



INJURY & ILLNESS PREVENTION PROGRAM

SAN FRANCISCO FIRE DEPARTMENT

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Injury & Illness Prevention Program
January 2008

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FOREWORD

The goal of this manual is to establish standard operating practices as authorized by the Chief of Department and implemented by the Division of Training.

The purpose of this manual is to provide all members with the essential information necessary to fulfill the duties of their positions, and to provide a standard text whereby company officers can:

- Enforce standard drill guidelines authorized as a basis of operation for all companies.
- Align company drills to standards as adopted by the Division of Training.
- Maintain a high degree of proficiency, both personally and among their subordinates.

All manuals shall be kept up to date so that all officers may use the material contained in the various manuals to meet the requirements of their responsibility.

Conditions will develop in fire fighting situations where standard methods of operation will not be applicable. Therefore, nothing contained in these manuals shall be interpreted as an obstacle to the experience, initiative, and ingenuity of officers in overcoming the complexities that exist under actual fire ground conditions.

To maintain the intent of standard guidelines and practices, no correction, modification, expansion, or other revision of this manual shall be made unless authorized by the Chief of Department. Suggestions for correction, modification or expansion of this manual shall be submitted to the Division of Training. Suggestions will be given due consideration, and if adopted, notice of their adoption and copies of the changes made will be made available to all members by the Division of Training.

Joanne M. Hayes-White
Chief of Department

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SECTION 1. PURPOSE

To establish, implement and maintain an effective injury and illness prevention program for the Fire Department pursuant to California Occupational Safety and Health Standards. California Code of Regulations (CCR. Title 8. Section 3203.)

SECTION 2. BACKGROUND AND REGULATORY REQUIREMENTS

The Occupational Safety and Health Act of 1970 was developed to “assure so far as possible every working man and woman in the nation safe and healthful working conditions and to preserve our human resources”. In the State of California, the Department of Industrial Relations (DIR), Division of Occupational Safety and Health (DOSH, Cal-OSHA) is responsible for the development and enforcement of occupational safety and health standards.

In October 1989, the California State Legislature enacted, as an emergency statute, Chapter 1369. This statute requires each employer to establish, implement and maintain a written, effective injury and illness prevention program. Further, the law requires Cal-OSHA to promulgate specific implementing regulations and to evaluate injury and illness prevention programs as part of their routine inspection procedures. The major requirements of the legislation are:

Written Program

Employers must have a written injury and illness prevention program which designates the person(s) responsible for program implementation.

HAZARD IDENTIFICATION

Employers must establish a system for identifying and evaluating workplace hazards which includes scheduled, periodic inspections of work conditions and work practices.
Hazard Correction

Employers must adopt methods and procedures for correcting unsafe or unhealthy work conditions and practices, and must ensure that such work conditions and practices are corrected in a timely manner, based on the severity of the hazard.

Employer/Employee Hazard Communication and Training

Employers must establish a system for communicating health and safety information to employees and encouraging employees to inform the employer of perceived hazards without fear of reprisal.

Employers must institute an occupational health and safety training program designed to instruct employees in general safe and healthy work practices and to provide specific instructions with respect to hazards specific to each employee's job assignment.

EMPLOYEE COMPLIANCE AND ACCESS TO RECORDS

Employers must establish a system for ensuring that employees comply with safe and healthy work practices and such a system may include disciplinary action. Additionally, employees have the right to access their medical records and records of exposure to toxic substances or harmful physical agents in accordance with General Industry Safety Order 3204.

SECTION 3. POLICY AND WRITTEN INJURY AND ILLNESS PROGRAM

The San Francisco Fire Department recognizes the importance of providing a safe and healthful work environment for its employees and that our people are our most important and valuable resource. Further, the Department acknowledges that providing a safe and healthful work environment for all employees is the employer's responsibility, as provided by Federal and State occupational safety and health statutes and regulations. To meet this responsibility, we are establishing and implementing a written injury and illness prevention program (IIPP).

In order to implement and maintain the San Francisco Fire Department's IIPP, the Chief of Department has assigned specific responsibilities for the Department Safety Officer (OSH Manager), Fire Service Officers, and supervisors of Civilian Personnel. These responsibilities are enumerated in section 10 of this program.

SECTION 4. HAZARD IDENTIFICATION

Inspection of every worksite within the Fire Department will be conducted to identify and evaluate any potential health and safety hazards. The following types of inspections will be conducted:

Baseline Hazard Assessment Survey (BHA)

This survey will be conducted by an occupational safety and health professional with the assistance of Fire Department personnel. This survey will consist of, at a minimum, a walk through survey to identify any safety hazards, an evaluation of work operations to identify any health hazards, and an evaluation of existing occupational safety and health programs. The survey results will be provided in writing and will include recommendations to correct any deficiencies found during the survey. These recommendations will be prioritized for abatement according to the hazard severity and mishap probability through the usage of a Risk Assessment Code. This Risk Assessment Code will also be included in the report (information on Risk Assessment Codes is contained on Page 4, 5 and Appendix B).

Monthly Inspections

Inspections shall be conducted by station Commanders at fire suppression facilities. At non-fire suppression facilities inspections will be conducted by first line supervisors on a monthly basis. This inspection must be documented and the recorded results maintained for three years. Monthly inspection report and inspection checklists are provided in Appendix A. The inspection record (Monthly Inspection Page A-1) shall include the following information:

- Inspection date.
- Name of employee conducting the inspection
- Employee's signature
- Department and facility
- Location of facility and / or worksite
- Description of any hazards identified
- Description of unsafe work practices
- Corrective actions taken

Additionally, a Hazard Evaluation Inspection will be conducted whenever an employee reports a previously unrecognized health/safety hazard or whenever a new hazard is introduced in the work place. This inspection is initiated when a Hazard Evaluation Request (Appendix E) is submitted to Department Safety Officer (refer to section 6.62 for reporting procedure). The OSH Manager will assign Hazard Evaluation Inspections to the facility supervisor concerned for non-firefighting work facilities or the district

SECTION 4. HAZARD IDENTIFICATION

Battalion Chief for firefighting facilities. Instructions for conducting a Hazard Evaluation, proper documentation, and the assignment of a Risk Assessment Code are contained in appendices B and E., as well as, Page 4 and 5 of this publication.

SECTION 5. HAZARD CORRECTION

PROCEDURE FOR ABATING HAZARDS

There are two categories of hazards that will be identified during the inspections: work area hazards identified during the walk-through survey, as well as health and safety program deficiencies. These hazards will be prioritized for abatement according to the severity of the hazard.

The Department Safety Officer (OSH Manager) shall develop and coordinate procedures with the Division of Support Services to initiate abatement of health and safety hazards identified during the BHA, the Monthly Facility Inspection, or a Hazard Evaluation which require a structural modification of the facility. Hazards requiring a change in the work facilities structure or components will need to be submitted as a regular or emergency Building Repair or reported and budgeted as a Capital Improvement as requested annually by General Order. In the event, existing funding is not available to abate a serious health or safety hazard, a supplemental appropriation or other emergency measure shall be sought to obtain funding and abate the hazard.

Interim control measures should be used if permanent control measures cannot be instituted in a timely manner.

When an imminent hazard is identified that cannot be immediately abated without endangering employees, the supervisor will remove exposed personnel from the area except those necessary to correct the hazard. Such employees will be provided the necessary safeguards. The supervisor shall advise the OSH Manager of the hazardous situation.

Health or safety hazards which do not require a structural modification of the facility or the contracting of another department or outside agency shall be resolved by personnel assigned to the facility under the supervision of the fire officer or supervisor responsible for the work facility at the time. Some examples of non-structural health and safety hazards which shall be resolved by personnel assigned to the facility are general house cleanliness unsafe work practices, tripping or slipping hazards as well as other hazards which may have been introduced into the work facility and are not an integral part of its structure.

The OSH Manager should track all the work area hazards identified in the inspections to ensure that all the items are abated in a timely manner.

The OSH Manager will document in writing when a hazard is abated. This documentation will include the interim and permanent control measures. The OSH Manager will maintain copies of all records pertaining to hazard abatement (refer to Report Routing Schedule in the Table of Contents.)

SECTION 5. HAZARD CORRECTION

The OSH Manager will coordinate resolution of program deficiencies identified in the baseline hazard assessment survey report and inspections. This may include developing and implementing health and safety programs. Additional OSH Manager responsibilities are noted in Section 10.2.

All hazard abatement should be prioritized according to the risk assessment code (RAC), (see Risk Assessment codes and Appendix B); the following guidelines to initiate correction of hazards are suggested:

- RAC=1: hazard abatement initiated within 24 hours
- RAC=2: abatement initiated within 3 days
- RAC=3: abatement initiated within 7 days
- RAC=4: abatement initiated within 14 days
- RAC=5: abatement initiated within 30 days

RISK ASSESSMENT CODES

All hazards that cannot be immediately abated will be assigned a risk assessment code based on the hazard severity and mishap probability. Risk Assessment codes (RAC's) will be assigned by the person conducting the inspection whether it is a BHA, Monthly or a Hazard Evaluation Inspection. The hazards will then be abated according to this priority. A procedure for determining the risk assessment code is provided in Appendix B.

During the Baseline Hazard Assessment Inspection, a risk assessment code shall be assigned to each hazard identified during the inspection by the Battalion Chief. In addition, a risk assessment code shall be assigned to each hazard identified during the Monthly Inspection of the facility by the inspecting supervisor.

SECTION 6. EMPLOYEE / EMPLOYER HAZARD COMMUNICATION AND TRAINING

Communication between the employer and employee is an essential element of an occupational safety and health program. The Fire Department will use the following methods to communicate with employees.

INITIAL HEALTH AND SAFETY TRAINING FOR ALL PERSONNEL

Occupational Safety and Health (OSH) training will be provided for ALL EMPLOYEES when:

1. An employee, upon implementation of this program, that has not already participated in training in general safe work practices and specific instructions with respect to hazards unique to that employee's job assignment.
2. The employee is first hired.
3. The employee is reassigned to job assignments with new OSH hazards.
4. New substances, processes, procedures, or equipment are brought into a work area and present a new hazard.
5. New or previously undiscovered hazards are brought to the employer's attention.

Training will be provided by Fire Department Officers and first line supervisors of civilian personnel. The content will include:

1. A review of the Department Injury and Illness Prevention Program policy.
2. A review of the employee's responsibilities and rights, including access to records.
3. Safe work practices and procedures.
4. A review of the procedure and the methods for reporting actual and/or suspected safety and health hazards (see Section 6.6).
5. A review of the procedure to report occupational injuries and illnesses.

Safety and health training must be documented for each employee of the Fire Department. Initial training records (Appendix C) are to be forwarded upon implementation of the S.F.F.D. IIPP to the Department Safety Officer with a copy maintained in the facility file. The training (sign-in sheet) records should include the following information:

1. Name of the course.
2. Date and time the course was conducted.

3. Instructor(s) name(s).
4. Summary of course content.
5. Printed name of the participant.
6. Signature of the participant.
7. Job classification of the participant.

After initial S.F.F.D. IIPP training, on-going health and safety training is to be documented in the Daily Journal assigned to the unit or work location. Work locations which do not have a Daily Journal assigned are to use the Safety Meeting Record form (Appendix D) to record on-going health and safety training. The record is to be retained in the file system at the specific work location for three years.

ON-GOING HEALTH AND SAFETY TRAINING (FIRE SUPPRESSION)

Fire officers are to include health and safety training in all drills. Safety and health practices are to be emphasized during the Daily Drill and documented as part of the required Journal Entry specifying the drill. The following information is a guide list for officer health and safety training:

- Proper safety and health practices/procedures during emergencies (job specifics)
- The drill (apparatus, tool, equipment, or task) conducted may be selected according to the Department's Annual Drill Schedule or the officer's option
- Work facility hazards
- Any injury accident or near miss and possible prevention methods
- Training on new or previously unrecognized hazards
- A review of the initial S.F.F.D. IIPP training curriculum and information

ON-GOING HEALTH AND SAFETY TRAINING FOR ADMINISTRATIVE AND SUPPORT PERSONNEL

AFTER THE INITIAL HEALTH AND SAFETY TRAINING SESSION, THE DIVISIONS AND THEIR RESPECTIVE BUREAUS, AS SPECIFIED, WILL CONDUCT ON-GOING HEALTH AND SAFETY TRAINING WITHIN THE SUCCEEDING GUIDELINES:

- Division of Fire Prevention and Investigation.
- Division of Support Services (except the Pipeyard Maintenance Facility, Pump Stations and Jones Street Tank, see Page 22).
- Division of Training
- Headquarters Civilian Staff.

Captains, Lieutenants or Civilian Staff Supervisors will conduct quarterly Health and Safety Staff Meetings.

Health and Safety Meetings are to be documented in the Daily Journal, if provided, or on the Safety Meeting Record (Appendix D). Health and Safety Staff Meeting subject matter should include:

- Work Facility Hazards
- Any injury accident or near miss and possible prevention methods
- Training on new or previously unrecognized hazards
- A review of the initial S.F.F.D. IIPP training curriculum (refer to Appendix G of this booklet)

HEALTH AND SAFETY TRAINING FOR THE PIPEYARD MAINTENANCE FACILITY, JONES STREET TANK, AND PUMP STATIONS 1 AND 2 PERSONNEL

After the initial health and safety training session, on-going health and safety training is to be job specific and to be conducted within the following guidelines:

Supervisors or senior members will hold a Health and Safety Meeting every two weeks. Health and Safety Meetings are to be documented in the assigned Daily Journal and are to include the following subject matter:

- Work Facility Hazards
- Recordable injury accidents and possible prevention methods
- The Code of Safe Practices for the facility
- A review of the initial S.F.F.D. IIPP training curriculum (refer to Appendix G of this booklet)

BULLETIN BOARD

The following items are to be posted on the Health and Safety Bulletin Board at each Fire Department work Facility:

- Cal-OSHA poster “Safety and Health Protection on the Job”
- Notice of Compensation Carrier
- Access to Medical and Exposure Records” poster
- Any Cal-OSHA citations
- Log and Summary of Occupational Injuries and Illnesses (posted during February)
- A copy of Baseline Hazard Assessment Survey for the work facility
- A copy of the Monthly Inspection Report for the work facility
- A supply of Hazard Evaluation Request Forms (Form 2501.5)
- The Code of Safe Practices if applicable to the facility

The Station Commander is responsible for maintaining all required health and safety postings and information on the bulletin board.

PROCEDURE FOR EMPLOYEES TO REPORT UNSAFE AND UNHEALTHY WORK CONDITIONS

An employee should report any unsafe/unhealthy work condition to his/her first line supervisor, who will investigate the report and initiate hazard abatement if needed (see Page 4). After receiving a report of an unsafe/unhealthy work condition from an employee, the first line supervisor should document the reported hazard in the assigned journal and the facilities Monthly Inspection Checklist. The disposition of the hazard should also be documented (i.e., whether the hazard was immediately abated or reported to Management Services for correction).

An employee may report any unsafe/unhealthy work condition directly to the OSH Manager by submitting a Hazard Evaluation Request forms (form 25015). A supply of Hazard Evaluation Request forms are posted on the Health and Safety Bulletin Board. This evaluation request may be submitted anonymously, however, employees are encouraged to identify themselves on the evaluation requests so that the OSH Manager may inform them of the hazard evaluation findings by memo. Under no condition may the employee be discharged or discriminated against for reporting a hazard. Appendix E provides an example of the hazard evaluation request form. These evaluation forms are available through the Department's quarterly stationary request. A supply of Hazard Evaluation Request forms are located on the facilities Health and Safety Bulletin Board.

HEALTH AND SAFETY COMMITTEE

The Chief of Department has formed a Health and Safety Committee in accordance with the MOU to assist the Department in addressing Health and Safety concerns.

- The Labor/Management Committee meets every two months. The committee's membership is comprised of:
 - a. OSH Manager
 - b. Department Physician
 - c. Representatives from the fire and non-fire suppression facilities
 - d. Representatives from the bargaining unit (Local 798)
- Minutes of the committee meetings are available.
- Reviews the results of the periodic scheduled work site inspections
- Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness or exposure to hazardous substances, and where appropriate, submits suggestions to management for prevention of future incidents.

- Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, it may conduct its own inspection and investigation to assist in remedial solutions.
- Submits recommendations to assist with the evaluation of employee safety suggestions.
- Upon request of the Division (Cal-OSHA), verifies abatement action taken by the employer to abate citations issued by the Division (Cal-OSHA).

REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

Employees shall report all occupational injuries and illnesses to their first line supervisors immediately in accordance with Department Rule and Procedure, Article 38, sections 3806:

As occupational illnesses are often difficult to associate with a specific event or exposure, the employee will report the suspected illness to the supervisor as soon as there is a suspicion or diagnosis of an occupational illness.

In the case of injuries that do not require immediate emergency treatment, the employee will report the injury to his/her supervisor. Employee supervisor will complete and submit form 3807 and employee perjury statement. (3807 and Perjury statement are available on-line on the A.O. reports)

In the case of injuries that require immediate medical treatment, the employee must inform their supervisor immediately.

The supervisor will arrange for the employee's transportation to and from a treatment facility.

At the time the employee reports an occupational injury or illness to his/her supervisor. The supervisor will ensure that the following reports are completed with a copy being given to the employee and remaining copies submitted to his/her respective supervisor:

- **DWC-1**
- **5020**
- **Supervisors Accident Investigation Report (SAIR)**
- **Employees Perjury Statement**
- **Witness Statements**

The supervisor will ensure that the OSHA 300 log is completed.

The Deputy Chief of Operations and the Deputy Chief of Administration review all Form 5020, Occupational Injury/Illness Reports, DWC – 1 Forms, Supervisor Accident Investigation Report (SAIR) and employee perjury statement forms for their respective

divisions and bureaus for completeness. Following their review, the Deputy Chiefs forwards all forms to the Department Medical Leave Supervisor.

The Department Medical Leave Supervisor forwards a copy of the Form 5020 and DWC-1 to Workman's Compensation and the originals to the Physician's office for review and filing.

NOTIFICATION OF OSHA MANAGER, OR CAL-OSHA

In the event of a fatality or a serious occupational injury or illness, the supervisor must notify the nearest Cal-OSHA office immediately through proper channels. The supervisor will also notify the OSH Manager through proper channels.

A serious injury or illness is an injury or illness that results in death, requires hospitalization for more than 24 hours, results in the loss of any permanent disfigurement.

SECTION 7. ACCIDENT INVESTIGATION

The officer or first line supervisor shall complete the Form-5020 Injury and Illness Report, the DWC – 1 form, and conduct a Supervisor's Accident Investigation Report for personnel under their charge. Battalion Chiefs are responsible for completing the Form 5020, the DWC – 1, and conducting a Supervisor's Accident Investigation Report for officers and Chiefs Aides under their supervision. Additionally, Battalion Chiefs are responsible for conducting a Supervisor's Accident Investigation for personnel injured on Department property. A Supervisor's Accident Investigation Report with instructions on completing the form is located in Appendix F. The SAIR form is located on the computer under A.O. forms.

When the officer or first line supervisor learns of an accident, he/she is required to go to the scene of the accident to conduct a preliminary investigation.

The officer or first line supervisor will interview witnesses and obtain written statements.

The officer or first line supervisor will record the facts as they are presented. This will help the supervisor as he/she interviews witnesses and the injured employee(s).

The officer or first line supervisor shall be concerned with determining any unsafe acts and unsafe conditions that may have contributed to the accident. Appendix F provides the form for a Supervisor's Accident Investigation Report (SAIR).

The officer or first line supervisor will recommend further corrective action if needed. The SAIR must be submitted to the Occupational Safety and Health Manager by the end of the third business day following notification of the accident. The OSH Manager should track the corrective action to ensure that it is completed.

A near miss is an incident, with the potential to produce a serious occupational injury or illness or significant property damage that produces workplace disruption and does not involve a recordable occupational injury of illness or major property damage. The near miss would be considered an accident if it involved an injury, illness, or significant property damage. In the event of a near miss, the supervisor is required to perform an accident investigation.

SECTION 8. CAL-OSHA INSPECTIONS AND CITATIONS

The OSH Manager or an assigned Chief Officer will accompany all CAL-OSHA inspectors during inspections.

In the case of a citation, corrective action to abate the Cal-OSHA citation should be initiated as soon as possible by the first line supervisor.

The OSH Manager, should track abatement of a Cal-OSHA citation and correspond with Cal-OSHA as well as maintain all copies of correspondence.

The OSH Manager shall have a copy of the citation posted on the work facilities Health and Safety Bulletin Board and ensure that it remains posted for three days or until the citation has been abated (whichever is longer).

SECTION 9. EMPLOYEE COMPLIANCE AND ACCESS TO RECORDS

The Fire Department will take all possible measures to ensure that employees comply with all safe and healthful work practices. The following methods are used by the Department:

- First line supervisors are responsible for employee compliance with safe and healthy work practices. An employee, who fails to follow such work practices, after initial training, shall be retrained by his/her first line supervisor. Journal or training records of such training are to be maintained. Subsequent failures by the employee will be met with a system of progressive discipline in accordance with Article 39, section 3961 of the Department Rules.
- More importantly, employees should be recognized for following safe and healthful work practices. The annual Performance Appraisal is to be used to properly recognize an employee's good safety and health standards.

EMPLOYEE ACCESS TO RECORDS / RECORDKEEPING

Employees have the right to access their records. The following records may be obtained, upon request, from the OSH manager:

Records will be maintained by the OSH manager in accordance with the following:

- Baseline hazard assessment surveys will be maintained 30 years.
- Accident Investigation Records are maintained for five (5) years.
- The following records will be maintained at least three (3) years:
 - ◆ Monthly inspections and hazard abatement.
 - ◆ Reports of unsafe/unhealthy work conditions.
 - ◆ Initial health and safety training records and on-going safety meeting records.

The Department Physician maintains a medical file on all personnel. These medical records are retained in the Department Physician's Office indefinitely:

- Occupational Injury and Illness Reports (Form – 5020)
- Employee's Claim for Worker's Compensation Benefits (DWC – 1)
- Medical Exposure Records

SECTION 10. RESPONSIBILITIES FOR DEPARTMENT PERSONNEL

The Chief of the Fire Department is responsible for ensuring that an effective injury and illness prevention program is developed and implemented. The Chief will take whatever actions, within his or her authority, to procure and allocate resources to implement and maintain this program.

The Department Safety Officer has been designated as the Occupational Safety and Health Manager (OSH). The OSH manager is assigned the authority and responsibility for the injury and illness prevention program. The assigned responsibilities include developing and coordinating the SFFD's Injury and Illness Prevention Program (IIPP) and ensuring that the following tasks are accomplished:

1. Baseline Hazard Assessment Inspections (BHA) of all Department facilities are conducted at the inception of the S.F.F.D.'s IIPP.
2. Monthly Inspections of all Department facilities are conducted by Station Commanders and reviewed by the District Battalion Chiefs in Fire Suppression. Additionally, ensure that Monthly Inspections are conducted by first line supervisors in Department facilities where Non-Fire Suppression personnel work.
3. Review and maintain Supervisor Accident Investigation Reports (SAIR) conducted by Department personnel.
4. Prioritize Health and Safety Hazards identified in the BHA, Monthly Inspections for Fire Department facilities, or as the result of Hazard Evaluation Request.

Following identification and the prioritization of a health or safety hazard, the OSH Manager (Department Safety Officer) is to coordinate with the Division of Support Services in budgeting for abatement of the recognized hazards identified under the jurisdiction of the S.F.F.D. IIPP.

Coordinate Health and Safety Training in cooperation with the Division of Training.

Develop, coordinate and supervise the implementation of Department health and safety programs.

Maintain the records for which the Department Safety Officer is responsible for as required by the S.F.F.D. IIPP (refer to Record Keeping Page 14).

Ensure that all postings required by the S.F.F.D. IIPP and California Occupational Safety and Health Standards are available for posting at Fire Department work facilities.

ASSISTANT CHIEFS

Review the S.F.F.D. IIPP to become familiar with the report and recording requirements, training needs, and scope of the program.

Monitor and assist Battalion Chiefs supervising IIPP implementation.

Participate in the initial IIPP Training Session conducted by company officers stationed at Division Headquarters (refer to the Drill Manual Section XI, Lesson Plan #1 or Appendix G of this publication and the required Training Record (Appendix C). Also, refer to the Report Routing and Schedule Index for report forwarding requirements.

Ensure that job-related training is conducted on a continuing basis in their Division as required by the Annual Drill Schedule and the IIPP.

Review the reports generated by the IIPP and forward those reports to the appropriate office (refer to Report Routing Schedule in Table of Contents).

Review the IIPP Baseline Hazard Assessment and the Station Commanders Monthly Facility Inspection (Appendix A-1) conducted at Station Facilities under their charge. This report is to be posted on the facilities Health and Safety Bulletin Board.

Monitor health and safety hazards identified during the Baseline Hazard Assessment Inspection, Monthly Inspection, or an inspection, which was assigned to a Chief Officer due to a Hazard Evaluation Request (Appendix E.)

BATTALION CHIEFS

Review the S.F.F.D. IIPP to become familiar with the reports, records, and training required of the program concerning personnel and stations under their charge.

Ensure that the reports required by the IIPP are forwarded through channels according to schedule and to the appropriate office (refer to Report Routing Schedule).

Assist the Department in conducting the Baseline Hazard Assessment Surveys required by the IIPP following Baseline Hazard Assessment Training by the Department of Public Health.

Conduct Hazard Evaluation Requests (Appendix E) when directed by the Department Safety Officer.

Participate in the initial IIPP Training Session conducted by company officers stationed at Battalion Headquarters (refer to the Drill Manual Section XI, Lesson Plan #1 or Appendix G of this publication) and the required Training Record (Appendix C). Also, refer to the Report Routing Schedule Index for report forwarding requirements.

When observing Fire Company Drills involving personnel under their charge, Chief Officers are to ensure that personnel are complying with Department safety practices and that safety is emphasized during all evolutions.

Complete the Supervisors Accident Investigation Report (SAIR, Appendix F) for fire personnel injured on Department property or for subordinate officers or chiefs aides incurring an industrial injury or illness while working under their supervision.

During the Battalion Chiefs Monthly Inspection, review the posted results on the Health and Safety Bulletin Board of the Inspections conducted by Station Commanders for Fire Stations under their charge. In addition, Battalion Chiefs should check the appropriate box on the Battalion Chiefs Monthly Inspection Report form indicating that a Monthly Inspection was conducted at the station in accordance with the S.F.F.D. IIPP (noted as OSHA Requirements).

FIRE STATION COMMANDERS

Station Commanders are assigned the same responsibilities for the S.F.F.D. IIPP as Captains and Lieutenants with the additional responsibility of a Monthly Inspection of the station.

Station Commanders are required to conduct a Monthly Inspection of their work facility.

Appendix A contains the Monthly Inspection Checklist, which identifies the specific items and different areas of the station to be inspected.

Station Commanders are to submit a Monthly Inspection Report to the Department Safety Officer. A copy of the form report is located on Page A-1 of Appendix A.

This report is to be forwarded with the Monthly Reports for the station and company.

A copy of the Monthly Inspection is to be posted on the Health and Safety Bulletin Board for review by the Battalion chief during the Battalion Chiefs Monthly Inspection.

The actual Monthly Inspection Checklist Pages A-2 through A-5 of Appendix A is to remain on file at the station for three years. It is not forwarded to Management Services as is the Monthly Inspection Report (Appendix A-1).

The Station Commander is responsible for maintaining the facilities Health and Safety Bulletin Board and ensuring that only authorized publications are posted.

SUPERVISORS OF UNIFORMED PERSONNEL AND CIVILIAN PERSONNEL

Review the S.F.F.D. IIPP to become familiar with the report and recording requirements, training needs, and scope of the program.

Assist the Fire Station Commander or Facility Supervisor in implementing the IIPP at their work facility.

All Captains, Lieutenants, and Civilian Supervisors are to provide initial Health and Safety Training for all subordinate personnel upon initial implementation of the S.F.F.D. IIPP. The required training curriculum is contained in this booklet on pp. 5 –6 under Employee/Employer Communication, the Department Drill Manual Section XI, Lesson Plan #!, or Appendix G of this publication. A Training Record (Appendix P. C-1 must be forwarded to the Department Safety Officer listing all personnel trained that are assigned to the work facility).

Captains and Lieutenants of Fire Suppression Personnel – Continued Health and Safety Training.

After the initial IIPP training session, continued health and safety training session, continued health and safety training is to be job specific and to be conducted with the following guidelines:

- The law requires that Fire Suppression personnel receive job specific health and safety training on a monthly basis. However, this is inadequate for the Fire Service. Thus, Health and Safety Training will be incorporated in the Daily Drill.
- Safety and health practices are to be emphasized during the Daily Drill and documented as part of the required Journal Entry specifying the drill. Additional Health and Safety Training subject matter should include:
- Proper safety and health practices/procedures during emergencies (job specific).
- Job specific training drills (apparatus, tool, equipment, or task) conducted may be selected according to the Department's Annual Drill Schedule or the officer's option.
- Work facility hazards.
- Recordable injury accidents and possible prevention methods.

- A review of the initial S.F.F.D. IIPP training curriculum (refer to S.F.F.D. Drill Manual or Appendix G of this program).

Health and Safety Training for Administrative and Support Personnel – Continued
Health and Safety Training.

After the initial IIPP Training Session, the Division and their respective Bureaus noted below will conduct on-going health and safety training within the succeeding guidelines:

1. Division of Fire Prevention and Investigation
2. Division of Support Services (except the Pipeyard Maintenance Facility, Pump Stations 1 and 2, and Jones Street Tank. See Page 21)
3. Division of Training
4. Headquarters Civilian Staff
5. Captains, Lieutenants or Staff

Supervisors will conduct Quarterly Health and Safety Meetings which are documented in the Daily Journal, if provided, or the Safety Meeting Record (Appendix D). Health and Safety Staff Meeting subject matter should include:

- Work Facility Hazards.
- Recordable Injury Accidents and possible prevention methods.
- Code of Safe Practices, if applicable.
- A review of the initial S.F.F.D. IIPP training curriculum (refer to Appendix G of this booklet).

Health and Safety Training for the Pipeyard Maintenance Facility, Jones Street Tank, and Pump Stations 1 and 2 personnel.

After the initial IIPP Training Session, continued health and safety training is to be job specific and to be conducted within the following guidelines:

Supervisors and senior members will hold a Health and Safety Meeting every two weeks. Health and Safety Meetings are to be documented in the assigned Daily Journal and are to include the following subject matter:

- Work Facility Hazards
- Recordable Injury Accidents and possible prevention methods.
- The Code of Safe Practices for the facility.
- A review of the initial S.F.F.D. IIPP training curriculum (refer to Appendix G of this booklet).

All Supervisors Shall:

- ◆ Assist the Department of Public Health representative or Battalion Chief conducting the Baseline Hazard Assessment Survey of their work facility.
- ◆ Assist or conduct, if delegated, the Monthly Facility Inspection required of the Fire Station commander or Supervisor of the facility.
- ◆ Assist any Battalion Chief assigned an inspection in response to a new or previously unrecognized/unreported hazard.
- ◆ Investigate all unsafe/unhealthful work conditions reported to them by subordinate personnel (explained on Page 4).
- ◆ Ensure that adequate supplies of Hazard Evaluation Request Forms (Appendix E) are posted on the facility's Health and Safety Bulletin Board. These Evaluation Requests are to be forwarded through Department channels to the Division of Management Services.
- ◆ If the Health and Safety Evaluation Request is being submitted for a previously reported hazard (B.G.A., Monthly Inspection, or previous Hazard Evaluation Request submitted) inform the party submitting the request or inform all personnel during the morning roll call or staff meeting.
- ◆ Maintain a safe and healthful work facility and abate any safety or health related hazard/s discovered during their work shift. These are hazards which may be abated without a structural modification to the facility or endangering personnel.
- ◆ Health and Safety Hazards which were not previously recognized during the Baseline Hazard Assessment survey, a Monthly Inspection, or Hazard Evaluation Requests shall be reported to the Division of Management Services using the Hazard Evaluation Request Form.
- ◆ Follow Department Procedure for Reporting Occupational Injury/Illness and conducting a Supervisor's Accident Investigation Report (explained on pp. 10-11, Appendix F).
- ◆ Complete the Occupational Injury and Illness Report (Form 5020) and the Supervisor's Accident Investigation Report (see Appendix F for instructions on completing the form) as required in Section 7 of this guide. The Form 5020 Injury/Illness Report and the Supervisor's Accident Investigation Report (SAIR) is forwarded through channels to

their respective Deputy Chief. Following the Deputy Chief's review, the Form 5020 is forwarded to the Department Physician and the SAIR is forwarded to the Chief of Management Services (see Routing and Schedule Index).

Exception: Battalion Chiefs shall complete the SAIR for an industrial injury or illness on Department property.

RESPONSIBILITIES OF FIRE DEPARTMENT PERSONNEL

Use personal protective equipment when required and follow all the departmental safe-work practices set forth in this Department's policies and procedures.

Report any potential safety or health hazards to his/her supervisor, or through the procedure described Section 6.6 of this program.

Report all occupational injuries and illnesses to his/her supervisor.

Participate in all IIPP and job related training.

THE DEPARTMENT OF PUBLIC HEALTH (DPH), OCCUPATIONAL SAFETY AND HEALTH PROGRAM SHALL:

- Provide technical assistance and support for development, implementation, and
- Maintenance of the Injury and Illness Prevention Program upon request.

SECTION 11. APPENDICES

APPENDIX A—MONTHLY FACILITY INSPECTION REPORT AND CHECKLIST

MONTHLY FACILITY INSPECTION REPORT

FIRE DEPARTMENT

MONTHLY INSPECTION REPORT

DIVISION _____ BUREAU/AREA/STATION _____
LOCATION OF INSPECTION _____
INSPECTION CONDUCTED BY _____
SIGNATURE _____ DATE _____

DESCRIPTION OF HAZARD/UNSAFE ACT OBSERVED:

- No, Health or Safety hazard/s were observed this month.
- Yes, the following health or safety hazard/s were observed this month.

DESCRIPTION OF HAZARD ABATEMENT:

INTERIM CONTROLS TAKEN:

3 copies
One copy posted on Health and Safety Bulletin Board for Battalion Chief's review
One copy forwarded to Department Safety Officer
One copy for Station file (retain for 3 years)

ERROR! REFERENCE SOURCE NOT FOUND.

SAN FRANCISCO FIRE DEPARTMENT MONTHLY INSPECTION CHECK LIST

SUJECT MATERIAL	YES	NO	N/A
HOUSEKEEPING			
Are all areas maintained clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are floors maintained dry and free of slippery substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are aisles/passageways clear and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are open pits, tanks, ditches, etc. covered or provided with standard guardrail protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are raised areas that are used for storage identified as to the load limit? Do the loads exceed the limit? Do other unsafe storage conditions exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALKING & WORKING SURFACES			
Are all floor holes and openings guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do elevated platforms and work areas elevated more than 30 inches above the ground have standard guardrails and toe boards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all stairways at least 22 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are stairs with more than 4 risers provided with rails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are fixed industrial rails in good shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any tripping hazards (cords, electrical boxes, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable ladders (wooden, metal & fiberglass) in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are fixed metal ladders in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7" toe clearance behind the ladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rungs spaced 12" in centers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rails spaced a minimum of 16" apart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are ladders in excess of 20' equipped with a cage, platform or climbing device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are scaffolds in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEANS OF EGRESS			
Are exit routes obvious, marked, and free of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL ENVIRONMENTAL AND SANITATION CONTROLS			
Are waste containers emptied, cleaned regularly, and maintained in a sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the area(s) free of rodents, insects, & vermin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are water sources unfit for drinking marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are kitchen/eating areas maintained in a sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When required/or provided, are change rooms and wash facilities maintained in a sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are first aid supplies available at the various sites and/or building locations, as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are "No Smoking" signs posted and enforced as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2501.2.1

APPENDIX A—MONTHLY FACILITY INSPECTION REPORT AND CHECKLIST

SUJECT MATERIAL	YES	NO	N/A
FIRE PROTECTION			
Are fixed extinguishing systems properly supplied as needed and are the correct warning signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are combustible or flammable materials stored, transported, dispensed, and used properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS MATERIALS			
Are compressed gas cylinders chained to the wall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all hazardous materials sealed, stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all incompatible chemicals stored separately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any hazardous waste stored on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the waste stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the waste labeled as to the type of waste, generator, and accumulation start date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the waste regularly picked up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are No Smoking signs posted where combustibles and flammable are stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all flammable liquids kept in closed containers when not in use (e.g. parts cleaning tanks, pans, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYER POSTING/RECORD KEEPING			
Is the CAL-OSHA Poster "Safety and Health Protection on the Job" displayed in a Prominent location where all employees are likely to see it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the CAL-OSHA informational poster "Access to Medical and Exposure Records" posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the CAL-OSHA Form 200, "Log and summary of occupational Injuries and Illnesses" properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all operating permits and certificates (elevators, air pressure tanks, cranes) up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are other California posters properly displayed, such as:			
Industrial Welfare Commission orders regulating wages, hours, and working conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination in employment is prohibited by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice to employees of unemployment and disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payday Notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary of occupational injuries and illnesses posted in the month of February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY PLAN			
Is there an emergency action plan for this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all employees received training on the emergency action plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are emergency exit maps posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCES COMMUNICATION			
Is there a list of hazardous substances used in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is each container for a hazardous substance labeled with product identity and a hazard warning and manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an employee training program for hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2501.2.2

ERROR! REFERENCE SOURCE NOT FOUND.

SUBJECT MATERIAL	YES	NO	N/A
PERSONAL PROTECTIVE EQUIPMENT (PPE)			
Is eye/face protection provided/required in areas where employees are exposed to flying objects, particulate, harmful radiation or other potential eye/face injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are goggles used over corrective lenses for those persons requiring their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does all safety eyewear meet ANSI requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a written respiratory protection program available and do the employees know the specifics of the established program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In respiratory protection provided in areas where harmful dust, fume, mists, gases, smoke, sprays, or vapors exists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are personnel trained in the use of respirators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are respirators stored correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are respirators regularly cleaned and inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are safety shoes and/or guards provided for operations that could pose a hazard to the feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are gloves available and used where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAND PORTABLE AND STATIONARY POWERED TOOLS/EQUIPMENT AND OTHER HAND-HELD EQUIPMENT			
Are employees trained to use specific pieces of hand-held equipment, that require training, e.g. power-actuated tools and similar tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are power-actuated tools inspected for obstructions or defects each day before use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable powered tools and equipment safely stored when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is compressed air, used for cleaning, reduced to less than 30 p.s.i.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable powered tools (grinders, saws) equipped with the correct guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are jacks, used to hold various loads rated as to their safe work load (capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are electric portable tools and equipment provided with a correct grounding device or are they double insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable powered tools equipped with "dead man" electrical switches, as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If portable powered tools and equipment are out of service, are the tools "tagged" to indicate the reason for being out of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WELDING, CURRING AND BRAZING			
Are compressed gas cylinders legibly marked to identify their contents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are protective caps in place on the compressed gas cylinders when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the shut-off devices affixed to the compressed cylinder's valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2501.2.3

APPENDIX A—MONTHLY FACILITY INSPECTION REPORT AND CHECKLIST

SUJECT MATERIAL	YES	NO	N/A
ELECTRICAL			
Are the disconnect devices (switches, breakers etc.) identified as to their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a 36 inch clear space available in the front of disconnect panels and other energized power panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all energized parts e.g., power panels, junction boxes, switch equipment etc. guarded to prevent accidental contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does adequate lighting exist for all work spaces about energized electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the electrical circuits tested have an adequate ground and are these circuits correctly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are warning signs posted where employees come in contact with live parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are circuit breakers identified as to their open-closed position and as to their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are flexible cords protected from damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is permanently located machinery wired using flexible electrical cords?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are multiple plug adapters prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is exposed wiring in good condition (not frayed or deteriorated)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all high voltage wiring posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are flexible electrical cords used only in continuous lengths without a splice and/or tap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOISE			
Have noise levels been measured using a sound level meter or a noise dosimeter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records being kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have engineering controls been used to reduce excessive noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where engineering controls are determined to not be feasible, are administrative controls (i.e. worker rotation) being used to minimize individual employee exposure to noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are approved hearing protection devices available to every employee working in noisy areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees using hearing protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hearing protection devices clean and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you use ear protectors, are employees properly fitted and instructed in their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees in high noise areas given periodic audiometric testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION			
Is there a ventilation system in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the ventilation working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a preventive maintenance program for the ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records maintained for five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2501.2.4

APPENDIX B—RISK ASSESSMENT CODES

Each deficiency must be assigned a risk assessment code (RAC) that indicates the hazard severity and mishap probability. The RAC should be used to prioritize abatement of hazards; a RAC of 1 indicates a severe hazard and high mishap probability, and a RAC of 5 indicates negligible hazard and mishap probability. The system used to derive the RAC numbers is based on the system used by the United States Navy.

The RAC is expressed as a single Arabic number; each number is an expression of the risk associated with the deficiency:

RAC =	1	=	Critical; high risk
RAC =	2	=	Serious; fairly high risk
RAC =	3	=	Moderate risk
RAC =	4	=	Minor risk
RAC =	5	=	Negligible risk

The RAC is derived using the matrix below:

		MISHAP PROBABILITY			
		A	B	C	D
HAZARD SEVERITY	I	1	1	2	3
	II	1	2	3	4
	III	2	3	4	5
	IV	3	4	5	5

Hazard Severity: The hazard severity is based on an assessment of the worst consequence that may result from the deficiency. The consequence could be either injury, occupational illness, or property damage. Hazard severity categories are assigned according to the following criteria

Category I: Catastrophic: may cause death or loss of a facility

Category II: Critical: may cause severe injury, severe occupational illness, or major property damage

Category III: Marginal: may cause minor injury, minor occupational illness, or minor property damage

Category IV: Negligible: probably would not affect personnel safety or health, but is still a CAL-OSHA violation.

Mishap Probability: This is the probability that the hazard will result in a mishap. This assessment is based on factors such as location, employee exposure duration, and affected population. The mishap probability is assigned on the following criteria:

Category A: Likely to occur immediately or within a short time period

Category B: Probably will occur in time

Category C: May occur in time

Category D: Unlikely to occur

APPENDIX C—TRAINING RECORD

FIRE DEPARTMENT

TRAINING RECORD

DIVISION: _____ **BUREAU/AREA/STATION:** _____

INSTRUCTOR: _____

INSTRUCTOR'S SIGNATURE: _____ **DATE:** _____

SUMMARY OF COURSE CONTENT:

EMPLOYEE (PRINT NAME)	SIGNATURE	JOB CLASS

Two copies:
Company file
Department Safety Officer

APPENDIX D—SAFETY MEETING RECORD

**FIRE DEPARTMENT
SAFETY MEETING**

DIVISION: _____ **BUREAU/WORK LOCATION** _____

**SUPERVISOR'S
NAME:** _____ **DATE:** _____

SIGNATURE: _____

TOPIC DISCUSSED:

QUESTIONS AND RECOMMENDATIONS FROM EMPLOYEES:

EMPLOYEES PRESENT:

EMPLOYEES ABSENT:

One copy
Retain one copy in work location file system

2501.4

APPENDIX E—EMPLOYEE REPORT OF UNSAFE/UNHEALTHY WORK CONDITION

FIRE DEPARTMENT HAZARD EVALUATION REQUEST FORM

Form 2501.5

REQUEST NO. _____ HAZARD LOCATION: _____

Address _____

RECEIVED: _____

Building & Room No. _____ Date: _____

RAC CODE; _____

DESCRIPTION OF HAZARD:

I have discussed this hazard with my supervisor. YES () NO ()

My name may be revealed to my supervisor. YES () NO ()

NAME (Optional): _____ PHONE NO.: _____

SIGNATURE: _____

ADDRESS: _____

HAZARD EVALUATION FINDINGS:

ACTION TAKEN:

DATE: _____

() REFERRED TO _____ FOR CORRECTION. (MEMO NO. _____)

() REQUEST WRITTEN TO DPW. (MEMO NO. _____)

() NO ACTION – RETURNED TO REQUESTOR

COMMENTS: _____

SIGNED: _____ PHONE: _____
(Safety and Health Manager)

INSTRUCTIONS: Read instructions on back of form before filling in upper portion.

INSTRUCTIONS

- 1) Employees are encouraged to report to their supervisor either orally or in writing, any conditions or practices which you consider a hazard to your safety or health or which you suspect are violation of CAL-OSHA safety and health standards.
- 2) In addition, employees may request the assistance of the Department Safety Officer either orally or in writing using this form.
- 3) This request may be anonymous. However, employees are encouraged to provide their name so follow-up is possible.
- 4) To report a hazard in writing, the employee must complete the top section of this form and send it directly to the Safety Officer.

The address is:

San Francisco Fire Department
Department Safety Officer
2310 Folsom Street – Division of Training
San Francisco, CA 94110

- 5) The Safety and Health Manager will have the Hazard evaluated as described on page 15 of the SFFD IIPP.

FORM 2501.5

APPENDIX F—SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

INSTRUCTIONS FOR THE SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

The Supervisor's Accident Investigation Report is an essential part of the **FIRE** Department effort to provide it's employees with safe and healthful working conditions. The identification and correction of unsafe acts and conditions prevents future accidents.

The Supervisor Accident Investigation Report is now available on-line on the A.O. reports form section

This instruction will guide the supervisor in gathering the information needed to complete the Supervisor's Accident Investigation Report.

PAGE 1

HEADING

Division	Enter the Division Number
Bureau/Station	Enter the location where the employee was working at the time of the injury or illness occurred.

NATURE OF ACCIDENT:

Enter an X in the space for the appropriate accident type. If the accident involved an occupational injury or illness please indicate the severity of the injury or illness. If unknown, mark "Other" and write in unknown.

DATE AND TIME OF ACCIDENT:

Enter the date and time of the accident. For occupational illnesses, enter the date of exposure, if known or the date reported.

SPECIFIC LOCATION OF ACCIDENT:

Write in the specific location of the accident. Include as many particulars as possible: street address, building number, room number. If outside, give the nearest landmark and approximate distance and direction from the landmark. If you need additional space, use the comments section or an additional sheet of paper.

ACCIDENT INVESTIGATION TEAM ASSEMBLED:

Indicate whether or not an Accident Investigation Team was assembled to investigate the accident. If yes, enter the date assembled.

THIS ACCIDENT INVESTIGATION REPORT IS FOCUSED ON THE ACTIVITIES OF:

Enter the name of the involved employee as it appears from payroll (Last Name, First Name, M.I.) Enter the Civil Service Title and Class number of the job that the employee was being paid to perform.

Circle the proper response to the question about an injury or illness resulting from the accident.

NAMES OF OTHER PERSONNEL INVOLVED IN THIS ACCIDENT: **

Enter this information in the manner prescribed in the previous box

NATURE OF INJURY OR ILLNESS: **

Circle the letter that corresponds to the nature of the injury or illness. Where more than one type of injury is listed for a letter, circle the letter and underline the specific injury. Where indicated provide further explanation in the comments section.

PART(S) OF BODY AFFECTED: **

Circle the letter that corresponds to the part of the body affected by the injury or illness. Where more than one body part is listed for a letter, circle the letter and underline the specific body part. Indicate right or left in the margin, where applicable. Where indicated provide further explanation in the comments section.

HAS THE EMPLOYEE RETURNED TO WORK? **

Place an X in the box that indicates whether or not the employee has returned to work. If yes, enter the date and the time that the employee returned to work. If not enter the date that you expect the employee to return to work.

SUPERVISION AT THE TIME OF ACCIDENT **

Place an X in the box that indicates the type of supervision that the employee was under at the time of the accident.

SUPERVISOR AT THE TIME OF ACCIDENT **

Enter the name of the employee's supervisor at the time of the accident and the supervisor's work phone number.

HAS THE EMPLOYEE WORKED OVERTIME IN THE PAST WEEK? **

Circle the appropriate answer to the question about overtime. If yes, enter the number of overtime hours the employee has worked in the week prior to the accident and when they were worked.

Circle the appropriate answer to the question about secondary employment (moonlighting). If yes, write in the approximate number of hours that the employee works at this job per week. If unknown, enter UNKNOWN.

WORK AND TASK AT TIME OF ACCIDENT

Enter the general type of work and the specific task being performed by the employee at the time of the accident (e.g. pipe repair/grinding or repairing roll-up door/adjusting interlock).

Place an X in the box that indicated the employee's status at the time of the injury or illness. If other, please specify in the space provided.

Enter the frequency that the employee performs the task that was in progress at the time of the accident. Enter the number of times per period. (e.g., 2 times per week, 3 times per day, 3 times per year).

ACCIDENT SEQUENCE

Describe the accident sequence in reverse order starting with the injury, illness, or damage event and work back through the preceding events that contributed to the accident.

Injury/Damage Event	Identify the actual interaction that resulted in the accident (e.g. I inhaled chlorine gas, acid splashed in face, struck head on floor, etc.)
Accident Event	The event that immediately preceded the injury, illness, or damage event. It is usually associated with the release of energy (e.g. chlorine gas escaped cylinder through broken valve, cup fell in acid bath, worker fell from ladder, etc.)
Preceding Event #1	An action or state of being that took place or condition that had to exist to get to the catalyst event (e.g. chlorine gas cylinder valve struck counter top, employee knocked cup off shelf, forklift struck ladder, etc.)
Preceding Event #2,#3	Other actions or states of being that by their existence or occurrence contributed to the accident (e.g.: cylinder not secured in place, cylinder knocked over during seismic event; employee spilled hot coffee on hand, employee had coffee in an area posted – “No Eating, Drinking, or Use of Tobacco Products in This Area”; Employee erected the ladder in a main aisle way, forklift was speeding; etc.)

ACCIDENT SEQUENCE:

Carry out the Preceding Events until you get to an action or condition which is not a part of the accident sequence. If you need additional space use the comments section or an additional sheet of paper

CAUSAL FACTORS

Enter those factors (actions and conditions) that you believe contributed to the accident. Number the factors 1 – X, with 1 being the most important contributing factor and X being the least important contributing factor. If you need additional space use the comments section or an additional sheet to paper.

CORRECTIVE ACTIONS

Enter the actions taken immediately to make the area safe and those actions recommended or planned to prevent recurrence. Indicate the scheduled completion date for each action and the completion date if the action has already been taken.

ADDITIONAL COMMENTS

Space provided for additional comments.

PREPARED BY

Print your name and Civil Service Job Title on the appropriate lines and sign and date on the signature line. Print your work phone number and work address on the line provided.

COMPLETE THE SUPERVISOR'S ACCIDENT INVESTIGATION REPORT AND
SUBMIT IT TO THE SAFETY COORDINATOR BY THE END OF THE THIRD
BUSINESS DAY FOLLOWING NOTIFICATION OF AN OCCUPATIONAL INJURY,
ILLNESS OR ACCIDENT.

A Supervisor's Accident Investigation Report Supplement must be filed for each employee listed in the "Other Personnel Involved" box who were injured or became ill as a result of the accident.



San Francisco Fire Department
Supervisor's Accident Investigation Report

November 20, 2007
 1 of 1 Pages

Reporting Person:			
Name: _____	Rank: H 2	Assignment: _____	Tour: ID: _____
Work Address: _____		Work Phone: _____	
This accident investigation report is focused on the activities of:			
Name: _____	Rank: H 2	Assignment: _____	Tour: ID: _____
Supervisor at the time of the accident SELECT			
Name: _____	Rank: H 2	Assignment: _____	Tour: ID: _____
ACCIDENT INFORMATION			
Date of Accident: _____	Time of Accident: _____	Box No.: _____	Incident No.: _____
Division: _____	Nearest Station: _____	Location of Accident: _____	
Nature of Accident: SELECT			
Was an "Accident Investigation Team" assembled? SELECT			
As a result of this accident, this person SELECT			
As a result of this accident, has the employee been absent from work? SELECT			
If a work absence occurred, has the employee returned to work? SELECT			
Has the employee worked overtime in the past week: SELECT Date: _____			
Does the employee have secondary employment: SELECT			
SAIR INJURY SUMMARY			
NATURE OF INJURY		PART(S) OF BODY AFFECTED	
SELECT		SELECT	
WORK AND TASK AT TIME OF ACCIDENT			
Type of Work: _____			
Specific Task: _____			
Employee was working: SELECT			
How often does employee perform this task: SELECT times per SELECT			
ACCIDENT SEQUENCE DESCRIPTION (IN REVERSE ORDER)			
Injury/Damage event: _____			
Accident event: _____			
Preceding event: _____			
Additional preceding events: _____			
CAUSAL FACTORS			
1. _____			
CORRECTIVE ACTIONS			
	SCHEDULED: _____	COMPLETED: _____	
	SCHEDULED: _____	COMPLETED: _____	
	SCHEDULED: _____	COMPLETED: _____	
ADDITIONAL COMMENTS			

Submit to the Safety Coordinator by the end of the third business day following notification of the accident.

Submitted by: _____ Signature

Original to Safety Coordinator
 Copy of company files
 Form 2501.6 (rev 05/05)

APPENDIX G—HEALTH AND SAFETY LESSON PLAN

Section
Lesson Plan #

TOPIC: Health and Safety (Injury and Illness Prevention Program)

LEVEL OF INSTRUCTION: Level 1

STUDENT BEHAVIORAL OBJECTIVES

Given: An in-class activity

Performance: The employee will be able to explain the following:

- Department's Injury and Illness Prevention Program (IIPP) Policy
- Employee/Employer communications channels
- Employee responsibilities and rights
- Procedure and method for reporting activities or suspected health and safety hazards.
- Procedure for reporting occupational injuries and illnesses.

Standard: During an in-class activity the employee will be able to verbally explain the Department's Injury and Illness Prevention Program, the Program's different requirements, and his/her specific job assignments – Code of Safe Work Practices, if applicable (non-fire suppression).

References: The SFFD Injury and Illness Prevention Program Manual with Appendices.

SFFD Rule and General Orders relating to health and safety compliance procedures

All SFFD Manuals (Fire Suppression)

SFFD Drill Manual (Fire Suppression)

Training Bulletins

Apparatus and Equipment Orders and Information Manual (Fire Suppression)

American Heat Video Tapes (Fire Suppression)

Code of Safe Work Practices (non-fire suppression:
Specific job assignments which are Construction and/or
Maintenance Industry related)

MATERIALS NEEDED:

- ❖ A SFFD Injury and Illness Prevention Program Lesson Plan and Manual
- ❖ A Training Record
- ❖ A Safety Meeting Record (non-fire suppression, which are Construction Industry classified)
- ❖ A Hazard Evaluation Request Form
- ❖ A Supervisor's Accident Report
- ❖ The Cal-OSHA Postings
- ❖ A Code of Safe Work Practices, non-fire suppression

MOTIVATION:

The San Francisco Fire Department understands and recognizes that there is no resource more valuable to the Department than its personnel. Without its personnel the Department could not carry-on it's long standing exemplary tradition of fire suppression and prevention. With this theme in mind, the Department dedicates itself to providing a safe and healthful work environment and strives to guard Department personnel from preventable illness or injury.

PRESENTATION:

1. First Line Supervisor
 - a. State purpose for implementing Injury and Illness Prevention Program (IIPP) p.1.
 - b. Present the Background and Regulatory Requirements, p.1.
 - c. Read SFFD Policy and emphasize the first-line supervisor's responsibility for implementation and maintenance of the IIPP, p.2.
 - d. Review the responsibilities of the Department Safety Officer, who has been designated as the SFFD's Occupational Safety and Health Manager, pp. 3-5, pp. 15-16.
2. Review the major requirements of SB-198 and the SFFD Injury and Illness Prevention Program, pp. 1-2
 - a. A written program
 - b. Hazard identification
 - c. Hazard correction
 - d. Hazard communication

- e. Employer/Employee Hazard Communication and Training
- f. Employee Compliance and Access to Records

3. Hazard Identification

- a. A baseline hazard assessment inspection (BHA) will be conducted upon IIPP implementation, p. 2.
- b. Monthly Inspections, p. 4.
 - Conducted monthly
 - By station commander (fire suppression)
 - Inspection record should include:
 - Date of inspection
 - Name of person inspecting
 - Signature of inspector
 - Department and facility
 - Location of facility or workplace
 - Description of any hazards identified or unsafe work practices
 - Corrective action taken
- c. Hazard Evaluation Inspection, p. 3
 - Battalion chief (fire suppression)
 - First line supervisor (non-fire suppression)
 - Reason: New substance, process/procedure, or equipment
 - New or previously unrecognized hazard is reported

4. Hazard Correction, pp. 3-5

- a. Two categories of hazards:
 - Work areas
 - IIPP deficiencies
- b. Hazards will be prioritized for abatement according to severity.
 - Hazards shall be abated immediately if possible.
 - Hazards, which cannot be, immediately abated (i.e., facility modification) shall be submitted to the OSH Manager for risk assessment and prioritizing.

5. Employee/Employer Hazard Communication and Training

Communication between the employer and employee is an essential element of an occupational safety and health program, pp. 5-12. The following methods for communication are:

- a. Safety and health training provided when:

- Upon implementation of SFFD IIPP, if employee has not already been instructed in the hazards of his/her job assignment.
 - When employee is first hired.
 - When employee is reassigned to a new job assignment with new hazards.
 - When new substances, processes, procedures, or equipment is introduced.
 - New or previously undiscovered hazards are brought to the Department's attention.
- b. Training in Safe Working Practice and initial implementation of the IIPP will be provided by the first line supervisor, pp. 5-8. The content of the training course will include:
- Review of the SFFD IIPP Policy
 - Review of the employee's responsibilities
 - (compliance with safe and healthful work practices and rights, including access to records, pp. 9-14 and pp. 22.
 - Safe work practices and procedures are to be emphasized during all training sessions.
 - Review procedure of reporting actual or suspected safety and health hazards.
 - Review procedure for reporting occupational injuries and illnesses.
 - Supervisor's accident investigation (first line supervisor's responsibility, Appendix G).
- c. Upon initial training of new employees or initial implementation of the SFFD IIPP for previously hired employees the following documentation is required (pp. 6-7 and Appendix C):
- Name of course
 - Date and time course conducted
 - Instructor's names
 - Summary of course content
 - Printed name of employee
 - Signature
 - Job classification
 - Training records are to be forwarded to the OSH Manager at the Division of Training.
- d. Following initial training for new employees or the implementation of the SFFD IIPP which requires the training of previously hired employees on-going safety and health training will be incorporated in the Department's annual drill schedule for fire suppression personnel. Continued safety and health training will be conducted and documented as follows:

- Fire Suppression Personnel – during daily drills (pp. 19-20)
 - Administrative and Support Personnel – quarterly (pp. 20-21, IIPP)
 - Pipeyard Maintenance Facility, Jones Street Tank, and Pump Station Personnel – every two (2) weeks (p. 21, IIPP)
 - First line supervisors of work facilities having Daily Journal assigned shall document health and safety training. During the drills, for fire suppression, fire safety and health considerations are to be emphasized.
 - First line supervisors of work facilities which do not have a Daily Journal assigned are to document safety and health meetings on the Training Record as exemplified in Appendix D (pp. 19-20, IIPP).
- e. Health and Safety Bulletin boards, pp. 8-9

The bulletin board required in the IIPP must post the following:

- Cal-OSHA poster “Safety and Health Protection on the Job”
- Notice of compensation carrier
- “Access to Medical and Exposure Records” poster Cal-OSHA citations
- Cal-OSHA Form 300, Log and Summary of Occupational Injuries and Illnesses shall be posted during the month of February. The log statistics and totals without any posting requirement Material Safety Data Sheets for products in the workplace must be on the premises.

6. Procedure for employees to report unsafe and unhealthy work conditions, p. 9

- a. An employee should report any unsafe/unhealthy work condition to his/her first line supervisor. The first line supervisor will investigate the report and initiate abatement if needed or possible.
- b. An employee may report any unsafe/unhealthy work conditions directly to the Occupational Safety and Health Manager. The report may be submitted anonymously without fear of retaliation for reporting the hazard (see Appendix E.)

7. Procedure for reporting an occupational injury and illness, pp. 10-11

- a. Employees shall report all occupational injuries or illnesses to their first line supervisors immediately.
 - In cases not requiring immediate medical attention, the employee is to inform his/her supervisor prior to seeking medical treatment; the employee must inform his/her supervisor as soon as possible. As occupational illnesses are often difficult to associate with a specific event or exposure, the employee will report the suspected illness to his/her supervisor as soon as there is a suspicion or diagnosis of an occupational illness.

- b. When an employee reports an occupational injury or illness to their supervisor, the supervisor will complete an Employee's Claim for Worker's Compensation Benefits (Form DWC – 1) with the employee and give the employee his/her copies.
- c. The supervisor shall assist the employee in obtaining prompt medical treatment of occupational injuries and illnesses see p. 10 of IIPP for instructions.
- d. Once the employee has been sent to receive the medical treatment, the supervisor will complete an Employers Report of Occupational Injury or Illness (Form 5020) and forward the completed report.

In the event of a fatality or a serious occupational injury or illness, the supervisor must notify his immediate supervisor for proper notification of the nearest Cal-OSHA and the Occupational Safety and Health Manager (OSH Manager) p. 11.

- A serious injury or illness is an injury or illness that results in death, requires hospitalization for more than 24 hours, results in the loss of a body member, or produces any serious degree of permanent disfigurement.
- e. The form 5020 and the DWC – 1 are forwarded to the appropriate Deputy Chief who reviews the forms to ensure proper completion. Following the appropriate Deputy Chief's review, the forms are forwarded to the Department Physician. The Department Physician forwards copies to the Worker's Compensation Division.

7. Accident Investigation, pp. 12-13

- a. After the supervisor completes the Form 5020 an accident investigation will be conducted by the first line supervisor with the exception of an injury occurring on Department property (fire suppression). In such a case the District Battalion Chief will investigate and complete the appropriate form (an Accident Investigation Form with instructions on completing the forms contained in Appendix F). See pp. 12-13 IIPP Manual for instructions on how to conduct an accident investigation.

8. Employee Compliance, p. 14

- a. The Fire Department must take all possible measures to ensure that Department employees comply with all Health and Safety work practices. Fire Department supervisory personnel must emphasize all health and safety aspects during all training sessions (drills or meetings) see pp. 19-20. The Fire Department must strive to reduce all preventable injuries or illnesses. The following methods will be used to encourage employee compliance:

- Training and retraining
- Recognition for employing good health and safety
- Practices (Performance Appraisals)
- Disciplinary action according to Department rules for serious offenses

9. Employee Access to Records/Recordkeeping, pp. 14-15

- a. Employees have the right to access their medical and exposure records. All records pertaining to the IIPP are maintained as follows:
 - Periodic inspections and hazard abatement (3 years at least)
 - Reports of unsafe/unhealthy work conditions (3 years at least)
 - Training and safety meeting records (3 years at least)
 - The Occupational Injury and Illness records (indefinitely) and Accident Investigation records (5 years at least)

10. Cal-OSHA Inspections and Citations

- a. The Occupational Safety and Health Manager (Department Safety Officer) shall be notified immediately of a Cal-OSHA inspection of any Fire Department facility.
- b. The Occupational Safety and Health Manager will accompany the Cal-OSHA inspector providing records as needed.
- c. In the case of a Cal-OSHA citation, corrective action to abate the citation should be initiated as soon as possible by the first line supervisor.