



Office of Risk Management, Insurance, and Benefits

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

Diocese of San Jose

Risk Management, Insurance, and Benefits Department

The Chancery

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www.dsj.org



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Office of Risk Management, Insurance and Benefits

The Diocese of San Jose has made a commitment to safety. This organization has always operated with the philosophy that employees are our most important asset. We will always place a high priority on maintaining safe working conditions, and on the safety of employees.

Management has implemented a safety program for the prevention of accidents. This program will supplement the established safety and health programs currently in effect which commensurate with local, state and federal regulations. Our safety and loss prevention programs are established (to manage costs associated with work related injuries or illnesses), (to protect our employees as well as members of the general public), and to minimize and prevent the loss of assets, capital equipment and/or financial records. The intent of this program, by taking an aggressive loss control approach toward safety management, is to improve the level of safety and enhance the work environment and encourage safe work practices.

We believe that each individual is an important link in the safety system. We must all accept responsibility for our personal safety and the safety of others. It is the responsibility of our employees to follow safety regulations and procedures, and to report potential safety hazards to their supervisors so that corrective action can be taken. If you have any doubt as to the proper way to perform your job, be sure to contact your supervisor.

All managers and employees of this diocese will strive to establish the best possible working conditions in our locations. The program will be successfully achieved with the cooperation and support of all.

Lupe Moncivaiz Warren
Director of Risk Management,
Insurance and Benefits
Diocese of San Jose



1.0 MANAGEMENT STATEMENT AND PURPOSE

The personal safety and health of each employee is of primary importance to the Diocese of San Jose and is committed to reducing risk and harm to employees, the public and the environment. The objective is to reduce the number of injuries and illnesses to an absolute minimum. The goal is zero accidents and injuries and an increase in safe behaviors.

The Diocese recognizes that an effective safety program is an essential component in achieving this goal. By consolidating many safety activities into a coordinated effort, this Injury & Illness Prevention Program (IIPP) provides a foundation for an overall effective safety program.

The purpose of this IIPP is to provide guidelines in establishing a safe and healthful work environment for each employee and manager as well as establishing written procedures and rules for the implementation of the IIPP and related safety programs; and to enable the Diocese to comply with the requirements of the California Code of Regulations (CCR) Title 8, §3203 and responsibilities defined under AB1127 (Labor Code §6400, ET seq).

Approved by:

Monsignor Francis V. Cilia - Vicar General, Diocese of San Jose

Lupe Moncivaiz Warren - Director, Risk Management, Insurance and Benefits



2.0 VICAR GENERAL RESPONSIBILITY

Summary of Duties:

Overall responsibility for safety lies with Senior Management, while specific responsibility for taking corrective action at client sites rests with Pastors, Principals, and Managers.

Senior Management

Senior Management has the primary responsibility for establishing corporate policy, assigning responsibility, motivating employees, and interfacing with the Safety Director on a regular basis.

The success of our program depends on the commitment and cooperation of everyone. Therefore, it is the responsibility of **all our employees** to follow safe work practices at all times, and to report any unsafe conditions or work practices promptly to their immediate manager.

The Vicar General or his designee is responsible for the implementation of the *Injury and Illness Prevention Plan*.

Beginning January 1, 2016 his designee is the **Director of Risk Management, Insurance and Benefits, Safety Officer, Lupe Moncivaiz Warren**.

Lupe Moncivaiz Warren, Director, Risk Management, Insurance, and Benefits, serves as our Safety Director, responsible for coordinating our chancery safety efforts and has the authority for implementing and overseeing the Diocese of San Jose Injury & Illness Prevention Program (IIPP).



SAFETY DIRECTOR RESPONSIBILITY

The Safety Director has the primary responsibility of administering and maintaining the Injury and Illness Prevention Program. The Safety Director's responsibilities include:

- Developing, implementing, and monitoring the IIPP
- Collecting and evaluating information about accidents, hazards, and best safety practices
- Advise senior management as to safety and health
- Interacting with location managers and safety coordinators to develop, implement, and monitor employee safety training
- Coordinating loss prevention and claims services with insurance carriers

Additionally, each location owned and operated by the Diocese of San Jose, has a Safety Coordinator, serving as "contact point" to assist Ms. Moncivaiz Warren with local safety efforts. A copy of the IIPP is available for employee review from your immediate manager and local Safety Coordinator an electronic version is available on the Risk Management, Insurance, and Benefits website [IIPP 2015](#).



Acknowledgement Form

PASTOR/PRINCIPAL/MANAGER

Pastors/Principals/Managers are key persons in preventing workplace accidents.

Pastors/Principals/Managers personnel are responsible for managing safety in their respective work areas, and to collaborate with Safety Coordinators addressing employee questions and comments concerning our IIPP. Pastors/Principals/Managers safety responsibilities include:

- Acting as a leader and setting a good example by following all safety rules and by working safely
- Investigating and reporting all accidents and near miss accidents, and implementing appropriate corrective action to prevent similar accidents recurrence
- Provision of safety training for all employees to include new hire orientation and monthly safety meetings with employees
- Enforcing all safety rules fairly and consistently
- In conjunction with the Diocese of San Jose Return to Work (RTW) program, maintaining contact with injured employees

SAFETY COORDINATOR

Appointed as “contact point” for safety at each location owned and operated by Diocese of San Jose, Safety Coordinator responsibilities include:

- Addressing safety efforts assigned by the Safety Director and Location Manager
- Implementing and maintaining the IIPP
- Assisting facilities staff with safety inspections, and completion of work order items stemming from safety inspections
- Assessing safety training needs to include keeping up to date, the safety training matrix and safety training topics binder, and assisting Location Manager and Supervisors in facilitating safety training
- Assisting Location Manager and Supervisors in causal factors investigation of accidents
- Record keeping as to documentation of safety training and incident investigation/reporting, and maintaining location OSHA records keeping (i.e. OSHA Form 300 Log of Work Related Injuries and Illnesses, OSHA Form 300A Annual Summary of Work Related Injuries and Illnesses, and the OSHA Safety and Health Protection on the Job notice).

☐ PASTOR ☐ PRINCIPAL ☐ MANAGER

Signature

Print Name

Date

SAFETY COORDINATOR

Signature

Print Name

Date



Acknowledgement Form

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☐ PASTOR ☐ PRINCIPAL ☐ MANAGER

Signature

Print Name

Date

SAFETY COORDINATOR

Signature

Print Name

Date



Acknowledgement Form

EMPLOYEES

You the employee are the key to an effective Injury and Illness Prevention Program. Without your willingness to “work safely”, our safety program cannot succeed. Therefore, all employees are expected to comply with all safety rules and regulations at all times. Employees are encouraged to provide safety suggestions to management concerning issues in the workplace. The following are safety responsibilities of each employee:

- Complying with all company safety rules and regulations
- Wearing appropriate personal protective equipment (PPE) as required
- Maintaining equipment in good condition, with all safety devices in place
- Knowing, understanding and following safety policies, procedures and protocols
- Prompt reporting of all work-related injuries, no matter how minor, to your respective supervisor
- Encouraging co-workers to work safely by setting an example-safety is everyone's responsibility
- Reporting unsafe acts and conditions immediately to your Supervisor/Manager, or to your location Safety Coordinator
- Inspect equipment daily prior to use, and report defective equipment to your supervisor
- Do not remove, tamper with or bypass any equipment safety device

Employees Rights:

Employees have the right to work in a safe working environment, including the right to:

- Safe and healthy working conditions.
- Receive appropriate training for their job function.
- Report safety concerns anonymously. Safety Suggestion Boxes may be placed in various locations to facilitate this reporting without fear of reprisal.
- Receive training in general safety and job specific work practices.
- Information and training about potential health hazards of materials and chemicals including training on the Safety Data Sheets (SDS).
- Refuse to perform work that would violate a health and safety standard or order where such violation would pose a real and apparent hazard to his/her safety and health.
- Be informed of any exposure to concentrations of harmful substances higher than the exposure limits allowed by Cal-OSHA standards.
- See a copy of exposure records to toxic substances and witness the monitoring of any harmful substances to which they may be exposed.
- Report all unsafe conditions without fear of reprisal from any person or the organization.
- Have an employee representative accompany Cal-OSHA on an inspection and to talk privately to CAL-OSHA representative during the inspection.

Signature

Print Name

Date



Acknowledgement Form

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- Have an employee representative accompany Cal-OSHA on an inspection and to talk privately to CAL-OSHA representative during the inspection.

Signature

Print Name

Date



3.0 ENSURING COMPLIANCE

Both recognition and enforcement have an important place in an effective Injury and Illness Prevention Program. Employees will be recognized for a job done well and performed safely especially when individual or combined actions promote a positive safety culture.

Employees who fail to follow safety policy/procedures are subject to disciplinary action according to the Diocese's disciplinary policy. Managers who fail to enforce safety policies or overlook hazards may also be subject to disciplinary action in event of an employee injury and/or OSHA inspection / investigation.

Each employee and manager is responsible for complying with safe work practices and following our IIPP. The Diocese of San Jose recognizes that open two-way communication between the Diocese and each employee about health and safety issues is essential to creating an injury free and productive workplace.

Although the Diocese is an at-will employer, there are times when discipline of employees, including termination of employment may be necessary. This would include situations where at risk safety behavior on the part of an employee is displayed. In some instances, such actions may result in a verbal and/or written warning. In severe instances, such actions may result in immediate dismissal. Please see Appendix A (General Code of Safe Work Practices). The Diocese reserves the right to decide under which circumstances dismissal or some lesser disciplinary action is appropriate. Employees that violate any of the General Code of Safe Work Practices items employees trained on, will result in disciplinary procedures which may include

- **Verbal Warning** – Manager will issue a verbal warning to any employee who violates safety rules or rules of conduct. Verbal warning will include discussion on the violation and safe procedure to prevent employee recurrence. If the action requires the need for training, the employee should not be allowed to perform the action until appropriate training is completed. Such verbal warnings will become part of the employee's personnel file.
- **Written Warning** – continued violation of the aforementioned rules will result in a written warning which will also become part of the employee's personnel file, (**Form 1 - Safety Violation Warning Notice**).



- **Suspension** - this warning is considered serious and may result in temporary suspension of an employee. After review of the infraction, the employee may be placed on probation for a determined length of time during which further rule infractions may result in termination of employment.
- **Termination** – employee may be terminated if performance does not improve during probation. Employee may also be terminated if the employee violates another safety rule within 12 months of the first violation. Severe instances of unsafe employee behavior may also result in immediate termination, and the Diocese of San Jose reserves the right to terminate an employee who continues to jeopardize their own health and safety, and the safety of others.

Note: Examples of severe instances that will result in immediate termination of employment include:

- Use of drugs or alcohol on the job
- Coming to work impaired from the use of drugs or alcohol
- Willful disregard for safety or failure to follow safety instructions
- Physical violence
- Intentional damage to equipment or property
- Theft

The Diocese has the right to conduct immediate and appropriate action for any employee violating Diocese of San Jose safety rules-including termination. Managers, Safety Coordinators, and other management are responsible for ensuring that Diocese of San Jose safety and health policies and safe work methods are clearly understood by all employees. It is every employee's responsibility to follow the safety rules and safe work practices for which they have been trained.



4.0 COMMUNICATION

The Diocese of San Jose has an internal communication system for the purpose of communicating safety & health information to our employees. All management and local safety coordinator personnel, are responsible for communicating to their employees information pertaining to safety & health in a format readily understandable by their employees, and to encourage use of safe work methods. The Diocese of San Jose communication system encourages all employees to inform their manager of any workplace hazards or safety suggestions without fear of reprisal. In addition to open communication, the **Form 2 - Employee Safety Suggestion Form** can be used for employees to communicate workplace hazards and safety suggestions.

Our communication system includes a combination of the following:

- New employee safety orientation: This includes a review of the IIPP, and a discussion of safety policy and procedures that all employees are expected to follow.
- Periodic employee safety meetings: Each location will schedule quarterly safety meetings. Meeting dates and topics are coordinated by Location Manager and Safety Coordinator, with meeting dates announced in advance to ensure maximum employee participation.
- Distributing and posting of safety literature including safety related memos and web accessible safety information
- Employee safety training as new processes/tasks/equipment introduced
- Manager and Safety Coordinator meetings, and quarterly safety committee meetings
- Employee safety suggestions: The Diocese of San Jose has an “open door” policy for employees to communicate workplace hazards and safety suggestions with their Safety Coordinator or Location Manager. Safety suggestions will be reviewed for action item implementation.



Safety committee meetings should be conducted quarterly. The meetings will be facilitated by Safety Coordinators, and attended by managers and employees.

The objective of the safety committee is accident prevention. Safety committee meets to accomplish the following objectives

- Review safety inspection findings to detect both, unsafe conditions and unsafe work methods
- Review accidents to determine root causes and control measures to prevent injury recurrence
- Follow up on the completion status of safety recommendations and committee tasks.

Members of the safety committee may be asked to assist in safety tasks such as participating in safety inspections and other assignments.

The committee meets quarterly (scheduled the same time each quarter). Minutes should be kept using **Form 3 - Safety Committee Meeting Minutes** by the safety committee secretary, with each member provided a binder for keeping their copy and other safety committee documents. The meeting minutes serve to keep our meetings on track and our meeting time to a minimum.



5.0 HAZARD IDENTIFICATION / CODES OF SAFE WORK PRACTICES

Hazard Identification

Work areas will be inspected to identify safety hazards in the workplace so that the necessary action can be taken to control or eliminate observed hazards. This is done as a means to prevent accidents from occurring. **Form 4 - Safety Inspection Form** is the format to use for conducting and documenting safety inspections. In addition, a job hazard analysis should be completed for specific jobs or job tasks to identify specific safety hazards related to those jobs or tasks (**Form 5 – Job Hazard Analysis**).

As a minimum, Facility Coordinator, Ron Ross, conducts annual safety inspections of each Diocesan location. Supplementing annual safety inspections by Mr. Ross, it is the responsibility of location Safety Coordinators and Managers to conduct and document monthly safety inspections. Safety inspections will also be conducted whenever new substances, processes, procedures, equipment, or job tasks are introduced into the workplace that may present new safety/health hazards, and whenever new or previously unrecognized hazards are brought to the attention of management. It is the location Safety Coordinator's responsibility, to maintain copies of completed safety inspections at each location. NOTE: safety inspections include both physical conditions and observed employee methods or behaviors.

Whenever unsafe acts are observed, alert the employee immediately. Explain what you observed and how it could cause an injury. Then demonstrate the correct way of doing the job task and ask the employee for a demonstration to confirm understanding.

Employees are encouraged to take an active role in the safety inspection process. Employees should advise their managers of any hazards they notice in the workplace – anything they believe to be hazardous to their own safety and that of co-workers.

Documentation

At minimum, annual safety inspections should be conducted for each location by Facility Coordinator, Ron Ross, and Safety Coordinators/Managers are responsible for monthly safety inspections. Safety Coordinators are responsible to maintain local copies of completed safety inspections.

Note: If there are hazards that have been identified as being life threatening in nature, employees shall be removed from the affected area(s) immediately. Employees shall not be allowed to re-enter the area(s) until the hazards have been abated.



6.0 ACCIDENT/INCIDENT RESPONSE AND REPORTING PROCEDURE

Employee Reporting

Employees must report every on-the-job injury or illness, no matter how slight, to their immediate manager. Employees are to follow the following procedures whenever a job-related incident occurs:

- Report the incident no matter how slight, including any “near hit” incidents, and incidents of equipment or property damage to your manager
- Inform your immediate manager as to what has occurred
- Assist in the filling-out of the necessary forms, if possible
- Keep your manager apprised of your status if the injury results in time away from work
- Obtain a Doctor's return-to-work statement prior to returning to work

Manager Reporting

If an on the job injury is sustained, the following procedures should be followed:

- Managers must provide and assist injured employees in completing the **Form 5020 Employers Report and the DWC 1 Employee's Claim for Workers' Compensation Benefits Form** within **24 hours**. Note, if employees do not sign their medical release this will hinder payment to employee. These documents along with Diocesan accident reporting and investigation procedures can also be found online at www.dsj.org
- Managers must complete **Form 6 - Accident Investigation Report** as to a "root cause" loss investigation. If there were any witnesses, then **Form 7 – Accident/Incident Witness Statement** must be completed.
- For automobile accidents, use **Form 8 – Driver's Report of Accident**
- Location Safety Coordinator/Manager must immediately contact Lupe Moncivaiz Warren at the Chancery as notice or knowledge of any illness or injury is known.
- Safety Coordinators are responsible for maintaining local copies of accident reports along with OSHA 300 and 300A logs.

Note: Completed accident reports must be sent to the Risk, Insurance and Benefits Department. Forms can be either faxed or e-mailed.



Investigation Procedures

Whenever an accident, near-hit incident, or damage to equipment/property occurs it is important that the injured employee receive immediate medical attention and care. Accident investigations are to be completed by location Managers/Safety Coordinator. The investigation process is not intended to place blame or fault, but rather to determine root cause factors that contributed to the accident so that the proper measures can be taken to prevent recurrence of similar incidents. An objective of the Diocese of San Jose safety committee meetings, the safety committee will review accident investigations to assist in recommending appropriate corrective actions to prevent similar recurrence.

We have established an accident investigation process for this purpose. The individual responsible for initiating investigations shall be the immediate manager. Form 6 **Accident Investigation Report** should be used whenever conducting accident investigations.

Accidents, near hit, and incidents involving damage to equipment/property shall be investigated as soon as possible. The investigation for the root cause(s) of accidents must be done to determine the true cause(s) of the accident. The implementation of specific recommendations/suggestions resulting from accident investigations is the direct responsibility of the immediate Manager/Safety Coordinator. Investigations should provide the following information at the very least:

- Visit the incident scene as soon as possible, while the facts are fresh, and before witnesses forget important details.
- Who was injured and the nature of the injuries. If possible, interview the injured employee at the scene of the accident and “walk” him or her through the re-enactment.
- What the employee was doing at the time of the accident.
- Include specific root cause(s) of accident. Focus on causes and hazards. Describe what happened, how it happened, and why it happened.
- Document the incident details. Use sketches, diagrams, and photographs. Take measurements when appropriate, and for some incidents you may need to preserve the scene by cordoning the area until the investigation is complete.
- If a third party or defective product contributed to the accident, save any evidence as this could lead to recovery of claim costs.
- Names of other individuals involved/witnessed in the incident, and interview these witnesses.



- Physical and behavioral factors that contributed to the accident.
- Information as to job training injured employee received.
- A description of any job procedures violated.
- Control measures implemented as a result of the accident to prevent incident recurrence. Such corrective actions usually involve employee training, or retraining, changing of processes, procedures, correcting unsafe conditions, or a combination of all.

6.1 MEDICAL TREATMENT AND FIRST AID

Medical Treatment

If an employee sustains an on-the-job injury, no matter how slight an injury, they are to notify their manager immediately. The manager will direct the injured employee to the appropriate medical facility. Each location has a designated list of medical provider health care facilities (MPN) for medical treatment.

Note: employees have the right to pre-designate a treating physician; however, this information must first be pre-approved IN WRITING, and on file with the Chancery. Contact Lupe Moncivaiz Warren with this information so pre- authorization may be granted.

In an emergency, the injured worker should go to the nearest hospital emergency room or call the local 911 emergency number for assistance. The injured employee must notify the treating facility that the injury/illness is work related.

After medical treatment, employee is responsible to keep manager apprised of recovery status if the injury results in time away from work, and to obtain a doctor's return-to-work statement prior to returning to work. If employee is released to return to work with any restrictions, Managers will assign temporary transitional duty assignments (modified duty), employee is physically capable of performing if such work is available.



6.2 **DEFINITIONS**

Serious Injury – [8 CCR 330(h)] - any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 8 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement any injury or illness-related accident that results in:

- Death;
- Amputations involving the loss of bone tissue;
- Loss of consciousness;
- Possible permanent functional impairment of a body part (excluding those resulting from a back strain)

Note: In the event of a serious injury – immediately notify Lupe Moncivaiz Warren, if unable to contact her, then the local CAL-OSHA Enforcement Office shall be contacted within 8 hours.

District Manager
39141 Civic Center Drive, Suite 310
Fremont, CA 94538
(510) 794-2521
(510) 794-3889 (Fax)
DOSHSD@dir.ca.gov

First-aid only – any accident/incident which results in minor injury that can be treated in-house or by a physician that fits the definition of first-aid under for Cal/OSHA Form 300 reporting purposes.

First-aid is limited to only:

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes)



- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- Cleaning, flushing or soaking wounds on the surface of the skin;
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- Using hot or cold therapy;
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- Using temporary immobilization devices while transporting an accident victim (*e.g.*, splints, slings, neck collars, back boards, etc.).
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- Using eye patches;
- Removing foreign bodies from the eye using only irrigation or a cotton swab;
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- Using finger guards;
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
- Drinking fluids for relief of heat stress.

Incident (Near-miss) – an incident which does not result in personal injury or illness, or property damage, but could have the potential to do so

Vehicle/Equipment Accident – Accident involving a Diocese vehicle or piece of equipment.

Damage to Diocese Property – Damage to Diocese owned property as a result of negligence, vandalism or a vehicle accident not involving a Diocese vehicle.



7.0 CORRECTING IDENTIFIED HAZARDS AND UNSAFE CONDITIONS

Whenever appropriate, manager/safety coordinator will correct possible work place hazards and unsafe work practices as soon as they are identified including after an accident or incident investigation. The manager/safety coordinator will establish the correction, based on the following:

- **Imminent Hazard**: An Imminent Hazard is one that is immediately dangerous to all employees. Employees should stop activity and notify their manager/safety coordinator who will take immediate corrective action. If the imminent hazard cannot be corrected immediately, the area shall be declared “off limits” and/or secured until the hazard is corrected.
- **Serious Hazard**: A Serious Hazard is one that has substantial potential to cause serious bodily injury such as loss of consciousness, amputation, fractures, or any other illness or injury resulting in a hospital stay of more than 24 hours.
- **General Hazard**: A General Hazard is one, which may affect the safety and health of employees and should be brought to the attention of the department manager and be corrected as appropriate.
- **Regulatory Item**: A Regulatory Item pertains to deficiencies in permits, postings, record keeping, reporting requirements, or procedures deficiencies not directly affecting the safety and health of the employees. These deficiencies will be corrected as appropriate.

Hazards will be documented on the **Form 9- Report of Unsafe Condition or Hazard** which will be reviewed routinely by Manager and provided to the Human Resources. Any Imminent Hazard or Serious Hazard will be brought to the immediate attention of the department managers and co-workers for immediate review and correction. Managers and Department Heads will be responsible for ensuring that all hazards are corrected in a timely manner. Corrective actions shown on Form 7 shall be documented using **Form 10 – Hazard Abatement** and made available for review.



8.0 TRAINING

Training and education make up one of the most important elements of any IIPP. Training permits employees to learn their job properly, brings new ideas into the workplace and reinforces existing ideas and practices.

Employees and managers shall be trained regarding the hazards to which they may be exposed and how to prevent injury to themselves and their employees. The manager/safety coordinator is responsible for evaluating job hazards and assuring that training and safety information is provided for equipment, tasks and processes. The manager/safety coordinator, in addition to coordinating general safety will provide assistance in obtaining safety training needs. Training shall be documented using **Form 11 – Group Safety Attendance Record**.

Managers are responsible to ensure that their employees receive applicable safety-related training for specific job tasks prior to assigning employees to perform that tasks and whenever a new process or equipment/material is introduced and whenever the Diocese is made aware of a new or previously unrecognized hazard. For those areas that require periodic refresher training, the manager shall ensure that refresher training is provided in a timely manner.

New employees shall be provided with a New Hire Safety Orientation. A copy of the signed checklist shall be retained and kept filed in your record keeping binder of the IIPP provided to Human Resources for inclusion into the employee's personnel file using **Form 12 - New Employee Safety Orientation**.

Training is provided for managers to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.

Managers shall provide employees with safety information relevant to the hazards associated with specific job duties. The orientation includes, but is not limited to, the following:

- Presentation of general safety information.
- Discussion of emergency procedures.
- Review of applicable safety policies.
- Review of employee responsibilities related to safety at the workplace.
- Review applicable written safety programs.
- Hazard communication information (Safety Data Sheets /SDS)
- Other job-specific hazard awareness information.
- Review of Safety Communications to include the location of written safety programs.



- How to report injuries, incidents and safety concerns.
- Where to get additional safety information.
- All new employees and any current employee undergoing a significant change in work assignment will be provided a safety orientation prior to performing work assignments.
- Review of any special training, certificates, or licenses that will be necessary before performance of certain assigned tasks. i.e. forklift, flagger, equipment competency etc.



9.0 RECORDKEEPING

Essential records, including those mandated for Workers' Compensation, insurance audits and government inspections must be maintained for as long as legally required. Records that must be maintained include, but are not limited to, the OSHA 300 Log of Occupational Injuries and Illnesses; OSHA 300A Summary of Occupational Injuries and Illnesses, training records, scheduled and periodic inspections, mishap investigations, reports of unsafe conditions, employee exposures to toxic substances and Safety Data Sheets/SDS. Other records that should be maintained include, but are not limited to, equipment and building maintenance records and safety-related contractor work records. Inspection records shall be kept for no less than 1 year.

Employee safety training records shall be kept for a minimum 3 years or the length of employment plus 5 years in certain occupations. Some records may be required to be maintained for many years (30 years or more) after leaving the Diocese.



10.0 CONTRACTOR SAFETY

All contractors providing services for the Diocese shall provide their employees with safe and healthful working conditions required by Federal and State Safety, Health and Environmental Regulations. Each contractor and/or vendor is responsible for complying with their own Injury and Illness Prevention Policy and all provisions of Federal and State OSHA, EPA and other regional safety, health and environmental regulations and standards. The prime or general contractor shall be responsible for the compliance of all subcontractors.



APPENDIX A

CODES OF SAFE PRACTICES



CODE OF SAFE PRACTICES

GENERAL SAFE WORK PRACTICES

- Each employee must assume responsibility for personal safety and the safety of fellow employees. When an employee considers that the work being done is in violation of provisions of the IIPP, sufficient safeguards are not in place, or that the work is not performed in a safe manner, the employee must immediately bring the matter to the attention of the manager.
- An employee who received instructions conflicting with those in this IIPP shall immediately bring the matter to the managers' attention as appropriate.
- Employees shall be alert for unsafe work methods or unsafe conditions, and shall immediately correct them or report them to their manager immediately in accordance with the IIPP.
- Employees shall report every accident injury, near miss and work related illness immediately to their manager, whether serious or not.
- Manager will take appropriate action on all reports of incidents, near miss or accidents, as outlined in the IIPP.
- Work areas must be kept clean at all times.
- Storage areas must be kept neat and orderly. Aisles and exits must be kept clear of obstructions at all times.
- Items including water, ice or paper, which have been dropped or spilled must be picked up or cleaned up immediately.
- Obey all warning tags and signs posted to alert employees to hazards.
- Utilize Lock Out - Tag out procedures when working with motors or electrical equipment.
- All electrical equipment will be equipped with a ground wire where required by code.
- Long term use of extension cords is prohibited. When used for temporary or emergency situations, all extension cords will have a suitable ground and will be in good condition.
- Ongoing inspection of all equipment is required.
- All electrical cords, plugs and switches shall be kept in good repair.
- All file cabinets will be secured to prevent them from falling over. Open only one drawer at a time and when finished, close all doors and extracting shelves.
- All storage shelves are to be secured to the wall or floor to prevent them from falling over. Always store lighter materials on the top shelves and heavier materials on the lower two shelves.



- Horseplay, practical jokes and sparring cause accidents and are prohibited.
- Drinking alcohol or taking narcotics or habit-forming drugs in any form, or being under the influence of drugs or alcohol during work hours or on company property (to include vehicles and equipment) is prohibited. Employees taking prescription and over the counter medications which may interfere with their ability to safely perform their job, must report this to their manager.
- Only authorized personnel are permitted to service or adjust machines or office equipment when electrical or mechanical defects are noted. Utilize Lock Out – Tag Out procedures.
- Employees must adjust their computer workstations to be ergonomically correct. Employees who use computers extensively will be provided with ergonomic accessories such as adjustable keyboards, adjustable chairs, no-glare screens, foot rests and wrist rests.
- Employees must practice good personal hygiene at all times and utilize “Universal Precautions” to avoid disease transmission. Employees whose job tasks involve potential exposure to communicable diseases are to utilize “Universal Precautions”, decontamination, frequent hand washing with germicidal soaps, and utilization of PPE as appropriate.

Fire Safety

- Employees should be aware of the location of the fire extinguishers in or near their job location.
- All fire extinguishers shall be serviced and certified annually by an outside service, and checked on an ongoing basis to ensure that they are properly charged and mounted in the correct location. In addition fire extinguishers must be inspected monthly.
- Only trained employees may attempt to respond to fires or other emergencies. Only employees who are certified on the proper use of portable fire extinguishers should attempt to respond to a fire.
- Fire extinguishers shall be kept clear at all times and shall not be removed from their designated location.
- In the event of a fire, call to co-workers, sound the alarm and evacuate the building in an orderly manner. Employees hearing the alarm shall stop work, notify other co-workers, and evacuate the building immediately.
- Do not block fire-fighting equipment, fire doors, exits or stretchers with materials or equipment.
- Means of egress shall be kept unblocked, well lighted and unlocked during work hours.
- Employees should be alert for fire and fire hazards.



- Employees shall be familiar with the Diocese's Emergency Action Plan and evacuation routes for each building and work area in which they work in.
- Employees shall not smoke in Diocese vehicles, in buildings or around co-workers and only in designated areas.

Prevention of Slips and Falls

- Field crews must wear safe, strong shoes that are in good repair and shall wear non-slip shoes when working in wet conditions.
- Employees should maintain an increased awareness of tripping hazards on general walking surfaces, should watch their step and be sure of secure footing.
- Employees should not get in an awkward position, but keep in control at all times.
- Trip hazards such as chairs, containers, cords and other material shall not be left in aisles.
- Install cables, extension cords, hoses, equipment, etc so as to prevent tripping hazards.
- If it is necessary to reach something, use a ladder or step stool. Chairs, boxes, or other furniture are not to be used as ladders. Stepladders are not to be used as straight ladders.
- Walk if at all possible. Horseplay is prohibited.

Handling Materials

- Employees should plan their work to prevent moving something twice.
- Employees shall not lift objects that are beyond their physical capacity and training. Get help or use a machine-handling device such as a forklift or hand truck.
- Wear PPE such as gloves, aprons and pads when handling material which are rough, sharp, hot or cold.
- When handling hazardous material wear PPE as appropriate and review the Safety Data Sheet prior to handling the material.
- Employees should plan their route prior to moving a load. Don't change position of the load or adjust the grip while carrying it. Rest the object against something for support then make the change.
- When carrying long objects keep the leading end just above head height.
- When lifting objects use proper lifting techniques and stay within your physical capabilities.



Back Safety & Proper Body Mechanics

- Each employee should be aware of proper lifting methods. Bend the knees, get a good grip on the object, keep feet apart, back straight, then pick up evenly and gradually using the leg muscles. Use PPE when appropriate.
- Maintain good body mechanics and posture at all times. If using a computer for extended periods of time, take frequent short breaks to stretch the back, neck, shoulders and legs. Use ergonomically correct workstation practices.
- Push, pull slides or roll an object on a surface rather than lifting it, if at all possible.
- When working with someone else, the actions of both persons should be in unison. Decide beforehand how the load is to be handled and check the route to be followed.

Safe Driving Practices

- Employees shall maintain an appropriate CA Driver's license (Class A, B or C) for the appropriate class of vehicle and shall comply with local and state motor vehicles laws and highway rules and regulations. Failure to do so will constitute a violation of the IIPP and penalties imposed by the courts will be the responsibility of the employee.
- Employees shall wear seat belts and shoulder harnesses at all times.
- Employees shall not exceed the posted speed limit or a speed limit appropriate for driving conditions at the time.
- Employees shall practice defensive driving and shall attend defensive driving class every three years.
- Employees shall park in legal spaces and not obstruct traffic, when possible.
- Vehicles shall be locked when unattended and the keys removed.
- When refueling vehicles, engines must be turned off.
- Smoking is prohibited in vehicles and when refueling.
- Fuel vapor inhalation should be avoided.
- Conduct inspection of Diocese vehicles on an ongoing basis (daily) (tires, brakes, lights, wipers, etc.)
- When a Diocese vehicle is scheduled for maintenance, make it available for such service.



CODE OF SAFE PRACTICES

OFFICE AND ADMINISTRATION EMPLOYEES

Ergonomics

- Avoid overexertion.
- Avoid stooping or squatting, to the extent practicable, or for extended periods.
- Use proper lifting techniques (back injury prevention) and hand carts for heavy loads. Do not lift more weight than is specified in your Job Description.
- Use "No glare" screens for VDTs. Background and screen lighting should be adjustable.
- Provide rest periods as needed for computer operators.
- Train computer operators how to avoid musculoskeletal problems.
- Provide adjustable chairs, VDTs and keyboards for all employees.

Avoiding Minor Injuries

- Utilize electric staplers or stampers for high volume stapling and stamping jobs.
- Open only one file drawer at a time. When finished close cabinet drawers, assuring that hands and fingers are clear.
- Watch for trip/slip hazards.
- Never stand on chairs. Use only rated step stools/ladders.
- Keep work areas, aisles and hallways clear of debris, floor storage and electrical cords.

Fire Safety

- Do not store excessive combustibles in the work area and never under stairwells.
- If a fire occurs, employees must "sound" the alarm, notify other employees, leave the building and report to assigned assembly location.
- Keep firefighting equipment and exits clear and accessible.
- Only employees who have completed Live Fire Training should attempt to extinguish fires.
- Receive proper training in the use of portable fire equipment.

Miscellaneous

- Report all unsafe conditions to your manager.
- Report any injury, illness or near miss to manager.
- Consumption, possession or use of illegal substances; or use of alcoholic beverages, and other intoxicants prior to or during work is prohibited.



CODE OF SAFE PRACTICES

JANITORIAL/FACILITIES MAINTENANCE

Job/Tasks with Potential for Exposure

- Operations requiring control of hazardous energy
- General maintenance & inspection
- Climbing ladders and on equipment
- Use of specialized tools, electrical apparatus, vehicles, heavy equipment, and other equipment
- Refueling
- Working in hot environments
- Use of bobcats/skid steer equipment
- Use of hand held tools
- Driving and parking
- Exposure to environmental elements
- Exposure to poisonous plants, and biting & stinging animals
- Lifting and carrying

Potential Occupational Safety/Health Exposures

- Existence of unsafe conditions of which management is not aware
- Exposure to chemical vapors and flammable liquids
- Injuries from uncontrolled traffic
- Exposure to high heat levels
- Hearing loss due to noise
- Falls causing injuries
- Potential confined space hazards
- Shock and electrocution
- Pinch points
- Crushing injuries from working around equipment
- Getting caught in gears, chains and power take-off shafts



- Heavy equipment rollovers
- Movement of unmanned vehicles
- Fire and explosions from refueling
- Vehicle accidents resulting in personal injuries
- Chemical overexposure
- Exposure to harmful animals/insects
- Back and extremity strains and sprains from improper lifting

Control Measures for Occupational Safety/Health Exposures

General Safety

- Adhere to the Personal Protective Equipment Program
- Report all unsafe conditions to manager
- Report any injury, illness or near miss to manager
- Consumption, possession or use of illegal substances; or use of alcoholic beverages, and other intoxicants prior to or during work is prohibited
- Wear long pants and long sleeve shirt when working around hot materials and chemicals
- When participating in elevated work, make sure that you are properly tied in and anchored following the Diocese's fall prevention program
- Ensure that the hopper and the door is secured with a safety prop when open/elevated
- Follow the Diocese's safety procedure on Heat Illness Prevention

Electrical Safety

- Electrical/stored energy must be tagged & locked out at the power source before performing maintenance
- Only qualified employees may work on energized circuits and must follow proper procedures
- Use GFCI on electrical equipment
- Use only grounded or double insulated equipment
- Keep equipment at least 20 feet from power lines



Equipment

- Training is required in the use of tools and power equipment and safe operations
- Only trained and qualified employees who have been adequately trained may use power equipment
- Use only when machine guards are in place.
- Train in the proper operation of Bobcats and sweepers

Ergonomics

- Avoid overexertion.
- Avoid stooping or squatting to the extent possible for extended periods
- Use proper lifting techniques (back injury prevention), and do not lift more weight than is specified in your Job Description - team lift whenever possible
- Use lift assist tools for removing manhole covers

Fire Safety

- Receive training in the use of portable firefighting equipment
- Use only safety cans for flammable materials
- Bond and ground all flammable liquid containers



Ladders

- Check the locks to be sure they are seated over the rungs
- Do not climb above the 3rd rung from the top of straight ladders and the 2nd step on stepladders
- Use fall protection when required
- Do not step on the top step of any ladder
- Ladders should not be erected on boxes or other items
- Do not use metal ladders for work involving electricity. Only use OSHA approved fiberglass ladders
- Position ladders away from overhead wires when possible – be careful to avoid accidental contact
- Ladders should be climbed as instructed by only one worker at a time
- Ladders should extend three feet above a roof or other location
- Ladders should have safety feet in place with secure footing, not on boxes or other supports
- Ladders should not be placed in front of doors or against windows
- Ladders with broken rungs or steps, or spliced ladders should not be used
- Securely tie ladder to a fixed object, whenever possible
- Use the proper ladder for the job
- Choose the correct angle when climbing straight ladders. (75.5 degrees)

Hazardous Substances, Plants & Animals

- Obtain Hepatitis A & B immunizations if offered
- Employees shall not enter an area until the pesticide, herbicide, or insecticide has dried, settled or is in compliance with the posted re-entry interval
- Watch for dangerous animals both wild and domestic
- Only certified and supervised personnel may use pesticides, herbicides, and insecticides - per label instructions
- Clean up spilled fluids and oils, using a “drying” material
- Train in the identification of & precautions to take when around poisonous plants or dangerous animals
- Read and follow chemical SDS' and container labels



Personal Protective Equipment

- Use latex, vinyl or other protective gloves to protect against blood borne contaminants
- Use respirators and other assigned protective gear when necessary
- Use sunscreen for extended exposure to the sun
- Use protective equipment when working with cement
- Use head protection when required
- Wear ear and eye protection when operating equipment or exposed to eye hazards

Vehicle Safety

- Always park vehicles in legal spaces, not obstructing traffic
- Avoid inhaling vapors when refueling
- Do not exceed the basic speed law considering street, traffic and weather conditions
- Do not smoke when refueling vehicles or other equipment
- Make sure that equipment is clear before starting up
- No riders except for instruction or to assist operator, and only in safe location
- Practice defensive driving techniques
- Block tires when necessary to prevent accidental movement
- Turn the vehicle or equipment off when refueling
- Do not use cell phone or other distracting devices when operating a vehicle.
- Wear seatbelts and shoulder restraints whenever available



CODE OF SAFE PRACTICES

CEMETERY AND GROUNDS MAINTENANCE

Job/Tasks with Potential for Exposure

- Sun and other elements
- Loud noise
- Using chain saws
- Mowing and landscape related task
- Working with powered landscape tools and chippers
- Using hand tools
- Contact with sick & ill public and infectious diseases
- Climbing ladders
- Working near roadways
- Driving & parking
- Applying landscape chemicals and products
- Entry to area after pesticide, herbicide and insecticide application
- Grounds work
- Refueling
- Lifting and carrying
- String trimmers
- Landscape tools and equipment
- Exposure to poisonous plants, biting & stinging animals
- General work area exposures



Potential Occupational Safety/Health Exposures

- Existence of unsafe conditions of which management may not be aware
- Exposure to hot environments
- Hearing loss due to loud noise
- Contact with bodily fluids, including blood borne pathogens and other contaminated materials
- Exposure to infectious diseases and blood borne pathogens
- Exposures to falls from ladders
- Movement of unmanned vehicle
- Hazards associated with mowing, string trimming and other power tools
- Vehicle accidents resulting in personal injuries
- Maintaining equipment/tools
- Pesticide, herbicide and insecticide over exposure
- Eye and other injuries due to flying parts, tools or objects
- Physical attacks from individuals or crowds
- Fire and explosion while refueling equipment
- Musculoskeletal injuries, including back strains and sprains from improper lifting
- Animal, snakebite and insect stings
- Exposure to poisonous plants
- Slip, trip and fall hazards



Control Measures for Occupational Safety/Health Exposures

General Safety

- Report all unsafe conditions to supervision
- Reporting any injuries, illnesses or near misses to supervision
- Consumption, possession or use of illegal substances; or use of alcoholic beverages and other intoxicants prior to or during work is prohibited
- Receive proper training in the use of portable fire equipment
- Adhere to the Personal Protective Equipment Program
- Adhere to the Hearing Conservation Program
- Adhere to the Eye Protection Program
- Adhere to the Respiratory Protection Program
- Read and follow all equipment manuals and hazard labels

Personal Protective Equipment

- Use sunscreen for extended exposure to sun.
- Wear ear protection when operating loud equipment, or around loud noises
- Operation of weed whips, sweepers, blowers, tractors and small vehicles will only be performed when used with eye protection, hearing protection and leg protection

Hazardous Substance Protection

- Have current CPR Certificate and proper protective equipment when administering CPR
- Use vinyl or latex gloves to reduce the incidence of chemical and biologic contamination
- Personal protective equipment (gloves, respirator, etc) must be worn, as required
- Use the correct PPE for the chemicals/products to be used
- When around infectious agents do not rub eyes with hands
- Wash hands and arms with germicidal soap after contact with any infectious agent and or chemicals



APPENDIX B

FORMS

This section provides reproducible copies of the following forms:

- 1 Safety Violation Warning Notice
- 2 Employee Safety Suggestion Form
- 3 Safety Committee Meeting Minutes
- 4 Safety Inspection Form
- 5 Job Hazard Analysis
- 6 Accident Investigation Report
- 7 Accident/Incident-Witness Statement
- 8 Drivers Report of Accident
- 9 Report of Unsafe Condition or Hazard
- 10 Hazard Abatement Record
- 11 Group Training Attendance Record
- 12 New Employee Safety Orientation



FORM 1 - SAFETY VIOLATION WARNING NOTICE

EMPLOYEE:

DATE:

TIME:

AM/PM

LOCATION:

SAFETY INFRACTION DESCRIPTION (includes causal factors and control measures needed to prevent incident recurrence):

THIS IS THE (CIRCLE): 1ST OFFENSE/2ND OFFENSE/3RD OFFENSE

We are bringing this to your attention because of the Diocese sincere concern for your safety and health. Safety rules are designed to protect you and your co-workers. We hope you share our concern for yourself and your fellow employees.

EMPLOYEE (printed name & signature):

DATE:



MANAGER (printed name & signature):

DATE:

FORM 2 – EMPLOYEE SAFETY SUGGESTION FORM

Without fear of reprisal, I would like to report what I believe is a safety/health hazard. The Diocese of San Jose encourages employees to communicate health and safety suggestions, comments and complaints, and to report unsafe work practices and unsafe conditions to management. Employees have the option of remaining anonymous or signing the report. Employee safety suggestions can be placed within employee safety suggestion box, given to their immediate manager, or forwarded to Lupe Moncivaiz Warren at the Diocese of San Jose Chancery Offices.

Please describe unsafe condition and/or act (use back of sheet if necessary):

Location:

Please list the suggestions that you have to address problem:

Has this matter been reported to management previously? Yes No

Employee Name (optional): _____ Date: _____

Department (optional): _____

Management review, comments, and follow up actions

Management Action:

☐ ☐

Signed:

Date:

Signed:

Date:



FORM 3 – SAFETY COMMITTEE MEETING MINUTES

Date:

Time:

Meeting Location:

Members present (printed names and signatures):

Members absent (reason and replacements):

Minutes of the previous meeting dated_____were read

Comments:

Old Business

- Items completed since last meeting (Items from safety inspections and committee task assignments):
- Unfinished business/open recommendations (Uncorrected items from safety inspections and unfinished task assignments):

New Business

- Results of recent inspections:
- Accident review: See attached accident log.
- New assignments tasking (from inspection results and accident review):
- Open forum remarks/comments any issues (i.e. safety program, OSHA, training):



FORM 4 - SAFETY INSPECTION FORM

Monthly ☐ or Annual ☐

Location:

Inspection Date:

Inspection Conducted By:

Item	OK	Not OK	N/A	Comments/Recommendation
Administrative Conditions				
1. Required postings to include labor law and OSHA posters				
2. Employee safety awareness postings (i.e. signs/warnings) posted where appropriate				
3. Emergency telephone numbers (local phone numbers and medical services) posted				
4. First aid kits, and AED units-availability, adequately stocked, and secure				
5. Trained first aid personnel on site				
6. Monthly inspection of fire extinguishers				Date of last inspection:
7. Posting of evacuation plan, and employees familiar with emergency evacuation drills				Date of last evacuation drill:
8. <u>Quarterly</u> safety inspections completed with reports on file				



9. Incident investigation reports (i.e. manager investigation and OSHA 300/300A logs) properly completed				
10. <u>Quarterly</u> employee safety meetings and safety training on file				
11. Copy of the Diocese of San Jose IIPP posted, employees trained on content				
Office Areas				
1. Office work areas well organized, efficient layout, and cabinets secured against movement				
2. Carpets, mats, free of buckles and worn spots				
3. Lighting adequate				
4. Kitchen, break areas, bathrooms, clean and not overlooked				
5. Workstations organized to minimize repetitive stress				
6. Corridors and exits clear, and exit markings adequate				
7. Alarms-fire and security, and emergency lighting in working condition				



Building Exteriors				
1. Gas meters/utilities protected from contact				
2. Condition of paved/cement surfaces and parking headers				
3. Elevated surfaces, ramps, and stairs provided with guard rails				
4. Doormats used during inclement weather, entrances free of leaves/debris				
5. Condition of trash compactor (i.e. two hand trip controls, etc)				
6. Removal of "idle" pallets, and other debris				
7. Lighting adequate				
8. Landscaping adequate (i.e. vegetation not obstructing walkways, low hanging branches, tree roots, etc.)				
Other Conditions?				Please be specific, use backside of page if needed



FORM 5 – JOB HAZARD ANALYSIS

HAZARD EVALUATION FORM FOR GENERAL WORK AREAS OR SPECIFIC JOB/TASK

General Area or Specific Job/Task: _____ Regulatory

Reference(s): _____

Date _____

Prepared: _____

Preparer: _____

Description of Job/Task	Potential Occupational Safety/Health Hazard	Safe Work Practices	Person

Page: ____ of ____

Original Date: _____

Approved: _____

Revision Date: _____



FORM 6 – ACCIDENT INVESTIGATION REPORT

Report must be completed **in full** within 24 hours of accident or injury. Please print or type.

Managers Name:		Dept.	Date of Report:
Incident Location:			
Employee Name:		Title:	
Incident Date:		Incident Time:	
Date Reported:	Time Reported:	DOB:	Years Employed:
Witness Names:			
Check all that apply			
Injury Type	Fleet/Property Damage	Status of Employee	
<input type="checkbox"/> No Injury – Incident <input type="checkbox"/> On-site First Aid Only <input type="checkbox"/> Medical Treatment Only <input type="checkbox"/> Lost Time Injury <input type="checkbox"/> Hospitalization <input type="checkbox"/> Fatality	<input type="checkbox"/> Property Damage <input type="checkbox"/> Vehicle Accident – Complete and Attach Drivers Report of Fleet Incident/Damage <input type="checkbox"/> Reported To Police <input type="checkbox"/> Reported To <input type="checkbox"/> Other: _____	<input type="checkbox"/> Returned To Regular Job <input type="checkbox"/> Returned To Transitional/Modified Duty	
Please complete all sections thoroughly. Use the reverse side if necessary.			
1. Where did the incident occur? Please be specific			
2. What happened? Please describe what and how the incident occurred.			
3. Describe the incident injury(ies) and specific part(s) of the body affected.			



4. What was the cause of the incident? Focus on contributing factors: people, material, equipment, policies, etc.								
5. What action has been taken (T) or planned (P) to prevent the incident from happening again? (Please check the boxes that apply and show in the table below who is responsible for completing the action, and the target completion dates.)								
T	P	Taken or Planned Action	T	P	Taken or Planned Action	T	P	Taken or Planned Action
		Training/Retraining			Improve Inspection Procedure			Improve Environmental Conditions
		Develop New Training Protocol			Improve Design/Construction			Require Proper PPE
		Improve Existing Training			Improve Storage			Repair/Replace Equipment
		Develop/Update Job Safety Analysis			Improve Housekeeping			Improve Enforcement/Discipline/Counseling
		Develop/Improve Written Procedure			Improve Guarding/Safety Device			Others (explain below)
		Update Existing Procedure						
Corrective Action Taken or Planned					Responsible Person (Name)		Target Completion Date	Date Completed
<div style="display: flex; justify-content: space-between;"> Preparers Signature _____ Date _____ </div>								
Review & Follow-Up by Safety Committee/HR Safety Manager								
							Date	
<div style="display: flex; justify-content: space-between;"> Date Reported to Manager _____ Date Reported to Safety Coordinator _____ </div> <div style="display: flex; justify-content: space-between;"> Date Reported to HR/Safety Manager _____ </div>								



FORM 7 - ACCIDENT/INCIDENT-WITNESS STATEMENT

WITNESS NAME:		PHONE #:	
WITNESS ADDRESS:			
DRIVER/EMPLOYEE INVOLVED:			
ACCIDENT DATE:	ACCIDENT TIME:	REPORT DATE:	REPORT TIME
ACCIDENT LOCATION:			
ACCIDENT DATE:	ACCIDENT TIME:	REPORT DATE:	REPORT TIME:
WITNESS STATEMENT			
INSTRUCTIONS: Complete in your own words, the immediate events leading up to and including the accident. Your efforts to provide complete descriptive details are essential to determine the facts about this accident. PLEASE PRINT CLEARLY			
I (was/ was not) in the vicinity of the accident when it occurred. (Circle one)			
Provide a factual statement of your observations, preceding, during and following the occurrence. (Use back of this form if additional room is needed)			
Were there other witnesses at the scene – if so please list:			
1.		2.	
3.		4.	
I have read the above statement and certify that it is true to the best of my knowledge. Witness Signature: _____ Date: _____ 			



FORM 8 - DRIVER'S REPORT OF FLEET INCIDENT/DAMAGE
(Immediately report this incident to your Manager)

Date of Incident: _____ Time of Incident: _____ AM/PM Police Report Taken? Yes ☐ No ☐
Case # _____

Location: _____

Road Conditions: ☐ Dry ☐ Wet ☐ Dirt ☐ Other Weather: ☐ Clear ☐ Cloudy ☐ Fog ☐ Rain

Direction of Travel of District Vehicle: _____ Speed: _____ mph

Direction of Travel of Other Vehicle: _____ Speed _____ mph

DIOCESE VEHICLE (VEHICLE #1)

Year _____ Make _____ Model _____ Unit #: _____ Plate #: _____ VIN #: _____

Driver: _____ DOB: _____ CDL #: _____

Damage to Vehicle: _____

Destination prior to accident: _____

Passengers: _____, _____, _____, _____

Days Worked This Week _____ HRS Worked This Week _____ Job Title _____

OTHER VEHICLE, PROPERTY OR PARTY (#2)

Year _____ Make _____ Model _____ Plate #: _____ VIN #: _____

Driver: _____ DOB: _____ CDL #: _____

Passengers: _____, _____, _____, _____

Driver Address: _____ Driver Phone: _____

Owner of Vehicle (if other than driver) _____ Phone: _____

Address: _____

Describe Damage: _____

Insurance Company: _____ Policy #: _____

Owner Name: _____ Owner Address: _____



Form 8 Driver's Report continued

OTHER VEHICLE, PROPERTY OR PARTY (#3)

Year _____ Make _____ Model _____ Plate #: _____ VIN #: _____

Driver: _____ DOB: _____ CDL #: _____

Passengers: _____, _____, _____, _____

Driver Address: _____ Driver Phone: _____

Owner of Vehicle (if other than driver) _____ Phone: _____

Address: _____

Describe Damage: _____

Insurance Company: _____ Policy #: _____

OTHER PROPERTY DAMAGE:

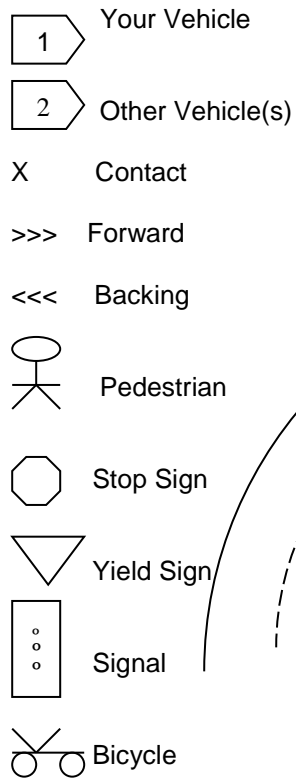
INJURED PERSONS:

Name and Address:	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	<input type="checkbox"/> In Your Vehicle <input type="checkbox"/> In Other Vehicle	<input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
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Name and Address:	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	<input type="checkbox"/> In Your Vehicle <input type="checkbox"/> In Other Vehicle	<input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
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Name and Address:	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	<input type="checkbox"/> In Your Vehicle <input type="checkbox"/> In Other Vehicle	<input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
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NARRATIVE REPORT: Briefly describe the accident: Use additional paper if needed:





FORM 9 - REPORT OF UNSAFE CONDITION OR HAZARD

Location:

I. Unsafe Condition or Hazard

Name (optional):	Job:
Title:	
Location of Hazard:	
Date and time the condition or hazard was observed:	
Description of unsafe condition or hazard:	
What changes would you recommend to correct the condition or hazard?	
Employee Signature (optional):	
Date:	

II. Management Investigation

Name of person performing the investigation:
Results of investigation (What was found? Was condition unsafe or a hazard?) (Attach additional sheets if necessary.):
Proposed action to be taken to correct hazard or unsafe condition (Complete and attach documentation that correction was made):
Signature of Investigator(s):
Date:



FORM 10 - HAZARD ABATEMENT

REQUESTED BY _____ Title: _____

DATE: _____ TIME: _____

TO: _____ TITLE: _____

UPON RECEIPT OF THIS REQUEST YOU ARE ASKED TO COMPLETE THIS FORM INDICATING THE CORRECTIVE ACTION TAKEN, IF NECESSARY, ON THE PROBLEM STATED BELOW

PROBLEM: _____

NOTICE OF CORRECTIVE ACTION MUST BE FURNISHED WITHIN 10 DAYS TO THE HUMAN RESOURCES MANAGER FOR THE ANALYSIS OF THE PROBLEM

CAUSES: _____

ANALYSIS: _____

CORRECTIVE ACTION

SIGNED: _____ COMPLETION DATE: _____

Send To: Lupe Moncivaiz Warren, Director of Risk Management, Insurance, and Benefits
warren@dsj.org or by fax 408.983.0296



FORM 11 - GROUP SAFETY ATTENDANCE RECORD

Subject of Meeting/Training: _____

Date: _____

Name of Trainer: _____

Location: _____

Type of Training i.e.: lecture, video, discussion

Print Your Name Clearly

Signature



FORM 12 - NEW EMPLOYEE SAFETY ORIENTATION

Location:	Instructor/Manager:
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This completed form should be retained in the individual's personnel file as evidence of initial training required under the Injury and Illness Prevention Program.

Employee Name (Please Print):	
<input type="checkbox"/> New Hire	<input type="checkbox"/> Transfer
<input type="checkbox"/> Other:	
Date of Hire or New Assignment:	
I, _____, (Administrator, Instructor, or Manager) hereby certify that this employee has been trained on the following (Check appropriate boxes.):	
I. <input type="checkbox"/> Initial Training on Department's IIPP, Including: <ul style="list-style-type: none"> My right to ask any question, or report any safety hazards, either directly or anonymously without any fear of reprisal The location of safety bulletins and required safety postings Disciplinary procedures that may be used to ensure compliance with safe work practices Reporting safety concerns Reporting occupational injuries and illnesses Treatment and care of work-related injuries 	Date:
II. <input type="checkbox"/> Hazard Communication Training <ul style="list-style-type: none"> The potential occupational hazards in the work area associated with my job assignment The safe work practices and personal protective equipment required for my job title The location and availability of Safety Data Sheets (SDS) The hazards of any chemicals to which I may be exposed, and my right to the information contained on SDSs for those chemicals 	Date:
III. <input type="checkbox"/> Building Emergency Plan <ul style="list-style-type: none"> Emergency escape routes and procedures How to report a fire and other emergencies Names of persons to be contacted for further information 	Date
IV. <input type="checkbox"/> Other:	Date:
Three items I will commit to in maintaining a safe work environment and stay safe on the job:	
1.	
2.	
3.	
Employee Signature:	Date: