



MODOC COUNTY

“Where the West still Lives”

Injury & Illness Prevention Program (I.I.P.P) & Code of Safe Practices

Modoc County Illness & Injury Prevention Program (I.I.P.P.)

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Modoc County

Injury and Illness Prevention Program (I.I.P.P.)

I. POLICY STATEMENT

It is the policy of the County of Modoc to provide a work place environment free from recognized hazards and with the safest working conditions possible. It is the County's desire to provide a safe work environment and to ensure compliance with all federal, state and local Environmental, Health & Safety regulations.

The Board of Supervisors has adopted a County Safety and Loss Prevention Program that shall be implemented, followed, and maintained by all employees. This Safety and Loss Prevention Program outlines the intention of the Board of Supervisors to provide all reasonable safeguards for employee Health and Safety. The Health and Safety of all employees, and the success of the County Safety and Loss Prevention Program, depends on the vigilant effort of each Elected Official, Department Head, and employee. It shall be the responsibility of each Elected Official and Department Head to direct and ensure that employees perform their assigned tasks in a safe working manner, and to develop and encourage awareness in all employees of the importance of workplace Safety, Loss Prevention and a Healthy work environment. Safety and Loss Prevention awareness, through training, supervision, and ongoing communication, is a key component of a successful Safety and Loss Prevention Program.

By working together, Modoc County can reach its goal of providing the Safest and Healthiest workplace and working conditions possible.

II. RESPONSIBLE PARTIES

Appendix B Section A for current names and contact information.

The responsibilities for safety and health are shared. Modoc County accepts the responsibilities for leadership of the safety and health program, for its effectiveness and improvement, and for the safeguards required to ensure safe conditions.

A. The Board of Supervisors:

- Ensure a safe and healthy workplace for all county employees.
- Ensure an effective Injury and Illness Prevention Program (IIPP).
- Ensure full compliance with all safety and health laws, rules, and regulations.

B. Administration Department Loss Prevention Specialist:

- Promotes compliance of this I.I.P.P.
- Oversees safety trainings and meetings
- Identifies hazards / remediation
- Investigates all accidents
- Maintains files of safety communication / records
- Processes Workers' Compensation claims

C. Managers / Supervisors:

- Held accountable for the safety record of the employee(s) working under them.
- Provide a safe and healthy workplace by ensuring compliance of this I.I.P.P.
- Responsible for workplace equipment and personal, protective equipment (PPE).
- Must review all written inspection reports and should assist in prioritizing actions and verify completion of previous corrective actions.
- Investigate incidents and injuries and provide a report to the loss prevention specialist.
- Promote and train employees in safety and health procedures.
- Participate in all monthly safety meetings.
- Participate in a minimum of 3 leadership/supervisory trainings per Trindel Insurance Fund's fiscal year (June 30 through May 31st).

D. Department Safety Representatives (DSR):

- Act as contact person in a department for all safety communication.
- Involved in all investigations, inspections, incident / hazard reporting and remediation of their department.
- Notify Department Head and immediate supervisor of any incidents, injuries, and / or hazards immediately.
- Assure monthly safety trainings occur.
- Scheduled inspections are a part of the routine duties with Supervisor or Department Head.

E. Employees: All employees are required to comply with the provisions of this policy.

- Follow all Code of Safe Practices, including those specific to their department duties.
- If an employee identifies a hazard and it can not be corrected immediately, the employee shall sign the hazard, block it off or lock it out and tag it AND report it to their supervisor and risk management.
- Report all injuries, hazards and near misses on the incident/hazard forms immediately to their direct supervisor or DSR (department safety representative) *and* Administration.
- Participate in all health and safety activities including training and monthly safety meetings.

F. County-wide Safety Committee

Communication is an essential and required component of any IIPP. It is required in the California Code of Regulations that all employees are informed on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the County of hazards at the worksite without fear of reprisal.

Modoc County elects to use a labor/management safety and health committee to help facilitate communication and comply with the communication requirement made up of DSR's. Hence, the County-wide Safety Committee is established. To be in substantial compliance, the committee shall:

- Meet on a quarterly basis;
- Prepare and make available to affected employees, written records of the safety and health issues discussed at the committee meetings;
- Review investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances; and note trends that may require training and monitor hazard remediation efforts;
- Review and evaluate employee safety suggestions and pass them along to the appropriate department or individual for approval or implementation;

- Make recommendations for countywide safety training and assist with coordination of safety activities;
- Conduct safety activities such as evacuation drills and inspections.

III. SAFETY RECOGNITION, COMPLIANCE & DISCIPLINE

A. Employee Recognition:

- Annual Safety Award** - Modoc County shall recognize an employee for their high level of safety and health awareness in day to day tasks and participation in the loss prevention program.
- Annual Performance Evaluations** shall reflect employee's safety awareness, practices and compliance.

B. Compliance: All employees are required to comply with the provisions of this policy.

C. Discipline: Modoc County reserves the right to discipline employees who knowingly violate Modoc County safety rules or policies. Disciplinary measures will include but not be limited to:

- Minor offense – verbal warning and if needed, documented additional training, signed by the employee.
- Severe or repeated violations - written warning and documented training signed by the employee.
- If verbal and written warnings do not prove sufficient -suspension without pay.
- If none of the above measures prove satisfactory and no other acceptable solution can be found - Modoc County may have no choice but to terminate employment for those who continue to jeopardize their own safety and the safety of others.

IV. SAFETY COMMUNICATION

It is Modoc County's policy to maintain open communication between management and staff on matters pertaining to safety. Thoughts regarding safety are considered important and employee's active participation in Modoc County's safety program is encouraged.

- Expressing Safety Concerns:** Employees may express any safety concerns or suggestions either during a safety meeting, individually to supervisors, or in writing on the incident hazard form (*see Appendix C, form A*).
- Anonymity:** A safety concern or idea may be submitted anonymously through inter-department mail directly to Administration or emailed to safety@co.modoc.ca.us
- Employee Orientation:** Each employee upon new employment and on the anniversary date of his/her employment is required to attend orientation, which includes training on this I.I.P.P. and Departments Code of Safe Practices (C.O.S.P.).
- Emergency Communication:** This is department specific. Please refer to your Department's Code of Safe Practices (C.O.S.P.) and/or immediate supervisor.
- Safety Meetings:**
 - **Employee Safety Meetings:** All employees shall be provided applicable and meaningful safety trainings on a monthly basis. An original signed roster and a copy or description of topic(s) covered shall be submitted to Risk Management within 1 week following each safety meeting.

- **Department Safety Representative Meetings:** Members of these committees are appointed by Department Heads. Member representatives meet on a Quarterly basis to discuss safety issues pertaining to their department(s). Minutes are prepared within 1 week of the meeting and shared with all employees within that department.
 - **County-Wide Safety Meetings:** An equal mix of supervisors and DSRs (department safety representatives), one representative from each County Department will meet at least twice a year. All injuries, incidents and hazards which occurred during that time are reviewed and discussed to assure follow through in making corrections and to prevent repeated occurrences. Safety concerns are discussed and resolved. Also reviewed are workers' compensation fiscal claim summaries, department safety trainings and department inspections.
- F. **Incident Hazard Form:** Standard form on which a hazard, near miss, injury or incident can be reported. Please refer to **section V. Hazard Identification / Reporting** for correct procedures. Form is available in Appendix C.
- G. **Email:** Safety issues are often shared via email to the involved or affected employees.

v. REPORTING – Hazards, Injuries, Incidents & Near-Misses (Remediation)

Report immediately to Administration (530-233-7660) any injury resulting in:

- Death,
- Loss of a limb (arm / leg) or digit (finger / toe),
- Hospitalization of 24 hours+, or
- Fainting / loss of consciousness.

Cal/OSHA must be notified within 8 hours of such injury, regardless of time or day of the week. The Loss Prevention Specialist shall report to Cal/OSHA. If the Loss Prevention Specialist is not available, the direct supervisor shall report to Cal/OSHA directly. (916) 263-2800 or fax (916) 263-2798.

Information to be provided:

- (1) Date of injury
- (2) Injured employee's name
- (3) Address of injury
- (4) Time of injury
- (5) Employer (County of Modoc)
- (6) Nature of injury
- (7) Who responded and who transported (i.e., ambulance, city fire dept., etc.)

All accidents and injuries must be reported to your direct supervisor and the Administration Department on the same day of the occurrence.

A. **Purpose:** Modoc County's Incident/Hazard reporting program provides a means for individual employees to report an injury or an incident, hazard or near-miss that could cause employee injury, illness, death or damage to County property. Modoc County encourages employees to report without fear of reprisal any workplace hazard they identify.

B. Reporting Procedure:

1. Use the Modoc County Incident/Hazard Report form (see Appendix C) which is available in each department, in each employee handbook, and on Modoc County's Administration webpage (www.co.modoc.ca.us)

2. **Incident/Hazard form:**

- a. **Section A:** Identify if reporting an injury, incident/near-miss or hazard by checking the appropriate box and complete this section by providing the date and time of incident, location, date reported, name of person this was reported to, and the affected department.
- b. **Section B:** Briefly describe incident
- c. **Section C:** List cause, if known
- d. **Section D:** If correction cannot be made immediately, list any suggested corrections. *Brainstorming within the effected department or at a safety meeting can prove to be extremely effective.*
- e. **Section E:** If correction has been made, document here including the date. If not, the Risk & Loss Prevention Manager will follow up here.
- f. **Investigated By:** This is usually by the Supervisor, Loss Prevention Specialist or Department Safety Representative (DSR).
- g. **Signature spaces:** Both the DSR and the Department Head must sign to assure they have been made aware of the incident/injury or hazard.

3. **Remediation:** Modoc County shall take all reasonable necessary steps to remedy a workplace hazard in a timely manner consistent with the health and safety standards in the industry. Hazards will be addressed according to their severity, with the most severe hazards receiving priority attention.

All reported hazards, injuries, incidents & near misses are reviewed by the Department Safety Representative Committee which meets quarterly. This committee assures remedies are completed on all reports, in a timely manner.

Matters which can be solved immediately will be addressed without delay. Depending upon the nature of the condition, steps to be taken may include, but not limited to:

- a. Fixing defective equipment
- b. Implementing safer procedures
- c. Implementing other modifications or procedural safeguards
- d. Employee training

Employees are to cooperate fully and immediately with any investigation into an alleged workplace hazard and must comply without delay with any remedial action implemented by Modoc County.

VI. **INVESTIGATION – Hazards, Injuries, Incidents & Near-Misses**

The purpose of investigations is to determine the cause of an accident or incident and prevent further occurrences. It is not to point blame at anyone.

An unbiased approach is necessary to obtain objective findings. Investigations will be done by the supervisor, if possible, the Loss Prevention Specialist and the Department Safety Representative.

The Immediate Supervisor or Administration Departments Loss Prevention Specialist will conduct an investigation into each reported employee injury to determine if a workplace hazard exists. Additionally, an investigation can be made of all “near misses.”

A written report or finalized incident hazard form adequately identifying the cause(s) of the accident or near-miss occurrence shall be completed by the Loss Prevention Specialist and filed within the Administration Department. A copy of the report shall be provided to the affected department.

Questions to ask in an accident investigation:

1. **What happened?** The investigation should describe what took place that prompted the investigation: an injury to an employee, an incident that caused a production delay, damaged material or any other conditions recognized as having a potential for losses or delays.

2. **Why did the incident happen?** The investigation must obtain all the facts surrounding the occurrence: what caused the situation to occur; who was involved; was/were the employee(s) qualified to perform the functions involved in the accident or near miss; were they properly trained; were proper operating procedures established for the task involved; were procedures followed, and if not, why not; where else this or a similar situation might exist, and how it can be corrected.

3. **What should be done?** The person conducting the investigation must determine which aspects of the operation or processes require additional attention. It is important to note that the purpose here is not to establish blame, but to determine what type of constructive action can eliminate the cause(s) of the accident or near miss.

4. **What action has been taken?** Action already taken to reduce or eliminate the exposures being investigated should be noted, along with those remaining to be addressed. Any interim or temporary precautions should also be noted. Any pending corrective action and reason for delaying its implementation should be identified. Also document how the corrective action will prevent reoccurrences, as well as, improve overall operation.

Tips for an effective investigation:

1. Visit the accident / incident scene at the earliest moment possible, while facts are fresh and before witnesses forget important details.
2. If possible, interview the injured worker at the scene of the accident and “walk” him or her through a re-enactment.
3. All interviews should be conducted as privately as possible. Witnesses shall be interviewed one at a time. Also, speak with anyone who has knowledge of the accident or incident, even if they did not actually witness it.
4. Request signed statements in cases where facts are unclear or there is an element of controversy.
5. Document details graphically. Use sketches, diagrams, and photographs as needed. Take measurements when appropriate.

6. Focus on causes and hazards. Develop analysis of what happened, how it happened and how it could have been prevented. Determine what caused the accident itself, not just the injury.
7. Every investigation should include an action plan. How will such accidents / incidents be prevented in the future?
8. If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.
9. Respond to reporting parties within 30 days with the action that has been or will be taken.

VII. INSPECTIONS

A. **Facility Inspections:** Modoc County will prevent many hazards from occurring through semi-annual scheduled and documented self-inspections of each workplace. At least one semi-annual inspection will be performed by the Loss Prevention Specialist. The second semi-annual inspection will be conducted by the Department Safety Representative, or individual as directed by the Department Head.

DEPARTMENT/WORKSITE	LOCATION	INSPECTION MONTHS
Assessor	204 S. Court	February and August
Administration	204 S. Court	February and August
Ag Commissioner/Farm Advisor	202 W. 4 th St	February and August
Auditor/Clerk/Recorder/Elections	108 E. Modoc St	February and August
Board of Supervisors	204 S. Court	February and August
Building & Grounds	204 S. Court	February and August
CalWorks	324 S. Main St	March and September
District Attorney – Victim Witness Advocate	204 S. Court	March and September
Environmental Health	202 W. 4 th St	March and September
Family Support	1030 N. Main St.	April and October
Information Technology	204 S. Court	April and October
Library	Multiple	April and October
Planning	203 W. 4 th St	May and November
Probation	326 S. Main St	May and November
Public Health/Mental Health/Substance Abuse	441 N. Main St.	May and November
Roads Shop Alturas	1610 Oak St.	February and August

Roads Shop Cedarville	640 High St. Cedarville	February and August
Roads Shop Lookout	1960 Co.Rd.93 Lookout	February and August
Roads Shop Newell	99 Co.Rd. 113 Newell	March and September
Roads Shop Davis Creek	41900 HWY 395 Davis Creek	March and September
Roads Engineering / Admin.	202 W. 4 th St	March and September
Sheriff/Jail/Annex	102 S. Court St	March and September
Social Services	120 N. Main St	March and September
Treasurer/Tax Collector	204 S. Court	April and October
Watermaster	114 E. North St.	April and October

B. **Vehicle and Power Equipment Inspections:** All Modoc County vehicles and individual power equipment will be inspected daily by their operators. Monthly Inspection forms will be kept and are available from supervisors for documenting inspections.

C. **Vehicle and Power Equipment Maintenance Inspections:** All Modoc County vehicles and individual power equipment maintenance inspections shall be the responsibility of the assigned departments. Record of all maintenance inspections shall be kept within the assigned department.

D. **Results of Inspections:** Inspection results will be discussed during Modoc County department safety meetings, appropriate monthly safety meetings and the Quarterly DSR Meeting. Employees are encouraged to discuss and bring forward their ideas and thoughts regarding any safety items mentioned or of concern to them.

APPENDIX

APPENDIX A

A. TRAINING IN HEALTH & SAFE WORK PRACTICES

In order to reduce the risk of employee injury, each employee must understand general safe and healthy work practices and any work hazards specific to the employee's job assignment, and any precautions necessitated by these hazards. Supervisors must be aware of the safety and health hazards facing the employees under their direct supervision.

All County employees including managers and supervisors will receive training and instruction on general and job specific safety and health practices. Training and instruction will be provided as follows:

- When the IIPP is first implemented.
- To new employees during their initial orientation and on the anniversary date of all employees at their review orientations.
- To all employees assigned to a new position for which they have not previously been trained.
- Whenever new potentially hazardous substances, processes, procedures or equipment are introduced into the workplace.
- To supervisors to familiarize themselves with the health and safety hazards to which their staff may be exposed.
- To all employees with the respect to hazards specific to their job assignments.
- Whenever the County is made aware of a new or previously unrecognized hazard.
- Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt about how to do a job safely, it is their duty to ask a qualified person for assistance and training.

B. RECORDKEEPING / DOCUMENTATION

The Modoc County Administration Department shall maintain records of the following items:

1. Inspections, Investigations and Evaluations Pertaining to Safety Issues: Modoc County shall maintain records of scheduled inspections (both internal and any performed by an outside federal, state, county or district agency), accident investigations and hazard evaluations to identify unsafe conditions and workplace practices. These records will describe the person(s) conducting the inspections or investigations, the unsafe conditions and work practices that have been identified, the action taken to correct these conditions and practices and the date of such action. These records shall be maintained for 5 years.

2. Training: Modoc County shall maintain documentation of safety and health training attended by each employee, including the employee's name or other identifier, the employee's signature, training dates, training topics, and training providers. This documentation will be maintained for 5 years.

3. **Quarterly DSR Minutes:** Modoc County shall maintain prepared minutes of monthly safety site committee meetings and County Safety and Risk meeting minutes. These minutes shall include: Committee name, date of meeting, attendees' names, injuries / incidents / hazards discussed, remediation, inspections. This documentation will be maintained for 5 years.

4. **CalOSHA Required Records:** These shall include but not limited to CalOSHA 300 forms, medical exposure records, and injury reports. This documentation will be maintained for 5 years.

C. HEAT ILLNESS PREVENTION PROGRAM

The following departments maintain a specific Heat Illness Prevention Program:

- Road Department
- Buildings & Grounds
- Ag Department
-

Refer to the department's specific Code of Safe Practices.

2. CODE OF SAFE PRACTICES

Modoc County will do everything possible to protect our employees from accidents, injuries and occupational disease while on the job. **All Departments have a Code of Safe Practices in addition to this general Code.** Safety is a cooperative undertaking requiring an ever-present safety consciousness on the part of every employee. If an employee is injured, positive and prompt action must be taken to see that the employee receives adequate treatment.

All operations must be planned to prevent accidents and injuries.

A. GENERAL SAFETY RULES: For the protection and safety of all employees, the County of Modoc has established the following rules designed to prevent accidents and injuries. Compliance with these rules is mandatory. Documentation is made when these rules are distributed.

1. Employees shall report all accidents, injuries, occupational illnesses and unsafe conditions or practices at the time of occurrence to their immediate supervisor and shall complete an Incident Hazard Report Form.
2. Risk & Loss Prevention Manager shall be informed of all accidents, injuries, occupational illnesses and unsafe conditions or practices at the time of occurrence by a supervisor or department safety representative (DSR).
3. Machines or equipment shall not be operated until employees are properly instructed on their operation.
4. Horseplay, practical jokes, throwing things, running in aisles and stairways, unnecessary shouting, and any other acts that tend to have an adverse influence on the safety or well-being of the employees are prohibited.
5. Work shall be well-planned and supervised to forestall injuries in the handling of heavy materials and in working together with equipment.
6. No one shall knowingly be permitted or required to work while his or her ability or alertness is so impaired by fatigue, illness, or other cause that might unnecessarily expose him, her or others to injury.
7. Employees should be alert to see that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to a supervisor.
8. All spilled oil, grease, water and other liquids must be wiped up immediately.
9. Areas in which maintenance is being performed will be blocked off and posted to prevent possible injury from falling objects or trip hazards. A barricaded or posted area will not be entered except by those performing the work.
10. Any defective tool or equipment must be immediately reported. Any defective tool or equipment will not be used until repaired or replaced.
11. Failure by an employee to comply with the safety rules will be grounds for corrective disciplinary actions.
12. Specific Department Safety Rules, when applicable, will be posted in appropriate work areas.
13. No open flames in work areas unless associated with a required task.
14. Employees shall not handle or tamper with any electrical equipment, machinery, air or water lines in a manner not within the scope of their duties, unless they have received proper instruction.

B. PERSONAL PROTECTIVE EQUIPMENT (PPE):

1. Safety glasses, goggles and/or face shields will be worn where eye protection is required.
2. Safe shoes are required of all employees. Shoes with exposed heels, toes or archways will not be permitted in shop, maintenance or construction areas.
3. Where there is a danger of hair entanglement in moving machinery or equipment, a hair enclosure (cap, net or hat) must be worn.
4. Personal Protective Equipment required when performing specific tasks will be worn and used as directed in each department's specific Code of Safe Practices.

C. HOUSEKEEPING:

1. Good Housekeeping must be practiced at all times.
2. Materials, equipment and supplies will be kept out of aisles.
3. Materials and supplies will not be stored against doors, exits, fire ladders or fire extinguishers.
4. Tools and other equipment will be returned to their proper storage area each time after use.
5. Tools will be kept dry; all spills will be wiped up immediately.
6. Trash and scrap will be thrown in proper waste containers.

D. BLOODBORNE PATHOGENS EXPOSURE:

In the event of an incident or accident which may cause occupational exposure to blood or other body fluids:

1. Contact the appropriate emergency personnel for injured person(s).
2. Once incident has been addressed, use the appropriate universal precautions (i.e., gloves, face mask or shield, goggles).
3. Spilled body fluids should *not* be cleaned up without the appropriate protective equipment and materials specifically designated for such fluids.
4. Barricade the area using caution tape, cones, and signage.
5. Contact Administration immediately.

APPENDIX B (*contacts*)

A. DEPARTMENT HEAD LISTING

Ag. /Air Pollution	Gary Fensler	530-233-6401
ACAO/CFO	Pam Randall	530-233-7660
Assessor/Recorder	Kristen DePaul	530-233-6218
Auditor/ Clerk/ Register of Voters:	Stephanie Wellemeyer	530-233-6204
Behavioral Health Services:	Karen Stockton	530-233-6312
Board of Supervisors:		
District 1 -	David Allan	530-279-2172
District 2 -	Patricia Cullins	530-640-0080
District 3 -	Kathie Rhoads	530-233-1962
District 4 -	Elizabeth Cavasso	530-640-0002
District 5 -	Geri Byrne	541-891-7518
Bldgs/Grounds/Rec/Museum	Chester Robertson	530-233-7660
Buildings & Safety	Dominic Budmark	530-233-6406
Environmental Services	Warren Farnam	530-233-6310
CalWorks:	Kelly Crosby	530-233-6201
County Administration Officer:	Chester Robertson	530-233-7660
County Counsel:	Margaret Long	530-691-0800
District Attorney:	Jordan Funk	530-233-6212
Road Commissioner:	Mitch Crosby	530-233-6412
Farm Advisor	Laura Snell	530-233-6400
Family Support:	Gary Sams	1-866-901-3212
Information Technology/Payroll:	Jerry Cook	530-233-4423
Library:	Cheryl Baker	530-233-6340
Migrant Housing:	Chester Robertson	530-233-7660
Natural Res/ Forest Res:	Sean Curtis	530-233-3276
Public Health:	Karen Stockton	530-233-6311
Planning:	Sean Curtis	530-233-6406
Probation/CCPIF:	Kim Wills	530-233-6324
Roads:	Mitch Crosby	530-233-6412
Sheriff/911/Jail/OES	Mike Poindexter	530-233-4416
Social Services	Kelly Crosby	530-2336501
Treasurer/Tax Collector:	Cheryl Knoch	530-233-6223
Veterans Services Office:	Harry Hitchings	530-233-6209
Waste Management:	Chester Robertson	530-233-7660

A. DEPARTMENT SAFETY REPRESENTATIVES (DSR)

Administration	Julie Laskowsky	530-233-7660
Assessor/ Recorder	Cindy Mohr	530-233-6218
Auditor/Clerk/Elections	Tacie Richardson	530-233-6231
Ag Commissioner / Farm Advisor	Susie Philpot	530-233-6401
Board of Supervisors	Tiffany Martinez	530-623-1356
Buildings & Grounds	Donnie Weaver	530-233-6421
CalWorks	Emily Stuart	530-233-6428
District Attorney- Victim Witness Advocate	Luvina Albright	530-233-6212
Environmental Health	Nicole Stains	530-233-6310
Family Support	Gary Sams	530-233-6234
Information Technology	Jason Moeller	530-233-4423
Library	Kris Anderson	530-233-6340
Planning	Jackie Froeming	530-233-6406
Public Health/Mental Health/Substance Abuse	Bill Hall	530-233-6311
Probation	Cheryl Blair	530-233-6324
Roads/ Engineering	Gene Morris	530-233-6412
Roads Dept	Jeff Hayes	530-233-6412
Sheriff/Jail/911/OE	Tex Dowdy	530-233-4416
Sheriff Administration	Liz Hallmark	530-233-4416
Social Services	David Kolvoord	530-233-6501
Treasurer/Tax Collector	Linda Wilson	530-233-6223
Watermaster	Peggy Ash	530-233-5515

APPENDIX C (*Forms*)

- A. Incident Hazard Form**
- B. Public-involved Incident/Accident Form**
- C. Supervisors Report of Incident**
- D. Incident Investigator Report**
- E. Inspection Form – *Office***
- F. Inspection Form – *Shop***
- G. Safety Meeting Roster**
- H. Automobile Accident Form**

Modoc County – Incident/Hazard Report

Internal Use Only

Instructions: Employees shall use this form to report all work-related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a Supervisor and Risk management for further action.

<u>SECTION A</u>	
I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss <input type="checkbox"/> Hazard	
Reported By (<i>Your name</i>):	
Reported To (<i>Supervisors Name</i>):	
Department:	
Date & Time of Incident:	Date Reported:
Location:	
<u>SECTION B</u>	
DESCRIPTION (<i>Briefly describe incident</i>):	
<u>SECTION C</u>	
CAUSE (<i>describe in detail the cause of the incident, if known</i>):	
<u>SECTION D</u>	
SUGGESTED CORRECTIONS (<i>Give Suggestions for preventing reoccurrence</i>):	
Investigated By:	
<u>SECTION E</u>	
CORRECTIVE ACTION (<i>What HAS been done to prevent this Incident/Hazard?</i>):	
Department Safety Representative Signature:	Date:
Supervisor Signature:	Date:



MODOC COUNTY

PUBLIC INCIDENT/ACCIDENT REPORT

(For incidents or accidents involving the public—to be filled out by County Employees – NOT the public).

(DO NOT ADMIT FAULT OR LIABILITY)

- **To report accidents: Contact you Supervisor**
- **Send report immediately to the Administration office**
- **Please preserve any property damage & photographs for investigation!**

Name of person making report _____ Date of Report _____

Department _____ Phone # _____

Date of Incident _____ Time _____ A.M. _____ P.M. _____

Where did incident happen?

Type of Incident? (i.e., slip & fall, etc.) _____

Persons Injured Name _____

(if minor child include info. on parent or guardian) Address _____

Phone # _____

Nature and Extent of Incident:

Modoc County - Supervisor's Report Of Employee Injury

This form should be completed by supervisory/management staff to report all incidents, injuries, or illnesses sustained by agency staff. This form should also be completed to document and "near miss" situations. After completing this form, it should be attached to the "Incident/Hazard Report Form" and sent to the Risk Management and Administration Department.

Name of Injured:			
Date of Birth:		Job Title:	
Date of Injury:		Time:	AM PM
Date Reported:		Time:	AM PM
Accident Location:			
What was the Nature of the Injury (<i>describe in detail</i>):			
Did employee go to the Doctor/Hospital? Yes No If Yes, Please List Below			
Name of Medical Facility:			
Address of Medical Facility:			
Did Injured Leave Work?		Date:	Time: AM PM
Did Injured Return to Work?		Date:	Time: AM PM
Describe How Accident Occurred? What was the Employee doing prior to event?			
Name of Witness? (<i>if any</i>):			
Recommended preventative action to take in the future to prevent reoccurrence?			
Supervisors Signature:			Date:
Employer:			

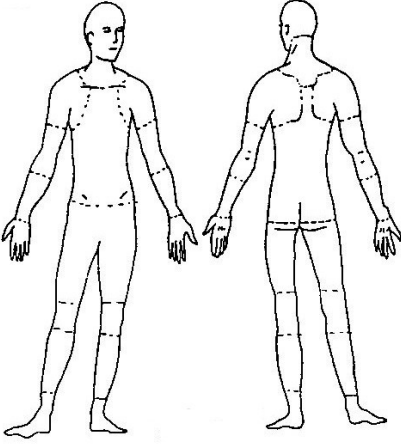
Modoc County - Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.
(Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: Death Lost Time Dr. Visit Only First Aid Only Near Miss

Date of incident: _____ This report is made by: Employee Supervisor LPS

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
		Months with this employer
		Months doing this job:

Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any):	

Number of attachment	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets:			

Step 3: Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training Other: _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How can future incidents be prevented?**What changes do you suggest to prevent this incident/near miss from happening again?**

- Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)
 Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
 Routinely inspect for the hazard Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:	Title:
Department:	Date:
Names of investigation team members:	
Reviewed by:	Title:
	Date:

WORKPLACE INSPECTION OFFICE

Department: _____ Date: _____

Inspected by: _____

A general countywide walk through will be held in the fall and again in the spring. Each Department should do quarterly self-inspections. Here are some highlights to look for:

- | | | | | |
|--|---------|--------|---|-------|
| 1. Aisles and work area free of trip hazards? | Yes ___ | No ___ | * | _____ |
| 2. Workstations clean and orderly? | Yes ___ | No ___ | * | _____ |
| 3. Electrical power strips/Panel Boxes in good order? | Yes ___ | No ___ | * | _____ |
| 4. Flammable materials labelled and stored properly? | Yes ___ | No ___ | * | _____ |
| 5. Ladders and stools stable with safety treads? | Yes ___ | No ___ | * | _____ |
| 6. IIPP and COSP binders easily accessible? | Yes ___ | No ___ | * | _____ |
| 7. Lighting and ventilation adequate? | Yes ___ | No ___ | * | _____ |
| 8. First Aid Kit easily available? | Yes ___ | No ___ | * | _____ |
| 9. Emergency Exit map posted prominently? | Yes ___ | No ___ | * | _____ |
| 10. Smoke alarms mounted and working? | Yes ___ | No ___ | * | _____ |
| 11. Fire Extinguishers easily located, regularly inspected? | Yes ___ | No ___ | * | _____ |
| 12. Are all Exits marked, lighted and clear of obstructions? | Yes ___ | No ___ | * | _____ |
| 13. Restroom and break room clean? | Yes ___ | No ___ | * | _____ |
| 14. Public access marked and easily accessible? | Yes ___ | No ___ | * | _____ |
| 15. Exterior lighting good-Parking lot and sidewalks? | Yes ___ | No ___ | * | _____ |

● Mark if Not/Applicable N/A

COMMENTS: _____

Department Head: _____ Date: _____

Trindel Insurance Fund

Maintenance Shop Safety Inspection

Date		County		Department	
Location			Inspect by:		DSR

Item	Description	Corrective action
Housekeeping		
Trip & Fall Hazards		
Electrical		
Compressed air		
Power & Hand tools		
Welding area / equipment		

Hydraulic Press		
Jacks / Hoists / Blocking		
Flammable Storage		
Steel / Cutting Edge storage		
Ventilation		
Lighting		
Shop Exterior		
Rest Rooms		

Eye wash station		
Yard		
Misc.		

Comments: _____

Inspected by:	
Signature	
Inspected by:	
Signature	
Dept Safety Rep.	
Signature	
Department Head	
Signature	



County of Modoc Safety Meeting Record

Date _____

Department _____

Conducted by _____

Location _____

1. Injuries since last meeting?

2. Property damage since last meeting

3. Near-Misses since last meeting?

4. Identified Hazards?

5. What will we be doing in the next month?

6. Relevant topic other than above?

Safety topic(s) discussed:

Action(s) needed to address safety topics discussed:

Comments:

Employees Present:

Print Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

If more space is needed attach additional sign in sheet.

Forward original to: ADMINISTRATIVE SERVICES

Retain a copy for department training records.



County of Modoc Safety Meeting Record Page 2 sign-in sheet

Department _____ Date _____

Conducted by _____ Location _____

16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	

Modoc County Auto Accident Report

GIVE DETAILS AS FULLY AS POSSIBLE BUT DO NOT DELAY REPORT

Name of Person Making Report

Name _____

Home Address _____ Home Phone No. _____
 (Street & No.) (City or Town) (State)

Business Address _____ Business Phone No. _____
 (Street & No.) (City or Town) (State)

Time, Type and Place of Accident

Date of Incident/Accident _____ Time of Incident _____ A.M. _____ P.M.

Where did incident/accident happen _____

Weather at time of incident/ accident _____

Type of incident/accident (i.e., slip & fall, vehicles, etc.) _____

County Driver and Automobile (If Applicable)

Department _____

Make _____ Year _____ Type of Body _____ VIN: _____
 License _____

Name of Driver _____ Age _____

Address of Driver _____ Phone No. _____

Persons Injured

Name	Addresses	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Nature and extent of injuries _____

If medical aid was rendered, give name of doctor _____

Where was injured taken _____
 (City)

Damage to Property of Others

Kind of property and extent of damage _____ Estimate of Damage \$ _____

If automobile, make of car _____ Year/Model _____ License _____

Name of owner _____ Address _____

Has claim been made by other party _____ Where can property be seen _____

Damage to your automobile

Extent of damage to your automobile. (Please give full details) _____

Names and Addresses of Witnesses (Important)

Names	Addresses	Phone No.
_____	_____	_____
_____	_____	_____

Description of Accident (If applicable)

Direction your automobile was going _____ Other automobile _____

Rate of speed, your car _____ Other ca _____

Number of persons in your car _____ Other car _____

Was roadway wet or dry _____ Paved _____ Dirt _____ Under construction _____

Was either automobile on the wrong side of the road, if so which automobile _____

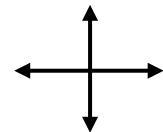
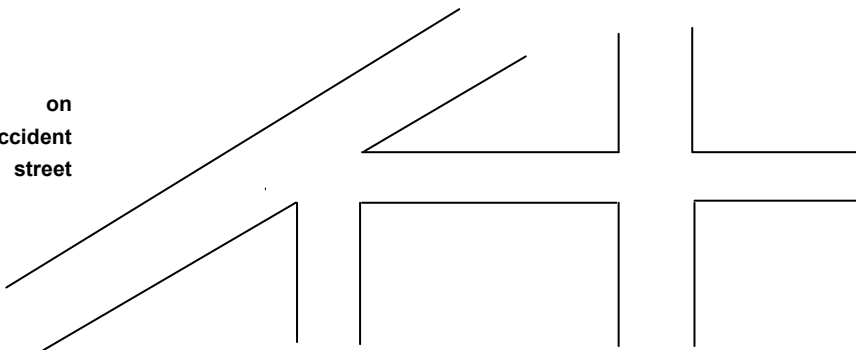
Was either driver arrested _____ Did police investigate _____

If at night, were all lights on other automobile lit _____

Who was at fault for the accident, and why _____

Please give full details of accident.

Please show on diagram How accident happened. Give street names.



Indicates points of compass
N.E.S.W.

Date of This Report _____
Month/Date/Year

Report made by _____