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Subject: 1.0 Injury and Illness Prevention Program (IIPP)			
Approved  <hr/> Human Resources Manager 3/13/09 Date		Approved  <hr/> Risk Management Analyst 3/11/09 Date	

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1.0 INTRODUCTION

It is the policy of County of Tuolumne to plan and maintain a work environment for employees, contractors, and the public that will protect their health and safety and prevent avoidable risks of accidental injury or illness. County of Tuolumne operations shall be conducted in a manner to avoid injuries or illnesses and to comply with all applicable regulations and, when appropriate, with accepted health and safety standards. No employee will be required to perform any task which is determined to be unsafe or unreasonably hazardous for that individual.

1.1 References

- Code Federal Regulations, Title 29, Part 1904 and 1910
- California Code of Regulations, Title 8, Section 1509 (2) of the Construction Orders
- General Industry Safety Orders Section 3203
- Labor Code Section 6401.7 (SB 198)

1.2 Scope and Applicability

This Injury and Illness Prevention Program shall apply to all employees of the County of Tuolumne. In addition, this program shall apply to all visitors of the county, as well as contractors engaged in work on behalf of the County of Tuolumne.

1.3 Objectives

The objective of an effective injury and illness prevention program is to assist management in determining what hazards exist in the workplace, how to correct hazards that may occur, and what steps to take to prevent them from recurring. With the establishment of an effective system for providing employee injury and illness prevention, the following objectives can be achieved:

- County of Tuolumne is able to mitigate hazards and prevent injuries from occurring through regular self inspections
- Managers, supervisors, and employees know to report potentially hazardous conditions and incidents without fear of reprisal, and that their reports will be given prompt and serious attention
- Workplace equipment is maintained in safe and good working conditions
- Procedures are established to investigate any workplace injuries or illnesses and reported near-miss incidents
- Hazards are corrected as soon as possible after they are identified
- Employees have received general safety and health training and made aware of MOU's for safe work practices

- County of Tuolumne has established disciplinary procedures which help to ensure that safety rules and work procedures are put into practice and enforced

2.0 RESPONSIBILITY

2.1 CAO/Department Head

The ultimate responsibility for maintaining effective environmental health and safety policies specific to County of Tuolumne operations rests with the CAO/Department Heads. General policies governing the activities and responsibilities of the Safety Program are established under his/her final authority.

- Maintains a place of employment that is safe and healthful.
- Provides and enforces the use of safety devices, personal protective equipment, and safeguards.
- Adopts and uses methods and processes reasonably adequate to assure the work performed and place of employment are safe.
- Takes every reasonable precaution to protect the life and safety of employees.
- Provides the Risk Management Analyst with the timely information as needed and assistance to meet legal and County of Tuolumne requirements for claims management.
- Maintains communication with modified work-injured employees and cooperates with efforts to return employees to productive employment. All communication with work-injured employees who are no longer at work should be directed to the Risk Management Analyst.

2.2 Supervisor

- Encourages the proper attitude toward job performance in himself/herself and in his/her subordinates.
- Trains employees in job safety and health practices.
- Reports work-related injuries and illnesses in accordance with MOU's and State law.
- Investigates every accident and report of injury promptly and thoroughly to determine cause, prevent recurrence, and report results of investigations to the Risk Management Analyst.
- Requires all employees to comply with the occupational Health and Safety Standards and all rules, regulations, and orders applicable to his/her own actions and conduct.
- Ensuring that semi-annual office workplace inspections are conducted and that identified health and safety deficiencies are corrected in a timely fashion.

2.3 Employees

- Complies with employers' Occupational Health and Safety Standards and all rules, regulations, and orders that are applicable to his/her own actions and conduct.
- Takes every reasonable precaution to protect the health and life of other employees.
- Reports work-related injuries and illnesses promptly to his/her supervisor and cooperates with County of Tuolumne efforts to provide timely, fair, and equitable benefits pursuant to State law and MOU procedures.
- Does not remove, displace, damage, destroy, or carry off any safety device notice or warning furnished for use in any place of employment or interfere in any way with the use thereof by any other person.
- Participates in training programs as required.
- Keeps themselves informed of conditions affecting their health and safety.
- Promptly reports to their supervisors of potential hazards in the workplace, injuries and/or accidents.

2.4 Safety Coordinator

- Assist Supervisor and Management with investigations of accidents when needed.
- Run and hold regular Safety Committee Meetings for the department.
- Act as a liaison between the Risk Management Analyst and department for communication.

2.5 Risk Management Analyst/ Risk Manager

- Assists departments in their management of this Injury and Illness Prevention Program.
- Provides consultation to facilities on matters of health and safety.
- Interprets external regulations and recommends appropriate compliance strategies.
- Evaluates the adequacy and consistency of training designed.
- Review, updating, and evaluating the overall effectiveness of the IIPP.

2.6 County Safety Committee/Safety Coordinator Committee

- Act as liaison and contact point between the Risk Management Analyst and the department.
- Disseminate or distribute pertinent safety information, documentation, and publications.
- Know the location of required safety documentation such as inspection reports, safety training documentation, and required written safety programs.
- Request technical assistance as needed or desired to insure a safe and healthful environment.
- Identifies unsafe conditions/areas and recommend improvements.

3.0 COMPLIANCE

All employees shall adhere to safe and healthy work practices defined by law and by established County safety and health guidelines. Failure to do so may result in the initiation of disciplinary measures defined in the County of Tuolumne MOU policies.

Managers and supervisors shall ensure that employees comply with safe and healthy work practices. Managers and Supervisors are responsible for establishing and maintaining good health and safety practices. To ensure compliance, employees will be reinforced by one or more of the following:

- Appropriate comments on performance evaluations
- Recognition at safety meetings
- Written commendation or recognition

Employee non-compliance will be addressed by one or more of the following:

- An immediate discussion between the supervisor and the employee who is discovered working in an unsafe manner
- Corrective safety training
- Appropriate disciplinary action according to MOU

4.0 HAZARD IDENTIFICATION

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

4.1 Scheduled Safety Inspections

Upon initial implementation of this Program, inspections of all work areas will be conducted. All inspections will be documented using the Safety Inspection Form (Appendix A) with appropriate abatement of any hazards detected. Thereafter, safety inspections will be conducted at the frequency described below:

- Annual inspections of all department areas will be conducted to detect and eliminate any hazardous conditions that may exist.

4.2 Unscheduled Safety Inspections

- Additional safety inspections will be conducted whenever new equipment or changes in procedures that present new hazards are introduced into the workplace.

- The Risk Management Analyst or County Safety Committee may conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.
- Safety review will be conducted when occupational accidents occur to identify and correct hazards that may have contributed to the accident.

Risk Management Analyst is available for consultation and assistance in conducting these various hazard assessments.

4.3 Record Keeping of Scheduled and Periodic Inspections

Records of scheduled and periodic inspections to identify unsafe conditions and work practices shall be maintained for a minimum of three years. The records shall include:

- The person(s) conducting the inspections
- Any description of the unsafe conditions and work practices
- The actions taken to correct the identified unsafe conditions and work practices

The Safety Coordinator is responsible for maintaining these records

5.0 INJURY REPORTING

5.1 Reporting

When an injury occurs, in order to ensure timely Workers' Compensation accounting, the department must complete the Supervisor Investigation Form available on the web sight under Human Resources, Risk Management.

Once the employee has been assessed, fill out a **DWC-1 form and Employee Acknowledgement form (Appendix C)**. This form needs to be completed within 24hrs of the injury. This form is available on the Human Resources website and from the Safety Coordinator in the department. The form should be faxed to the Risk Management Analyst at 209-533-5901.

If a vehicle accident has occurred, the above mentioned forms if injury, as well as the Automobile Accident Form (Appendix F) shall be completed. The vehicle form should be faxed to Risk Management Analyst at 209-533-5901. This form is also available on the Human Resources website.

From time to time, accidents involving non-employees may occur at various County departments. All employees are required to report non-employee injuries, even if minor, to their immediate supervisor as soon as possible. Utilize the following procedure;

- Complete and file an Accident Report form for non-employee with your supervisor within 24 hours (Appendix G).
- Supervisor shall forward on copy to County Counsel.

- Give no information to anyone concerning injuries other than Risk Management Analyst and County Counsel. Do not admit liability, promise relief in any form nor be drawn into arguments with regard to an accident, incident, or claim against the County. Persons who desire to file a claim against the County should be referred to the Clerk of Board of Supervisors. The County Safety Committee shall review all accident reports at their regular scheduled meetings.

5.2 Serious Incident Reporting

Serious occupational injuries, illnesses or exposures to hazardous substances, as defined by OSHA, must be reported to the Risk Management Analyst immediately. The Risk Management Analyst will contact OSHA as required by law. The Department Head, Supervisor, Safety Coordinator, and Risk Management Analyst, will investigate the circumstances of the incident to determine the cause. A copy of this report may be forwarded to Legal Counsel upon request.

For the purposes of the above reporting requirement, "serious injury or illness" is an injury or illness which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers serious degree of permanent disfigurement. **THESE INJURIES OR ILLNESSES MUST BE REPORTED TO OSHA WITHIN 8 HOURS. Contact Sheriff dispatch at 533-5815 to contact Risk Management Analyst (Kelley Reich) immediately.**

6.0 INJURY INVESTIGATION

With the assistance from the Safety Coordinator, the department will investigate as many reported accidents, injuries, occupational illnesses, and near-miss incidents to identify the hazards. The department will initiate a Manager/Supervisor Investigation Form (Appendix D). The investigation should be completed within 24hrs of the incident. Some incidents may require more time to investigate fully. This form is also available on the Human Resources website and from the Safety Coordinator. Appropriate repairs or procedural changes will be implemented promptly to mitigate the hazards implicated in these events. The completed form should be faxed to the Risk Management Analyst at 209-533-5901.

Serious injuries will be investigated by the department, Safety Coordinator, and Risk Management Analyst in conjunction with a representative from the injured employee's department.

6.1 Hazard Mitigation

Upon completion of scheduled or unscheduled inspections, all findings will be prepared in writing and submitted to the department as appropriate. Corrective actions, or a suitable timeline for elimination of the hazard (where appropriate) is the responsibility of the department in which the finding was observed. The Risk Management Analyst will however, assist in obtaining expert corrective assistance and funding where appropriate and necessary.

Once identified, hazards will be ranked according to both consequence (the severity) and probability (the frequency). Prioritization of abatement actions will be based on the ranking scheme (e.g. Bold or Asterisk Items on an audit report are given higher priority than items without this marking). Serious hazards should always be given top priority and be corrected immediately.

6.2 Imminent Hazard Situations

Individuals, whether conducting a safety inspection or in the normal course of their duties, shall immediately notify the Supervisor or Safety Coordinator, as appropriate, if a condition exists that presents an imminent hazard to health or safety. The department shall inform all employees of such hazards, that cannot be immediately corrected to ensure that all necessary precautions are taken to prevent injuries and illnesses. The Risk Management Analyst can be consulted for advise.

An imminent hazard is any condition or practice where there is reasonable uncertainty that a hazard exists that can be expected to cause death or serious physical harm immediately or before the hazard can be eliminated through normal corrective action measures (e.g. construction area that employees are not allowed to enter or equipment that has been tagged as broken). A written notice will be attached to the equipment or facility presenting the hazardous condition, prohibiting use by other employees. The written notice may not be removed until the hazardous condition no longer exists, and the required safeguards and safety devices are implemented. The written notice may only be removed, and the equipment or area released for use by the supervisor or safety coordinator responsible for the equipment or area that was tagged. Employees who continue to use an item that that has been “tagged”, or who willfully remove a tag before the unsafe condition is corrected, are subject to severe disciplinary action.

If continued use of the area or equipment must be maintained, then affected personnel will be provided with the proper training, protective equipment or other safeguards deemed necessary to protect them from hazard.

The Risk Management Analyst is available for consultation and assistance on matters involving hazard mitigation and for deciding what constitutes an “imminent hazard

situation”. All external-reporting requirements (i.e. Fire Dept., Police) will be directed through the Risk Management Analyst.

7.0 TRAINING AND INSTRUCTION

County of Tuolumne policy requires that all employees be trained to protect themselves from hazards in their working environments. Supervisor shall train new employees in:

- General health and safety practices
- Job-specific health and safety practices and hazards
- Recognition and assessment of health and safety risks
- Minimization of risks through sound safety practices and use of personal protective equipment

Effective dissemination of safety information lies at the very heart of a successful Injury and Illness Prevention Program. All employees must be trained in general safe work practices. A New Employee Safety Orientation Packet is provided to employees once hired New Employee Orientation to aid in general health and safety practices training. This packet is available on the Human Resources website.

7.1 General Safe Work Practices

At a minimum, all employees will be trained in the following either on-site or through an on-line training system:

- Safe Ergonomics
- Safe Lifting and Back Injury Prevention
- Hazard Communication
- Violence/Sexual Harassment
- Electrical Safety
- Disaster Preparedness
- Fire
- Slips, trips and falls
- Blood Borne Pathogens

Each new or transferred employee shall receive the New Employee Safety Orientation prior to starting work in their department.

7.2 Safe Work Practices

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

Managers are responsible for providing Supervisors with the training necessary to familiarize themselves with the safety and health hazards their employees are exposed to.

It is the responsibility of each department to know the hazards related to his/her employees' job tasks and ensure they receive the following appropriate training:

- Supervisors will ensure that all employees receive general and job-specific training prior to initial or new job assignments.
- Supervisors will ensure that employees are trained whenever new substances, procedures or equipment are introduced to the workplace that may create new hazards. Training must also be given when new or previously unrecognized hazards are brought to a supervisor's attention.
- All general safety training will be documented in writing in the department employee file or training binder.

8.0 SAFETY COMMUNICATIONS

Several methods of communicating with employees on matter relating to health and safety have been established. Employees are encouraged to bring to the Management's attention any potential health or safety hazard that may exist in the work area. A mechanism for anonymous employee input will be through the Safety Concern Form (Appendix E) for safety concerns, hazard identification, complaints, etc. Please send form to HR Risk Management Analyst.

Employees are advised that there are no reprisals for expressing a concern, comment, suggestion or complaint about a safety matter and that adherence to safe work practices and proper uses of personal protective equipment are integral parts of workplace safety.

Departments will follow-up on all suggestions and investigate the concerns brought up through these communication methods, utilizing the Safety Coordinator for assistance if needed. Feedback to the employees is critical and must be provided for effective two-way communication.

Departments are responsible for assuring that new health and safety information is distributed to all employees.

8.1 County Safety Committee/Safety Coordinator Committee

County and Safety Coordinators meetings are every other month. The committees have the responsibility to disseminate information from the meetings to employees in the department by staff meetings. The Committees have been established to achieve and maintain effective communication on environmental health and safety issues and to resolve related problems.

9.0 DOCUMENTATION

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

Retain 3 years

- Copies of all Safety Inspection Forms.
- Copies of all Hazard Identification Forms.
- Copies of all Safety Postings and Safety Meeting Agendas.
- Copies of all Employee Training\Documents. Retain for duration of each individual's employment.

Retain for 5 years

- Copies of Supervisor Investigation Forms
- Copies of Vehicle Accident Forms
- Copies of Investigation Forms

Retain 30 years or for the duration of each individual's employment if > 30 years.

- Copies of Employee Exposure Records
- Employee Medical Records
- Environmental Monitoring Records
- Previous Chemical Inventories/MSDS's

A safe and healthy workplace must be the goal of everyone at County of Tuolumne with responsibility shared by management and staff alike. If you have any questions regarding this Injury and Illness Prevention Program, contact the Risk Management Analyst.

8.0 SAFETY COMMUNICATIONS

8.1 County Safety Committee/Safety Coordinator Committee

9.0 DOCUMENTATION

Appendix A –Safety Inspection Form

Appendix B –DWC-1 and Employee Acknowledgement Form

Appendix C –Automobile Accident Form

Appendix D – Non-Employee Accident Report Form

Appendix E –Manager/Supervisor Investigation Form

Appendix G-Safety Concern Form

ATTACHMENT A	SAFETY INSPECTION FORM			
Date:				
Inspectors Name:				
Department:				
Department Head:				
All findings must be followed up within 30 days to Risk Analyst, Kelley Reich in Human Resources				
General Safety				
Labor Law Poster posted and filled out?	Yes	No	NA	Correction
Are OSHA 300 logs posted Jan-April?				
All work areas clean and orderly?				
Are there safety meetings conducted regularly and documented?				
All employees attended annual safety training?				
Are there slippery areas that must be treated, with non skid surfacing?				
All employees have read the safety manual and signed off?				
Other				
Fire Safety				
Are fire extinguishers checked monthly?				
Exits, Doors, and Aisles are not obstructed?				
Fire Drill performed annually?				
Are pathways not blocked?				
Exit signs illuminated?				
Are alarm boxes and sprinkler heads unobstructed?				
Is storage and equipment at least 18 inches below fire sprinkler heads?				
No smoking policy enforced?				

Sign over door" This door to remain unlocked during business hours, if main entrance door is equipped with a double keyed deadbolt. Illuminated exit signs maintained in working order?					
Doors with panic hardware shall have no other locking devices?					
Other					
Emergency Preparedness Safety					
Evacuation plans posted and known by all employees?					
Developed an Emergency Action Plan?					
Is there a first aid kit available?					
Is there a list of emergency contact numbers for the department?					
Can all employees be counted for during an emergency?					
Are bookcases and storage rack secured?					
Other					
Hazard Communication Safety					
Are chemicals stored properly?					
Do employees know where MSDS sheets are located and how to use them?					
Is the department chemical inventory current?					
Are chemical properly labeled?					
Is there a written hazard communication program?					
Are secondary chemical labels labeled with chemical name and hazard warning?					
Are there any chemical waste to be disposed of?					

Are employees trained on chemical spill procedures?					
Other					
Infection Control Safety					
Are hand wash signs posted?					
Personal protective equipment available, gloves, apron, face shield?					
Proper decontamination procedures used?					
No eating or drinking around infection control areas?					
Infectious waste properly disposed?					
Are employees trained in blood borne pathogens?					
Other					
Electrical Safety					
No frayed cords or exposed electrical contacts?					
Electrical equipment properly grounded?					
No overloaded circuits?					
Are electrical switches, outlets and appliances in good repair?					
Are all electrical outlet and switch cover plates in place?					
Are power strips only plugged into an outlet and not extension cord?					
Is there at least 2 foot clearance between stacked materials and ceiling light fixtures?					
Is there 30 inch clearance in front of electrical panels/breaker boxes?					
Other					
Ergonomic Safety					
Is workspace adequate?					

Are the workers positioned adequately in relation to the task?						
Do staff use proper body mechanics?						
Does staff take stretch breaks?						
Is all work organized so that no employee has monotonous and strenuous work?						
Are office area computer work stations fit to the employee ergonomically?						
Other						

APPENDIX B

Acknowledgement of Receipt of Employee Claim Form

I acknowledge receipt of an Employees Claim for Workers' Compensation Benefits

(FORM DWC-1) from _____
(manager, supervisor, or lead person)

on _____ at _____ am / pm.

County of Tuolumne
Employer _____ Employee's Signature _____

Gregory B. Bragg and Associates, Inc.

P.O. Box 5372, Walnut Creek, CA 94596 Tel (925) 933-2992 FAX (925) 933-2994
P.O. Box 619058, Roseville, CA 95661-9058 Tel (916) 783-0100 FAX (916) 783-0335
P.O. Box 491749, Redding, CA 96049-1749 Tel (530) 223-2574 FAX (530) 223-2679
P.O. Box 7245, Stockton, CA 95267 Tel (209) 956-2119 FAX (209) 956-2638

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

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



EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

PETICION DEL EMPLEADO PARA BENEFICIOS DE COMPENSACIÓN DEL TRABAJADOR

If you are injured or become ill because of your job, you may be entitled to workers' compensation benefits.

Si Ud. se ha lesionado o se ha enfermado a causa de su trabajo, Ud. tiene derecho a recibir beneficios de compensación al trabajador.

Complete the "Employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation at 1-800-736-7401 if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the back of this form.

Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia fechada de su empleador. Si Ud. necesita ayuda para completar esta forma o para obtener sus beneficios, Ud. puede hablar con la División de Compensación al Trabajador llamando al 1-800-736-7401. En la parte de atrás de esta forma se encuentra una explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado los procedimientos para obtenerlos.

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.

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

Employee: Empleado:

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

Employer - complete this section and give the employee a copy immediately as a receipt.

Empleador - complete esta sección y déle inmediatamente una copia al empleado como recibo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
15. Insurance Policy Number. *El número de la póliza del Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
Title. *Título.* _____
18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que propéa copias a su compañía de seguros, administrador de reclamos, o dependiente representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE

AUTOMOBILE ACCIDENT REPORT *Appendix C*

Date of Report: _____ To: **COUNTY COUNSEL**
From: Name: _____ Department: _____

IMPORTANT NOTICE

This form is intended for the exclusive use of the County Counsel's Office in defending the County and its employees from litigation. It is protected by the Attorney-Client privilege.

GENERAL INFORMATION

Employee's Name: _____
Department: _____ Division: _____
Work Telephone Number: _____ Home Phone: _____
Date of Accident: _____ Time: _____ a.m. or p.m.
Location: _____
Where were you coming from?: _____
Where were you going to?: _____
What was the purpose of your trip?: _____

COUNTY VEHICLE

Year: _____ Make: _____ Model: _____
License Plate No: _____
Is vehicle still in use?: **Yes No**
If not, where is the vehicle now?: _____

OTHER VEHICLE

(For more than one put additional information on a separate sheet.)
(Not necessary if accident is report is attached.)

Driver: _____ Owner: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Year: _____ Make: _____ Model: _____
License Plate No: _____ Driver License: _____
Is vehicle still in use?: **Yes No**

AUTOMOBILE ACCIDENT REPORT

Other Party(ies) Insurance Company: _____ Phone #: _____ Policy #: _____

ACCIDENT

Description of accident: _____

Law enforcement authority contacted: _____

Address: _____

Report No.: (attach copy) _____

Was anyone cited? **Yes** **No**

If yes, who? _____ For what?: _____

Weather conditions: _____

Road conditions: _____

INJURIES

Was anyone injured? **Yes** **No**

If yes, who?: _____

Describe the injuries: _____

Comments and actions of injured person(s): _____

WITNESSES OR PASSENGER(S)

NAME

ADDRESS

PHONE

SUGGESTIONS IF YOU ARE IN AN ACCIDENT

1. Never admit fault.
2. Always file a police report, even if minor or no apparent injuries.
3. Take notes, such as what the driver says, does, looks like, any admissions he/she makes, etc.... Put them on a separate sheet and attach to this report.
4. Notify your supervisor immediately.
5. Complete this report.
6. Get a copy of the police report.
7. Send all documents to the County Counsel's Office.

ACCIDENT REPORT
(Non-Employee)

Send Completed Form To: COUNTY COUNSEL

IMPORTANT NOTICE

This form is intended for the exclusive use of the County Counsel's Office in defending the County and its employees from litigation. It is protected by the Attorney-Client privilege.

Name of Injured: _____ Male Female

Address: _____ Phone: _____ Age: _____

Date of Accident: _____ Time: _____ a.m. p.m. Place: _____

Description of Accident (use additional sheet if necessary): _____

Nature of Injury: _____

Witnesses Name	Address	Phone
_____	_____	_____
_____	_____	_____

What employees were on duty? _____

Did injured person receive First Aid? Yes No By whom? _____

What was done with the injured person? _____ Was 911 called? Yes No

Name and address of physician or hospital whose services were obtained: _____

Was injured person disobeying any rules or regulations in force at the time of accident? Please identify specifics. _____

Comments and actions of injured person(s): _____

Comments of other persons related incident: _____

Additional Comments: _____

Department Reporting Accident

Department: _____ Division: _____ Work Location: _____

Address: _____ Phone: _____

Employee Submitting Report: _____ Date: _____

Supervisor's Signature: _____ Date: _____



**COUNTY OF TUOLUMNE
WORKER'S COMPENSATION
MANAGER/SUPERVISOR INVESTIGATION REPORT
APPENDIX E**

This report will be prepared by the IMMEDIATE SUPERVISOR of the Employee involved in any accident or incident resulting in injury or illness. Forward to the Human Resources/Risk Management Department within 24 hours of the accident or incident.

GENERAL INFORMATION

Employee _____ Classification _____ Hourly Rate _____
 Department _____ Division _____ Work Location _____
 Hours Worked: Per Day _____ # Days _____ Total Weekly Hours: _____ Time Shift Started: _____ A.M. / P.M.
 Home Address _____ City/State _____ Zip _____
 Telephone # _____ Age _____ Sex _____ Date of Birth _____
 Date of Hire _____ Social Security # _____

INJURY OR ILLNESS

Date of Accident/Incident _____ Time _____ A.M. _____ P.M. _____
 Location (Address) _____ Witness _____
 Description of Accident/Incident _____

 Nature of Illness/Injury _____
 Did Employee receive medical treatment? _____ Name of Physician _____
 Was Employee hospitalized? _____ Hospital _____
 Did Employee lose work time on any day after injury? _____ Date Returned to Work * _____

PREVENTION INVESTIGATION

Cause of Accident _____
 Corrective action necessary to eliminate cause of accident _____

 Was safety equipment available? _____ Was safety equipment properly used? _____
 Supervisor's recommendations _____

 Supervisor's signature _____ Classification _____ Date _____

* Department must notify Human Resources/Risk Management immediately when an employee returns to work after an injury or illness.

REPORT OF UNSAFE CONDITION OR HAZARD

NOTE: Employees may submit this form anonymously

Employee's Name: _____

Job Title: _____

Location of Condition Believed to be Unsafe or Hazardous: _____

Date and Time Condition or Hazard Observed: _____

Description of Unsafe Condition or Hazard: _____

What Changes Would You Recommend to Correct the Condition or Hazard? _____

Signature of Employee: _____

Date: _____

Response:

Name of Person Investigating Report: _____

Results of Investigation (What was found? Was condition unsafe or a hazard?)
(Attach additional sheets if necessary)

Action taken to correct hazard or unsafe condition or information provided to employees as to why condition
was not unsafe or hazardous.

(Attach additional sheets if necessary)

Signature of person investigating report: _____

Date: _____