. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		32a. PHONE NUMBER		
33. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours		33. DATE OF HIRE (mm/dd/yy)		PART OF BODY
34. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		34. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		
35. GROSS WAGES/SALARY \$ _____ per _____		35. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		SOURCE
Completed By (type or print)		Signature & Title		
Date (mm/dd/yy)		Date (mm/dd/yy)		EVENT
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.36). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.		* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.36). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.		

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Attachment I-1



CAL/OSHA ACCIDENT REPORTING WORKSHEET

Employers must immediately report to Cal/OSHA any work-related death or serious injury or illness.

Date of call placed to Cal/OSHA: _____ Time: _____ a.m. p.m.

Cal/OSHA District Office name and phone no: _____

When reporting serious injury/fatality to Cal/OSHA, have the following information on hand:

Time and date of accident/event:

Employer's name, address and telephone number:

Name and job title or badge number of the person reporting the accident:

Address of accident/event site:

Name of person to contact at accident/event site:

Name and address of injured employee(s):

Nature of injuries/illness:

If COVID-19 related reporting:
Time and date when department was notified of the hospital admission/death:

Employee's last day at work:

Date when employee tested positive:

Location where injured employee(s) was/were taken for medical treatment:

List and identity of other law enforcement agencies present at the accident/event site:

Description of accident/event and whether the accident scene or instrumentality has been altered:

You must request the following information from the Cal/OSHA operator or representative:

Name of Cal/OSHA operator or representative:

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Attachment I-2



SAFETY NOTIFICATION REPORTING FORM

This form is to be used to notify the Citywide Safety Administrator, **within 24 hours of knowledge**, of any of the following:

- Regulatory inquiries, citations, notice of violations, final orders **along with any pertinent documents**
- Fatality or serious injury or illness that triggers notification to regulatory agencies
- Single incident or exposure where the department is aware that three or more employees have reported a health issue
- Site visit by a local or state regulatory agency (e.g., Cal/OSHA, DPH, or SCAQMD)
- On-site incidents that become the subject of significant public attention or media coverage
- Incident where a building is evacuated for an unsafe condition

Please fill out this form to the best of your knowledge and send via email to the Citywide Safety Administrator at per.safety@lacity.org within 24 hours of knowledge. Complete and accurate responses will enable us to provide the best possible support and assistance. All fields are required unless indicated otherwise.

Note: This form is not a substitute for reporting and/or completing any other required accident/incident/near miss investigation forms and regulatory reporting within the required timeframe.

INDICATE THE TYPE OF INCIDENT(S) YOU ARE REPORTING. MARK ALL THAT APPLY.

YES	NO	INCIDENT TYPE
<input type="checkbox"/>	<input type="checkbox"/>	Regulatory inquiries, citations, notice of violations, final orders (If yes, please attach pertinent documents)
<input type="checkbox"/>	<input type="checkbox"/>	Fatality or serious injury or illness that triggers notification to regulatory agencies
<input type="checkbox"/>	<input type="checkbox"/>	An incident or exposure where the department is aware that three or more employees have reported a health issue
<input type="checkbox"/>	<input type="checkbox"/>	Site visit by a local or state regulatory agency (e.g., Cal/OSHA, DPH, or SCAQMD)
<input type="checkbox"/>	<input type="checkbox"/>	An on-site incident that becomes the subject of significant public attention or media coverage
<input type="checkbox"/>	<input type="checkbox"/>	Incident where a building is evacuated for an unsafe condition

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INFORMATION ABOUT THE INCIDENT		
Date of the incident:	Date:	Time:
Incident address or location description:		
Site point of contact:	Name:	Phone:
Location where injured employee(s) was/were taken for medical treatment (if applicable):		
Description of incident:	Please use additional sheets if necessary.	
YOUR INFORMATION		
Name:		
Title:		
Work Phone:		
E-Mail:		
Department/Bureau:		
Division:		
Work Address:		
<u>Note: This form is not a substitute for reporting/ completing any other required accident/incident/near miss investigation/Workers' Compensation forms and any other required regulatory reporting.</u>		



NEAR-MISS REPORTING AND INVESTIGATION FORM

Note: A **Near-Miss** is an unplanned event that did not result in an injury and/or illness but had the potential to do so.

Name of the employee completing this form:

Supervisor Safety Representative Witness
 Other

Contact Phone Number:

If other, please indicate job title:

Date of the Near-Miss event:

Time of the Near-Miss: _____ a.m. p.m.

Location where the Near-Miss event occurred:

Address:

Area:

Supervision at time of accident:

Directly supervised Indirectly supervised
 Not supervised Supervision not feasible

Employee was working:

Alone With crew or fellow worker Other
If other, specify:

Description of the Near-Miss event. Please explain the following: 1) **Who** was involved in the Near-Miss 2) **What** exactly happened 3) **How** did the Near-Miss occur (include photos and diagram and use additional sheet if necessary)

Were there unsafe acts that contributed to this Near-Miss event? Yes No

If "Yes," check all that apply below.

- | | |
|---|--|
| <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Failure to lockout |
| <input type="checkbox"/> Lack of written procedure | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Inadequate procedure | <input type="checkbox"/> Unsafe lifting |
| <input type="checkbox"/> Failure to anticipate | <input type="checkbox"/> Improper attire |
| <input type="checkbox"/> Disabled safety devices | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Operating at unsafe speeds | <input type="checkbox"/> Distracted |
| <input type="checkbox"/> Operating without proper authority | <input type="checkbox"/> Rushed |
| <input type="checkbox"/> Working on moving equipment | <input type="checkbox"/> Failure to use available equipment or tools |
| <input type="checkbox"/> Improper personal protective equipment (PPE) | <input type="checkbox"/> Other, specify _____ |

Were there unsafe conditions that contributed to this Near-Miss event? Yes No

If "Yes," check all that apply below.

- Inadequate guarding
- Unsafe equipment
- Defective equipment or tools
- Improper lighting
- Improper ventilation
- Unsafe position/ergonomic issue
- Weather conditions - snow and ice
- Uneven walking surface
- Slippery walking surface
- Noise
- Other, specify _____

What actions have or will be taken to prevent similar incident/event?

Who is responsible for taking these actions and following up to see that they are complete (Name/Title)?

Expected completion date:

Actual completion date:

Signature:

Date:



GUIDELINES TO DEVELOPING A SAFETY COMMITTEE

The primary objective of the Safety Committee is to provide support to enhance and administer the City's overall Safety Program. The Committee will also assist in maintaining a safe place of employment by ensuring that work is performed in a manner that provides the highest level of safety for employees.

Safety Committee allows Departments/Offices to take an overall look at safety requirements and to take proactive measures towards safety hazards and deficiencies. The Committee is also a visible and approachable body for safety complaints, suggestions, and the like. Safety committee members assist senior management and make recommendations for change.

GENERAL ORGANIZATION

Safety Committees range in size and structure based on the organization's number of employees, worksites and hazards present. Safety committee should have representation from all divisions/sections. The person who serves on a Safety Committee should have familiarity with the operations and functions affecting their divisions/sections.

FUNCTION

Safety Committee's typical duties include: developing safe work practices, developing written safety programs, facilitating safety training, conducting and/or reviewing safety inspections, and accident investigations. The Committee can also help promote other activities that encourage employees to support the organization's safety program. The following is a more detailed description of the Committee's various duties and responsibilities:

- Committee may review all accident/incident reports, hazard assessment, safety suggestions, and make recommendations or suggestions to prevent their recurrence. The Committee will also follow upon all safety recommendations/resolutions to ensure they have been acted upon and appropriately recorded.
- All recommendations, safety suggestions, complaints, unsafe condition reports and other hazard reports can be assigned to a member for action.
- Members may monitor safety inspections conducted in their respective division/section. They may also review investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances.
- Committee members should bring all safety-related matters to the attention of Department/Office management and supervision for correction prior to being brought up at a Committee meeting.

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- Upon request from Cal/OSHA, Committee will verify abatement action taken by the employer to abate citations issued by the Cal/OSHA.

RECOMMENDED PROCEDURES

- Committee should function with a Committee Chair and Vice-chair. Department/Office's Safety Coordinator may preside the meeting.
- Meetings should be held regularly, but not less than quarterly, and should follow a consistent schedule.
- Meeting agendas should be published in advance.
- Meetings can be conducted in accordance with Robert's Rules of Order.
- Meeting minutes should summarize the issues discussed, the proposed actions to be taken, and the person(s) responsible for follow-up on each item. Minutes should be published and provided to each Committee member, as well as be made available to all employees.
- Members are required to attend all meetings, except in case of emergency. If a member cannot attend a meeting, then an alternate should be sent. Attendance will be taken at each meeting and will be recorded in the minutes.
- Committee meeting minutes shall be maintained for at least one year.