



# SAN DIEGO UNIFIED SCHOOL DISTRICT



# INJURY AND ILLNESS PREVENTION PROGRAM

*Safety and Health Policy and Procedures*

**COVID-19 Prevention Program Addendum**

## ABSTRACT

This document outlines safety rules and instructions to protect employees from hazards they may be exposed at work sites and unique to their job assignments. The COVID-19 Prevention Program serves as a functional addendum to the IIPP to identify COVID-19 hazards and control measures to reduce risk of employee exposure.

Environmental  
Health and Safety  
Office

**OHS 001**

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# PART 1: Injury and Illness Prevention Program Policy



The San Diego Unified School District (referred here as the District) will administer a comprehensive and continuous occupational Injury and Illness Prevention Program (IIPP) for all employees as required by *Title 8, California Code of Regulations, Section 3203*.

The health and safety of the individual, whether at schools, support sites, or in the field, takes precedence over all other operational concerns. Management's goal is to prevent accidents, reduce personal injuries and occupational illnesses, and comply with all safety and health standards.

## 1. Responsibility

The Superintendent has the ultimate responsibility for the District IIPP. Establishing and implementing this IIPP throughout the District has been delegated to the Environmental Health and Safety Office (EHSO). Each supervisor, including administrator, manager and executive director is responsible for enforcing the District IIPP in his/her work site or operations under his/her control.

A copy of the District IIPP shall be made available to any employee by request to his/her supervisor (*refer to section 7 of this Program*). Any questions regarding the program should be directed to the employee's supervisor.

## 2. Employee Compliance

Employees who follow safe and healthy work practices will be appropriately recognized and those who are unaware of correct safety and health procedures will be trained or retrained as described below. Willful violations of safe work practices may result in disciplinary action in accordance with District administrative procedures.

### 3. Communication

Matters concerning occupational safety and health will be communicated to employees by written documentation, staff meetings, formal and informal training, and posting. Communication from employees to supervisors and/or safety representatives about unsafe or unhealthy conditions is encouraged and may be verbal or written as the employee chooses. The employee may use the [Environmental Health and Safety Concern Report Form](#) and remain anonymous. The completed form must be sent to the District EHSO.

No employee will be retaliated against for reporting hazards and other safety or health conditions or practices at the workplace; or for making suggestions related to safety.

### 4. Hazard Assessment

#### a. Safety Inspections

Each administrator or supervisor will conduct regular inspections to identify unsafe work conditions and practices. Informal inspections should be done by all supervisors whenever they are out on site, as often as necessary. Employees should get into the habit of checking their work areas and equipment for deficiencies on a daily basis. Formal, documented inspections shall be conducted:

1. At least once a year in all work areas.
2. Whenever new substances, processes, procedures or equipment that present potential new hazards are introduced into our workplace.
3. Whenever new or previously unidentified hazards are recognized.

Outcomes of the above inspections must be documented on the [School Safety Inspection Checklist](#), see **Appendix 1**. Inspection outcomes should be effectively communicated to all concerned parties for hazard correction. A copy of the completed checklist must be kept on file on site and forwarded to the District EHSO by November 1 annually for review and retention.

#### *COVID-19 Pandemic*

The District is required to determine if COVID-19 infection is a hazard in the workplace. If it is a workplace hazard, then the District must implement its infection control procedures, in accordance with:

- *8 CCR Sections 3205.COVID-19 Prevention, 3205.1.Multiple COVID-19 Infection, 3205.2.Major COVID-19 Outbreaks, 3205.4.COVID-19 Prevention in Transportation*
- *Aerosol Transmissible Disease Standard for Referring Employers, 8 CCR Section 5199.c; and*
- *Applicable recommendations from CDC, and State of California and San Diego County Public Health officials.*

**See COVID-19 Addendum to IIPP.**

#### b. Reporting Occupational Injury, Illness or Death

Every occupational injury or illness, or death shall be handled in accordance with Title 8 of the California Code of Regulations, California Labor Code and District Administrative Procedure No. 5170. Employees will inform administrators or supervisors of their work-related injury or illness. These incidents will be documented on [Form 78 - Supervisor's Report of Injury/Illness](#). The completed form must be sent to the District Risk Management.

When an employee is injured in the workplace and requires inpatient hospitalization for other than medical observation or diagnostic testing; or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, the administrator or supervisor must report it to the nearest Cal/OSHA office. It must be reported as soon as practically possible but not longer than 8 hours after the District site knows or with diligent inquiry would have known of the death or serious injury or illness. This does not include any injury or illness, or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone. For detailed information on mandatory reporting of serious injury, illness or death, **see Appendix 2.**

 To report, call Cal/OSHA at **(619) 767-2280**, 24 hours a day, 7 days a week.

#### c. Investigation of Occupational Injury, Illness or Exposure

The administrator or supervisor and employee will work together to determine the cause of the incident and to ensure that appropriate follow-up, hazard communication, and hazard correction have occurred. For basic rules for accident investigations, **see Appendix 3.** If there were witnesses, a witness statement form must be completed, **see Appendix 4.**

The District EHSO will review all Form 78s sent by the District Risk Management. It may conduct its own investigation of occupational accidents and exposures to hazardous substances. It will also respond to alleged hazards to assist in establishing corrective actions and accident or exposure control and prevention.

## 5. Hazard Corrections

Whenever an unsafe or unhealthy condition, practices and procedures are observed, discovered or reported, the immediate administrator or supervisor will take appropriate corrective measures in a timely manner based upon the severity of the hazard.

Employees will be informed of the hazard and interim protective measures taken until the hazard is corrected. Employees may not enter an imminent hazard area without appropriate protective equipment, training, and the prior specific approval of the administrator or supervisor. An imminent hazard is that which poses an immediate serious threat to safety and health.

## 6. Training and Instruction

The administrator or supervisor shall assure that employees receive training on workplace safety and health, and on training topics specific to their jobs or work activities they are actually performing. A list of Cal/OSHA-required Safety and Health Trainings for employees are listed on **Appendix 5.** Safety and Health trainings are provided:

1. To all new employees;
2. To all employees given new job assignments for which training has not been previously provided;
3. Whenever new substances, processes, procedures or equipment are introduced to the workplace and present a new hazard;
4. Whenever the District is made aware of a new or previously unrecognized hazard;
5. For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed; and
6. To all continuing employees with respect to hazards specific to their job assignments.

All employees who have participated in safety trainings must be documented using a [Safety Training Attendance Sign-in Sheet](#), see **Appendix 6**. Copies of sign-in sheet must be maintained on site, and forwarded to the District EHSO for retention.

If an employee missed a training, the administrator or immediate supervisor must provide the training to the employee or arrange for the employee to be trained.

## 7. Employee Access to the Program

Employees or their designated representatives shall have access or the right and opportunity to examine and receive a copy of the District IIPP. The District shall provide access by doing the following:

1. Provide the requester a printed copy of the District IIPP, unless the employee or designated representative agrees to receive an electronic copy.
2. Publish the District IIPP online through the District Environmental Health and Safety Management webpage, which allows an employee to view and print the current version.

Additional information may be found at *8 CCR Section 3203. Injury and Illness Prevention Program*.

## 8. Recordkeeping

The administrator or supervisor shall keep inspection records that include the following:

1. Date of inspection
2. Name(s) of person(s) conducting the inspection
3. Unsafe conditions and work practices that were identified during the inspection
4. Action to correct the unsafe conditions and work practices

Reports and investigations of all occupational injuries, illnesses and exposures to hazardous substances should be documented.

Trainings provided to supervisors and employees should always be documented and maintained. This documentation should include (but not limited to):

1. Employees names
2. Training dates
3. Subject matter covered
4. Training instructors



## Part 2. IIPP for Workplace Security



The IIPP for workplace security addresses hazards known to be associated with three major types of workplace violence:

**Type I** - involves a violent act by an assailant with no legitimate relationship to the workplace, who enters the workplace to commit a robbery or other criminal act.

**Type II** - involves a violent act or threat of violence by a recipient of a service provided by our district, such as a client, patient, customer, passenger or a criminal suspect or prisoner.

**Type III** - involves a violent act or threat of violence by a current or former employee, supervisor, or another person who has some employment related involvement with our district, such as an employee's spouse or lover, an employee's relative or friend, or another person who has a dispute with one of our employees.

### 1. Responsibility

The Chief of School Police is the program administrator for workplace security. The Chief has the authority and responsibility for implementing the provisions of this program.

All administrators and supervisory personnel are responsible for implementing and maintaining this District IIPP in their work areas and for answering employee questions about IIPP and appropriate actions to be taken to ensure site security.

### 2. Compliance

The District has established the following procedures to ensure compliance with our rules on workplace security:

1. Administrators and supervisors will ensure that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees. This action can be accomplished by instructing subordinate employees to read and acknowledge a basic understanding of district procedures related to this subject



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

The District wants to ensure that all employees, including administrators and supervisors, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace. Steps to ensure compliance include:

- (1) Informing employees, administrators and supervisors of the provisions of our IIPP for workplace security.
- (2) Evaluating the performance of all employees in complying with our district's workplace security measures.
- (3) Recognizing employees who perform work practices which promote security in the workplace.
- (4) Providing training and/or counseling to employees whose performance is deficient in complying with work practices designed to ensure workplace security.
- (5) Utilizing progressive discipline for employees who failure to comply with workplace security practices. The following practices ensure employee compliance with workplace security directives, policies, and procedures:
  - a. Immediate one-on-one counseling for non-compliance.
  - b. Notation within the employee's performance evaluation for repeated compliance issues.
  - c. General workplace security training and inspection includes, but is not limited to the following:
    - i. Explanation of security measures and procedures for reporting any violent acts or threats of violence.
    - ii. Recognition of workplace security hazards including the risk factors associated with the three types of workplace violence.
    - iii. Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats to administrators or supervisors.
    - iv. Ways to diffuse hostile or threatening situations.
    - v. Measures to summon others for assistance.
    - vi. Employee routes of escape.
    - vii. Notification of law enforcement authorities when a criminal act may have occurred.
    - viii. Emergency medical care provided in the event of any violent act upon an employee.
    - ix. Post-event trauma counseling for those employees desiring such assistance.

Remember, it is incumbent upon all administrators and supervisors to provide specific instructions to all their assigned employees, instruction and guidance regarding workplace security hazards unique to their job assignment to the extent that such information was not already covered in other documented training.

### 3. Communication

Within the District, we recognize that to maintain a safe, healthy and secure workplace, we must have open two-way communication between all employees, administrators and supervisors, on all workplace

safety, health and security issues. The District has a communication system designed to encourage a continuous flow of safety, health and security information between management and our employees without fear of reprisal and in a form that is readily understandable.

The communication system consists of the following items:

1. New employee orientation in our district's workplace security policies, procedures and work processes.
2. Periodic review of District IIPP for workplace security with all personnel.
3. Training programs designed to address specific aspects of workplace security unique to our district.
4. Regularly scheduled safety meetings with all personnel that include workplace security discussions.
5. A system to ensure that all employees, including administrators and supervisory personnel, understand the workplace security policy.
6. Posted or distributed workplace security information.
7. A system for employees to inform management about workplace security hazards or threats of violence.

# Appendix 1. School Safety Inspection Checklist



## INSTRUCTIONS FOR USE:

The *School Safety Inspection Checklist* is a companion to the *School Safety Reference Book* in evaluating District’s compliance with environmental, occupational health and safety regulatory standards. It aims to:

- ☞ simplify the process of **identifying hazards or unsafe conditions and practices** throughout the school facility; and
- ☞ ensure high integrity and credibility of health and safety compliance evaluation issued to a school facility

This document contains **13 standard-based evaluation benchmarks**, structured in a *yes/no/not applicable* question format. Remember, each *“no”* answer to any question may indicate a problem. Each hazard must be corrected on a timely manner **based upon the severity of the hazard** as follows:

HAZARD RANK	DUE DATE OF CORRECTIVE ACTION
LOW HAZARD	Hazard can be corrected anytime within the current school year
MODERATE HAZARD	Hazard must be corrected within 30 days after the date of inspection
HIGH HAZARD	Hazard must be corrected immediately after the date of inspection

While these checklists are not all inclusive, **YOU MUST COMPLY WITH STATE LAWS COVERED IN THESE CHECKLISTS FOR WORKERS’ PROTECTION FROM HAZARDS.**

PARTIES	RESPONSIBILITIES
School Facility Supervisor or Administrator	<ul style="list-style-type: none"> <li>☞ Using the checklist, conducts inspections <b>each year in all work areas</b>, and corrects deficiencies found.</li> <li>☞ Submits completed checklist to District Environmental Health and Safety (EHS) Office for review via <a href="mailto:safetyoffice@sandi.net">safetyoffice@sandi.net</a> due every <b>November 1<sup>st</sup> annually</b></li> <li>☞ Certify that deficiencies found during inspection were corrected</li> </ul>
District EHS Inspector	<ul style="list-style-type: none"> <li>☞ Using the checklist, conducts routine safety audits of school facilities to determine if District health and safety programs are working, and verify compliance with applicable laws</li> <li>☞ If safety audit reveals deficiencies, advises school facilities in an effort to assist in their improvement.</li> </ul>

**School Safety Inspection Checklist**  
 FOR SCHOOL FACILITY ANNUAL SELF-INSPECTION

(EACH "NO" ANSWER MAY INDICATE A PROBLEM, WHICH MUST BE CORRECTED)



School Facility:	School Facility Name here.		
Inspection Date:			
<b>1 BUILDING AND GROUNDS CONDITIONS</b>			
<b>1.1 Floors, Walls and Pits</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded by a guardrail or other barrier?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor and roof openings guarded by a cover, guardrail or equivalent on all open sides?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toe boards installed around the edges at openings where persons may pass below the opening?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unused portions of service pits and unused pits covered or protected by guardrails or equivalent?
<b>1.2 Stairs and Stairways</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrails or stair railings installed on stairways having 4 or more risers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step risers on stairs uniform from top to bottom?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step treads on stairs slip-resistant?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairways maintained clear and in good repair?
<b>1.3 Ramps and Elevated Locations</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrails on elevated work locations installed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrails or stair rails on ramps installed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ramp surfaces roughened or slip-resistant?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ramps maintained reasonably clear and in good repair?
<b>1.4 Egress and Exits</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit paths lighted and marked with visible exit or directional signs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit signs kept visible or unobscured from view?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit paths equipped with emergency lighting when natural lighting is inadequate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exits and corridors serving as required exits unobstructed?

<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit corridors maintained continuous and uninterrupted by intervening rooms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical barrier and warning installed where doorway, ramp, walkway or stairway landing exits directly into vehicular traffic?
<b>1.5 Doors</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit doors free from hangings, draperies, mirrors, furnishings and decorations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit doors openable from the direction of exit travel?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit doors, having no landing, marked with a sign stating "Danger! Stairway-No Landing"?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revolving, sliding and overhead doors prohibited from serving as a required exit door?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exits provided when doors in folding partitions are used?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latch on doors with panic hardware released easily when a force is applied to the bar?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors with panic hardware kept unlocked at any time?
<b>1.6 Aisles, Walkways and Crawlfways</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permanent aisles, ladders, stairways and walkways kept reasonably clear and in good repair?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aisles or walkways, which become hazardous, clearly defined by painted lines, curbs or other methods of marking?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aisles, walkways or crawlfways, which become slippery, installed with high-friction surfaces, cleats, coverings or other protection against slipping?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aisles, where vehicles are operating, provided with clearance limit warning signs?
<b>1.7 Portable Ladders</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders maintained in good condition at all times?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged ladders removed, and tagged as "Dangerous, Do Not Use"?



**School Safety Inspection Checklist**  
 FOR SCHOOL FACILITY ANNUAL SELF-INSPECTION

(EACH "NO" ANSWER MAY INDICATE A PROBLEM, WHICH MUST BE CORRECTED)



<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>NA</b>	<input type="checkbox"/>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders kept free of oil, grease, or slippery materials?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood ladders kept free from painting other than a transparent material?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conductive ladders marked with signs reading "CAUTION – Do Not Use Around Electrical Equipment"?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employees trained on ladder safety before use?
<b>1.8 Illumination</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>NA</b>	<input type="checkbox"/>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural or artificial illumination provided adequately in all working areas, stairways, aisles, passageways, workbenches and machines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Portable lights provided when natural or artificial illumination unavailable?
<b>1.9 Prohibition of Smoking in the Workplace</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>NA</b>	<input type="checkbox"/>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking of tobacco products in an enclosed space prohibited?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign stating "No Smoking" posted at each entrance to the building if smoking is prohibited throughout the building?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"No Smoking" sign maintained and not obscured, removed, mutilated or destroyed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign stating "Smoking is prohibited except in designated areas" posted at each entrance to the building if smoking is permitted in designated areas of the building?
<b>1.10 Emergency Gas Shut-Offs</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>NA</b>	<input type="checkbox"/>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main gas shut-off valve located outside each building?
<b>2 SANITATION</b>						
<b>2.1 General Cleanliness</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>NA</b>	<input type="checkbox"/>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workplaces, storerooms, service rooms and passageways kept clean, orderly and in a sanitary condition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors, workrooms, personal service rooms and passageways kept free from protruding nails, splinters, loose boards and unnecessary holes and openings?

<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>NA</b>	<input type="checkbox"/>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Putrescible wastes or refuse stored in receptacle with lid and removed to avoid nuisance and health menace?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rooms maintained to prevent entrance or harborage of insects, rodents or other vermin?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water intrusion, leakage or other uncontrolled accumulation corrected to prevent mold growth?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accumulation of flammable or combustible waste materials and residues controlled to prevent fire?
<b>2.2 Water Supply</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>NA</b>	<input type="checkbox"/>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drinking water sources maintained in clean and sanitary conditions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Portable drinking water dispensers clearly marked as to their contents?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets for nonpotable water posted in a manner understandable to all employees to indicate that the water is unsafe and not used for drinking, washing, cooking or other personal service purposes?
<b>2.3 Consumption of Food and Beverage</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>NA</b>	<input type="checkbox"/>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and beverages prohibited in a toilet room or in an area where they may be contaminated by any toxic material?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers for the disposal of food waste emptied not less than once each working day and maintained in a clean and sanitary condition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food processed, prepared, handled, served and stored in such a manner as to be protected against contamination and spoilage?
<b>3 PHYSICAL PLANT</b>						
<b>3.1 Machinery and Equipment</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>NA</b>	<input type="checkbox"/>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machinery and equipment with defective parts kept out of service until repaired by qualified person?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machinery and equipment designed for a fixed location restrained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machinery and equipment in service maintained in a safe operating condition?



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<b>3.2 Hand and Portable Powered Tools and Equipment</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tools and equipment used by employees maintained in a safe condition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand-held powered circular saws, electric, hydraulic or pneumatic chain saws, and percussion tools equipped with a constant pressure switch or control that will shut off the power when the pressure is released?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand-held powered drills, tappers, fastener drivers, horizontal, vertical, and angle grinders, disc sanders, belt sanders, reciprocating saws, saber, scroll, and jig saws, and other similarly operating powered tools equipped with a constant pressure switch or control, and may have a lock-on control?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other hand-held powered tools, such as, but not limited to, platen sanders, grinders, disc sanders, routers, planers, laminate trimmers, nibblers, shears, saber, scroll, and jig saws, equipped with positive "on-off" control, or other controls?
<b>3.3 Machine Guarding</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machines or parts of machines guarded at their point of operation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saws, cutting tools, heads, shears and knives that are part of any machine kept sharp, properly set up, adjusted and firmly secured?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Point of Operation" guards set up, adjusted and maintained in safe and efficient working condition?
<b>3.4 Energized Electrical Equipment</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suitable temporary barriers/barricades installed on access areas to opened enclosures containing exposed energized equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall protection provided to electricians working at elevated locations more than 4 feet above the ground?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE, including insulating gloves and eye protection, issued to electricians?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical appliances and tools grounded?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grounding conductor in extension cords maintained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged or defective cord taken out of service?
<b>3.5 Emergency Systems</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Systems tested periodically?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written tests and maintenance records maintained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Where emergency lighting required) System arranged to keep no space in total darkness?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign indicating emergency power source placed at the service entrance equipment?
<b>3.6 Lockout/Tagout</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machinery or equipment (capable of movement) stopped, de-energized or disengaged, and blocked or locked out during cleaning, servicing and adjusting operations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prime movers, equipment or power-driven machines locked out or positively sealed in the "off" position during repair work and setting-up operations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accident prevention signs, tags, padlocks or seals provided and placed on the controls of machinery or equipment during cleaning, servicing, adjusting, repair work and setting-up operations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written Hazardous Energy Control Procedure (HECP) developed and utilized when employees are engaged in cleaning, repairing, servicing, setting up and adjusting prime movers, machinery and equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual inspection of HECP conducted by an authorized employee?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employees working on locked out equipment trained on HECP?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee training and inspections documented?



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<b>3.7 Dust Collection System</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(If required) Hearing protectors provided?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, is hearing conservation program administered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood dust refuse removed and disposed properly?
<b>3.8 Heating, Ventilating and Air Conditioning (HVAC) System</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC system operated properly and continuously during working hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC system inspected annually?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC problems corrected within a reasonable time?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC inspections and maintenance documented in writing and retained for five years?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC inspection and maintenance records available for examination and copying within 48 hours of a request to any employee and Cal/OSHA?
<b>3.9 Mechanical Ventilation System</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust ventilation systems operated properly and continually during all operations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation rate tested annually?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Records of tests retained for at least five years?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filters replaced or cleaned regularly?
<b>4 PERSONAL PROTECTIVE EQUIPMENT</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(If required) Safety devices and safeguards, including personal protective equipment (PPE), protective clothing, respiratory protection, protective shields and barriers provided, used, and maintained in a safe, sanitary condition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment of hazards, which might require PPE, conducted with written verification including a review of injuries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employees who are required to use PPE trained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training verified through written certification?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(If required) Respirators provided?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, is written respiratory protection program developed and implemented?
<b>5 ACCIDENT PREVENTION PROGRAM</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written provisions of Injury and Illness Prevention Program (IIPP) implemented at the school facility, such as:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Scheduled periodic hazard inspections performed annually?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Occupational injury or illness investigated?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Hazards corrected on a timely manner based on the severity of the hazard?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Employees trained on IIPP upon initial assessment and annually thereafter?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Records of inspections, corrective actions, and trainings maintained?
<b>6 ASBESTOS MANAGEMENT PROGRAM</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entrance to mechanical rooms, having asbestos containing materials inside, posted with warning signs or labels?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employees ensured access to labels on containers of asbestos, safety data sheets and trained on HAZCOM Program, which incorporated Asbestos?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping/custodial employees trained annually on asbestos awareness training course?
<b>7 BLOODBORNE PATHOGENS PROGRAM</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written provisions of Exposure Control Plan for Bloodborne Pathogens(ECP-BBP) implemented at the school facility, such as:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Contaminated sharps or other potentially infectious materials (OPIM) placed in appropriate containers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Containers labeled properly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Sharps containers replaced to avoid overfilling?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Disinfectant readily available for cleaning contaminated work surfaces?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 PPE provided at no cost?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Employees trained annually on ECP-BBP?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Training records maintained for 3 years?



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8 HAZARD COMMUNICATION PROGRAM	
Yes	No NA
<b>Evaluation Questions:</b>	
Written provisions of Hazard Communication (HAZCOM) Program implemented at the school facility, such as:	
<input type="checkbox"/>	<input type="checkbox"/>
1 Hazard determination of chemicals documented?	
<input type="checkbox"/>	<input type="checkbox"/>
2 Labels of incoming containers of hazardous chemicals not removed or defaced?	
<input type="checkbox"/>	<input type="checkbox"/>
3 Each container of hazardous chemicals labeled, tagged or marked legibly, in English and prominently displayed?	
<input type="checkbox"/>	<input type="checkbox"/>
4 List of hazardous chemicals compiled?	
<input type="checkbox"/>	<input type="checkbox"/>
5 Safety data sheet for each hazardous chemical maintained and accessible to employees?	
<input type="checkbox"/>	<input type="checkbox"/>
6 Safety procedures and precautionary measures in handling chemicals followed?	
<input type="checkbox"/>	<input type="checkbox"/>
7 Employees trained on HAZCOM upon initial assessment and annually thereafter?	
<input type="checkbox"/>	<input type="checkbox"/>
9 HEAT ILLNESS PREVENTION PROGRAM	
Yes	No NA
<b>Evaluation Questions:</b>	
Written provisions of Heat Illness Prevention Plan (HIPP) implemented when employees work outdoors, such as:	
<input type="checkbox"/>	<input type="checkbox"/>
1 Potable drinking water provided at no cost?	
<input type="checkbox"/>	<input type="checkbox"/>
2 Shade(s) provided (if temperature exceeded 80 degrees Fahrenheit)?	
<input type="checkbox"/>	<input type="checkbox"/>
3. Employees observed by supervisor for signs of heat illness?	
<input type="checkbox"/>	<input type="checkbox"/>
4. First aid or emergency response provided if an employee exhibits signs or reports symptoms of heat illness?	
<input type="checkbox"/>	<input type="checkbox"/>
5. High-heat procedures implemented (if temperature exceeds 95 degrees Fahrenheit)?	
<input type="checkbox"/>	<input type="checkbox"/>
6. Employee (who was newly assigned to a high heat area) observed by supervisor for the first 14 days of employment?	
<input type="checkbox"/>	<input type="checkbox"/>
Both supervisors and employees trained on the risk and prevention of heat illness exposures?	
<input type="checkbox"/>	<input type="checkbox"/>
10 FIRE AND LIFE SAFETY	
10.1 Emergency Action Plan	
Yes	No NA
<b>Evaluation Questions:</b>	
Written provisions of Emergency Action Plan (EAP) specific to the school facility implemented at the school facility, such as:	
<input type="checkbox"/>	<input type="checkbox"/>
1. Employees trained on EAP upon initial assessment and annually thereafter?	
<input type="checkbox"/>	<input type="checkbox"/>
2. Distinctive signal of the alarm system recognized in all areas?	
<input type="checkbox"/>	<input type="checkbox"/>
3. Emergency phone numbers and procedures posted conspicuously?	
<input type="checkbox"/>	<input type="checkbox"/>

10.2 Decorative Materials	
Yes	No NA
<b>Evaluation Questions:</b>	
<input type="checkbox"/>	<input type="checkbox"/>
4. Alarm system maintained properly and tested periodically?	
<input type="checkbox"/>	<input type="checkbox"/>
5. Employee runners or telephones as back-up means of alarm provided when systems are out of service?	
<input type="checkbox"/>	<input type="checkbox"/>
10.3 Portable Fire Extinguishers	
Yes	No NA
<b>Evaluation Questions:</b>	
<input type="checkbox"/>	<input type="checkbox"/>
Extinguishers accessible, unobstructed and unobscured from view?	
<input type="checkbox"/>	<input type="checkbox"/>
Extinguishers, not housed in cabinets, installed on hangers or brackets?	
<input type="checkbox"/>	<input type="checkbox"/>
Cabinets used to house extinguishers kept unlocked or provided with a means of ready access?	
<input type="checkbox"/>	<input type="checkbox"/>
Extinguishers maintained in fully charged and operable condition?	
<input type="checkbox"/>	<input type="checkbox"/>
Extinguishers visually inspected monthly with initials of the person performing the inspection recorded on the tag?	
<input type="checkbox"/>	<input type="checkbox"/>
Extinguishers subjected to annual maintenance check?	
<input type="checkbox"/>	<input type="checkbox"/>
Employee trained on fire extinguisher and fire hazards annually?	
<input type="checkbox"/>	<input type="checkbox"/>
10.4 Automatic Sprinkler Systems	
Yes	No NA
<b>Evaluation Questions:</b>	
<input type="checkbox"/>	<input type="checkbox"/>
System maintained in operative condition at all times?	
<input type="checkbox"/>	<input type="checkbox"/>
Fire department notified immediately where system is out of service?	
<input type="checkbox"/>	<input type="checkbox"/>
System tested and maintained annually?	
<input type="checkbox"/>	<input type="checkbox"/>
10.5 Carbon Monoxide Detection	
Yes	No NA
<b>Evaluation Questions:</b>	
<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide (CO) detection installed in classrooms?	
<input type="checkbox"/>	<input type="checkbox"/>



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<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inoperable CO alarms and detectors replaced?
<b>10.6 Combustible Waste Material</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof, court, yard, vacant lot, alley, parking lot, open space or beneath a grandstand, bleacher or other similar structure free from accumulations of wastepaper, wood, hay, straw, weeds, litter or combustible or flammable rubbish?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil rags stored in a listed disposal container?
<b>10.7 Ignition Sources</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clearance between ignition sources (luminaires, heaters, flame-producing devices and combustible materials) maintained?
<b>10.8 Combustible Material Storage</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage of materials orderly and stacks stable?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 feet or more below the ceiling maintained for storage in nonsprinklered areas or not less than 18 inches below sprinkler head deflectors in sprinklered areas?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exits or enclosed stairways and ramps cleared of storage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler rooms, mechanical rooms, electrical equipment rooms or fire command centers cleared of storage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Under eaves, canopies or other projections or overhangs cleared of storage, display and handling of combustible materials?
<b>10.9 Emergency Planning and Preparedness</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan showing paths of travel to evacuate the room in case of emergency and including an alternate route posted in each classroom and assembly area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency and evacuation instructions to be followed by the teacher posted in each classroom?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The first emergency evacuation drill of each school year conducted within 10 days of the beginning of classes?

<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency evacuation drill conducted not less than once every calendar month at the elementary and intermediate levels?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency evacuation drill conducted not less than twice yearly at the secondary level?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Records of drills maintained?
<b>10.10 Means of Egress</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupant load posted in every room or space used for assembly, classroom, dining, drinking or similar purposes having an occupant load of 50 or more?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Means of egress serving a room or space illuminated at all times that the room or space is occupied?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Means of egress doors distinguished readily, and unobscured by mirrors, curtains, drapes, decorations or similar materials?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rooms used by K-2 grade students located on the first story?
<b>10.11 Electrical Equipment and Wiring</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In front of electrical service equipment cleared by 3 feet?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors into electrical control panel rooms marked stating "ELECTRICAL ROOM"?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power taps connected directly to permanent receptacle?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power taps and extension cords detached from walls, ceilings, floors, under doors or floor coverings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extension cords and flexible cords used temporarily for portable appliances?
<b>11 HAZARDOUS MATERIALS MANAGEMENT</b>			
<b>11.1 Emergency Eyewash and Shower Equipment</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency eyewash and showers accessible and unobstructed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potable water supplied to plumbed and self-contained eyewash and shower?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbed eyewash and shower equipment activated monthly?



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<b>11.2 Spill and Overflow Control</b>		<b>Evaluation Questions:</b>
Yes	No	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill control provided when storage of hazardous material liquids in individual vessels exceeds 55 gallons?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spills and overflows of hazardous materials neutralized and cleaned up promptly?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste material disposed of promptly?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.3 Storage of Hazardous Chemicals</b>		<b>Evaluation Questions:</b>
Yes	No	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incompatible substances separated?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate storage containers used?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containers stored in locations free from physical damage to, or deterioration of the container, and heat exposure?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.4 Changing and Charging Storage Batteries</b>		<b>Evaluation Questions:</b>
Yes	No	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees assigned to work with storage batteries trained in emergency procedures?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking prohibited in the charging area?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonconductive materials used when supporting batteries?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent caps placed during charging or moving batteries?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation in charging area provided?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher in charging area provided?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.5 Hazardous Chemicals in Laboratories</b>		<b>Evaluation Questions:</b>
Yes	No	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written provisions of Chemical Hygiene Plan (CHP) implemented at the school facility, such as:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Chemical Hygiene Officer (CHO) designated?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Standard operating procedures in safe laboratory work followed?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PPE and hygiene practices used?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fume hoods and PPE properly functioned?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Employees trained on CHP upon initial assignment and annually thereafter?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hazards of chemicals identified and determined in compliance with HAZCOM?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes	No	NA	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHP readily available to employees and Cal/OSHA representative?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11.6 Ventilation for Laboratory Fume Hood</b>			
Yes	No	NA	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hoods operated properly to provide sufficient inward airflow at all openings into the hood?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placards prohibiting use of hood posted when airflow is deficient?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualitative airflow measurements conducted annually?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employees who use hoods trained?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11.7 Flammable Liquids</b>			
Yes	No	NA	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers containing flammable liquid marked with warning legend?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containers closed when not in use?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carboys or drums stored away from heat and ignition sources?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable liquids stored away from exits, stairways or other areas for safe egress?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage limited to that required for operation of office equipment, maintenance, demonstration, treatment and laboratory work, such as:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. 1 gallon maximum capacity of container allowed except safety cans can be of 2 gallons capacity?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Not more than 10 gallons of flammable liquids combined, allowed to be stored outside storage cabinet or room except in safety cans?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Not more than 25 gallons of flammable liquids combined, allowed to be stored in safety cans outside of a storage cabinet or room?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11.8 Compressed Gas Cylinder</b>			
Yes	No	NA	<b>Evaluation Questions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinders marked with both chemical name and volume of air?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinder stored in areas away heat sources?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinders stored in a well-protected, well-ventilated, dry location, away from highly combustible materials a minimum distance of 20 feet, away from elevators, stairs or gangways?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen gas cylinders stored away from fuel gas cylinders or combustible materials a minimum distance of 20 feet?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinder valves closed except when in use, serviced or filled?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**School Safety Inspection Checklist**  
 FOR SCHOOL FACILITY ANNUAL SELF-INSPECTION

(EACH "NO" ANSWER MAY INDICATE A PROBLEM, WHICH MUST BE CORRECTED)



Yes	No	NA	Evaluation Questions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinder stored in an upright position with the valve end up, immobilized by chains or other means?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valves of empty cylinders closed?
<b>12 HAZARDOUS WASTES MANAGEMENT</b>			
<b>12.1 Hazardous Chemical Wastes</b>			
Yes	No	NA	Evaluation Questions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste manifests kept on file for 3 years and available for inspection?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination made for all wastes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of analytical results, waste analysis records or waste determination results kept on file for 3 years?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous wastes stored 90 days when you reach 55 gallons quantity limit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste container or tank labeled properly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste container kept in good condition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste container stored with compatible wastes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-gallon or greater empty container that previously held hazardous materials/wastes marked with date emptied?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged hazardous waste container repackaged?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill control equipment available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accumulation areas spill-free?
<b>12.2 Universal Wastes</b>			
Yes	No	NA	Evaluation Questions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Universal waste disposed within one year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Universal waste managed in a manner to prevent releases to the environment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Universal waste labeled or marked properly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each universal waste disposal documented and three-year record kept?

Yes	No	NA	Evaluation Questions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Waste (MW) accumulation area secured?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MW accumulation area marked with warning signs with wording "CAUTION-BIOHAZARDOUS WASTE STORAGE AREA-UNAUTHORIZED PERSONS KEEP OUT" and "CUIDADO-ZONA DE RESIDUOS-BIOLÓGICOS PELIGROSOS-PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS"?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MW containers labeled with generator's name, address and phone number?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each MW disposal documented and three-year record kept?
<b>13.2 Sharps Waste</b>			
Yes	No	NA	Evaluation Questions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharps wastes placed into sharps container?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharps containers labeled with the words "SHARPS WASTE" or international biohazard symbol and the word "BIOHAZARD"?
<b>13.3 Pharmaceutical Waste</b>			
Yes	No	NA	Evaluation Questions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceutical wastes containerized in designated container?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceutical wastes container labeled with the words "HIGH HEAT" or "INCINERATION ONLY" on the lid and sides?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceutical waste stored no longer than 90 days when container is ready for disposal, emptied once a year?
<b>13.4 Biohazardous Waste</b>			
Yes	No	NA	Evaluation Questions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biohazardous waste bagged in a biohazard bag, tied and placed into an approved container?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biohazardous waste container labeled with the words "BIOHAZARDOUS WASTE" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and sides?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biohazardous waste > 20 lbs. stored no longer than seven days?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biohazardous waste <20 lbs. stored no longer than 30 days?







## School Safety Inspection Checklist

*FOR SCHOOL FACILITY ANNUAL SELF-INSPECTION*

(EACH "NO" ANSWER MAY INDICATE A PROBLEM, WHICH MUST BE CORRECTED)

4. Deficiencies Corrected (please describe)	Date Reported	Work Order #	Date Corrected

*I certify that I have identified here and inspected all pressure vessels at this facility as indicated above.*

Supervisor's Name:	First and Last Name Here	Initial:	Initial Here
Job Title:	Job Title Here	Date Signed:	

*Click the "Submit" button below and email it to [safetystaff@sandi.net](mailto:safetystaff@sandi.net) by December every year.*

Submit



## Appendix 2. Mandatory Reporting of Serious Injury, Illness or Death

Title 8, California Code of Regulations, Section 342(a) requires employers to report **immediately** by telephone, **619-767-2280** to the nearest Cal/OSHA enforcement unit district office **any serious injury or illness, or death**, of an employee occurring in a place of employment or in connection with any employment.

**Immediately** means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. Reporting delays can result in Cal/OSHA fines to your department. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

**Serious injury or illness** is defined in *8 CCR Section 330(h)* as 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 24 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, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.

**Important information for staff.** When an injury occurs in the workplace, we need to ensure that the employee receives prompt medical assistance & that Risk Management Department is notified **AS SOON AS POSSIBLE**. Managers, Supervisors & Lead men need to immediately follow up with the injured employee and/or the medical facility to get information on the nature of the injury and determine whether or not it fits the definition of a serious injury. During normal working hours Risk Management will assist you in obtaining information and reporting to Cal/OSHA, Risk Management can be reached at **858-627-7345** or via fax at **858-627-7353**. If you have employees that work in the evenings or on weekends you need to make sure that they are aware of these requirements and that they know who to contact when there is an injury. Night shift Custodians should notify their BSS or POS, if they are unavailable contact the Duty COS via pager.

### **Supervisors are required to:**

1. Investigate every work related injury or illness immediately upon occurrence.
2. Print, complete, and immediately fax the Form 78 - Supervisor's Report of Injury/Illness to the Risk Management Department at **858-627-7353** or scan/email to [risk-management@sandi.net](mailto:risk-management@sandi.net): do not wait for a principal/department head's signature.
3. After faxing, give the form to the principal/department head for review and signature.
4. Fax or scan/email a copy of the Form 78 with principal/department head signature to the Risk Management Department, retaining the original report for site records.
5. Obtain Work Status Reports/Updates from the injured employee after every doctor's visit, regardless if they are working or not working.

Employees with questions regarding their workers' compensation claim may call Sedgwick Claims Management at **800-842-8560**.

## Appendix 3. Basic Rules for Accident Investigation



1. The purpose of an investigation is to find the cause of an accident and prevent further occurrence, not to fix the blame.
2. An unbiased approach is necessary to obtain objective findings.
3. Visit the accident scene as soon as possible, while facts are fresh and before witnesses forget important details.
4. If possible, interview the injured employee at the scene of the accident and “walk” him/her through a re-enactment.
5. All interviews should be conducted as privately as possible.
6. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident, even if they did not actually witness it.
7. Consider taking signed statements in cases where facts are unclear or if there is an element of controversy.
8. Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.
9. Focus on causes and hazards. Develop an analysis of what happened, how it happened and how it could have been prevented. Determine what caused the accident itself, not just the injury.
10. Every investigation should include an action plan. How will you prevent such accidents in the future?
11. If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claim costs.

# Appendix 4. Witness Statement Form

## WITNESS STATEMENT FORM

INCIDENT INFORMATION	
NAMES OF INJURED EMPLOYEE(S) INVOLVED:	
DATE OF ACCIDENT:	TIME OF ACCIDENT:
WITNESS INFORMATION	
NAME OF WITNESS:	WORK LOCATION:
TELEPHONE (Work):	TELEPHONE (Personal):
ADDRESS (Home):	
WORK RELATIONSHIP TO PARTY(IES) TO ACCIDENT:	
WITNESS STATEMENT (Attach additional sheets if necessary	
WHERE WERE YOU (location, distance from accident, etc.) AT THE TIME OF THE ACCIDENT?	
WHAT WERE YOU DOING AT THE TIME OF THE ACCIDENT?	
WHAT DID YOU OBSERVE?	
ANY ADDITIONAL COMMENTS?	
DATE:	WITNESS SIGNATURE:

# Appendix 5. Environmental Health and Safety Trainings for District Employees



## **NEW HIRE ENVIRONMENTAL HEALTH & SAFETY ORIENTATION CHECKLIST**

*To Be Completed By Employee's Supervisor*

<input type="checkbox"/>	Review evacuation procedures in case of fire and walk employee through primary and secondary exit routes and any emergency tasks assigned to employee.
<input type="checkbox"/>	Identify emergency response agencies and telephone numbers.
<input type="checkbox"/>	Inform the employee of who to contact in the case of an emergency.
<input type="checkbox"/>	Give the new employee a tour of the facility, pointing out safety equipment, (Location of eyewash station, emergency showers, emergency exits, etc.).
<input type="checkbox"/>	Identify first aid stations, services and available equipment.
<input type="checkbox"/>	Identify all fire extinguishers in the work area; explain what types of fires they extinguish.
<input type="checkbox"/>	Review injury/illness prevention program (IIPP).
<input type="checkbox"/>	Instruct employee to promptly report all accidents or injuries to supervisor, no matter how minor.
<input type="checkbox"/>	Encourage employee to report any unsafe acts or conditions and to ask questions before taking on any new assignment that is not fully understood.
<input type="checkbox"/>	Review written Hazard Communication Program, the location of Safety Data Sheets (SDS) and any chemicals that pose specific hazards.
<input type="checkbox"/>	Review job specific hazards related to assignment, (lifting, chemicals, traffic, machinery, etc.).
<input type="checkbox"/>	Review applicable safe work procedures, such as safe lifting, housekeeping, etc.
<input type="checkbox"/>	Ensure that equipment specific training is completed prior to assignment.
<input type="checkbox"/>	Review standard operating procedures (SOP) for equipment the employee will be using.
<input type="checkbox"/>	Provide applicable Personal Protective Equipment (PPE) & train on usage.

Employee's Name:

\_\_\_\_\_

Employee Signature / Date

\_\_\_\_\_

Supervisor Signature / Date

**ANNUAL ENVIRONMENTAL HEALTH & SAFETY TRAINING**

**MANDATORY FOR ALL EMPLOYEES**

*Employee's Supervisor Or Site Administrator Is Responsible For Providing Or Arranging Staff Training*

<b>TOPIC</b>	<b>DUE DATE</b>	<b>RESOURCE</b>	<b>MANDATE</b>	<b>AUDIENCE</b>
1. Emergency plan	First week of school	Site emergency plan	T8 CCR 3220	All site staff & students
2. Fire extinguishers/fire safety	First week of school	District EHSO	AP 5105, T8 CCR 6151	All employees
3. Injury/Illness Prevention Program	First week of school	District EHSO	T8 CCR 3203	All employees
4. Hazard Communication Program	First week of school	District EHSO	T8 CCR 5194	All employees
5. Blood borne Pathogens Exposure Control Plan	First week of school	School Nurse, District EHSO	T8 CCR 5193	All employees
6. Aerosol Transmissible Diseases Prevention and Control Procedures	First week of school	School Nurse, District EHSO	T8 CCR 5199	All employees

**ENVIRONMENTAL HEALTH & SAFETY TRAINING**

**MANDATORY FOR SELECT STAFF MEMBERS**

*Employee's Supervisor Or Site Administrator Is Responsible For Providing Or Arranging Staff Training*

<b>TOPIC</b>	<b>DUE DATE</b>	<b>RESOURCE</b>	<b>MANDATE</b>	<b>AUDIENCE</b>
1. Hazardous materials/waste handling, storage & disposal	Prior to assignment	District EHSO	T8 CCR 5164	All staff who handle hazmat and/or waste
2. Laboratory standards	Prior to assignment	District EHSO	AP 5110, CA science safety handbook	Science teachers
3. Heat illness prevention	Prior to hot weather, no less than annual	District EHSO	T8 CCR 3395	All outdoor workers & their supervisors
4. Classroom/office safety	September	District EHSO	T8 CCR 3203	Teachers & admin staff
5. Manual lifting/material handling	As needed	District EHSO	T8 CCR 3203 & 5110	All employees
6. Ladders	As needed	District EHSO	T8 CCR 1675 & 3276	Employees who use ladders
7. Compressed gas	As needed	District EHSO	T8 CCR 3301 & 4650	Employees using or handling cylinders
8. Playground safety	As needed	District EHSO	H&SC 115725	Playground supervisor
9. Personal protective equipment (PPE)	Prior to assignment	District EHSO	T8 CCR 3380 – 3387	Employees whose tasks require PPE
10. Ergonomics	As needed	District EHSO	T8 CCR 5110	All employees
11. Task specific training, (lifting, machine operations, PPE...)	Prior to assignment	District EHSO	Various	All employees
12. Respiratory Protection	Prior to assignment	District EHSO	AP 5157, T8 CCR 5144	Employees whose tasks require respirator

# Appendix 6. Safety Training Attendance

## SAFETY TRAINING ATTENDANCE

TOPIC: \_\_\_\_\_

Date: \_\_\_\_\_ Site Location: \_\_\_\_\_ Instructor: \_\_\_\_\_

	Print Name (no nickname)	Signature	Job Title (Teachers must include subject taught)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**By signing this form I am acknowledging that I received this training and agree to follow safe work practices**





## COVID-19 Addendum to IIPP

---

*This addendum establishes the District approach to COVID-19. This COVID-19 Pandemic Response and Prevention Program provides action items to enable the District to prepare for, and mitigate against the risk of COVID-19 infection to its employees. This Program supplements the District IIPP. In addition, this addendum intends to be a “living document” that will evolve as Cal/OSHA, CDC, and state and local health officials release new information about COVID-19.*

---

### **IDENTIFIED PANDEMIC**

Coronavirus disease 2019 (COVID-19) is a new infectious disease caused by a novel coronavirus known as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) that has not previously been seen. COVID-19 is currently a pandemic affecting many countries globally.

The disease spreads primarily between people who are in close contact with each another through respiratory droplets or small particles, such as those in aerosols, produced when an infected person coughs, sneezes, sings, talks or breathes. These particles that pass through the air can be inhaled or come into direct contact with the eyes, nose, or mouth and cause infection. Current evidence suggests this to be the main way the virus spreads. Droplets can also land on surfaces and objects and be transferred by touch. A person may get COVID-19 by touching the surface or object that has the virus on it and then touching his or her own mouth, nose or eyes. There is growing evidence that droplets and airborne particles can remain suspended in the air and be breathed in by others, and travel distances beyond 6 feet. In general, indoor environments with poor ventilation and/or crowded indoor settings, where people tend to spend longer periods increase risk from COVID-19. People with COVID-19 have reported a wide range of symptoms<sup>i</sup> – from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. Even though you may currently feel well, it is possible that you are also infected with the COVID-19 virus. The San Diego County Public Health Officer orders that all persons who have been diagnosed with, or are likely to have COVID-19, must immediately isolate themselves and notify all persons in close contact that they may need to quarantine themselves.

Employees in our school district may have COVID-19 exposure in our workplace. Thus, the District shall establish, implement and maintain an effective, written **COVID-19 Prevention Program (CPP)** pursuant to the Emergency Temporary Standards in place for COVID-19, *Title 8, California Code of Regulations, Section 3205(c)*. The **CPP** is designed to protect employees from potential COVID-19 exposures, according to their exposure risk, and to respond in a timely manner when exposure incidents occur. This **CPP** also considers that employees may be able to spread COVID-19 even if they do not show symptoms.



## **COVID-19 PREVENTION PROGRAM (CPP)**

**Revision Date:** 6 May 2022

**Authority and Responsibility:** The **Superintendent** has overall authority and responsibility for implementing the provisions of this CPP in our workplace.

All site administrators, directors, managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

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



### (1) System for Communicating

We ensure an effective two-way communication with employees in a form readily understandable by employees, and includes the following:

- (A) Ask all employees to report, without fear of reprisal, COVID-19 symptoms, possible close contacts, and possible COVID-19 hazards at the workplace.
- (B) Ensure that employees with medical or other conditions that put them at increased risk of severe illness can request accommodations.
- (C) Provide information about access to COVID-19 Testing when required.
- (D) Communicate information about COVID-19 hazards and the District's COVID-19 policies and procedures to employees and to other employers, persons, and entities within or in contact with the District's workplace.
- (E) The District Dashboard and other communication platforms provide current COVID-19 information
- (F) The District Americans with Disabilities Act (ADA) Process allows employees to request an ADA meeting with special attention to COVID-19, and engages in an interactive dialogue focused on possible accommodations.



### (2) Identification and Evaluation of COVID-19 Hazards

- (A) Allow employees and their authorized representatives to participate in the identification and evaluation of COVID-19 hazards.
- (B) Screen employees and respond to those with COVID-19 symptoms.
  - 1. All employees are asked to self-screen their symptoms every day before coming to work according to California Department of Public Health (CDPH) guidelines.
    - a. If employees have symptoms, they must stay home and call their supervisors.
    - b. If using online self-reporting, the District Nursing checks the data and follow up with the employee with COVID-like symptoms.
    - c. If using paper version, employees must keep records in a safe and confidential manner.
  - 2. Supervisors receiving report of employee's possible COVID-19 symptoms that may have occurred at the workplace shall complete and submit Form 78 to District Risk Management.
  - 3. The site shall report immediately to Cal/OSHA any COVID-19 related serious illnesses or death of an employee occurring at the workplace or in connection with any employment, even if work-relatedness is uncertain. To report, call Cal/OSHA at **(619) 767-2280**, 24 hours a day, 7 days a week.
- (C) Develop COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission of COVID-19 in the workplace.
  - a. COVID-19 Testing

- b. Contact Tracing Process
  - c. Isolation, Quarantine and Return to Work Decision
  - d. Health and Safety Training
- (D) Conduct workplace-specific evaluations to identify COVID-19 hazards where employees work using the Attachment A: Identification of COVID-19 Hazards Form.
- (E) Evaluate how to maximize ventilation with outdoor air; the highest level of filtration efficiency compatible with the existing ventilation system; and whether the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission.
- (F) Review applicable orders and guidance from the State of California, Cal/OSHA and County Public Health related to COVID-19 hazards and prevention.
- (G) Evaluate existing COVID-19 prevention controls at the workplace and the need for different or additional controls.
- (H) Conduct periodic inspections using the Attachment B: COVID-19 Inspections Form as needed to identify and evaluate unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with District's COVID-19 policies and procedures.
- (I) Document the vaccination status of all employees using the Attachment C: Documentation of Employee COVID-19 Vaccination Status, which is maintained as a confidential medical record.



### (3) Investigating and Responding to COVID-19 Cases

We have developed effective procedures to investigate COVID-19 cases that include seeking information from employees regarding COVID-19 cases, close contacts, test results, and onset of symptoms. This investigation is accomplished by using the Attachment D: Investigating COVID-19 Cases Form.

We also ensure the following procedures are implemented:

- (A) All employees are offered COVID-19 Testing without any cost during their paid time.
- (B) If there has been a COVID-19 case at the workplace, we will:
1. Initiate Contact Tracing Process
  2. Advise those who are positive or suspect on Isolation and Quarantine Protocol under section (8).
  3. Provide information to employees who have a close contact in the workplace on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases Sections below.
  4. Provide written notice within one business day of knowledge of a COVID-19 case that people at the worksite may have been exposed to COVID-19. The notice required by *Labor Code Section 6409.6(a)(4)* shall include the cleaning and disinfection plan. The notice must be sent to:
    - a. All employees who were on the premises at the same worksite as the Covid-19 case during the infectious period; and
    - b. Independent contractors and other employers on the premises at the same worksite as COVID-19 case during the infectious period.
  5. Provide the notice within one business day of knowledge of a COVID-19 case required by *Labor Code Section 6409.6(an)(2) and (c)* to:
    - a. Authorized representative, if any, of any employee who had a close contact; and
    - b. Authorized representative, if any, of any employee who was on the premises at the same worksite as the COVID-19 Case during the infectious period.



### (4) Correction of COVID-19 Hazards

- (A) All unsafe or unhealthy work conditions, practices, policies or procedures related to COVID-19 must be addressed and corrected in a timely manner to protect employees from the COVID-19 pandemic. Identified issues and corrections shall be documented using the Attachment B: COVID-19 Inspections Form.

(B) Anyone can report safety concerns to the District Environmental Health & Safety Office using the *Environmental Health and Safety Concern Report Form*.



## (5) Training and Instruction

(A) We provide effective employee training and instruction that includes:

1. The District's COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards under section (2)(A).
2. Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick and vaccination leave, if applicable, workers' compensation law, local governmental requirements, the District's own leave policies, leave guaranteed by contract, and this section.
3. The fact that COVID-19 is an infectious disease that can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales; that COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth, although that is less common; and that an infectious person may have no symptoms.
4. The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19, but are most effective when used in combination.
5. The District's policies for providing respirators, and the right of employees to request a respirator for voluntary use as stated in this section, without fear of retaliation and at no cost to employees. Whenever respirators are provided for voluntary use, the District shall provide effective training and instruction to employees regarding:
  - a. How to properly wear the respirator provided;
  - b. How to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair interferes with a seal.
6. The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
7. Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. COVID-19 is an airborne disease. N95s and more protective respirators protect the users from airborne disease while face coverings primarily protect people around the user.
8. COVID-19 symptoms and the importance of not coming to work and obtaining a COVID-19 test if the employee has COVID-19 symptoms.
9. Information on the District's COVID-19 policies; how to access COVID-19 testing and vaccination; and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.
10. The conditions under which face coverings must be worn at the workplace and that employees can request face coverings from the District at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation.

(B) Attachment E: COVID-19 Safety Training Attendance will be used to document this training.



## (6) Control of COVID-19 Hazards

### 6.1 Face coverings

(A) Face covering guidance is monitored and updated as necessary in accordance with District requirements, and when required by orders from CDPH.

(B) When it is required, we will implement the following:

1. Employees are provided with clean and undamaged face coverings, and may request as needed.



2. Employees exempted from wearing face coverings due to a medical condition, mental health condition, or disability shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition or disability permits it. If their condition or disability does not permit a non-restrictive alternative, the employee shall be tested at least weekly for COVID-19 during paid time and at no cost to the employee.
- (C) When it is not required, we will not prevent any employee from wearing a face covering, unless it would create a safety hazard, such as interfering with the safe operation of equipment.
- (D) Non-District employees shall receive communications on face coverings requirements on District premises.

### 6.2 Engineering Controls

- (A) For buildings with mechanical or natural ventilation, or both, the District shall maximize the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.
- (B) For rooms that do not have good natural ventilation and no adequate filters in the HVAC system, the District shall provide portable air purifiers with HEPA filters.
- (C) Ceiling fans in non-air conditioned rooms can be used on hot days when other ventilation is optimized (windows open and air purifiers are on).

### 6.3 Cleaning and Disinfecting Procedures

- (A) Cleaning and disinfecting guidance will be modified based on ongoing public health guidance for K-12 schools in California.
- (B) Identify and regularly clean frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, phones, headsets, bathroom surfaces, and steering wheels.
- (C) If a facility has had a sick person with COVID-19 within the last 24 hours, the District will:
  1. Clean and disinfect the spaces occupied by that person during that time.
  2. Use disinfection products approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list “N” and follow product instructions.
- (D) Ensure adequate supplies, time, personal protective equipment (PPE) and training of individuals performing the task for it to be done properly.
- (E) Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible for example by opening windows where practicable. Disinfection should be done when students are not present.

### 6.4 Handwashing Facilities and Hand Hygiene

- (A) Evaluate handwashing facilities and determine the need for additional facilities.
- (B) Encourage and allow time for employee handwashing:
  1. Encourage employees to wash their hands for at least 20 seconds each time.
  2. Encourage frequent handwashing throughout the day, especially:

✓ Before and after eating	✓ Before and after first aid
✓ After coughing or sneezing	✓ Before and after food preparation
✓ Before and after using gloves	✓ Before and after cleanup and disinfection
✓ Before and after using the restroom	✓ After handling garbage

- (C) Ensure adequate supplies for hand sanitation:
  1. Soap and paper towels for rooms with sink

2. Hand sanitizer for every workspaces. Provision or use of hand sanitizers with methyl alcohol is prohibited
  3. Restock supplies promptly as needed and prior to the beginning of each work day
- (D) Ensure all water systems and features are safe to use after a prolonged facility shutdown to minimize the risk of contaminants and diseases associated with water. All sites must follow the District's drinking water fountain and food service faucets flushing procedures.

#### 6.4 Personal Protective Equipment (PPE)

1. Evaluate the need for PPE to prevent exposure to COVID-19 hazards, such as gloves, goggles and face shields, and provide such PPE as needed.
  1. Require employees handling or serving food to use gloves in addition to face coverings.
  2. Consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizers.
2. Provide and ensure use of respirators in compliance with *8 CCR Section 5144* when deemed necessary by Cal/OSHA.
3. Provide and ensure use of eye protection and respiratory protection in compliance with *8 CCR Section 5144* when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

#### 6.6 District-Provided Transportation

- (A) The District has prohibited the ride sharing of District vehicles for now.
- (B) Cleaning and disinfecting:
1. Clean all high-contact surfaces used by drivers, such as the steering wheel, armrests, seatbelt buckles, door handles and shifter, to prevent the spread of COVID-19 between different drivers.
  2. Disinfect all high-contact surfaces used by drivers if used by a COVID-19 case during the infectious period, when the surface will be used by another employee within 24 hours of the COVID-19 case.
  3. Provide sanitizing materials, training on how to use them properly, and ensure they are kept in adequate supply.
- (C) Hand hygiene:
1. Ensure that all drivers sanitize their hands before entering and exiting the District vehicle.
  2. Provide hand sanitizer in each District vehicle. Hand sanitizers with methyl alcohol are prohibited.



#### (7) Reporting, Recordkeeping and Access

- (A) Employees notify their supervisors immediately if they have COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace. Supervisors shall complete and submit Form 78 to District Risk Management.
- (B) The District shall report information about COVID-19 cases and outbreaks at the workplace to the County Public Health whenever required by law, and provide any related information requested by the County Public Health.
- (C) The site shall report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under *8 CCR Section 330(h)*, of an employee occurring at the workplace or in connection with any employment, even if work-relatedness is uncertain. To report, call Cal/OSHA at **(619) 767-2280**, 24 hours a day, 7 days a week.
- (D) The District shall maintain records of the steps taken to implement the written **CPP** in accordance with *8 CCR Section 3203(b)*.
- (E) The written **CPP** shall be made available at the workplace to employees, authorized employee representatives, and to Cal/OSHA immediately upon request.

(F) The District shall use the Attachment D: Investigating COVID-19 Cases Form to keep a record of and track all COVID-19 cases with the employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of a positive COVID-19 test.



(8) Exclusion of COVID-19 Cases and Employees Who Had a Close Contact

- (A) We will ensure that COVID-19 cases are excluded from the workplace until the return to work requirements of section (9) are met.
- (B) We will review current CDPH guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission.
- (C) For employees excluded from work, we will continue and maintain an employee's earnings, wages, seniority, and all other employee rights and benefits.



(9) Return to Work Criteria

- (A) COVID-19 cases who do not develop COVID-19 symptoms or whose COVID-19 symptoms are resolving, will not return to work until:
  - 1. At least five days have passed from the date that COVID-19 symptoms began, or if the person does not develop COVID-19 symptoms, from the date of first positive COVID-19 test;
  - 2. At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever reducing medications; and
  - 3. A negative COVID-19 test from a specimen collected on the fifth day or later is obtained; or, if unable to test or the District chooses not to require a test, 10 days have passed from the date that COVID-19 symptoms began or, if the person does not develop COVID-19 symptoms, from the date of first positive COVID-19 test.
- (B) COVID-19 cases, regardless of vaccination status or previous infection, whose COVID-19 symptoms are not resolving, may not return to work until:
  - 1. At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medications; and
  - 2. Symptoms are resolving or 10 days have passed from when the symptoms began.
- (C) Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a COVID-19 case shall wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.
- (D) If an order to isolate, quarantine, or exclude an employee is issued by the State or County Public Health Officer, the employee shall not return to work until the period of isolation or quarantine is completed or the order is lifted

## Attachment A – Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas. Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

**Person conducting the evaluation:**

**Date:**

**Name(s) of employee and authorized employee representative that participated:**

Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation



## Attachment B – COVID-19 Inspections

**Person conducting the evaluation:**

**Date:**

**Work location evaluated:**

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
Physical distancing			
Surface cleaning (frequently enough and adequate supplies)			
Surface disinfecting if there is a COVID-19 case			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
Items in regular physical contact are not shared			
Work Equipment, if shared, are cleaned between different users			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields			
Respiratory protection			



## Attachment D – Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law. All employees’ medical records will also be kept confidential and not disclosed or reported without the employee’s express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

**Date:**

**Name of person conducting the investigation:**

Employee (or non-employee*) name:		Occupation (if non-employee, why they were in the workplace):	
Location where employee worked (or non-employee was present in the workplace):		Date investigation was initiated:	
Was COVID-19 test offered?		Name(s) of staff involved in the investigation:	
Date and time the COVID-19 case was last present in the workplace:		Date of the positive or negative test and/or diagnosis:	
Date the case first had one or more COVID-19 symptoms:		Information received regarding COVID-19 test results and onset of symptoms (attach documentation):	
Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the infectious period, and who may have been exposed (attach additional information):			

*Continuation from previous page*

Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:			
All employees who may have had COVID-19 exposure and their authorized representatives.	Date:		
	Names of employees that were notified:		
Independent contractors and other employers present at the workplace during the infectious period.	Date:		
	Names of employees that were notified:		
What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?		What could be done to reduce exposure to COVID-19?	
Was local health department notified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	

\* Should the District be made aware of a non-employee infection source COVID-19 status.



## Attachment E – Safety Training Attendance

**Topic:**

**Date:**

**Site/Location:**

**Instructor:**

	<u>NAME</u>	<u>SIGNATURE</u>	<u>POSITION TITLE</u>
1			
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## Definitions

(1) **“Close contact”** means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the infectious period” defined by this section regardless of the use of face coverings, unless close contact is defined by regulation or order of the CDPH, If so, the CDPH definition shall apply.

EXCEPTION: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144, whenever they were within six feet of the COVID-19 case during the infectious period.

(2) **“COVID-19”** (Coronavirus Disease 2019) means the disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2).

(3) **“COVID-19 case”** means a person who:

(A) Has a positive “COVID-19 test”; or

(B) Has a positive COVID-19 diagnosis from a licensed health care provider; or

(C) Is subject to a COVID-19-related order to isolate issued by a local or state health official; or

(D) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

(4) **“COVID-19 hazard”** means potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, or sneezing, or from procedures performed on persons, which may aerosolize saliva or respiratory tract fluids.

(5) **“COVID-19 symptoms”** means fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person's symptoms were caused by a known condition other than COVID-19.

(6) **“COVID-19 test”** means a test for SARS-CoV-2 that is:

(A) Cleared, approved, or authorized, including in an Emergency Use Authorization (EUA), by the United States Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus (e.g., a viral test); and

(B) Administered in accordance with the authorized instructions.

(C) To meet the return to work criteria set forth in subsection (c)(10), a COVID-19 test may be both self-administered and self-read only if another means of independent verification of the results can be provided (e.g., a time-stamped photograph of the results).

(7) **“Exposed group”** means all employees at a work location, working area, or a common area at work, where an employee COVID-19 case was present at any time during the infectious period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply:

(A) For the purpose of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work.

(B) If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.

(C) If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the infectious period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

NOTE: An exposed group may include the employees of more than one employer. See Labor Code sections 6303 and 6304.1.

(8) **“Face covering”** means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers that completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering is a solid piece of material without slits, visible holes, or

punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that otherwise meet this definition and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.

(9) **"Infectious period"** means the following time period, unless otherwise defined by CDPH regulation or order, in which case the CDPH definition shall apply:

(A) For COVID-19 cases who develop COVID-19 symptoms, from two days before they first develop symptoms until all of the following are true: it has been 10 days since symptoms first appeared; 24 hours have passed with no fever, without the use of fever-reducing medications; and symptoms have improved.

(B) For COVID-19 cases who never develop COVID-19 symptoms, from two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

(10) **"Respirator"** means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator.

(11) **"Returned case"** means a COVID-19 case who returned to work pursuant to subsection (c)(10) and did not develop any COVID-19 symptoms after returning. A person shall only be considered a returned case for 90 days after the initial onset of COVID-19 symptoms or, if the person never developed COVID-19 symptoms, for 90 days after the first positive test. If a period of other than 90 days is required by a CDPH regulation or order, that period shall apply.

(12) **"Worksite,"** for the limited purposes of sections 3205 through 3205.4 only, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter, locations where the worker worked by themselves without exposure to other employees, or to a worker's personal residence or alternative work location chosen by the worker when working remotely.

NOTE: The term worksite is used for the purpose of notice requirements in subsections (c)(3)(B)3. and 4. only.

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<sup>i</sup> "Symptoms of COVID-19." Centers for Disease Control and Prevention, 22 Feb. 2021, [www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).