

Burney Water District



20222 HUDSON STREET, BURNEY, CA 96013 (530) 335-3582

RESOLUTION 2017-03

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE BURNEY WATER DISTRICT ADOPTING AN INJURY AND ILLNESS PREVENTION PROGRAM FOR THE EMPLOYEES OF THE BURNEY WATER DISTRICT.

WHEREAS, the Board of Directors of the Burney Water District desires to provide a safe and healthful workplace for employees; and

WHEREAS, the Board of Directors of the Burney Water District agrees to establish, implement and maintain an effective written Injury and Illness Prevention Program contained in Title 8 of the California Code of Regulations, Section 3203 (8 CCR 3203).

NOW, THEREFORE, BE IT HEREBY RESOLVED:

1. That the public interest is best served by providing a safe and healthful workplace for the employees of the Burney Water District; and
2. That the Board of Directors of the Burney Water District, in compliance with, Title 8 of the California Code of Regulations, Section 3203 (8 CCR 3203), hereby adopts the attached Injury and Illness Prevention Program.

Passed, approved and adopted by the Board of Directors of the Burney Water District, Shasta County, California at the meeting held on the 20th day of April, 2017 by the following vote:

Ayes:

Noes:

Abstain:

Absent:

ATTEST: _____
Board Secretary

Board President

BURNEY WATER DISTRICT

INJURY & ILLNESS PREVENTION PROGRAM

Safety Policy

No function at *Burney Water District* is so critical as to require or justify a compromise of safety and health.

We believe everyone benefits from a safe and healthy work environment. We are committed to maintaining a safe workplace and to complying with applicable laws and regulations governing safety.

To achieve this goal, the Burney Water District has adopted an **Injury & Illness Prevention Program** (the IIPP). This program is everyone's responsibility as we work together to identify and eliminate conditions, practices, policies and procedures compromising safety.

To this end, each and every manager, supervisor and employee have the responsibility and the authority to take action to prevent mishaps.

It takes positive and genuine effort to assure a safe work environment. The alternative is wasted money and wasted time due to occupational injuries and illnesses and their associated pain and suffering.

Our expectations are everyone will:

1. Do the right thing the first time.
2. Seek to integrate safety into all tasks.
3. Avoid taking short cuts.
4. Take time to assure a safe workplace.
5. Have a safe and healthy work experience here at Burney Water District.

Please join me in striving to achieve our ultimate goal of an injury-free workplace.

District Manager

Date

Responsibilities

1. District Manager

The District Manager is responsible for overseeing the IIPP is implemented.

Duties include, but are not limited to:

- a. Ensuring the Field Superintendent, Office Clerk II and Pool Manager actively support the IIPP.
- b. Providing the funding necessary to maintain an effective and compliant safety program.

2. Field Superintendent, Office Clerk II and Pool Manager

The Field Superintendent, Office Clerk II and Pool Manager have the responsibility of providing a safe place to work including facilities, equipment, standards and procedures, adequate supervision and recognition for a job done properly. They are responsible for training all of their employees to perform their jobs properly and safely. They teach, demonstrate, observe, and enforce compliance with established safety standards.

3. IIPP Administrator

The IIPP Administrator has the responsibility for the implementation, maintenance, and update of the IIPP.

4. Employees

Employees have the responsibility of performing their tasks properly and safely. They are to assure themselves they know how to do the job properly, and ask for additional training or assistance when they feel there is a gap in their ability, knowledge, or training. They should never undertake any task, job, or operation unless they are able to perform it safely.

Compliance

1. Management Responsibility

Management is responsible for ensuring organizational safety and health policies are clearly communicated and understood by employees. The Field Superintendent, Office Clerk II and Pool Manager are expected to enforce the rules fairly and uniformly.

2. Employee Responsibility

All employees are responsible for using safe work practices, for following directives, policies and procedures, and for assisting in maintaining a safe work environment.

3. Performance Evaluations

- a. As part of the Field Superintendent, Office Clerk II and Pool Manager's regular performance evaluations, they are evaluated on what they have done to ensure a safe workplace for their respective employees. They are also evaluated on their positive or negative loss results.
- b. As part of employee regular performance reviews, they are evaluated on their compliance with safe work practices.

4. Recognition

The Field Superintendent, Office Clerk II and Pool Manager will receive written acknowledgment maintained in their personnel files for making a significant contribution to the maintenance of a safe workplace as determined by the District Manager.

5. Employee Training

Employees who are unaware of correct safety and health procedures are trained or retrained.

6. Employee Correction

Employees who fail to follow safe work practices and/or procedures, or who violate organizational rules or directives, are subject to disciplinary action, up to and including termination in accordance with the Burney Water District's MOU and personnel-related policies and procedures.

The Field Superintendent, Office Clerk II and Pool Manager will correct safety violations in a manner considered appropriate by the District Manager.

Communication

1. Two-Way Communication

Management recognizes open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace.

2. The Burney Water District's System of Communication

The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form readily understandable.

- a. An orientation program is given to all new employees and includes a review of the IIPP and a discussion of policies and procedures employees are expected to follow. This program is documented on the *New Employee Safety Orientation Checklist*.
- b. The Burney Water District has safety meetings where safety is freely and openly discussed by all present. Such meetings are held monthly and all employees are expected to attend and are encouraged to participate in discussion. All such meetings are documented on the *Employee Safety Training & Meeting Report Form*.
- c. From time to time, written safety notifications are included with paychecks or are posted on Burney Water District bulletin boards.
- d. Other methods of communicating pertinent health and safety information are used as they are identified.

3. Safety Suggestions and Hazard Reporting

- a. All employees are encouraged to inform their supervisors, or other management personnel of any matter which they perceive to be a workplace hazard, or a potential workplace hazard. They are also encouraged to report suggestions for safety improvement.

This reporting can be done orally or preferably in writing on the *Identified Problem Report Form*. If done in writing, the notification may be given directly to the supervisor, the IIPP Administrator or other management personnel, or placed in a suggestion box.

- b. If an employee wishes to report anonymously, a hazard, safety suggestion, or other safety problem he or she can complete an *Identified Problem Report Form*, not filling in their name.
- c. **No employee shall be retaliated against for reporting hazards or potential hazards, or for making suggestions related to safety.**
- d. Management reviews all suggestions and hazard reports.
- e. If employees provide their names in regard to the notification, they are informed of what is being done - within 5 working days of receipt.

Hazard Identification & Evaluation

Inspection of the workplace is our primary tool used to identify unsafe conditions and practices. While we encourage all employees to continuously identify and correct hazards and poor safety practices, certain situations require formal evaluation and documentation.

1. Safety Inspections

Internal safety inspections are conducted on a monthly basis for all shop and maintenance facilities. Safety inspections are conducted for all office areas at least annually. Hazards found are corrected on the spot or recommendations are submitted for future corrections. Inspections are documented on the *Safety Inspection Form/Action Form*.

2. Additional Inspections

Inspections are also conducted in accordance with Cal-OSHA requirements:

- a. Whenever new substances, processes, procedures or equipment present a new safety or health hazard.
- b. Whenever management/supervision become aware of a new or previously unrecognized hazard, either independently or by receipt of information from an employee.

Injury/Illness Investigation

1. Investigation

All accidents resulting in injury or property damage, however slight, including *near-hits*, are investigated to determine the primary and contributing causes within seven working days of the initial report. This information is documented on the *Investigation Report* and analyzed to assist in obtaining corrective actions to prevent similar accidents from occurring in the future. The responsibility to see this investigation is performed rests with the IIPP Administrator.

2. Reporting

All facts, findings, and recommendations are documented on an accident investigation report. Management reviews accident investigation reports with a view towards determining adequacy of corrective action.

Correction of Hazards

When a hazard exists it is corrected on a timely basis based on the severity of the hazard. If imminent danger exists to any employees, management and supervision remove these employees from the danger at once, and personnel who are provided with the necessary safeguards correct the hazard. Documentation of hazard corrections is completed on at least one of the following forms:

1. *Identified Problem Report Form*
2. *Investigation Report Form*
3. *Safety Inspection Form/Action Plan*

Training

1. Orientation - New Employees

- a. The IIPP Administrator conducts the initial orientation on general safety within the first two days the new employee is on the job.
- b. The orientation is documented on the *New Employee Safety Orientation Checklist*.
- c. All employees are provided with a copy of the IIPP and sign the *Acknowledgment of Receipt of the Injury & Illness Prevention Program (IIPP)*.
- d. All new hires are also given a copy of the Burney Water District's *General Code of Safe Practices*, and sign the *Acknowledgment of Receipt of the General Code of Safe Practices*.

2. Initial On-The-Job Training

When an employee first starts to work, the District Manager and/or the Field Superintendent, Office Clerk II or Pool Manager trains the employee in all aspects of safety for the purpose of educating the new employee on the hazards of the work environment and the required safety procedures to mitigate those hazards.

The District Manager and/or the Field Superintendent, Office Clerk II or Pool Manager conducts this training and documents it on the *Employee Safety Training & Meeting Report Form*.

3. Specific Burney Water District-Wide Training

a. Disaster Preparedness

This training includes the Burney Water District's disaster preparation structure and how the employee fits into the structure, i.e., what the employee is to do under specific circumstances, such as fire, earthquake, medical emergency, and bomb threat.

b. First Aid, CPR, and Bloodborne Pathogen Training

Designated employees receive first aid, CPR, and bloodborne pathogen training in accordance with the American Red Cross and/or American Heart Association requirements.

c. Defensive Driver Training

All employees who may drive on Burney Water District business receive defensive driver training not less than every three years. Driving on Burney Water District business includes driving Burney Water District vehicles as well as personal vehicles.

d. Ergonomics

All employees receive ergonomic training for their specific jobs. As a minimum, each employee receives training on proper lifting techniques and, if necessary, computer workstation design.

All specific Burney Water District-wide training is documented on the *Employee Safety Training & Meeting Report Form*.

4. Retraining

Reasons for retraining include change of job assignment, change of operations or materials, observation of poor work habits, or update of training methods. Managers, supervisors, and the IIPP Administrator perform retraining:

- a. When an existing employee changes job functions.
- b. On at least an annual basis as a refresher program.

Such training includes general workplace safety, job-specific hazards, and/or hazardous materials, as applicable.

All retraining is documented on the *Employee Safety Training & Meeting Report Form*.

5. Specialized Training

- a. The Field Superintendent, Office Clerk II and Pool Manager are trained in their responsibilities for the safety and health of their employees. Such training includes both safety management and technical subjects.

The Field Superintendent, Office Clerk II and Pool Manager are trained in the hazards and risks faced by the employees under their immediate direction.

- b. District Manager, Field Superintendent, Office Clerk II, Pool Manager and the IIPP Administrator:
 - 1) Determine safety-training needs
 - 2) Implement new training programs.
 - 3) Evaluate the effectiveness of these programs.
- c. In addition, training is provided whenever:
 - 1) New substances, processes, procedures or equipment pose a new hazard and there is a lack of skill or knowledge to deal with the situation.
 - 2) The District Manager, Field Superintendent, Office Clerk II, Pool Manager and the IIPP Administrator become aware of a previously unrecognized hazard and there is a lack of skill or knowledge to deal with the hazard.

All specific specialized training is documented on the *Employee Safety Meeting & Training Report Form*.

Recordkeeping Summary

In coordination with other management, the IIPP Administrator is responsible for maintaining all documentation relating to the implementation of the IIPP:

1. For the purpose of displaying a tracking history of occupational safety and health programs and activities, all documents are maintained for a minimum of one year plus the current year, unless otherwise stated.

For example, at the end of each year, the prior year's documents are removed from the files. During the next year, current year documents are maintained along with the just-past year's documents.

2. Specific records are maintained for each of the topics within the IIPP to include, but not be limited to:
 - a. Employee Recognition and Correction
 - b. Safety Meetings and Other Safety Communication
Form – *Employee Safety Training & Meeting Report Form*
 - c. Safety Suggestions and Hazard Reporting
Form – *Identified Problem Report Form*
 - d. Hazard Identification and Correction
Form – *Safety Inspection Form/Action Plan*
 - e. Occupational Injury & Illness Investigations
Form – *Investigation Report*
 - f. Safety Meetings and Training
Form – *New Employee Safety Orientation Checklist* – for each individual employee; filed in personnel file
Form – *Employee Safety Training & Meeting Report Form* – for each training and/or meeting session
Form – *Record of Training Form* – record of all training received by each employee
 - g. Receipt of IIPP and GCSP
Form – *Acknowledgement of Receipt of the Injury & Illness Prevention*
Form – *Acknowledgement of Receipt of the General Code of Safe Practices*

Enclosures (in alphabetical order)

Forms to Implement the IIPP

1. Acknowledgement of Receipt of the General Code of Safe Practices
2. Acknowledgement of Receipt of the Injury & Illness Prevention Program
3. Employee Safety Training & Meeting Report Form
4. Investigation Report
5. New Employee Safety Orientation Checklist
6. Record of Training Form
7. Identified Problem Report Form
8. Safety Inspection Form/Action Plan

Original Source Document SDRMA: IIPP-AAA-Injury&IllnessPreventionProgram-2010.doc

BURNEY WATER DISTRICT

ACKNOWLEDGMENT OF RECEIPT OF THE *GENERAL CODE OF SAFE PRACTICES*

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *General Code of Safe Practices* (GCSP).

I received the Burney Water District's GCSP on

____ / ____ / ____ (date), and I acknowledge I understand it.

Name:

Print

Signature

File: Employee Personnel File

BurneyWaterDistrict-120610 (IIPP-Form-GCSPReceipt-2010.doc)

BURNEY WATER DISTRICT

ACKNOWLEDGMENT OF RECEIPT OF THE *INJURY & ILLNESS PREVENTION PROGRAM (IIPP)*

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *Injury and Illness Prevention Program*.

I received Burney Water District's IIPP on ____/____/____ (date), and I acknowledge I understand it.

Name: _____
Print

Signature

File: Employee's Personnel File

BurneyWaterDistrict-120610 (IIPP-Form-IIPPRceipt-2010.doc)

BURNEY WATER DISTRICT

EMPLOYEE SAFETY TRAINING AND MEETING REPORT

Use of this Form

1. All safety training and meetings conducted for organization employees are documented on this form.
2. The completed form is distributed and filed as follows:
 - a. Training
 - 1) One copy is filed with the master training file for each course or session in the IIPP Administrator's files. The master file includes this form, the training course curriculum, all training handouts, and anything else pertaining to the training program.
 - 2) One copy is maintained in the IIPP Administrator's files where the following information is retrieved and inserted into each attendee's personnel file on the organization's *Record of Training Form*:

a) Employee name	d) Training subject
b) Employee's department	e) Whether a certificate was issued
c) Date of training	
 - b. Safety Meetings
 This form is filed with the master meeting file for each safety meeting in the IIPP Administrator's files. The master file includes this form, the safety meeting agenda, all safety meeting handouts and anything else pertaining to the safety meeting.

Check (✓) if the Program was <u>Training</u>	Check (✓) if the Program was a <u>Safety Meeting</u>
Training/Safety Meeting Subject(s):	
Certificate Issued (circle answer): Yes No	
Training/Meeting Date:	Training Instructor/Meeting Leader Name(s):
Description of Training Provided or Safety Meeting Topic(s):	
Course or Meeting Handouts (attach to this form):	

5. **HOW AND WHY** Did any of the following factors have anything to do with how and why the incident occurred? If you answer YES or PARTLY please provide further information. Do whatever you need to do to determine whether these factors were involved.

Factors	Yes	Partly	No
a. Lack of knowledge or skill			
b. Error			
c. Lack of (or incorrect) policies, procedures, rules			
d. Lack of (or insufficient) safety training			
e. Too many demands and/or pressures			
f. Lack of sufficient number of people to do the work			
g. Hazards			
h. Insufficient, improper, or unrepaired equipment and/or tools			
i. Incorrect design of facilities, equipment, materials			
j. Inattention			
k. In a hurry			
l. Anything else?			

6. **PREVENTABILITY**

In your opinion, was this incident preventable? (Circle your answer): Yes No
Why?

7. 7.a. What is the LOSS SEVERITY POTENTIAL? (Circle your answer):

Major Serious Minor

7.b. What is the PROBABLE RECURRENCE RATE? (Circle your answer):

Frequent Occasional Rare

8. **CORRECTIVE ACTION** What actions have or will be taken to prevent a recurrence?

Expected Completion Date

Actual Completion Date

a.

b.

c.

9. 9.a. Investigator's Name (Print): _____

9.b. Title: _____

9.c. Investigator's Signature: _____

9.d. Date: _____

10. File a copy in the employee's personnel file and any other investigation files.

BurneyWaterDistrict-120610 (IIPP-Form-InvestigationForm-2010.doc)

BURNEY WATER DISTRICT

NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

Use of this Form

1. All new employees receive general safety orientation training. All such safety training is documented on this form.
2. The completed checklist is filed in each new employee's personnel file.
3. Check off when each topic has been covered.
4. Both the person who conducts the orientation and the employee sign and date when the orientation training has been completed.

Safety Orientation Checklist		
	Orientation Topics	Check (√) When Completed
1.	Review of the Burney Water District's <i>Injury & Illness Prevention Program</i> – The instructor conducts a detailed review of this document with the employee. The employee receives a copy of the IIPP and signs for it using the receipt designed for this purpose.	
2.	Review of the Burney Water District's <i>General Code of Safe Practices</i> The instructor conducts a detailed review of this document with the employee. The employee receives a copy and signs for it using the receipt designed for this purpose.	
3.	Reporting unsafe conditions and practices.	
4.	Reporting occupational injuries and illnesses.	
5.	Review of those aspects of Burney Water District's <i>Emergency Action Plan</i> pertaining to the employee.	
6.	Review of those aspects of the Burney Water District's <i>Fire Protection Plan</i> pertaining to the employee.	
7.	Personal Protective Equipment.	
8.	Review of the employees' <i>right-to-know</i> about hazardous substances in their work environment and provision of information about the Burney Water District's <i>Hazard Communication Program</i> , available from the IIPP Administrator.	
9.	Review of specific accident prevention tips on the most common types* of employee accidents to be avoided:	
9.a.	*Lifting, pushing, pulling	
9.b.	*Slip, trip and fall prevention	
9.c.	*Hand safety	
9.d.	*Use of manual and portable power tools	
9.e.	*Electrical safety	
9.f.	*Driving accident prevention	
9.g.	*Ergonomics-related injury/illness prevention	
10.	Summary of information covered.	

Instructor Name (Printed)

Employee Name (Printed)

Instructor Signature

Employee Signature

Date of Orientation: _____

BURNEY WATER DISTRICT

IDENTIFIED PROBLEM REPORT FORM

Use of this Form

Please use this form whenever you have something to report regarding a safety matter. Your report may be based on your observation of an unsafe practice, an unsafe condition, a problem associated with managerial policies and/or procedures or some other matter. *It is the policy of the Burney Water District that no one will be retaliated against for submitting a safety report.* Our goal is to eliminate accidents and your help is what it is all about. Please feel free to use additional sheets of paper to describe fully your identified problem and suggestion.

Identified Problem and Suggestion

Name of Person Submitting Suggestion (optional*): _____

Telephone Number (optional*): _____

* If you provide your name and telephone number, you will be informed as to the status of your suggestion. Without this information, it will not be possible to let you know the status.

Complete Description of Identified Problem - If the problem is based upon a specific circumstance, please include the date and time you saw it:

Description of Suggestion(s) – What changes do you recommend to correct the problem?

Signature of Person Reporting the Problem (optional)

Date

* * *

Investigative Response

Person Submitting Report: Please Do Not Write in this Section.

Name of Person Investigating Problem and Suggestion: _____

Results of Investigation – What was found?

Recommended Steps to Correct the Identified Problem – The recommendations may be the same as the person who submitted this form.

Signature of Investigator

Date

BURNEY WATER DISTRICT
Safety Inspection Form/Action Plan – Location (_____)
 Page ____ of ____

Facility Inspected:	Name of Inspector (s):
Date of Inspection:	Date of Report:
# of items corrected from previous inspections:	_____ out of _____
# of items uncorrected from previous inspections:	_____
# of items corrected in this inspection:	(_____)
# of items corrected on the spot in this inspection:	_____ (100%)
# of total items remaining uncorrected in this report:	_____
Number (%) of total items uncorrected by priority:	_____ (_____ %)
Priority – Life Threatening	_____ (_____ %)
Priority – I	_____ (_____ %)
Priority – II	_____ (_____ %)
Priority – III	_____ (_____ %)

Report Recipients: _____, _____, _____

For information regarding this inspection, please contact:

Key
 ✓C = Check (✓) this column when the action is corrected
 P = Priority (LT-Life Threatening, I-Urgent, II-Necessary, III-Desirable)
 \$ = Estimated amount to correct (L = \$0 to \$250, M = \$251 to \$1000, H = \$1001 +, T = Time Only)

