2020 Edition

INJURY & ILLNESS PREVENTION PROGRAM

CITY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS
BUREAU OF CONTRACT ADMINISTRATION
QUALITY • OPPORTUNITY • COMPLIANCE

Complies with Executive Directive No. 18 [February 1, 2017]

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1.0 INTRODUCTION

Effective July 1, 1991 all California employers must establish, implement and maintain an effective Injury and Illness Prevention Program (IIPP) as mandated by the California Code of Regulations, Title 8, Chapter 4, Section 3203, of the General Industry Safety Orders, and Section 1509 of the Construction Safety Orders. This document contains the City of Los Angeles (City), Bureau of Contract Administration (BCA) IIPP. As much as possible all websites or reference documents will be linked to from the BCA Safety website (Safety Page Tab).

The program must be in writing and shall, at a minimum:

1) Identify the person or persons with authority and responsibility for implementing the Program
2) Include a system for ensuring that employees comply with safe and healthy work practices
3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal
4) Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices
5) Include a procedure to investigate occupational injury or occupational illness
6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner
7) Provide training and instruction

2.0 DEPARTMENT POLICY STATEMENT

The Bureau of Contract Administration (BCA) takes its duty to comply with Cal-OSHA regulations regarding safety for the men and women that work in this department very seriously. The Bureau Management understands that the safety of each employee is essential and that we must exhibit serious leadership and exemplary behavior so that all employees embrace a culture of safety.

Bureau Management recently reviewed and updated the 2019 BCA IIPP to incorporate any changes to Cal-OSHA Title 8. The 2020 BCA IIPP addresses the following Title 8 revisions.

1. AB-1732 Single-user restrooms. Part 15 of Division 104 of the Health and Safety Code
    - BCA complies with AB-1732
2. §5141.1 Protection from Wildfire Smoke
    - BCA inspectors are exempt from this regulation per §5141.1 (a) (1) & (2).
3. AB 1804 and 1805, Effective Date January 1, 2020.
    - Changes to the Definitions of Serious Injury and Illness and Reporting to Cal/OSHA
    - BCA 2020 IIPP Chapter 11 will have a complete revision per
        i. §330. Definitions.
        ii. §342. Reporting Work-Connected Fatalities and Serious Injuries

This 2020 revision is in compliance with all federal, state, and local requirements, with emphasis on the California Occupational Safety and Health Act of 1973 (Cal/OSHA). In order for the program to be successful, all Bureau employees are to be trained in, and have access to, all applicable Cal/OSHA regulations, City Policies, and directives which include, but are not limited to:

1. California Code of Regulations, Title 8 - *https://www.dir.ca.gov/Title8/sub7.html*
2. City of Los Angeles – Executive Directives - *https://www.lacity.org/your-government*
3. City of Los Angeles – ED 18 - *https://www.lamayor.org/mayor_garcetti_s_executive_directives*
4. City of Los Angeles – Personnel Dept. Civil Service Rules - *http://personnel.lacity.org/*
5. City of Los Angeles – Board of Public Works - *http://www.dpw.lacity.org/*
6. Bureau of Contract Administration Policies and Directives
7. MCIA MOU 5 Effective June 23, 2019 – June 30, 2022

It must be emphasized that no job or service performed by an employee is so important or urgent that it cannot be performed safely. In order to effectively implement the safety program, a Bureau Safety Committee has been established and given broad authority to carry out this program throughout the Bureau. Employees are encouraged to give suggestions which will further a safe and healthful working environment.

This Safety Manual has been developed under my direction and does satisfy the requirements promulgated by the sources above.

John L. Reamer, Jr.
Inspector of Public Works

3.0 SCOPE AND PURPOSE

Cal-OSHA General Industry Safety Order 3203 requires each employer to establish and maintain an effective IIPP to protect employees. Cal-OSHA regulations direct that the employer's IIPP shall be specific to the activities and tasks that its workforce performs.
Additionally, under the direction of City of Los Angeles Mayor Directive, the mayor has specific instructions that all departments must comply with for city-wide uniformity; specifically ED-18[i].

BCA's IIPP involves an ongoing process to keep the program relevant and current. This includes continual research of laws that affect day-to-day activities performed by BCA staff. The Department communicates its workplace safety procedures through the IIPP. Each division supervisor is responsible for communicating with employees on matters concerning safety and health, including identifying, evaluating and mitigating workplace hazards; investigating injury and illness; and conducting employee training. Successful implementation of the policies and procedures contained in the IIPP involves an ongoing commitment by managers, supervisors, and employees.

[i] Executive Directive No. 18 - Safe and Healthy Workplace 02/01/2017

4.0 RESPONSIBILITIES

A. GENERAL MANAGER

General policies which govern activities and responsibilities under the IIPP are established under the final authority of the General Manager. Mayoral Executive Directive No 18 states that the Department/Bureau heads shall develop an IIPP that complies with Cal/OSHA and this Executive Directive, and is tailored to the specific needs of the Department/Office, with the IIPP reviewed annually and updated as appropriate. The General Manager will maintain a place of employment that is safe and healthful for the employees that complies with occupational safety and health standards, rules, regulations and orders.

Executive Directive ED-18 additionally directs that the General Manager will also follow these specific responsibilities.

- Designate a senior manager as the Chief Safety and Wellness Officer (CSWO[1])
- Designate a senior manager as the Chief Risk Management Officer (CRMO[2])
- Incorporate supervisors' safety efforts and safety performance into performance evaluations
- Serve as or designate an individual to serve as the IIPP Implementation Plan Administrator
- Oversee and support the components outlined in this program
- Authorize the allocation of physical and financial resources necessary to maintain an effective IIPP
- Ensure the IIPP is reviewed and updated annually as appropriate and electronic copies are provided to the General Manager of the Personnel Department

B. BUREAU SAFETY COMMITTEE

The Bureau Safety Committee (BSC) will be the primary means of implementing the Bureau's IIPP. All supervisors and employees are encouraged to support the efforts of the BSC in providing and maintaining a safe and healthful working environment and correcting any unsafe conditions or practices. The committee will be organized by the Committee Chair (Chief Safety and Wellness Officer) and BCA Safety Coordinator/Engineer. A minimum of four additional staff will include at least one Principal Construction Inspector, one staff from Administrative Division, one staff from

[1] *The CSWO duties stipulated under ED-18 are predominantly City related and not pertinent to the requirements of Cal-OSHA §3203 Injury and Illness Prevention Program. Their role as Chair of the Bureau Safety meeting is to ensure that the requirements of ED-18 are met.*
[2] *The CRMO duties are predominantly City related and not pertinent to the requirements of Cal-OSHA §3203 Injury and Illness Prevention Program.*

Office of Contract Compliance and one staff from Office of Wage Standards. This committee will meet on the third Thursday of each month. All staff will serve for a minimum one year term. The specific duties of the BSC include:

1) Receive, review and report on accident reports involving City employees, contractor personnel or the public.
2) Review employee accidents; perform independent investigations and make recommendations to management for disciplinary actions
3) Report on Workers' Comp accidents
4) Review results of periodic and scheduled worksite investigations
5) Review the needs of safety equipment and requests for PPE. Submit requests for purchasing PPE/safety equipment to management.
6) Review and revise Bureau Safety Manual.
7) Review employee safety concerns and training needs.
8) Make recommendations for safety training.
9) Communicate Health and Safety information to employees

C. SAFETY ENGINEER

The Safety Engineer is the primary Occupational Safety representative for BCA. This position reports to the Director and is responsible for the development, updating and implementation of the IIPP. The Safety Engineer's duties are:

1) Monitors program effectiveness. Design the program so that additions and updates can be easily made. Keep program requirements current with the requirements of Cal/OSHA.
2) Coordinates Bureau IIPP collaboration with City of Los Angeles Personnel Department Health and Safety
3) Notifies Cal-OSHA of any work related serious injury or illness
4) Acts as the in-house expert on Cal-OSHA regulations, responds to Cal-OSHA citations, files appeals, communicates with the Cal-OSHA representative and verifies abatement action taken by BCA.
5) Maintains records pertinent to the IIPP

D. SUPERVISORS

City of Los Angeles and BCA policy states that the supervisor is the individual most responsible for the safety and training of their staff. As such, the supervisor is responsible to maintain full knowledge of the BCA IIPP. Supervisors are directed to comply with all City of Los Angeles and BCA duties. These duties are defined in Mayor Executive Directive No. 18 and BCA IIPP requirements. Supervisors must also attend and competently perform City Personnel Department training and policies.

1) Per Mayor Executive Directive No. 18 Individual supervisors shall
   - a: Ensures that employees receive training in the safe handling of materials, tools, and equipment
   - b: Notifies employees of unsafe behavior and unsafe conditions and take appropriate corrective action
   - c: Monitor employee performance to ensure that duties are discharged in a safe and responsible manner
   - d: Evaluate worksites on an ongoing basis for unsafe conditions and take steps to correct them
   - e: Remind employees of preventive measures to avoid accidents
   - f: Conduct complete investigations of workplace accidents

2) All supervisors shall comply with IIPP program requirements
   - a: Schedule/conduct bi-weekly (or quarterly) Tailgate Safety Meetings (TSM)
   - b: Track each employee's attendance to TSM per Chapter 19
   - c: Remind employees of preventive measures to avoid accidents
   - d: Conduct complete investigations of workplace accidents
   - e: Follow notification protocols for any serious injury or illness
   - f: Review the Contractor's IIPP for each worksite that staff are assigned

E. EMPLOYEES

All new City employees must attend training classes for employee orientation, City rules and policies and employment rights. Construction inspectors will also receive training from BCA Training Section during their 6 month probationary period that deals with safety and health. Each

employee must follow all posted rules. Failure to comply with IIPP safety rules may be cause for employee discipline. Employees shall comply with the BCA IIPP and specific California Labor Code requirements:

1) BCA IIPP employee responsibilities
   - a: Employees shall read and comply with Chapter 16 Safety Rules and Code of Safe Practices;
   - b: Work safely and assist co-workers and others to work safely in the workplace;
   - c: Comply with City policies, procedures, and practices related to accident prevention and safety;
   - d: Comply with Federal, State, and local laws, rules and regulations governing employee health and safety;
   - e: Comply with manufacturers' safety guidelines and rules related to equipment and materials;
   - f: Participate in safety training and track their TSM attendance per Chapter 19.
   - g: Report safety hazards in a timely manner;
   - h: Obtain and submit to their supervisors, clear and complete information on work restrictions;
   - i: Follow notification protocols for any serious injury or illness;
   - j: Cooperate in incident investigations.

2) California Labor Code, Division 5, Part 1, Chapter 3: Section 6406. Prohibited Acts. No person shall do any of the following:
   - a: Remove, displace, damage, destroy or carry off any safety device, safeguard, notice, or warning, furnished for use in any employment or place of employment.
   - b: Interfere in any way with the use thereof (the above safety devices) by any other employee.
   - c: Interfere with the use of any method or process adopted for the protection of any employee, including himself, in such employment, or place of employment.
   - d: Fail or neglect to do every other thing reasonably necessary to protect the life, safety, and health of employees.

F. CONTRACTOR

BCA provides contract administration and inspection services for construction work. Each construction site or fabrication facility is controlled by the Contractor or their supplier. Each Contractor/Supplier must have an IIPP. It is the responsibility of the Contractor for the safety of City employees entering these sites. As such, BCA employees are subject to both its IIPP and the Contractor/Supplier's IIPP.

When ever there is a difference in safety policy the City employee shall choose the most/more restrictive. If there is any question the employee shall contact their supervisor or Safety Engineer for direction. BCA IIPP requires that all Contractors/Suppliers shall:

1) Maintain at the work site copies or suitable extracts of:
   a: Construction Safety Orders
   b: General Industry Safety Orders
   c: Latest adopted edition of the "Work Area Traffic Control Handbook" (WATCH), or the LADOT Worksite Traffic Control Plan (S-488.0) or "Manual on Uniform Traffic Control Devices" (MUTCD) if applicable (Per SSPWC S-610 [Brownbook] 7-10.3).
   d: Any other rules or regulations that are required to complete the work
2) Comply with provisions of these and all other applicable laws, ordinances, and regulations (Standard Specifications for Public Works Construction [SSPWC] Part 1 Section 7).
3) Establish, implement and maintain an effective Injury and Illness Prevention Program and give Safety Instructions for the employees. The Contractor shall provide all safety measures necessary to protect the public and workers within the Work area….The Contractor shall immediately report any accident or injury to the Engineer and the Inspector. (Per SSPWC Section S-610 7-10.4.1).
4) Designate in writing a Project Safety Coordinator who shall be at the jobsite at all times, and who shall be thoroughly familiar with and able to execute the requirements of the Contractor's IIPP, Code of Safe Practices (CSP) and general work area traffic safety and control as specified in 7-10.3. (Per SSPWC S-610 7-10.4.6).
5) Comply with all submittals to Engineer (SSPWC Part 1 Section 2.5.3.4)
6) Submit to the Inspector Gen M-141 Competent Person Trench & Excavation Certification form.

7) Provide safety equipment, material, and assistance to Agency personnel to properly inspect all phases of the Work, including final inspection. (Per SSPWC S-610 7-10.4.5 Agency Worker Protection)

5.0 COMPLIANCE

The BCA Injury and Illness Prevention Program meets the requirements as set forth by Title 8 General Industry Safety Orders (GISO) Section 3203 and Construction Safety Orders (CSO) Section 1509.

A. TITLE 8 – GENERAL INDUSTRY SAFETY ORDERS SECTION 3203

General Industry Safety Orders (GISO) in Subchapter 7 establishes minimum occupational safety & health standards that apply to all places of employment in California. Additional industry, occupation or equipment specific safety orders are located in 14 other subchapters. Safety Orders in these subchapters that address like conditions and hazards will take precedence over the safety orders in the GISO wherever they are inconsistent with the General Industry Safety Orders. Section 3203 compliance sections are:

1) 3203(a)

   This written manual complies with the requirement every employer shall establish, implement and maintain an effective IIPP.

2) 3203(a)(1)

   Chapter 4.0 identifies the responsibilities assigned to each level of BCA for the implementation of the IIPP.

3) 3203(a)(2)

   Chapter 3.0 identifies BCA policy, protocols and systems used to ensure that employees comply with safe and healthy work practices.

4) 3203(a)(3)

   Chapter 6.0 outlines communication protocols for employees related to occupational safety and health.

5) 3203(a)(4)

Chapter 7.0 requires BCA to comply with a full program of evaluating and mitigating workplace hazards.

6) 3203(a)(5)

Chapter 11.0 identifies procedures to investigate occupational injuries or occupational illnesses.

7) 3203(a)(6)

Chapter 8.0 include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard.

8) 3203(a)(7)

Chapter 9.0 sets forth the BCA health and safety training and instruction program.

9) 3203(b)(1)

Chapter 10.0 establishes procedures to maintain records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices.

10) 3203(b)(2)

Chapter 10.0 establishes documentation procedures for safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers.

11) 3203(c)

Chapter 4.0 Section B establishes the BCA Safety Committee to comply with the communication requirements of subsection (a)(3).

B. TITLE 8 – CONSTRUCTION SAFETY ORDERS SECTION 1509

Application of these Orders establish minimum safety standards whenever employment exists in connection with the construction, alteration, painting, repairing, construction maintenance, renovation, removal, or wrecking of any fixed structure or its parts. These Orders also apply to all excavations not covered by other safety orders for a specific industry or operation. At construction projects, these Orders take precedence over any other general orders that are inconsistent with them, except for Tunnel Safety Orders or the Pressurized Worksite Standards in Article 154 of the General Industry Safety Orders.

1) 1509(a)

The BCA IIPP per Section 3203 of the GISO applies to both construction and office personnel.

2) 1509(b)

Chapter 16 is the adopted Safety Rules and Code of Safe Practices for Field and Office Employees. The relevant parts of Plate A-3 have been included in the Code.

3) 1509(c)

Chapter 6 requires all worksites will have Cal-OSHA required postings (including Safety Rules and Code of Safe Practices). The entire IIPP is posted on the BCA website.

4) 1509(d)

Chapter 6 directs that the Bureau Safety Committee meets monthly on the 3rd Thursday to discuss safety problems and accidents.

5) 1509(e)

Chapter 6 directs that all BCA District supervisors hold tailgate safety meetings every ten working days. Management shall monitor the progress of these meetings to ensure that they are being held and that appropriate safety topics are being discussed.

6.0 COMMUNICATION

Title 8 Regulation Section 3203 (a)(3) states that all employers must have a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.

A. INJURY AND ILLNESS PREVENTION PROGRAM MANUAL

This written manual complies with the requirement every employer shall establish, implement and maintain an effective IIPP. The manual, its appendices and reference documents are all posted on the BCA Website.

B. BUREAU SAFETY COMMITTEE

The Bureau Safety Committee shall ensure that BCA employees receive all safety related information. This will include changes to the IIPP, changes to state laws and regulations, training requirements, accident reports, Cal-OSHA citations and any other matter that may affect the health and safety of BCA staff.

C. BUREAU WEBSITE – SAFETY

The Bureau website will be the central repository of safety information. This will be updated on a monthly or as needed basis.

D. MONTHLY POSTERS

Each month Safety Posters will be posted on the Bureau Website - Safety. These posters will be based on the 26 bi-weekly Tailgate Safety Topics. The purpose of all posters will be to highlight the essential theme of each topic. The posters should be printed out by the supervisor and posted on the bulletin boards of each office.

E. TAILGATE SAFETY MEETINGS

Tailgate Safety meetings are a Cal-OSHA mandated requirement. This meeting will be conducted on a bi-weekly basis. The topics for each meeting are posted on the Bureau webpage and in the Appendix. Each district supervisor or their designate shall prepare for the assigned safety topic by reviewing the IIPP and Tailgate Safety Topic Information Sheets.

F. PWB BUILDING EMERGENCY OPERATIONS

The majority of BCA non-inspection and executive staff are housed at 1149 South Broadway in the Public Works Building (PWB). PWB Building management is responsible to communicate building safety requirements, conduct evacuation drills and coordinate all other building related emergency/safety information. BCA management has assigned the Emergency Preparedness Coordinator (Seffy Wiles, Ch Const Insp) to represent its interests by attending regularly scheduled PWB-Emergency Managers meetings.

7.0 WORKSITE INSPECTIONS

A. GENERAL INFORMATION

Bureau of Contract Administration IIPP directs management to maintain safe and healthful working conditions and to follow operating practices which will safeguard all employees and result in safe working conditions and efficient operation. This requires BCA to have a full program of evaluating and mitigating workplace hazards. This is accomplished through site inspections.

Periodic inspections provide a method of identifying existing or potential hazards in the work place, and eliminating or controlling them. Hazard control is the heart of an effective injury and illness prevention program.

This will be accomplished by specific inspections being performed as a regular part of the assigned duties. All staff will be encouraged to report hazardous conditions to management for evaluation and mitigation without a fear of reprisal.

B. SITE INSPECTION – ANNUAL

1) The Safety Engineer will perform a full facility inspection at each of BCA's main offices. All elements of the buildings life safety/health will be inspected and be recorded using the BCA Facility/Hazard Inspection Checklist. (Attachment CH07.A)
2) The facilities that are included in the annual inspection are:
    a: Public Works Bldg – 1149 South Broadway, Ste 300, Los Angeles
    b: Marvin Braude Constituent Center – 6262 Van Nuys Blvd. Ste 400, Van Nuys
    c: West Los Angeles - 1828 Sawtelle Blvd 3rd Floor, Los Angeles
    d: San Pedro City - 638 Beacon St., 4th Floor, San Pedro
    e: West Valley Office 19040 Vanowen St., Reseda
3) The designated supervisor shall be given a copy of the report.

C. SITE INSPECTION – SCHEDULED

1) Supervisors are responsible for inspecting their respective Bureau facilities on a regular schedule or when conditions warrant more frequent inspections.

2) If any hazard or violation is discovered and cannot be immediately mitigated by the supervisor (or designated staff) then it should be isolated and the Safety Engineer shall be contacted.
3) All observed hazards shall be recorded and reported using the BCA Facility Site Checklist:
   a: A description of any safety hazards noted.
   b: Descriptions of any unsafe work practices observed.
   c: Causes of the deficiencies and hazards noted.
   d: Recommendations for corrective action.
   e: A proposed schedule for completing the corrective actions.
   f: The original copy shall be forwarded to the Safety Engineer

D. SITE INSPECTION – UNSCHEDULED

1) The Safety Engineer shall perform random or spot inspections as a normal part of their duties. These inspections are intended to maintain integrity in the oversight of hazard awareness and assessment at all work sites.
2) Constructions sites and trailers are the primary focus of unscheduled site inspections.
3) The Safety Engineer may or may not inform the site supervisor that an unscheduled inspection is being performed. An inspection report shall be completed and a copy will be forwarded to the site supervisor and their Chief by email.
4) These random inspections shall be reported at the monthly Bureau Safety Meeting.

E. INSPECTIONS BY OUTSIDE AGENCIES

All BCA staff shall be trained in the City Personnel Department policy regarding" WHEN A CAL/OSHA REPRESENTATIVE ARRIVES" and BCA policy. There are three situations discussed in these policies:

1) CAL-OSHA representative arrives to inspect at a City facility or an accident/construction site **involving a BCA employee**
   a: Immediately contact your supervisor and at least one of the following managers;
      i - Randall Macfarlane, Civil Engineer – 213-798-5153
      ii - Chris Smith, Assistant Director – 213-798-5086
   b: Follow Personnel Safety Bulletin No. 2-1 (See Attachment CH07.B)

(http://per.lacity.org/safety/Safety_Bulletins.htm)

i - Politely ask Cal-OSHA rep to wait for one of the managers to arrive

ii - If the rep insists on starting the inspection then the BCA inspector shall follow the Safety Bulletin guidelines and BCA Policy

iii - **BCA Policy**

- If the rep insists on investigating the location before any manager arrives the inspector shall:
  - Request another inspector to come along for the inspection
  - BCA inspectors shall only respond to questions to the best of their knowledge and should **never** volunteer information.
  - The inspector shall take notes of what the rep is asking questions about, project locations and any other conversations with other individuals on the site.
  - Once the investigation is complete the inspector shall make a report to the BCA Safety Committee within 12 hours.

2) CAL-OSHA representative arrives to inspect a Contractor's construction site or personnel

a: Contact your supervisor and the BCA Safety Engineer.

b: If work is on-going perform your inspection duties,

i - but do not involve yourself in the inspection, and

ii - be aware of your compliance with job-site safety and make sure that all PPE is properly donned.

iii - If Cal-OSHA wants to include the inspector or the inspector's activities in their investigation – Follow BCA Policy.

c: If there is no on-going inspection work the inspector may leave the worksite and report at a location based on their supervisor's direction.

All other inspection requests by either City Departments or Outside Agencies are to be handled using the same protocols as set forth above.

F. SAFETY CONCERNS OR SUGGESTION FORM

1) Use Attachment CH07.C

Attachment CH07.A

FACILITY/HAZARD INSPECTION CHECKLIST

FACILITY:		DATE:		TIME:	
CONDUCTED BY:					
FACILITY REP:					

OBSERVED HAZARD – CORRECTION

BASED ON THE FOLLOWING INSPECTION REPORT

Description of safety hazard or unsafe work practice
Causes of hazards or unsafe work practices
Recommendations for Corrective Action
Proposed schedule for corrective actions

1. For all Hazards/Unsafe Work practices include photographs
2. Submit the report to the Safety Engineer
3. If this inspections identifies an imminent danger then all employees/workers should be evacuated to a safe location

FACILITY:		DATE:		Pg 2 of 2	
Criteria			**Yes**	**No**	**N/A**
DOCUMENTATION / GENERAL SAFETY					
OSHA required posters prominently displayed on bulletin board.					
OSHA Log maintained, Summary Posted Feb.-Apr., Filed for five years.					
Housekeeping and sanitation is adequate.					
All areas are provided with adequate lighting and ventilation					
Outside areas and parking lots are properly maintained.					
Are the restrooms appropriate for the number of employees; are regularly serviced					
FIRST AID / MSDS / HAZARDOUS WASTE					
Adequate number of first aid kits available for the number of employees in the area					
First Aid supplies inventoried and replenished as needed.					
Separate and appropriate storage facilities for hazardous materials/items					
Current Material Safety Data Sheets are available for hazardous materials.					
FIRE PROTECTION / ELECTRICAL EQUIPMENT					
Properly serviced fire extinguishers are readily available.					
Does the building have floor wardens, emergency maps and annual fire drills?					
Electrical equipment is maintained in good working condition.					
No electrical cords are running over/under walls or through doorways, etc.					
WORK & STORAGE AREAS					
Floors, corridors, walkways & aisles are relatively smooth and free of tripping hazards.					
Are stairways designed with slip-resistant surfaces and are adequately illuminated?					
Exits are unobstructed and properly marked with illuminated exit signs & lights					
Exit door hardware operates properly					
Do stairs have at least a 6-½ foot overhead clearance?					
Office furniture, chairs, desks, and tables are in safe usable condition					
Are signs posted showing the elevated surface load capacity, access and egress?					
Are materials on elevated surfaces piled, stacked or racked in a manner to prevent tipping, falling, collapsing, rolling or spreading?					
All cabinets are securely attached for earthquake loads					
Cabinets and shelves are properly loaded, heaviest items on bottom.					

Reference Only

Think SAFETY first **Safety Bulletin**

WHEN A CAL/OSHA REPRESENTATIVE ARRIVES

A number of Cal/OSHA inspections can occur yearly at various City facilities. Cal/OSHA compliance representatives are responsible for ensuring that the provisions of the California Occupational Safety and Health Act are followed. Representatives may visit City work sites to conduct routine inspections, review safety related records or documents, respond to a complaint of an unsafe condition, or investigate an accident. It's imperative that you contact your Department Safety Professional or Safety Coordinator when a Cal/OSHA representative arrives. The Personnel Department's Occupational Safety and Health Division can also assist with necessary information that the Cal/OSHA representative will ask concerning the City's safety programs. The Occupational Safety and Health Division can help protect the City from unnecessary citations and monetary penalties. **It is important that you take the following steps whenever a Cal/OSHA representative arrives at your worksite:**

1) Immediately contact your Department Safety Engineer or Safety Coordinator. If you are unable to contact your Department Safety representative you can contact the Personnel Department's Occupational Safety and Health Division, at 213-473-6981 or 213-473-7097.

2) Politely request the Cal/OSHA representative to wait for a City Safety professional to arrive before proceeding with an opening conference or inspection.

3) If the Cal/OSHA representative insists on starting an inspection or investigation before a City Safety professional arrives, accompany the representative and take written notes during the process. You should answer only those questions you are asked and should never volunteer information. If you do not have the information available during the time of the visit, you are allowed to submit it to the Cal/OSHA Office at a later date. Never admit guilt or argue with the Cal/OSHA representative.

4) If your Department receives any written correspondence from Cal/OSHA before or after a visit, contact your Department Safety representative. If you are unable to contact your Department Safety representative you can contact the Personnel Department's Occupational Safety and Health Division.

Additional information on what to expect from a Cal/OSHA inspection, investigation, or citation is available at www.dir.ca.gov

If you have any questions or concerns contact City Safety Engineer, Allan Tan at 213-473-6981.

All Safety Bulletins can be downloaded from the Personnel Department, Safety Division website at http://per.lacity.org/safety/Safety_Bulletins.htm

Attachment CH07.B

Policy Memorandum BCA Policy
City of Los Angeles Personnel Department – Safety Bulletin No. 2-1

WHEN A CAL/OSHA REPRESENTATIVE ARRIVES

1. If a Cal-OSHA representative arrives at the worksite regarding an investigation of the Contractor's staff or sub-contractor the BCA inspector shall not become involved with the investigation.
2. If a Cal-OSHA representative arrives at a BCA facility or at the worksite to investigate a BCA staff injury/incident the following shall apply:
   a. The staff on site shall immediately contact their supervisor stating that a Cal-OSHA inspector has arrived on site.
   b. The staff on site shall then contact the following list for a BCA representative to come to the site to facilitate the Cal-OSHA representative's access to the site.
      i. Randall Macfarlane, Safety Engineer – 213-798-5153
      ii. Chris Smith, Assistant Director – 213-798-5086
      iii. Bruno Huerta, OSHD – 213-473-7084
   c. If no one on this list can attend (within one hour) the staff person in charge shall escort the Cal-OSHA representative on the worksite but shall be governed by Safety Bulletin and the following protocols
      i. Escorting staff shall verify that the Cal-OSHA representative has all the necessary safety PPE to enter the site (if required)
      ii. Contact another BCA Inspector to accompany the inspection (if possible)
      iii. The escorting staff shall be advised to answer only questions that they feel comfortable with.
      iv. If the escorting staff is asked a question that is outside the scope of the investigation the staff should respond that the Cal-OSHA inspector needs to contact the BCA Safety Engineer.
      v. The escorting staff should answer with factual statements; not opinion.
   d. Once the site investigation is complete the escorting staff should memorialize the event as soon as possible and send a copy to their supervisor.

SAFETY CONCERN OR SUGGESTION FORM

Attachment CH07.C

If the safety concern creates a hazard to employees and needs immediate attention, please notify your supervisor or contact the Department Safety Coordinator or City Administrator at 9213) 473-7097. All personal information contained on this form is confidential.

Name: _____ Phone Number: _____
(Optional) *(Optional)*

Site or Facility Address: _____ Date: _____

Include a brief description of the safety concern or safety suggestion; include the location in which it can be investigated.

Has this safety concern been brought to the attention of your supervisor?

Yes _____ *No* _____ *If yes, date notified:* _____

Was Administrative Services Division notified regarding safety-related repairs?

Yes _____ *No* _____ *If yes, date notified:* _____

Do you want the Safety Staff to contact you?

Yes _____ *No* _____ *If yes, please include your name and phone number above:*

Please indicate your preference: _____ *Do not reveal my name to my supervisor*

_____ *My name may be revealed to my supervisor*

8.0 HAZARD ASSESSMENT - CORRECTION

A. GENERAL INFORMATION

The primary purpose of the Hazard Communication Program is to assure that employees are provided with information regarding hazardous substances in the workplace. Cal/OSHA has promulgated standards (Section 5194, General Industry Safety Orders) requiring a written plan to detail how this information is communicated to employees.

Hazards that are discovered as a result of periodic inspections or during normal operations shall be corrected promptly. Reports of unsafe conditions by employees or the public shall be investigated promptly by supervisors. BCA recognizes that hazards range from imminent dangers to relatively low risks. A supervisor's corrective actions must include evaluation of the potential hazard and suitable timetables for correction.

B. IMMINENT HAZARDS – LIFE OR LIMB

1) For Workplace Violence refer to Chapter 15
2) Immediate action shall be taken to mitigate or isolate the hazard
3) If the hazard cannot be immediately abated then all personnel shall be removed from the affected area; access should be limited.
4) BCA Inspectors/staff shall contact their supervisor or BCA Main Office/Dispatch
5) Appropriate contacts should be made depending on the location/ownership
   - a: City owned facilities
     - i - Safety and Health Division - (213) 473-7097
     - ii - Building Maintenance
     - iii - Los Angeles Fire Department (9-1-1)
   - b: Construction Sites
     - i - Contractor representative
     - ii - Cal-OSHA
     - iii - Los Angeles Fire Department (9-1-1)
     - iv - Report the hazard in the Inspector's Daily Report
   - c: Public Right of Way
     - i - 8 am – 5 pm Los Angeles Call Center 3 – 1 – 1 or;
     - ii - ASK LAPD 877-275-5273 (when not between 8 – 5)

iii - BCA Main Office/Dispatch

iv - 9 – 1 – 1 Emergency

6) Complete a BCA Facility/Hazard Inspection Checklist. (Attachment CH07.A) – Original goes to the Safety Engineer

C. GENERAL HAZARDS

1) Physical conditions of structures, equipment or environment may pose general hazards due to lack of maintenance or poor housekeeping.
2) BCA policy requires that all employees should take responsibility to report safety hazards immediately and prevent others from that danger
3) Responsibility generally belongs to the facility owner or occupant

a: City owned facilities

i - BCA Offices are maintained by General Services or a building management company.

ii - Contact the BCA designated staff for contact information

iii - Complete a BCA Facility/Hazard Inspection Checklist – Original goes to the Safety Engineer

b: Construction Sites

i - Contact the Contractor's representative

ii - Report the hazard in the Inspector's Daily Report

c: Public Right of Way

i - 8 am – 5 pm Los Angeles Call Center 3 – 1 – 1 or;

ii - BCA Main Office/Dispatch.

D. EMPLOYEE UNSAFE WORK PRACTICES

1) Supervisors are responsible for informing and protecting employees and the public regarding any safety hazards that have been discovered.
2) Supervisors shall immediately stop the City employee from unsafe work practices.
3) Supervisors are required to instruct employees on proper procedures before work resumes.
4) If additional training is warranted the supervisor is responsible to notify Training Division with that needs assessment.

E. EXPOSURE TO HAZARDOUS MATERIALS

1) All City owned/leased buildings are required to be free of hazardous materials.
2) If an employee discovers dangerous levels of asbestos, lead, mold, crystalline silica or chemical in the workplace they should immediately contact
   a: Supervisor
   b: Department's Occupational Safety and Health Division at (213) 473-7097.

F. HAZARD COMMUNICATION PROGRAM

The primary purpose of the Hazard Communication Program is to assure that employees are provided with information regarding hazardous substances in the workplace. Cal/OSHA has promulgated standards (GISO Section 5194) requiring a written plan to detail how this information is communicated to employees.

1) Communication of the BCA plan will be conducted during the scheduled Tailgate Safety Meeting training.
2) BCA Hazard Communication Program contains three elements
   a: Labels - are designed to provide information to employees concerning the hazards of various chemicals.
   b: SDS –Safety Data Sheet contain information for all products that may be hazardous. It provides workers and emergency personnel with procedures for handling or working with that substance in a safe manner.
   c: Training – Provides guidelines on the type of training that is required to handle a hazardous substance.
3) It is the supervisor's responsibility to know what hazardous chemicals are at their worksite
4) It is the supervisor's responsibility to provide employees with information and training concerning the hazardous substances in their work areas.
5) The training must be done at the time of initial assignment to the work area and whenever a new hazard is introduced into the work area.
6) General training will be done using the Tailgate Meeting Topic Information – HazCom

7) For additional information please consult Cal-OSHA Guide to the California Hazard Communication Regulation http://www.dir.ca.gov/dosh/dosh_publications/hazcom.pdf

9.0 HAZARD ANALYSIS FOR PERSONAL PROTECTION EQUIPMENT SELECTION

A. GENERAL INFORMATION

Bureau of Contract Administration's core business is the inspection of Public Works construction; both public and private. Each inspector, to safely accomplish their daily assignments, must be protected from workplace hazards. This involves the use of Personal Protective Equipment (PPE). BCA IIPP complies with General Industry Safety Order Section §3380 Personal Protective Devices and Construction Safety Order Section §1514 Personal Protective Devices.

Standard issue PPE is available from Administrative Division, Purchasing/Supplies at 213-847-2581. This PPE is identified in the new inspector orientation training.

B. TYPICAL WORK SITES – HAZARD ANALYSIS SHEETS

1) BCA has determined that the majority of the field assignments are in the following categories
   - a: Work in street Right-of-Way
   - b: Work in easements, hillsides, natural settings
   - c: Trench work including storm drain/sewer construction
   - d: Tunnel construction/Confined Spaces
   - e: Building construction
   - f: Material Control Plant Inspection
2) Each category/work task has been analyzed and PPE has been recommended. Attachment CH09.A

C. SUPERVISOR RESPONSIBILITY

1) Supervisors are given the direct responsibility to ensure that each employee has the appropriate PPE to perform their assigned duties.
2) The supervisor shall perform a Hazard Analysis of the assigned duties (if different from below) to determine potential areas of risk and then recommend the proper PPE.

3) Whenever possible the supervisor shall work with the employee and contractor to eliminate the need of specialized PPE by either modifying the inspection method, work process or by use of guardrails, ladder cages, CCTV or other means.
4) If specialized or non-standard issue PPE is required the supervisor shall work with the client for the equipment and any required training.
5) The supervisor shall confirm that the employee is properly trained on the use of assigned PPE.
6) If the supervisor determines that the employee is disregarding the proper use of PPE the supervisor shall determine whether the employee requires additional training or discipline.

D. EMPLOYEE RESPONSIBILITY

1) Each employee required to use PPE must know when PPE is necessary, what PPE is necessary, how to properly don, doff, adjust, and wear PPE, the limitations of the PPE, and the proper care, maintenance, useful life and disposal of the PPE.
2) The employee must communicate with their supervisor any concerns regarding their work assignment and PPE usage.
3) If the employee does not have the correct PPE to safely perform their duties the employee needs to contact their supervisor.

E. HAZARDOUS ANALYSIS

1) Complies with Title 8 GISO Section §3380 (f) Hazard assessment and equipment selection.

2) The supervisor shall first reference the Hazard Analysis worksheets for Typical Field Assignments (Attachment CH09.A). If the work that they will be assigned does not meet these worksheets the supervisor shall:
   a: Perform a Hazard Analysis
   b: Determine the PPE required
   c: Review the analysis with their Chief
   d: Provide inspection staff with new PPE
   e: Provide training for new PPE
3) Supervisor shall communicate with the BCA Safety Engineer requirements of the Hazard Analysis.

WORK TASK	IDENTIFY HAZARDS INVOLVED IN TASK				RECOMMENDED SELECTION OF PPE			
Indicate specific work task	[ ]	Head	[ ]	Inhalation	[ ]	Hard Hat	[ ]	Boot (hard toe)
	[ ]	Hearing	[ ]	Puncture/Penetration	[ ]	Vest	[ ]	Coverall - Disposable
	[ ]	Overhead	[ ]	Falling Objects	[ ]	Gas Detectors	[ ]	VOC Meter
	[ ]	Heat/Burn	[ ]	Light/Radiation	[ ]	Respiratory Protection	[ ]	Respirator - Odor
	[ ]	Chemical (specify)	[ ]	Blood borne	[ ]	Gloves	[ ]	Sun screen
	[ ]	Falling	[ ]	Confined Space	[ ]	Insect Spray	[ ]	Poison plant spray
	[ ]	Vehicle	[ ]	Insects	[ ]	Safety Glasses	[ ]	Face shields
	[ ]	Dust/dirt	[ ]	Odor	[ ]	Ear plugs/muffs	[ ]	Noise meter
	[ ]	Flying objects	[ ]		[ ]	Fall protection	[ ]	

Guideline to Selection of Personal Protective Equipment

This document serves as a guideline for the use of Personal Protective Equipment (PPE) for particular operations. Specific tasks are indicated in the first column, hazards associated with those tasks should be checked off in the second column, and recommended (this means that it PPE that may be required but not mandatory) PPE is indicated in the third column. Contact BCA Safety Engineer for additional assistance with the selection of PPE and with any additional questions.

NOTE:

1. All personal protective equipment must be approved (ANSI, NIOSH, etc.) for the work to be performed, properly fit each user, not be defective or damaged, be appropriate and properly maintained even if an employee provides his/her own protective equipment, and be used by trained employees.
2. Each employee required to use PPE must know when PPE is necessary, what PPE is necessary, how to properly don, doff, adjust, and wear PPE, the limitations of the PPE, and the proper care, maintenance, useful life and disposal of the PPE.
3. BCA inspectors are responsible to have the necessary clothing and footwear to protect them from injury. This includes
    i. Clothing – Body protection must meet Subchapter 7.2 Article 10. §3383
    ii. Footwear – must meet Subchapter 7.2 Article 10. §3385
4. Standard issue PPE for BCA Construction Inspectors are:
    i. Hard hat – Protective helmets shall comply with American National Standards Institute (ANSI) Z89.1-1997
    ii. Vest –High Visibility Work Wear ANSI/ISEA 107 Class 3 Compliant
    iii. Safety goggles – per Eye and Face Protection, Z87.1-1989
    iv. Sun screen
    v. Ear plugs/muffs – Hearing protectors must attenuate employee exposure at least to an 8-hour time-weighted average of 90 decibels as required by Section 5096(b).
    vi. First aid kits – 5 person
5. In stock PPE for BCA Construction Inspectors are: (Contact Stores/Supply for availability 213-847-2581)
    i. Safety Harness – Miller
    ii. Safety Lanyard – Miller
    iii. Gas detectors – 4 gas (Contact Safety Engineer)
    iv. Leather gloves
    v. Rubber boots – steel toed
    vi. Insect & Poison plant spray
    vii. Flashlights
6. PPE not typically supplied by BCA or for projects that require special PPE will be requested to be supplied by the Owner and will be discussed during the pre-construction meeting.
7. Contact BCA Safety Engineer for assistance at 213-798-5153.

WORK TASK	IDENTIFY HAZARDS INVOLVED IN TASK				RECOMMENDED SELECTION OF PPE			
Work in street Right-of-Way performing inspection on AC or PC pavement, curb & gutter or any other surface improvement	[X]	Head	[ ]	Inhalation	[X]	Hard Hat	[X]	Boot (hard toe)
	[X]	Hearing	[X]	Puncture/Penetration	[X]	Vest	[ ]	Coverall – Disposable
	[X]	Overhead	[X]	Falling Objects	[ ]	Gas Detectors	[ ]	VOC Meter
	[X]	Heat/Burn	[X]	Light/Radiation	[ ]	Respiratory Protection	[ ]	Respirator – Odor
	[ ]	Chemical (specify)	[ ]	Blood borne	[X]	Gloves	[X]	Sun screen
	[X]	Falling	[ ]	Confined Space	[ ]	Insect Spray	[ ]	Poison plant spray
	[X]	Vehicle	[ ]	Insects	[X]	Safety Glasses	[ ]	Face shields
	[ ]	Dust/dirt	[ ]	Odor	[X]	Ear plugs/muffs	[ ]	Noise meter
	[X]	Flying objects			[ ]	Fall protection	[ ]	Welding googles
Work in easements, hillsides, natural settings (parks, watercourses)	[X]	Head	[ ]	Inhalation	[X]	Hard Hat	[X]	Boot (hard toe)
	[X]	Hearing	[X]	Puncture/Penetration	[X]	Vest	[ ]	Coverall – Disposable
	[ ]	Overhead	[X]	Falling Objects	[ ]	Gas Detectors	[ ]	VOC Meter
	[ ]	Heat/Burn	[X]	Light/Radiation	[ ]	Respiratory Protection	[ ]	Respirator – Odor
	[ ]	Chemical (specify)	[ ]	Blood borne	[X]	Gloves	[X]	Sun screen
	[ ]	Falling	[ ]	Confined Space	[X]	Insect Spray	[X]	Poison plant spray
	[X]	Vehicle	[X]	Insects	[X]	Safety Glasses	[X]	Face shields
	[ ]	Dust/dirt	[ ]	Odor	[X]	Ear plugs/muffs	[ ]	Noise meter
	[X]	Flying objects			[ ]	Fall protection	[ ]	Welding googles
Trench work including storm drain/sewer construction	[X]	Head	[ ]	Inhalation	[X]	Hard Hat	[X]	Boot (hard toe)
	[X]	Hearing	[X]	Puncture/Penetration	[X]	Vest	[X]	Coverall – Disposable
	[X]	Overhead	[X]	Falling Objects	[X]	Gas Detectors	[ ]	VOC Meter
	[ ]	Heat/Burn	[ ]	Light/Radiation	[ ]	Respiratory Protection	[ ]	Respirator – Odor
	[ ]	Chemical (specify)	[ ]	Blood borne	[X]	Gloves	[X]	Sun screen
	[ ]	Falling	[X]	Confined Space	[ ]	Insect Spray	[ ]	Poison plant spray
	[X]	Vehicle	[ ]	Insects	[X]	Safety Glasses	[ ]	Face shields
	[X]	Dust/dirt	[X]	Odor	[X]	Ear plugs/muffs	[ ]	Noise meter
	[X]	Flying objects			[X]	Fall protection	[ ]	Welding googles

WORK TASK	IDENTIFY HAZARDS INVOLVED IN TASK				RECOMMENDED SELECTION OF PPE			
Tunnel construction for wastewater, storm drain, transportation. Includes vault construction	[X]	Head	[X]	Inhalation	[X]	Hard Hat	[X]	Boot (hard toe)
	[X]	Hearing	[X]	Puncture/Penetration	[X]	Vest	[X]	Coverall - Disposable
	[X]	Overhead	[X]	Falling Objects	[X]	Gas Detectors	[X]	VOC Meter
	[ ]	Heat/Burn	[X]	Light/Radiation	[X]	Respiratory Protection	[ ]	Respirator - Odor
	[ ]	Chemical (specify)	[ ]	Blood borne	[ ]	Gloves	[ ]	Sun screen
	[X]	Falling	[X]	Confined Space	[ ]	Insect Spray	[ ]	Poison plant spray
	[ ]	Vehicle	[ ]	Insects	[X]	Safety Glasses	[X]	Welding googles
	[X]	Dust/dirt	[X]	No light	[X]	Ear plugs/muffs	[X]	Noise meter
	[X]	Flying objects	[X]	Explosive Hazards	[X]	Fall protection	[X]	Flashlight, Explosive Proof
Building construction/ Demolition	[X]	Head	[ ]	Inhalation	[X]	Hard Hat	[X]	Boot (hard toe)
	[X]	Hearing	[X]	Puncture/Penetration	[X]	Vest	[ ]	Coverall - Disposable
	[X]	Overhead	[X]	Falling Objects	[ ]	Gas Detectors	[ ]	VOC Meter
	[ ]	Heat/Burn	[X]	Light/Radiation	[X]	Respiratory Protection	[ ]	Respirator - Odor
	[ ]	Chemical (specify)	[ ]	Blood borne	[ ]	Gloves	[ ]	Sun screen
	[X]	Falling	[ ]	Confined Space	[ ]	Insect Spray	[ ]	Poison plant spray
	[ ]	Vehicle	[ ]	Insects	[X]	Safety Glasses	[ ]	Face shields
	[X]	Dust/dirt	[ ]	Odor	[X]	Ear plugs/muffs	[ ]	Noise meter
	[X]	Flying objects			[X]	Fall protection	[X]	Welding googles
Material Control Plant inspection	[X]	Head	[X]	Inhalation	[X]	Hard Hat	[X]	Boot (hard toe)
	[X]	Hearing	[X]	Puncture/Penetration	[X]	Vest	[X]	Coverall - Disposable
	[X]	Overhead	[X]	Falling Objects	[X]	Gas Detectors	[ ]	VOC Meter
	[X]	Heat/Burn	[X]	Light/Radiation	[X]	Respiratory Protection	[X]	Respirator - Odor
	[X]	Chemical (specify)	[ ]	Blood borne	[X]	Gloves	[ ]	Sun screen
	[ ]	Falling	[X]	Confined Space	[ ]	Insect Spray	[ ]	Poison plant spray
	[X]	Vehicle	[ ]	Insects	[X]	Safety Glasses	[X]	Face shields
	[X]	Dust/dirt	[X]	Odor	[X]	Ear plugs/muffs	[X]	Noise meter
	[X]	Flying objects			[ ]	Fall protection	[X]	Welding googles

WORK TASK	IDENTIFY HAZARDS INVOLVED IN TASK		RECOMMENDED SELECTION OF PPE	
	[ ] Head	[ ] Inhalation	[ ] Hard Hat	[ ] Boot (hard toe)
	[ ] Hearing	[ ] Puncture/Penetration	[ ] Vest	[ ] Coverall - Disposable
	[ ] Overhead	[ ] Falling Objects	[ ] Gas Detectors	[ ] VOC Meter
	[ ] Heat/Burn	[ ] Light/Radiation	[ ] Respiratory Protection	[ ] Respirator - Odor
	[ ] Chemical (specify)	[ ] Blood borne	[ ] Gloves	[ ] Sun screen
	[ ] Falling	[ ] Confined Space	[ ] Insect Spray	[ ] Poison plant spray
	[ ] Vehicle	[ ] Insects	[ ] Safety Glasses	[ ] Face shields
	[ ] Dust/dirt	[ ] Odor	[ ] Ear plugs/muffs	[ ] Noise meter
	[ ] Flying objects		[ ] Fall protection	[ ] Welding googles
	[ ] Head	[ ] Inhalation	[ ] Hard Hat	[ ] Boot (hard toe)
	[ ] Hearing	[ ] Puncture/Penetration	[ ] Vest	[ ] Coverall - Disposable
	[ ] Overhead	[ ] Falling Objects	[ ] Gas Detectors	[ ] VOC Meter
	[ ] Heat/Burn	[ ] Light/Radiation	[ ] Respiratory Protection	[ ] Respirator - Odor
	[ ] Chemical (specify)	[ ] Blood borne	[ ] Gloves	[ ] Sun screen
	[ ] Falling	[ ] Confined Space	[ ] Insect Spray	[ ] Poison plant spray
	[ ] Vehicle	[ ] Insects	[ ] Safety Glasses	[ ] Face shields
	[ ] Dust/dirt	[ ] Odor	[ ] Ear plugs/muffs	[ ] Noise meter
	[ ] Flying objects		[ ] Fall protection	[ ] Welding googles
	[ ] Head	[ ] Inhalation	[ ] Hard Hat	[ ] Boot (hard toe)
	[ ] Hearing	[ ] Puncture/Penetration	[ ] Vest	[ ] Coverall - Disposable
	[ ] Overhead	[ ] Falling Objects	[ ] Gas Detectors	[ ] VOC Meter
	[ ] Heat/Burn	[ ] Light/Radiation	[ ] Respiratory Protection	[ ] Respirator - Odor
	[ ] Chemical (specify)	[ ] Blood borne	[ ] Gloves	[ ] Sun screen
	[ ] Falling	[ ] Confined Space	[ ] Insect Spray	[ ] Poison plant spray
	[ ] Vehicle	[ ] Insects	[ ] Safety Glasses	[ ] Face shields
	[ ] Dust/dirt	[ ] Odor	[ ] Ear plugs/muffs	[ ] Noise meter
	[ ] Flying objects		[ ] Fall protection	[ ] Welding googles

10.0 SAFETY RELATED TRAINING

A. GENERAL INFORMATION

Effective dissemination of safety information is essential for the success of the BCA IIPP. Training includes general safe work practices as well as specific instruction on control of hazards unique to each employee's job assignment. Supervisors are responsible for the safety training related to their subordinate employees. Chapter 18 outlines the Safety Topics that are specific to the work that BCA performs and the training requirements.

B. TYPES OF TRAINING

BCA uses many types of training methods to communicate safety-related information to employees. Training may vary widely with respect to instructional method, setting, and subject matter. Types of training applicable to all employees include:

1) Classroom instruction involves the presentation of general or specific safety information. The Training Section is tasked with performing a needs assessment based on work assignments and then scheduling classes. These classes may be taught by bureau employees or outside vendors.
2) Tailgate Safety meeting have a 26-week schedule in which refresher information is presented. This information is referenced in Chapter 19 - TAILGATE SAFETY MEETING (TMS) TOPICS
3) On-the-job training is for all employees to receive instruction from the supervisor. On-the-job training can also include instruction on how to operate and maintain new equipment by manufacturer representatives.
4) Written instructions or training materials include memos, safety bulletins, and policy memorandum.

C. GENERAL – NEW HIRE TRAINING

General safety training is classroom instruction that refers to instruction which is applicable to all bureau employees and not related to specialized trades or procedures. BCA Training policy requires that all new employees attend a new hire orientation provided by the Training Section. New hire orientation shall include the following safety and health subjects:

1) Basic safety training and introduction to the IIPP, including an overall review of employees' rights and employer's responsibilities under the California Code of Regulations, Title 8.
2) Instruction on reporting injuries and unsafe conditions, and employees' rights under Workers' Compensation law.
3) All new inspectors must attend mandatory probationary classes (See Bureau of Contract Administration Training Manual for a full list and syllabus for each class) that deal with construction and personal safety.
4) Construction Inspector MOU requires a "10 hour OSHA training" based on OSHA Outreach Training Program (https://www.osha.gov/dte/outreach/index.html).
   a: BCA Training Section compliance for 10 hour class is accomplished by having all new inspection staff (hired or transferred) receive 16 hour new employee orientation that includes Worksite Safety module
      i - GEN100 ORIENTATION [16 hour]
      ii - CRE103 SURVEYING & WORKSITE SAFETY [8 hour]
   b: The 10 hour class (or series of training) is intended for entry level workers and shall also include;
      i - Training in job hazard recognition and avoidance
      ii - At least 4 hours on Focus Four hazards:
         - Fall Hazards,
            - Because most construction fatalities are caused by fall hazards this will be a minimum of 1-1/2 hours
         - Caught-In or -Between, Struck-By and Electrocution
            - All others to be a minimum of 1/2 hour
      iii - Provides training on the recognition, avoidance, abatement, and prevention of workplace hazards

D. SAFETY TRAINING –FOR ALL EMPLOYEES

1) All staff will attend regularly scheduled Tailgate Safety Meetings per Chapter 19.
2) All employees shall receive annual training to render First Aid per §3400. Medical Services and First Aid.

3) All staff will receive basic annual training in CPR and AED.

4) All inspection staff are required to attend the following mandatory safety training as a new hire and then every two years.

a: HAS116 Confined Space Training

b: CIE145- Excavation Safety Training

E. SPECIALIZED SAFETY TRAINING

1) Whenever employees' assignments involve duties requiring specialized training or PPE they will immediately meet with their supervisor to discuss the requirements.

2) Contractor or BCA provided specialized training or PPE shall be provided at no cost to the employee.

3) Records of completion for specialized Safety Training (provided by BCA Staff or Outside Vendors) shall be forwarded to BCA Safety Committee and Admin Section for inclusion in the employees files. Examples of this training may be:

a: Project safety training per the Contractor IIPP

b: Respirator fit tests performed by City Medical Services

c: Safety harness assignment by BCA Safety Coordinator

4) Use CH 10 E Specialty Training Record forms (attached below)

F. SUPERVISOR RESPONSIBILITY

It is the responsibility of each supervisor to ensure that employees receive general and job-specific safety training for each employee under his/her direct control. Supervisors are required to review employees' compliance with instruction given regarding safety rules, regulations, and policies established by the IIPP. The supervisor must ensure that employees comprehend the training they are provided, ensuring that language barriers and/or literacy difficulties are accommodated. Instruction by supervisors shall include the following subjects:

1) Safe work procedures, personal protective equipment, evacuation and emergency response, hazard communication and identification, and reporting of workplace safety hazards.

2) Protection of employees from hazards specific to their individual job duties.

3) New substances, processes, procedures, or equipment introduced into the workplace that may create new hazards, when new or previously unrecognized hazards are brought to a supervisor's attention.

G. TRAINING SCHEDULE

Department policy requires that employees are provided safety-related instruction upon reporting to work the first day and prior to being assigned a new job task or process for which training has not been previously provided. Supervisors are responsible for providing training whenever a new substance, process, procedure or piece of equipment is introduced into the workplace. Supervisors are required to notify and inform employees when they receive information from the Bureau Safety Committee or Department's Occupational Safety and Health Division regarding changes in safety and health rules, regulations, or polices. In addition, the BCA shall follow all requirements regarding frequency of training established by the California Code of Regulations, Title 8

H. DOCUMENTATION AND RETENTION OF SAFETY TRAINING RECORDS

All safety related training records are archived on the primary BCA server located in PWB. Records are maintained per CCR Title 8. All safety training records include the subject title, name of employee, the date of training and the person who administered the training. Record requests are made to the Training Section supervisor or the Safety Engineer.

Attachment CH10 A - Specialty Training Record – Generic

Employee *Date*

Bureau of Contract Administration Injury and Illness Prevention program clearly outlines training requirements to satisfy Cal-OSHA Title 8 GISO section §3203. Injury and Illness Prevention Program. This compliance is Chapter 10 in the BCA IIPP and covers most types of general/specific safety training that BCA employees are guaranteed.
There are situations that an employee requires specialized training that is not typically provided. This form documents that special training. Supervisors will complete this form anytime that an employee receives special training from the supervisor, safety official, outside vendor or PPE provider.

Training Title *Date*

Describe the training

No

Yes

Certification Issued by Authority (Attach a copy) *Date*

Name of Trainer *Company Name & Address*

STATEMENT OF SATISFACTORY TRAINING RECEIPT

By signing this form the employee acknowledges that the training provided satisfactorily informs/trains them to safely perform their assigned tasks. *Date*

Signature of Supervisor *Date*

Attachment CH10 B - Specialty Training Record – Miller Safety Harness

Employee *Date*

Bureau of Contract Administration Injury and Illness Prevention program clearly outlines training requirements to satisfy Cal-OSHA Title 8 GISO section §3203. Injury and Illness Prevention Program. This compliance is Chapter 10 in the BCA IIPP and covers most types of general/specific safety training that BCA employees are guaranteed.
There are situations that an employee requires specialized training that is not typically provided. This form documents that special training. Supervisors will complete this form anytime that an employee receives special training from the supervisor, safety official, outside vendor or PPE provider.

MILLER SAFETY HARNESS

Training Title *Date*

Describe the training

No

Yes BCA Safety Engineer – Fall Protection Competent Person

Certification Issued by Authority (Attach a copy) *Date*

Name of Trainer *Company Name & Address*

STATEMENT OF SATISFACTORY TRAINING RECEIPT

By signing this form the employee acknowledges that the training provided satisfactorily informs/trains them to safely perform their assigned tasks. *Date*

Signature of Supervisor *Date*

ASSIGNED EQUIPMENT

Python Harness Gn	P950/S/MGN	☐	P950-7/UGN	☐	P950-7/XXLGN	☐
Manyard 2 Leg Rebar	231TWRS-Z7/6FTGN	☐				
O-Ring Web Extension	8927/8INGN	☐				
Rope Grab		☐				

USER TRAINING:

- Users of the equipment must check the condition of the equipment before and after each use. Do not use the equipment if there is any doubt about its ability to perform as required.
- The equipment must not be altered in any way.
- Only 1 person at a time is to wear or be connected to the equipment.
- Any equipment involved in arresting a fall must be withdrawn from service and destroyed.
- Do not allow the equipment or any rope, lanyard or webbing to come in contact with high temperature surfaces, welding, heat sources, electrical hazards or moving machinery
- Energy Asborbers (If applicable): If an energy absorber show signs of having sustained a fall (usually by elongation), it should be discarded. Suspension: If a person is suspended in a harness for a length of time and is immobilized they may, depending on the individual's susceptibility, suffer from "Suspension Trauma".

1. Take the Harness out of the packaging. Whilst holding the rear Dee ring, shake the harness so all of the straps fall into place. If the leg and chest strap buckles are fastened, release straps by un-buckling. To remove: lift small top plate and align with slots in bottom plate. Using thumb and finger, guide the small plate through slots.

2. Hold harness in the air by the rear D-ring and establish shoulder straps. Bring the harness over the torso, so the rear D-ring sits to the middle back, and the shoulder straps sit on each shoulder.

3. Adjust and fasten chest strap.

4. Pull right leg strap between legs, and fasten with corresponding buckle on right hand side. Repeat process with the left-hand leg strap. Do not cross straps between legs.

Fit should be snug, but not restrictive of movement.

5. Run your hands over the harness to ensure there is no twisting or bunching. If a strap is not lying correctly, remove your harness and refit as per the above instructions.

§1670. Personal Fall Arrest Systems, Personal Fall Restraint Systems and Positioning Devices.

(a) Approved personal fall arrest, personal fall restraint or positioning systems shall be worn by those employees whose work exposes them to falling in excess of 7 1/2 feet

Attachment CH10 C - Specialty Training Record – GfG G450 Mulit-gas Detector

Employee *Date*

Bureau of Contract Administration Injury and Illness Prevention program clearly outlines training requirements to satisfy Cal-OSHA Title 8 GISO section §3203. Injury and Illness Prevention Program. This compliance is Chapter 10 in the BCA IIPP and covers most types of general/specific safety training that BCA employees are guaranteed.
There are situations that an employee requires specialized training that is not typically provided. This form documents that special training. Supervisors will complete this form anytime that an employee receives special training from the supervisor, safety official, outside vendor or PPE provider.

GfG G450 Multi-Gas Detector

Training Title *Date*

Describe the training

No

Yes BCA Safety Engineer – Gas Detector/NPRCS Competent Person

Certification Issued by Authority (Attach a copy) *Date*

Name of Trainer *Company Name & Address*

STATEMENT OF SATISFACTORY TRAINING RECEIPT

By signing this form the employee acknowledges that the training provided satisfactorily informs/trains them to safely perform their assigned tasks. *Date*

Signature of Supervisor *Date*

ASSIGNED EQUIPMENT

GfG G450 S/N _____ Date of calibration / /201

GfG G450 gas detectors require calibration every 6 months….Contact Safety Engineer –(213) 798-5153

G450 Multi-gas Monitor - Basic Operation

GfG Instrumentation

Turning the G450 "ON"

Press the right hand button for about 1 second. Upon activation the first display is the GfG logo, G450 and software version in the upper right corner. The next displays are "Self Test" (A1, A2, A3) including activation of the audible, visual, and vibrating alarms. Then "User" and "Location" with date/time and a "Sensor Test". For each sensor installed, the next screens will show the full scale measuring range, alarm set points, and 3 previous calibrations. If applicable, a notice and alarm will be given if a Bump Test or Calibration is overdue. Then "NEXT INSPECTION" date, "ALL SENSORS READY" and finally "ALARMS ACTIVE Monitoring". Once the self-test and warm-up is complete, the G450 is in the Detection Mode. Calibrate or Bump Test if necessary.

Gas Concentration Alarm Indications

When the A1 alarm level is activated, the LCD is backlit in yellow, "ALARM1" alternates with the appropriate gas ID, and the concentration display contrast inverts (w/ audible, visual, and vibrating alarms). When the A2 or A3 alarm levels are activated, the LCD is backlit in red, "ALARM2" or "ALARM3" alternates with the gas ID, and the concentration display contrast inverts (w/ audible, visual, and vibrating alarms). To reset latching gas concentration alarms, press the (RESET) button when the concentration is below the alarm set point.

Low Battery Alarm

A Low Battery is indicated with a flashing empty battery icon. Audible and visual alarms are activated once every minute. The monitor automatically shuts off in 15 minutes.

Peak Hold Mode

Pressing the (PEAK) button will activate the Peak Hold Mode. In this mode, only the highest combustible gas and toxic gas readings and the lowest O2 readings are displayed. All sensors and alarms are functioning as normal. Peak Hold Mode is identified by the symbol in the lower left corner. Press (PEAK) button again to return to the Detection Mode.

Sensor Over-range

If the full scale measuring range is exceeded, up arrows will appear in the concentration display. For the %LEL scale, take to a known fresh environment to reset. When in a known fresh air environment, press the (RESET) button. Confirm you are in a Fresh Air environment by pressing (YES). After a brief warm up period, the sensor will be ready for operation.

Alarms

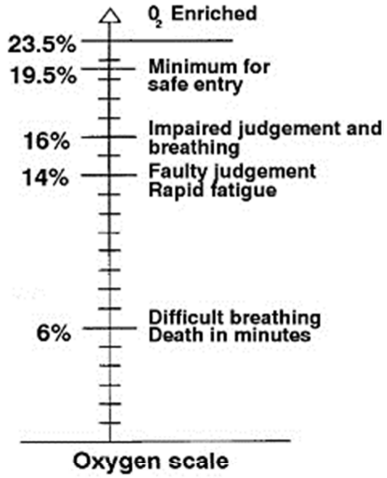
If the measured gas concentration exceeds a pre-set threshold, the monitor will give audible and visual alarms. If the detection range of the LEL sensor is exceeded, the display will read "↑↑↑↑", indicating it is over range, instead of a value for gas concentrations above 110% LEL.

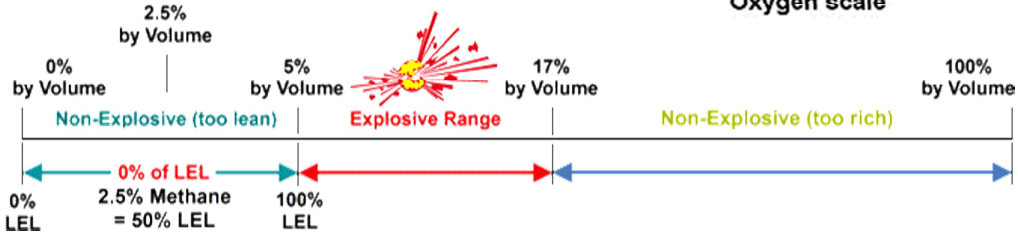
Carbon Monoxide (CO)

PPM	EFFECTS
0	Normal
9	Max allowable short term -ASHRAE
10 - 24	Investigate source human health effects not understood
25	Maximum exposure TWA - (OSHA - alarm)
50	Maximum exposure in workplace (OSHA)
125	(OSHA - alarm)
200	dizzy, nausea, fatigue headache (evacuate)
400	life threatening 3 hrs
800	convulsions, unconcious death within 2 - 3 hrs
1600	death within 1 - 2 hrs
6400	death within 30 min.
12800	death within 1 - 3 min.

LEVEL OF HYDROGEN SULFIDE CONCENTRATION	HEALTH IMPACTS
50-100 ppm	Altered breathing
100-300 ppm	Pulmonary edema
500-700 ppm	Collapse with 5 minutes; death within 30 to 60 minutes
1000 ppm	Nearly instant death

Cal-OSHA Alarm Settings
Toxic gases => 10 ppm H_2S
Explosive gases =>10% (LEL).
Oxygen Deficiency <= 19.5% by volume.
Carbon Monoxide <= 25 ppm





11.0 ACCIDENTS REPORTING / BLOOD BORNE PATHOGEN EXPOSURE

A. GENERAL INFORMATION

Supervisors are directly responsible to ensure that all employees are trained in accident reporting. Employees are required to report all injuries or accidents to their supervisor immediately no matter how slight the occurrence. There are four types of accidents that may happen as a result of work related activities. These are:

1) Vehicle Accident w/o Employee Injury
2) Vehicle Accident w/ Employee Injury
3) Employee Injury – Non Vehicle related
4) Project Accident

These accidents are summarized on the Accident Reporting Flowchart (Attachment CH10.A). Each type of accident requires specific Accident Reporting Forms and notification requirements. Non-life threatening injuries should be immediately reported to the supervisor. Serious injuries/illness or deaths require prompt notifications and are discussed in Section D.

B. REPORTING FORMS

All forms are available on the BCA Webpage in the Safety Section with samples included at the end of this chapter (Attachment CH 11 A - BCA Accident Reporting Flowchart). Each form has clear instructions. Additional information is available on several City websites.

C. ACCIDENT REPORTING PROCEDURES

1) Vehicle Accident w/o Employee Injury
    a: Employee Responsibility
        i - All mileage vehicles must carry Form Gen 88 in vehicle glove compartment
        ii - Stop immediately
        iii - Employee may offer to provide first aid to injured party
        iv - Notify LAPD
        v - Notify supervisor and main office
        vi - Complete Form Gen 88 regardless how slight the injury or damage

vii - Take pictures of all vehicles involved; take pictures of other party

viii - Record the names and contact information of any witnesses on Form Gen 88

ix - Notify the insurance carrier

x - If damage exceeds $500 notify DMV within 10 days

xi - If the vehicle is city-owned then the employee must take vehicle to GSD Fleet Services within 5 working days

xii - Submit Form Gen 88 to supervisor

b: Supervisor Responsibility

i - Review Form Gen 88 (if information is missing return to employee)

ii - Sign Form Gen 88

iii - Complete Form Gen 88 Supplemental

iv - Perform thorough investigation

v - If corrective actions are recommended communicate with Admin HR and the Division Chief

vi - Submit to Division Chief for Signature

vii - When forms are completed the supervisor will distribute copies as follows:

- Original to BCA Timekeeper
- Copy to Safety Engineer
- Copy to Employee

2) Employee Injury – Non Vehicle

a: Employee Responsibility

i - Must report any injury no matter how slight

ii - Complete California WC Form 5020 and submit to supervisor

iii - May or may not choose to complete WC Claim Form DWC 1

b: Supervisor Responsibility

i - If the injury is not life threatening, the supervisor should refer the employee to a designated medical clinic, first care panel or to his/her pre-designated physician. The employee may be treated by his personal doctor if he/she has a pre-designated physician form on file with the Workers Compensation Division prior to the injury or illness. The supervisor must give the employee the "Injury Status Report Form" (Form 195) with the attached

instructions prior to any visit to the doctor for an industrial injury or illness. A copy of Form 195 can be downloaded from http://per.ci.la.ca.us/WorkCmp/Injury_Status_Report.pdf

ii - For all accidents that involves any serious injury or illness (requiring inpatient hospitalization for a period in excess of 24 hours), or death refer to CH11.E.

iii - The supervisor must give the employee both claim forms (5020 & DWC-1 and Notice of Potential Eligibility) within one working day of receiving notice or knowledge of injury. It is recommended that the supervisor assists the employee to fill out the forms.

iv - Supervisor should review the employee completed forms and sign

v - Complete BCA Supplemental WC Form 5020

vi - If corrective actions are recommended communicate with Admin HR and the Division Chief

vii - Submit to Division Chief for review and signature

viii - When forms are completed the supervisor will distribute copies as follows:

- Original to BCA Timekeeper
- Copy to Safety Engineer
- Copy to Employee

3) Vehicle Accident w Employee Injury

a: All forms should be completed as outlined above

4) Project Accident

a: Requires Form Gen M-29

b: If the inspector was not present at the time of the accident the M-29 should still be filled out with the best information that can be gathered from witnesses/workers at the site.

c: The inspector should take pictures of any damage or injury

d: The supervisor should request accident reports from the contractor

e: If there are “Lessons to be learned” the inspector should complete the supplemental section on the back of the form

f: The original reports should be submitted to the Safety Engineer. Copies should be kept in the job file

D. SUPERVISOR INVESTIGATION/DOCUMENTATION

1) Supervisors shall investigate all reported accidents, injuries, occupational illnesses, and near-miss incidents. Supervisors investigating accidents or injuries shall document all information that is gathered during the investigation process.
2) The supervisor must document all interviews with the injured employee(s) and witness(es), examine the workplace for factors associated with the accident, review work procedures and training, determine cause, and take corrective action.
3) The supervisor shall complete the Supplemental forms in a timely manner
4) If the employee is too badly injured or too ill to complete the forms then the supervisor shall complete the forms by interviewing the employee, interviewing the contractor or witnesses or by reviewing project documents or police reports.
5) If discipline or corrective actions are recommended the supervisor shall meet with the Division Chief and Administrative HR staff to ensure that City policies are correctly applied.
6) The supervisor is responsible for all forms that must be completed and submitted to the Timekeeper and the Safety Engineer

E. REPORTING SERIOUS INJURY/ILLNESS OR DEATH

1) In the event that an employee while in a place of employment or in connection with any employment suffers "any serious injury or illness, or death[1]" the employer shall "immediately[2]" contact the nearest District Office of the DOSH pursuant to Title 8.
2) City of Los Angeles Board of Public Works also requires notification in the event of a serious injury/illness or death within 6 hours per Policy #16 (Attachment CH11.C)

[1] Per Title 8 Section 330 (h) the definition of "Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment that 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, but 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.

[2] "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. 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.

3) The BCA employee that is the first to be aware of an employee suffering the serious injury or illness, or death must;
   a: Contact 9-1-1 or local emergency number (if not already called)
   b: Must contact at least one of the following personnel
      i - Supervisor
      ii - Safety Engineer
      iii - Division Chief
      iv - Dispatch
      v - Main Office – Exec Secretary/alternate
   c: The following information must be immediately conveyed;
      i - Name of employee injured
      ii - Type and severity of injury or illness
      iii - Location
      iv - Emergency personnel on site
      v - Any other information that is available
      vi - Determination on which party will contact Cal-OSHA and provide all available information
4) This employee may choose to accompany the injured worker to the closest First Care Facility or the local emergency room
5) The accident site must be safe-guarded so that all evidence is protected for the BCA or Cal-OSHA or police investigation.

F. ACCIDENTS INVOLVING EXPOSURE

1) Any employee that may have had exposure to hazardous chemicals, asbestos, or lead must be reported to the Department's Occupational Safety and Health Division immediately at (213) 473-7097.
2) If a City employee is exposed to any human fluid like blood, mucus or other discharge they should refer to Tailgate Safety Meeting Topic - Bloodborne Pathogens. In summary the following five points summarizes the BCA Bloodborne Pathogen plan.
   a: Personnel Department Occupational Safety and Health has determined that all BCA employees have an extremely low risk of exposure with blood or infectious material.

b: All inspection classes in BCA are identified as “Emergency First Aid Respondees” and may choose whether or not to respond to a particular first aid incident.

c: Universal Precautions implies that all body fluids (if encountered) will be identified and handled as if they are known to be infectious, regardless of source.

d: Exposure is when a specific work-related event in which blood or other potentially infectious material makes contact with the employee’s eye, mouth, nose or open cut or puncture.

e: In the event of an exposure incident, the employee must

- i - Immediately clean all wounds
- ii - Report all contact with body fluids or infectious material to their supervisor
- iii - Immediately contact City of Los Angeles Occupational Health and Safety Division (OHSD) for evaluation.
- iv - City OHSD reports are confidential between them and the employee.

Attachment CH11.A

BCA ACCIDENT REPORTING FLOWCHART

NOTE FOR ALL FORMS: Must be signed by Supervisor Original Copy: BCA Timekeeper Copy: Safety Committee & Employee

Bloodborne Pathogen

1. Immediately clean all wounds
2. Report all contact with body fluids or infectious material to their supervisor.
3. Immediately contact City of Los Angeles Occupational Health and Safety Division (OHSD) for evaluation at (213) 473-7097.

Exposure – Hazardous Chemicals

Any employee that may have had exposure to hazardous chemicals, asbestos, or lead must be reported to the Department's Occupational Safety and Health Division immediately at (213) 473-7097.

General Public
Individual
Vehicle
Property
Contractor
Personnel
Equipment

Complete 1 Form
PROJECT ACCIDENT FORM M-29
Must be signed by supervisor
Original – Safety Engineer
Copy – Job File

NOTE:
This form needs to be filed with BCA within 5 working days after the inspector has received knowledge of accident. Report should include pictures wherever possible.

BCA Employee
Injured on Duty – Non Vehicle
Complete 6 Forms

Box 1

Complete State WC Forms
1. State of California WC Form 5020
2. WC Claim Form DWC 1

Complete BCA Form
3. ED-18 Employee Report
4. ED-18 Supervisor Report
5. ED-18 Witness Form

Complete City Form
6. Injury Status Form 195

NOTE:
The supervisor must give the employee both claim forms (State/ED18 Form 5020 & DWC-1) within one working day of receiving notice or knowledge of injury; but the employee may choose not to file. It is however, recommended that the supervisor assists the employee to fill out the forms and keep them in case the employee changes their mind.

BCA Employee
Mileage Vehicle – Non Injury
Complete 2 Forms

Box 2

Complete City of Los Angeles
1. Automobile Accident Report Form 88

Complete BCA Form
2. Supplemental Form 88

NOTE:
If the vehicle is a City owned fleet vehicle then take the vehicle to GSD Fleet Services within 5 working days. The BCA time keeper will send a Form 88 copy to GSD Fleet Services & Personnel Department.

BCA Employee
Mileage Vehicle – With Injury
Complete 8 Forms

Box 1 forms
and
Box 2 forms

BCA Policy: Employee w/ Serious Injury – Illness - Death on Duty
1) Call 9-1-1 2) Call Supervisor 3) Call BCA Safety Engineer 213-798-5153
Supervisor shall complete Attachment CH11 B prior to calling Cal-OSHA

CAL-OSHA NOTIFICATION
Immediately
(within 8 hours)

City Los Angeles Safety Engineer – (213) 473-6981
Cal-OSHA L.A. District Office: (213) 576-7451
Cal-OSHA Monrovia District Office: (626) 239-0369
Cal-OSHA Van Nuys District Office: (818) 901-5403

Per Title 8 Section 330 (h) the definition of "Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment that 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, but 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.

"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. 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.

Heat Exhaustion

The most common signs and symptoms of heat exhaustion include; confusion, dizziness, fainting, fatigue, headache, nausea, rapid heat beat.

Things to do:

1) Lower Body Temp - Move person into a cool environment.
2) Rehydrate - Nonalcoholic and non-caffeinated beverages
3) Rest - No physical activity until recovered.
4) Call 9-1-1 if;
   - Symptoms get worse or last more than an hour
   - The person is nauseated or vomiting

TO BE COMPLETED BY SUPERVISOR or SAFETY ENGINEER

As required by Title 8 regulations, section 342, you must include the following information in your phone call

1. Time and date of accident/event

2. Employer's name, address and telephone number

   City of Los Angeles – Public Works - Bureau of Contract Administration

   c/o Mr. John L. Reamer Jr. Director

   1149 South Broadway, Ste 300, Los Angeles, Ca 90015 Main Office (213) 847-1922

3. Name and job title of the person reporting the accident

4. Address of accident/event site

5. Name of person to contact at accident/event site

6. Name and address of injured employee(s)

   Victim 1:

   Victim 2:

7. Nature of injuries

   Victim 1:

   Victim 2:

8. Location where injured employee(s) was/were taken for medical treatment

Facility	Hosp/Clinic	Admitted	Outpatient

9. List and identity of other law enforcement agencies present at the accident/event site

10. Description of accident/event and whether the accident scene or instrumentality has been altered.

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to $10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, l administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende *(Primary Treating Physician- PTP)* es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN)* o una Organización de Cuidado Médico *(Health Care Organization- HCO)*, en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta $10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o *PTP*:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su *PTP* sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una *MPN*, *HCO* o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su *PTP*, puede solicitar una revisión médica independiente *(Independent Medical Review-IMR)*, utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la *IMR* es parecido al proceso de la *IMR* de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la *IMR*. La *IMR* no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su *PTP* en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesg perder el derecho a objetar a la opinión de su *PTP* a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado *(Qualified Medical Evaluator-QME)* para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado *(Agreed Medical Evaluator- AME)*. Si el administrador de reclamos no está de acuerdo con su *PTP* sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un *QME* o *AME*.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at **www.californiaspecialist.org**.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo *(Supplemental Job Displacement Benefit- SJDB)*: Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo un curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisios, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatalde Incapacidad *(State Disability Insurance- SDI)* o beneficios del desempleo *(Unemployment Insurance- UI)*. Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia *(Information & Assistance- I&A)*: Los Oficiales de Información y Asistencia *(I&A)* estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California *(State Bar)* al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the **"Employee"** section and give the form to your employer. Keep a copy and mark it "**Employee's Temporary Receipt"** until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401.** An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: *Complete la sección* ***"Empleado"*** *y entregue la forma a su empleador. Quédese con la copia designada* ***"Recibo Temporal del Empleado"*** *hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al* ***(800) 736-7401*** *para oir información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.*

Ud. también debería haber recibido de su empleador un folleto describiendo los benficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above ***Empleado—complete esta sección y note la notación arriba.***

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____a.m. _____p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde occurió el accidente.* _____
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. ☐ Check if you agree to receive notices about your claim by email only. ☐ *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. _____ *Correo electrónico del empleado.* _____.

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*

9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. ***Empleador—complete esta sección y note la notación abajo.***

10. Name of employer. *Nombre del empleador.* **City of Los Angeles**
11. Address. *Dirección.* **700 East Temple Street, Room 210, Los Angeles, CA 90012**
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia adminstradora de seguros.* _____
City of Los Angeles, 700 East Temple Street, Room 210, Los Angeles, CA 90012
16. Insurance Policy Number. *El número de la póliza de Seguro.* **Self-Insured**
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: *Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de* ***un día hábil*** *desde el momento de haber sido recibida la forma del empleado.*

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐Employer copy/*Copia del Empleador* ☐Employee copy/*Copia del Empleado* ☐Claims Administrator/*Administrador de Reclamos* ☐Temporary Receipt/*Recibo del Empleado*

NEAR-MISS REPORTING AND INVESTIGATION FORM

Note: A **Near-Miss** is an unplanned event that did not result in an injury and/or illness but had the potential to do so.

Name of the employee completing this form:

☐ Supervisor ☐ Safety Representative ☐ Witness ☐ Other If other, please indicate job title:	Contact Phone Number:
Date of the Near-Miss event:	Time of the Near-Miss: _____ ☐ a.m. ☐ p.m.
Location where the Near-Miss event occurred: Address: Area:	
Supervision at time of accident: ☐ Directly supervised ☐ Indirectly supervised ☐ Not supervised ☐ Supervision not feasible	Employee was working: ☐ Alone ☐ With crew or fellow worker ☐ Other If other, specify:

Description of the Near-Miss event. Please explain the following: 1) **Who** was involved in the Near-Miss 2) **What** exactly happened **3**) **How** did the Near-Miss occur (Include photos and diagram and use additional sheet if necessary)

Were there unsafe acts that contributed to this Near-Miss event? ☐ Yes ☐ No
If "Yes", check all that apply below.

- ☐ Lack of training or skill
- ☐ Lack of written procedure
- ☐ Inadequate procedure
- ☐ Failure to anticipate
- ☐ Disabled safety devices
- ☐ Operating at unsafe speeds
- ☐ Operating without proper authority
- ☐ Working on moving equipment
- ☐ Improper personal protective equipment (PPE)
- ☐ Failure to lockout
- ☐ Horseplay
- ☐ Unsafe lifting
- ☐ Improper attire
- ☐ Poor housekeeping
- ☐ Distracted
- ☐ Rushed
- ☐ Failure to use available equipment or tools
- ☐ Other, specify_____

Were there unsafe conditions that contributed to this Near-Miss event? ☐ Yes ☐ No
If "Yes", check all that apply below.

- ☐ Inadequate guarding
- ☐ Unsafe equipment
- ☐ Defective equipment or tools
- ☐ Improper lighting
- ☐ Improper ventilation
- ☐ Unsafe position/ergonomic issue
- ☐ Weather conditions - snow and ice
- ☐ Uneven walking surface
- ☐ Slippery walking surface
- ☐ Noise
- ☐ Other, specify_____

What actions have or will be taken to prevent similar incident/event?

Who is responsible for taking these actions and following up to see that they are complete (Name/Title)?

Expected completion date:	Actual completion date:
Signature:	Date:

State of California
EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Please complete in triplicate (type if possible) Mail two copies to:

CITY OF LOS ANGELES PERSONNEL DEPARTMENT
700 EAST TEMPLE STREET, ROOM 210 LOS ANGELES, CA 90012

OSHA CASE NO.

FATALITY ☐

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.

California law requires employers to report within **five days** of knowledge every occupational injury or illness which results in lost time beyond the date of the incident **OR** requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within **five days** of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be **reported immediately** by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

EMPLOYER

1. FIRM NAME

1a. Policy Number: Self Insured

2. MAILING ADDRESS: (Number, Street, City, Zip)

2a. Phone Number

3. LOCATION if different from Mailing Address (Number, Street, City and Zip)

3a. Location Code: N/A

4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.

5. State unemployment insurance acct.no: N/A

6. TYPE OF EMPLOYER: ☐ Private ☐ State ☐ County ☐ City ☐ School District ☐ Other Gov't, Specify: _____

INJURY OR ILLNESS

7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)

8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM

9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM

10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)

11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? ☐ Yes ☐ No

12. DATE LAST WORKED (mm/dd/yy)

13. DATE RETURNED TO WORK (mm/dd/yy)

14. IF STILL OFF WORK, CHECK THIS BOX: ☐

15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? ☐ Yes ☐ No

16. SALARY BEING CONTINUED? ☐ Yes ☐ No

17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)

18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)

19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning

20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)

20a. COUNTY

21. ON EMPLOYER'S PREMISES? ☐ Yes ☐ No

22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.

23. Other Workers injured or ill in this event? ☐ Yes ☐ No

24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold

25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.

26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURYIILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY

27. Name and address of physician (number, street, city, zip)

27a. Phone Number

28. Hospitalized as an inpatient overnight? ☐ No ☐ Yes If yes then, name and address of hospital (number, street, city, zip)

28a. Phone Number

29. Employee treated in emergency room? ☐ Yes ☐ No

ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.

Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.

EMPLOYEE

30. EMPLOYEE NAME

31. SOCIAL SECURITY NUMBER

32. DATE OF BIRTH (mm/dd/yy)

33. HOME ADDRESS (Number, Street, City,Zip)

33a. PHONE NUMBER

34. SEX ☐ Male ☐ Female

35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)

36. DATE OF HIRE (mm/dd/yy)

37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours

37a. EMPLOYMENT STATUS ☐ regular, full-time ☐ part-time ☐ temporary ☐ seasonal

37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED

38. GROSS WAGES/SALARY $ _____ per _____

39. OTHER PAYMENTS NOT REPORTED AS WAGESISALARY (e.g. tips, meals, overtime, bonuses, etc.)? ☐ Yes ☐ No

Completed By (type or print)

Signature & Title

Date (mm/dd/yy)

Please do not use this column

CASE NUMBER

OWNERSHIP

INDUSTRY

OCCUPATION

SEX

AGE

DAILY HOURS

DAYS PER WEEK

WEEKLY HOURS

WEEKLY WAGE

COUNTY

NATURE OF INJURY

PART OF BODY

SOURCE

EVENT

SECONDARY SOURCE

EXTENT OF INJURY

• Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

EMPLOYEE'S REPORT OF INJURY/ILLNESS FORM

To be completed by the Employee
Please print clearly and add additional sheet if necessary

Employee's name:		Gender: ☐ M ☐ F
Date of birth: ____/____/____	Contact telephone #:	
Home address:		
City:	State:	Zip Code:
Present job classification:	Department/Division:	
Date of accident/incident:	Time of accident/incident: _____ ☐ a.m. ☐ p.m.	
Date reported:	If date reported different from injury date, give reason:	
Location of accident/incident (address and specific area):		
Describe fully how accident/incident occurred (including events that occurred immediately before the accident/incident). Include relevant photos and diagram as necessary:		
Describe injury or illness sustained due to the accident/incident (e.g., strain, sprain, burn, fracture, etc.):		
Body part(s) affected/injured (e.g., head, back, hand, etc.):		
Name of your supervisor:	Phone #:	
Name(s) of witness(es):	Phone #:	
Name(s) of witness(es):	Phone #:	
When did you report the injury/illness to your supervisor?		
To whom did you report the injury/illness (if other than your supervisor)?		
Do you require medical attention? ☐ Yes ☐ No ☐ Maybe	Have you been treated by a physician for this injury/illness before? ☐ Yes ☐ No	
What can the City of Los Angeles do to help prevent similar accidents/incidents?		
Signature of employee:	Date:	

ACCIDENT/INCIDENT WITNESS STATEMENT FORM

To be completed by the Witness

Name of employee involved in accident/incident:		
Name of witness:		
Home address (witness):		
City:	State:	Zip Code:
Contact telephone #:	Is witness a City employee? ☐ Yes ☐ No	
If witness is a City employee, Department/Office assigned:		Job title or occupation:
Date of accident/incident:	Time of accident/incident: ☐ a.m. ☐ p.m.	
Location where the accident/incident occurred (include the address and specific area):		
Describe fully how accident/incident occurred. Include events that occurred immediately before the accident/incident. List all objects and substances involved. Include relevant photos and diagram as necessary.		
Describe bodily injury/illness sustained (be specific about body part(s) affected):		
Recommendation on how to prevent this type of accident/incident from recurring:		
Signature of witness:	Date:	

SUPERVISOR'S INVESTIGATION FORM

To be completed by the employee's Supervisor or other responsible administrative official after a work related accident/incident other than a near-miss incident. Please print clearly and use additional sheet if necessary.

Name of injured employee:		Department/Office assigned:
Job title or occupation:	Length of time in this job class?	Date of accident/incident:
Location where accident/incident occurred: Address: Area:	Employer's premises: ☐ Yes ☐ No External job site: ☐ Yes ☐ No	Time of accident/incident: _____ ☐ a.m. ☐ p.m.

Describe fully how accident/incident occurred. Include events that occurred immediately before the accident/incident. List all objects and substances involved. Include relevant photos and diagram as necessary.

Accident/incident resulted in: ☐ Property Damage ☐ First Aid ☐ Injury/Illness Requiring Medical Treatment ☐ Fatality

Describe the nature and extent of injury/illness and property damage.

Part(s) and side of body affected/injured?	Any prior physical conditions? Yes ☐ No ☐	If yes, describe condition:
What equipment/machine was being used? (if none leave blank)	What task/activity was being performed?	The task/activity was part of ☐ Regular Duty ☐ Special Project

PLEASE SELECT ONE OR MORE OF THE CATEGORIES LISTED BELOW WHICH MAY HAVE LED TO THE ACCIDENT/INCIDENT. USE THE FACTORS LISTED ON THE FOLLOWING PAGE TO DETERMINE THE CAUSE(S).

☐ Lack of Knowledge/Skill/Training
☐ Unsafe Use of Tools/Equipment
☐ Unsafe Condition/Exposure
☐ Traffic Accident (Fill out Form Gen. 88, Automobile Accident Report)
☐ Failure to Follow Policy/Procedures
☐ Unsafe Act
☐ Exercise/Fitness/Drill
☐ Stress/Personal Factors
☐ Repetitive/Forceful/Awkward Work
☐ Use of Force (For Sworn Only)

What is the chance of this accident/incident happening again? ☐ High ☐ Moderate ☐ Low

What action has or will be taken to prevent a recurrence of this accident/incident?

Who has or will take action (Name/Title)?	When will the action be taken (date)?

Did employee promptly report the injury/illness? ☐ Yes ☐ No If no, date reported:

Is modified duty available? ☐ Yes ☐ No ☐ N/A

Supervisor's name:	Supervisor's signature:	Phone #:	Date:

INSTRUCTION: USE THIS LISTING FOR IDENTIFYING CAUSE(S) THAT LED TO THE ACCIDENT/INCIDENT. CHECK ALL THAT APPLY.

	Lack of Knowledge/Skill/Training	☐	Employee had difficulty interacting with co-workers and/or supervisor.
☐	Incident occurred due to inadequate knowledge/skill.		**Unsafe Act**
☐	Training was not available/provided for the associated task.	☐	Employee was operating equipment at an improper speed/capacity.
☐	Employee reported inadequate understanding of training materials.	☐	Employee was involved in horseplay.
☐	Employee was not trained to perform the task.	☐	Employee was not using proper personal protective equipment (PPE).
☐	New work methods were introduced without training.	☐	Employee was in a rush.
☐	Employee did not attend the required refresher training.	☐	Employee failed to use available equipment.
	Unsafe Use of Tools/Equipment	☐	Employee took a short cut.
☐	Wrong equipment/tool was used for the task at hand.	☐	Employee failed to warn or signal the hazard.
☐	The equipment/tool used was not inspected/maintained properly.	☐	Employee failed to secure or tie down materials to prevent unexpected movement.
☐	The equipment/tool was faulty or defective.	☐	The unsafe act was conducted by someone other than the injured employee.
☐	Required safety devices were inadequate/defective.		**Repetitive/Forceful/Awkward Work**
☐	Required safety devices were disabled/removed.	☐	The workstation design or layout was not proper.
	Unsafe Condition/Exposure	☐	Employee was lifting awkward-shaped items.
☐	There was an extreme temperature (hot or cold) or weather condition.	☐	The task required excessive use of finger or hand.
☐	There were hazardous environmental conditions, e.g., gas, smoke, dust, fumes, mold.	☐	Employee was reaching too far.
☐	There was a fire and explosion hazard.	☐	Employee was using computer more than two to four hours a day at work.
☐	The ventilation was not adequate.	☐	Employee's task required awkward posture – bending, twisting, and/or stooping.
☐	The environment was noisy.	☐	Employee was improperly lifting, pushing and/or pulling.
☐	There was poor housekeeping.	☐	Employee was experiencing pain and discomfort.
☐	There was presence of insect and/or animal.		**Exercise/Fitness/Drill**
☐	There was exposure to pathogen, bacteria, infection, etc.	☐	The fitness or exercise area was not designed appropriately.
☐	There was a slip, trip, and fall hazard.	☐	Employee was training too hard or too often without having sufficient rest between workouts/fitness activities.
☐	There were no handrails, guardrails and/or fall protection available or used.	☐	Employee did not take time to stretch/warm up appropriately.
☐	There was poor visibility or insufficient lighting.	☐	Employee did not know their body's physical condition and/or limitations.
☐	There was inadequate warning system (labels, signs, alarm, etc.) to identify unsafe condition and/or hazard.	☐	Employee did not hydrate properly.
☐	There was improper storage of hazardous substances/chemicals.	☐	Employee was not wearing proper attire or equipment for the Exercise/Fitness/Drill.
☐	The area was congested or restricted.		**Failure to Follow Policy/Procedures**
☐	There was water intrusion/ leak.	☐	There was no policy or procedure for the task.
☐	There was overhead or head bump hazard.	☐	The policy or procedure related to the task was not followed properly.
☐	**Stress/Personal Factors**	☐	The policy or procedure followed was not appropriate for the task.
☐	Employee reported stress.	☐	Disciplinary action/policy was not enforced for safety infraction.
☐	Employee was disciplined or going through an investigation.	☐	There was inadequate jobsite supervision.
☐	Employee was having job performance issues.		

Attachment A, page 1

CITY OF LOS ANGELES INJURY STATUS REPORT: Obtain Instructions+Original from the web at ***http://per.ci.la.ca.us/WorkCmp/Injury_Status_Report.pdf***

THIS FORM MUST BE USED TO REPORT INJURY STATUS FOR EMPLOYEES OF THE CITY OF LOS ANGELES

To the physician: *The City of Los Angeles requires that temporarily disabled employees provided clear and specific work restrictions. As a large and diverse employer, the City may be able to temporarily accommodate the employee's restrictions in their current job or performing duties outside their regular assignments. The employee may be unaware of available accommodations. The restrictions you provide will enable the City to properly accommodate the employee and protect the employee from further injury.*

PATIENT NAME:_____ **INJURY DATE:**_____
CLAIM#_____

BASED ON MY EVALUATION, THE PATIENNT'S STATUS IS (Check one box):

☐ **RETURN TO FULL UNRESTRICTED DUTY**
ON:_____

☐ **TEMPORARILY PARTIALLY DISABLED**
from_____**thru**_____
Specific restrictions below
Date of Next Appointment**:**_____Estimated return to Full Duty**:**_____

☐ **TEMPORARY TOTALLY DISABLED**
from_____**thru**_____
Specific Restrictions Below
Date of Next Appointment**:** _____ Estimated Return to Full Duty_____***RESTRICTIONS:*** *Patient is limited to performing the following activities (indicated hours or pounds allowed per day and additional information necessary to provide clear restrictions**).***

Sitting _____ hrs. allowed _____**Pulling/Pushing** ___ lbs.allowed _____
Standing _____ hrs. allowed_____ **Bending/Stooping** ___ hrs. allowed _____
Walking _____ hrs. allowed_____ **Reaching above** _____ **(**indicate body part**)**
Bending _____ hrs. allowed_____ **Reaching below** _____ **(**indicate body part)
Squatting _____hrs. allowed_____ **Repetitive Motion** ___ hrs. allowed _____
Climbing _____hrs. allowed_____ **Body Part(s)**
_____
Kneeling _____ hrs. allowed_____ **Activity** _____
Crawling _____hrs. allowed_____ **Driving** ___ hrs.allowed _____
Twisting _____hrs. allowed_____ **Working** ___ hrs.allowed _____
Lifting _____hrs. allowed_____
Carrying _____hrs. allowed_____

Psychological (explain specific restrictions below**)**

Other Restrictions or Additional Information:

YOU MAY BE CONTACTED BY CITY MEDICAL STAFF TO VERIFY INJURY STATUS

I declare under penalty of perjury that this report is true and correct to the best of my knowledge.

Examining Physician (Print Name):_____Telephone:_____
Examining Physician (Sign Name):_____
Date:_____

CITY OF LOS ANGELES
CALIFORNIA

ANTONIO R. VILLARAIGOSA
MAYOR

INJURY STATUS REPORT

INSTRUCTIONS

EMPLOYEE RESPONSIBILITIES:

1. Provide this Injury Status Report form to your treating doctor (physician) each time you are being treated for a job-related injury.

2. Obtained specific work restrictions from your physician.

3. Provide this completed form to your supervisor immediately after the physician places you off duty, evaluated you, and determines that you may return to work.

4. Comply with the physician's restrictions or prescribed treatment (i.e., pysical therapy) and avoid activities that may re-aggravate your injury.

PHYSICIAN'S RESPONSIBILITY:

1. Complete this form for all City of Los Angeles employees who are treated for industrial or non- industrial injuries and give it to the employee each time you evaluate, place off duty, impose temporary work restrictions, or return the employee to full duty.

2. Please be clear and specific when documenting restrictions. As a large and diverse employer, the City may be able to temporarily accommodate the employee's restrictions in their current job or in a temporary assignment performing activities outside the normally assigned duties. The employee may be unaware of available accommodations. The restrictions you provide will enable the City to properly accommodate the employee and protect the employee from further injury.

Bureau of Contract Administration
Department of Public Works

PROJECT ACCIDENT REPORT

JOB TITLE:	**JOB/WO #**

Use this form to report job related accidents involving either the public or contractor's personnel including vehicular and equipment accidents and property damage. Report any property damage estimated to be in excess of $500 and injuries where lost time in excess of one day is anticipated.

ACCIDENT DESCRIPTION:
(Check appropriate boxes)

☐ Injury	☐ Public Involved	☐ Vehicle
☐ Ambulance Required	☐ Contractor Personnel	☐ Contractor's Equipment
☐ Police Investigation	☐ Property Damage	☐ Other _____

Date, Time, Location, and Nature of Accident: (List names of injured, witnesses, their affiliation and property damaged). **NOTE:** If inspector did not personally witness the accident, also list the name(s) and affiliations) of those who provided the information for this report.

Attach Police Report/Contractor Report, if available)

JOB SAFETY CONDITIONS:
Describe associated existing job conditions at the time of accident. (Barricades, lights, warning signs, trench shoring, etc.)

Inspector Witnessed Accident: ❑ Yes ❑ No

Inspector's Name Printed: _____ Date: _____

Inspector's Signature: _____

Reviewed by: (District Supervisor) ❑ Yes ❑ No

Print: _____ Sign: _____ Date: _____

ATTACH ALL PICTURES TO THE BACK OF THIS FORM

Original - Main Office (Attn: Safety Coordinator)
cc: lob Envelope
M-29 (Rev 12/00) Ch 03 B - M-29 Accident Report.doc

FIGURE 3-1

Bureau of Contract Administration
Department of Public Works

PROJECT ACCIDENT REPORT

SUPPLEMENTAL REPORT: (This is prepared by the Bureau Safety Committee and will address the following:

1. Was this accident foreseeable?
2. What can the inspector do differently to prevent this from happening in the future?
3. Has the contractor taken appropriate actions/corrective measures to ensure site safety?
4. Will the City have any liability due to this accident?

Original - Main Office (Attn: Safety Coordinator)
cc: lob Envelope
M-29 (Rev 12/00) Ch 03 B - M-29 Accident Report.doc

FIGURE 3-1

CITY OF LOS ANGELES

AUTOMOBILE ACCIDENT REPORT

Supervisor:

1. All BCA employees must complete regardless how slight the injury or damage.
2. In case of injury or death immediately contact City Attorney Claims Division (213) 978-7050.
3. After hours, contact City Hall Operator at 311 (213) 978-3231 or (966) 452-2489
4. City owned vehicles need to be brought to GSD Fleet Services within 5 working days.

Distribution:
Signed original: BCA Time Keeper Copies: BCA Safety Engineer & employee [Both pages 1 & 2]
GSD Fleet Services & Personnel Dept – page 1 only

DATE OF ACCIDENT	TIME ☐ A.M. ☐ P.M.	LOCATION (Street, Freeway) (City)
CITY VEHICLE GOING TO (ADDRESS)	COMING FROM (ADDRESS)	PURPOSE OF TRIP

PART I- CITY VEHICLE

DRIVER'S NAME	RESIDENCE ADDRESS CITY ZIP CODE	RES. PHONE NO.	DATE OF BIRTH

DEPARTMENT/BUREAU	SUPERVISOR'S NAME	BUSINESS ADDRESS (Building and Room No., Section) MAIL STOP	BUS. PHONE NO. (Ext.)

MAKE	MODEL	YEAR	EQUIP. NO.	LICENSE NO.	REGISTERED OWNER	DRIVER LICENSE#

MILEAGE VEHICLE ☐ YES ☐ NO	IF YES, NAME OF INSURANCE COMPANY	POLICY #	INS. CO. NOTIFIED? ☐ YES ☐ NO

PASSENGER(S) (Name)	(Address)	City Employee?
1.		☐ YES ☐ NO
2.		☐ YES ☐ NO

WAS ANY PERSON IN CITY VEHICLE INJURED? ☐ YES ☐ NO	WAS CITY VEHICLE DAMAGED? ☐ YES ☐ NO	POINTS OF IMPACT

ODOMETER READING	PART OF VEHICLE DAMAGED

PART II- OTHER VEHICLE

DRIVER'S NAME	ADDRESS	DRIVER LICENSE#	RES. PHONE NO.	AGE

EMPLOYER	EMPLOYER'S ADDRESS	BUS. PHONE NO. (Ext.)

MAKE	MODEL	YEAR	LICENSE NO.	REGISTERED OWNER (Name & Address)

INSURANCE COMPANY	POLICY #

PASSENGER(S) (Name)	(Address)	BUS. PHONE NO. (ext.)	RES. PHONE NO.
1.			
2.			

WAS OTHER VEHICLE DAMAGED? ☐ YES ☐ NO	PART OF VEHICLE DAMAGED	WAS ANY PERSON IN OTHER VEHICLE INJURED? ☐ YES ☐ NO

PART III- PROPERTY DAMAGE (Other than vehicle)

LIST PROPERTY THAT WAS DAMAGED OR CLAIMED TO BE DAMAGED

OWNER'S NAME	ADDRESS	PHONE NO.

DESCRIBE PROPERTY

COMPLETE AND SIGN ORIGINAL ON BOTH PAGES

TYPED NAME AND TITLE OF PERSON FILING REPORT	EMPLOYEE SIGNATURE	DATE

THE INFORMATION CONTAINED ON THIS PAGE IS CONFIDENTIAL ATTORNEY-CLIENT AND WORK-PRODUCT INFORMATION. THIS INFORMATION SHALL BE SUBMITTED TO AND RETAINED BY THE CITY ATTORNEY'S OFFICE.

PART IV- WITNESSES

NAME	ADDRESS	BUS. PHONE NO. (ext.)	PHONE NO. (residence)

PART V- INJURIES

NAME OF PERSON(S) CLAIMING INJURY	(Address)	(Phone)	(Sex)	(Age)

PART VI- DESCRIPTION OF ACCIDENT

L.A.P.D. INVESTIGATION? ☐ YES ☐ NO

NAME OF OTHER INVESTIGATING POLICE DEPARTMENT (If no investigation, indicate "NONE")

DIRECTION CITY VEHICLE WAS TRAVELING | STREET | SPEED | SPEED

TRAFFIC CONTROL ☐ NONE ☐ STOP SIGN ☐ SIGNAL ☐ OTHER (Specify)

WAS TRAFFIC CONTROL OBEYED? ☐ YES ☐ NO

DIRECTION OTHER VEHICLE WAS TRAVELING | STREET | SPEED | SPEED LIMIT

TRAFFIC CONTROL ☐ NONE ☐ STOP SIGN ☐ SIGNAL ☐ OTHER (Specify)

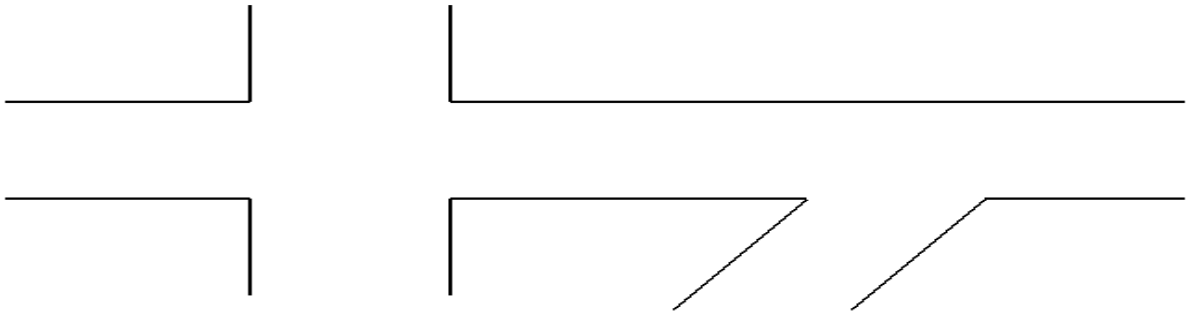
WAS TRAFFIC CONTROL OBEYED? ☐ YES ☐ NO

WEATHER CONDITION ☐ DAY ☐ NIGHT

VISIBILITY ☐ GOOD ☐ POOR

Describe the facts of the accident in detail.

DIAGRAM OF ACCIDENT



LEGEND

CITY VEHICLE CV OTHER VEHICLE OV

EMPLOYEE SIGNATURE | DATE

SUPERVISOR'S COMMENT

SUPERVISOR'S SIGNATURE | DATE

SUPPLEMENTAL TO AUTOMOBILE ACCIDENT REPORT FORM 88
SUPERVISOR'S INVESTIGATION REPORT

BCA INHOUSE FORM

In-house Form - Original to Timekeeper Copy to BCA Safety Officer

EMPLOYEE NAME: _____ INJURY DATE: _____ INJURY TIME: _____

1. IS THE EMPLOYEE ON MILEAGE? YES NO

2. WHAT WAS THE EMPLOYEE.S WORK SHIFT ON THE DATE OF THE ACCIDENT?

START TIME: AM PM END TIME: AM PM

3. WAS THE EMPLOYEE'S WORK SHIFT ON THE DATE OF THE ACCIDENT DIFFERENT FROM NORMAL WORK SHIFT? YES NO

IF YES, PLEASE EXPLAIN (*i.e. employee submitted blue slip for two hours of vacation, etc*):

4. WAS THE EMPLOYEE ON OFFICIAL CITY BUSINESS AT THE TIME OF THE ACCIDENT? YES NO

PLEASE EXPLAIN:

5. WHERE WAS THE EMPLOYEE TRAVELING TO AT THE TIME OF THE ACCIDENT?

6. WHERE WAS THE EMPLOYEE COMING FROM AT THE TIME OF THE ACCIDENT?

7. DID THE ACCIDENT OCCUR ON THE EMPLOYEE.S COMMUTE FROM HOME TO WORK OR FROM WORK TO HOME? YES NO

If yes, go to question 8. If no, skip to question 9.

8. AT THE TIME OF THE ACCIDENT, WAS THE EMPLOYEE TRAVELING ON A DIRECT ROUTE FROM HOME TO THE WORK SITE OR RETURNING HOME FROM A WORK SITE? YES NO

If no, please explain (i.e. employee stopped to do personal banking, etc.):

9. DID EMPLOYEE DEVIATE FROM THE MOST DIRECT ROUTE BETWEEN JOB SITES? YES NO

IF YES, PLEASE EXPLAIN (*i.e. traffic jam, construction detour, etc., prevented access to normal route*):

Supervisor – Division Chief Signature Required

Supervisor: _____ (*Print Name*) _____ (*Signature*) Date: _____

Division Chief: _____ (*Print Name*) _____ (*Signature*) Date: _____

TO ALL EMPLOYEES OF THE DEPARTMENT OF PUBLIC WORKS

SUBJECT: NOTIFICATION OF WORK-RELATED DEATH OR OTHER SERIOUS INCIDENTS

The Board believes it is essential that it be notified as soon as possible whenever a death has occurred and a Department employee is directly or indirectly involved as a result of his/her official City duties. This notification requirement also includes other serious incidents that need to be immediately brought to the Board's attention.

The Heads of the Bureaus and Offices in the Department of Public Works are instructed to personally notify the President or Vice-President of the Board within six hours of the incident. This notification applies on a 24-hour basis and seven days a week.

An oral presentation on the incident should be made at the next Board meeting. However the City Attorney should be contacted for advice prior to any such presentation or public release of information to ensure that the City's legal interests are protected.

12.0 POSTED RIGHTS FOR INJURED EMPLOYEES

A. GENERAL INFORMATION

All employers must provide work and workplaces that are safe and healthful. BCA shall follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties. It is the responsibility of BCA to provide employees with information regarding health and safety. This includes required Cal-OSHA postings. Cal-OSHA posters provide information to employees that suffer any injury or illness. Employees may be entitled to workers' compensation benefits if they are injured or become ill because of their job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over). Specific to injured employees the following rights are provided by BCA.

Employees are also encouraged to review Board of Public Works Personnel Directive No. 11 Report of Personal Injury to city Employees http://bpw.lacity.org/MES/dpwmm/pd/pd011.pdf.

B. POSTERS REQUIRED IN THE WORKPLACE

1) Cal-OSHA required postings
   http://www.dir.ca.gov/wpnodb.html
2) Form DWC 7 - Notice to Employees--Injuries Caused By Work
   http://www.dir.ca.gov/dwc/NoticePoster.pdf
3) Safety and Health Protection on the Job
   http://www.dir.ca.gov/dosh/dosh_publications/shpstreng012000.pdf
4) “Facts About On-The-Job-Injuries”
   http://per.ci.la.ca.us/WorkCmp/WC%20Pamphlet%2001-06-2012.pdf
5) Log and Summary of Occupational Injury and Illness are posted by the BCA Timekeeper per State Law
   a: Cal-OSHA Form 300A
      i - All employers covered by Cal/OSHA - Title 8 regulations Section 14300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year.

ii - Employees, former employees, and their representatives have the right to review the Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See Cal/OSHA - Title 8 regulations Section 14300.35, for further details on the access provisions for these forms.

b: Cal-OSHA Form 300

i - Used to record information about every work-related death or work-related injury or illness per Cal/OSHA - Title 8 regulations.

ii - This form will not be posted at the worksite but is available to review from the BCA Timekeeper.

c: Cal-OSHA Form 301

i - Within 7 calendar days after the employer receives information that a recordable work-related injury or illness has occurred, Form 301 or an equivalent* must be filled out.

ii - Cal/OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

iii - This form will not be posted at the worksite.

C. FORMS REQUIRED FOR INJURED EMPLOYEES

All injured employees are eligible to receive benefits if injured while on duty. The supervisor will assist the injured employee in the preparation and submittal of all the forms listed. City Personnel Directive No. 56 – Return to Work Program gives additional information in regards to the rights of injured employees. The following forms are required to be submitted by the injured employee and their supervisor. Links to all forms are available on the BCA Website – Safety.

1) Form 5020
2) DWC-1 and Notice of Potential Eligibility
3) Duty Certificate
4) Mileage and Reimbursement Forms
5) Injury Status Report
6) Pre-Designated Physician Form

13.0 IIPP RECORD MAINTENANCE AND RETENTION

A. GENERAL INFORMATION

Department policies and Cal/OSHA regulations contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections, and all other activities relevant to the occupational health and safety of the employee.

1) Vehicle Accidents Reports

Completed Vehicle Accident Reports (Form 88) along with its Supplemental report shall be kept on file for a period of ten (10) years, and shall be stored by BCA Administrative Division.

2) Project Accident Reports

Completed Project Accident Reports (Form M-29) shall be kept on file for a period of seven (7) years, and shall be stored by BCA Safety Engineer.

3) Occupational Injury and Illness Reports

Completed Employer's Report of Occupational Injury or illness (Form 5020), its Supplemental report and Employee's Claim for Workers' Compensation Benefits (Form DWC1) shall be kept in the confidential personnel files which are stored by BCA Administrative Division. All records relating to occupational injuries and illness shall be kept for an indefinite period.

4) Occupational Injury and Illness Information

Specific information regarding the number and type of occupational injuries and illnesses must be prepared, maintained, and posted as a requirement under the California Code of Regulations, Title 8. Each worksite shall maintain a master log (Cal/OSHA From No. 300) and summary of occupational injuries and illnesses (Form No. 300A) for those employees assigned to that location, and post the annual summary in the workplace where other OSHA required postings are located from February 1 to April 30. All forms and logs of

occupational injuries and illnesses must be preserved and maintained for a period of five (5) years.

5) Employee Exposure Records

The employee exposure record contains information regarding exposure of employees to toxic substances or harmful physical agents. These records include results of workplace monitoring or measuring of toxic substances or harmful agents which can be absorbed, inhaled or ingested by employees. These records also include employees' exposures to regulated carcinogens that may be found in the workplace. Exposure records may be generated by the City Industrial Hygienist, an outside vendor or a contractor's agent. All documents of exposure and monitoring are kept by BCA Administrative Division. All employee exposure records shall be kept on file for a period of thirty (30) years after termination of employment.

6) Employee Access to Medical Records

Records of employee work-related medical exams, medical fitness reports, medical analyses and assessments for exposure to harmful agents or substances, including required examinations for respiratory protection and hearing conservation programs, are kept on file by the City Medical Services Division of the Personnel Department. These records must be preserved and maintained for a period of thirty (30) years.

7) Documentation of Safety and Health Activities

General documents regarding safety and health issues such as safety concerns and suggestion forms, facility inspections, attendance rosters, and investigations of accidents and potential hazards, and including corrective actions, shall be maintained and preserved in the Occupational Safety and Health Division for a period of ten (10) years.

14.0 EMERGENCY ACTION & FIRE PREVENTION PLAN

A. GENERAL INFORMATION

It is the responsibility of each employer to satisfy Cal-OSHA Title 8 regulations for emergency preparedness. Cal-OSHA Title 8 (GISO) §3220 Emergency Action Plan and §3221 Fire Prevention Plan stipulate the minimum requirements. This chapter establishes the effective emergency preparedness plan for BCA employees both in district main offices and offsite facilities.

Since the majority of BCA employees occupy space in buildings that are not controlled or managed by BCA the responsibility to develop the Emergency Action and Fire Prevention Plan (Plan) is controlled by the Building Management (BM). BCA does have limited responsibility for coordination with the BM and developing evacuation and floor warden plans for employees in each building.

B. MAIN OFFICE LOCATIONS – BUILDING MANAGEMENT CONTACTS

1) Public Works Building – 1149 South Broadway, Los Angeles
2) Van Nuys Civic Center – 14410 Sylvan Street, Van Nuys
3) San Pedro Municipal Building - 638 South Beacon Street, San Pedro
4) West Los Angeles Municipal Building – 1828 Sawtelle Blvd, Los Angeles

C. SCOPE OF EMERGENCY ACTION PLAN

The emergency preparedness plan shall be in writing and shall cover those designated actions employers and employees must take to ensure employee safety from fire and other emergencies. The Director is responsible to request the Building Management's Emergency Action Plan. Title 8 GISO Section §3220 Emergency Action Plan must:

1) Provide for six elements
    a: Emergency escape procedures
    b: Critical plant operations
    c: Procedure to account for evacuated employees
    d: Rescue and medical duties
    e: Reporting fires and other emergencies
    f: Emergency contacts

2) Establish an alarm system that complies with Article 165
3) Plan to identify the types of evacuations used in emergencies
4) Contain training requirements

D. BCA EMERGENCY ACTION/FLOOR WARDEN PLAN

The Director shall designate staff to perform the following emergency preparedness functions.

1) BCA offices will request the Plan from the BM
2) Send representatives to any required meetings for training or coordination.
3) Post copies of the plan for all employees to review
4) Each office will develop and post a floor evacuation plan
5) Designate staff to act as Floor Wardens to assist in the safe evacuation of BCA staff and visitors
6) Provide for evacuation of employees with disabilities

E. CONSTRUCTION OFFICES

1) All construction offices are owned and managed by the contractor/client.
2) The contractor/client must have a specific emergency action plan on file and shall provide all BCA staff with training either in a classroom or by memorandum on the procedures for any emergency.
3) Supervisors are responsible to ensure that the contractor/client has an Emergency Action plan on file.

15.0 WORKPLACE VIOLENCE POLICY

A. GENERAL INFORMATION

City of Los Angeles Personnel Department directs all departments to comply with its Workplace Violence Policy & Guidelines (http://per.ci.la.ca.us/www/eeo/violence.htm). All employees are to review the policy in its entirety. Supervisors are required to participate in an online mandatory Workplace Violence training. Maricel Quirante, MA II is the BCA Workplace Violence coordinator and can be reached at 213-847-2489.

CITY OF LOS ANGELES WORKPLACE VIOLENCE POLICY (Paraphrased)

- The City is committed to maintaining a workplace that is free from violence or threats of violence.
- Threats, threatening behavior, or acts of violence against an employee, a customer, a visitor, or any other individual cannot and will not be tolerated.
- All reports of workplace violence will be taken seriously and will be investigated promptly and thoroughly.
- Any form of violence or threat of violence - whether actual or reasonably perceived - involving a City employee or occurring in the workplace must be reported to a supervisor, manager, or the department's personnel office.
- If management determines that an employee has engaged in workplace violence, appropriate action must be taken, which may include discipline up to and including discharge.
- Any violent behavior committed by an employee outside of the workplace which arises out of a contact made at the workplace may also result in disciplinary action up to and including discharge.
- Where the violent behavior occurs at the workplace, whether it is committed by a City employee or by an individual who is not a City employee, the City will contact the appropriate law enforcement agency, if necessary.
- Additionally, in all cases where violent behavior or a credible threat of violent behavior is directed at a City employee, the City will take appropriate legal action and/or other steps necessary to help protect the employee and/or the employee's family members

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16.0 SAFETY RULES AND CODE OF SAFE PRACTICES

A. GENERAL INFORMATION

Bureau of Contract Administration has both field and office staff. Field staff are generally involved in the inspection of Public works projects that may include the construction of sewers, storm drains, street improvement, public buildings, bridges and airport improvements. Inspection work generally involves working in close proximity to construction equipment, vehicular traffic, excavations, fabrication and other hazards. Inspector's personal vehicle are assigned as a City Mileage Vehicle and used in their daily assignments. Office staff are generally working in a large office at a workstation. Some office staff go to construction worksites to interview workers or meet contractors. Below are general rules and safe practices that apply to all employees.

B. SAFETY RULES FOR ALL EMPLOYEES

It is the responsibility of each individual on the job, including the inspector, to follow safe practice rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the proper authority. The contractor's supervisory force should insist on employees observing and obeying every rule, regulation, and order as is necessary for the safe conduct of the work, and should take such action as is necessary to obtain observance.

The following are the employee responsibilities as prescribed in the California Labor Code, Division 5, Part 1, Chapter 3: Section 6406. Prohibited Acts

No person shall do any of the following:

1) Remove, displace, damage, destroy or carry off any safety device, safeguard, notice, or warning, furnished for use in any employment or place of employment.
2) Interfere in any way with the use thereof (the above safety devices) by any other employee.
3) Interfere with the use of any method or process adopted for the protection of any employee, including himself, in such employment, or place of employment.
4) Fail or neglect to do every other thing reasonably necessary to protect the life, safety, and health of employees.

C. CODE OF SAFE PRACTICES FOR ALL EMPLOYEES

Safe practice rules are needed so that every employee can work as a part of the team, without fear of injury. The following Code of Safe Practices shall be complied with in order to prevent accidents and enforce safety rules ***unless specific or more stringent policies govern the activity***.

1) Be in good physical condition before starting work, with your alertness and ability unaffected by illness or lack of rest, which causes fatigue and decreased efficiency. Problems can lead to accidents if your mind isn't on the job.
2) If you become ill when at work report to your supervisor or dispatcher for replacement so that you may receive proper medical attention.
3) Wear the right work clothes and shoes for the job. Your clothing should allow freedom of action and should not hang loosely. Wear durable, hard-soled shoes that fit well; tennis shoes and other inappropriate footwear, shoes with thinly or badly worn soles, or loosely fitting shoes are dangerous and shall not be worn. ANSI approved vests shall be worn when high visibility of personnel is advantageous.
4) Wear your City-issued high impact plastic hard hat with City decal on all construction jobs that are posted or otherwise designated as "hard hat areas." Check periodically for damage to the shell and suspension system.
5) Wear safety goggles when near welding operations or near hazardous materials which may impair your vision.
6) Be sure the equipment you are using or working near is in safe operating condition, grounded, properly operated and contributes to a safe working atmosphere.
7) Keep as clean as possible to prevent skin trouble when working with chemicals, oils, paints, or cleaners. Wash thoroughly after handling anything that might be poisonous or injurious, especially before eating. Report and treat all injuries, no matter how small they may seem. Prevent serious infection by receiving first-aid treatment.
8) Never act impulsively. Think about what you are going to do before you do it. Consider the hazards and take adequate precautions. Correct any unsafe conditions you can; report all others to your supervisor. Always expect the unexpected.

9) Don't attempt to handle more than you can control. Do your work the right way and safe way; taking short cuts is often dangerous. Work at a speed which is known to be safe, watch where you are walking, take one step at a time, and never run.
10) Use handrails on stairs or on elevated places. Never jump from platforms, scaffolds, loading docks, or other elevations. Make safety your sixth sense.
11) Your job in fire prevention is to keep things that start fires away from things that burn. If you see a fire hazard see that it is corrected. Observe no smoking regulations where posted. You should become familiar with the operation and use of the various types of fire extinguishers provided and their locations. Every near accident is a warning.
12) Be your brother's keeper. Consider what you do in terms of the hazards it may create for others. Never leave a hazard for the next person who may come by. Every three seconds someone is injured.
13) Obey all traffic regulations while driving vehicles both on and off the job. Be courteous; give the other people a break. The right of way doesn't give you the right to have an accident. When not driving, be a safe pedestrian. Stay alert and don't jaywalk.
14) Don't enter maintenance holes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation, unless it has been determined that it is safe to enter.
15) Plan your work ahead to prevent injuries and illnesses, and take part in regular injury and illness prevention programs. Preplanning of safety measures to meet known construction activity hazards, will prevent accidents and aid efficient and economical construction.
16) When working at a workstation make sure that you are ergonomically comfortable. Take stretch and eye breaks every hour.
17) Maintain good housekeeping principles. Close file cabinet drawers. Keep aisles clear.

D. CONSTRUCTION SITE SAFETY RULES

1) Although legally the matter of safety at the job site is the contractor's responsibility, the inspector may well encourage safe working practices by pointing out possible sources of danger.
2) Each supervisor will request and review the construction site IIPP.
3) The inspector shall be well informed and should not hesitate to promote the safety of the job and the public.

4) If, in the informed opinion of the inspector, the precautions taken by the contractor are found to be insufficient or inadequate in providing job or public safety at any time during the life of the contract, he or she should inform the contractor to take further necessary precautions.

5) When the contractor has failed to take action on safety violations, after being advised of the unsafe condition, it is the duty of the inspector to notify their supervisor. If the contractor refuses or completely disregards the inspector's non-compliance issuance then it may be necessary to report the unsafe condition to Cal-OSHA.

E. OFFICE OF WAGE STANDARDS – OFFICE CONTRACT COMPLIANCE SAFETY RULES – SITE/BUSINESS ESTABLISHMENT VISITS

1) **Stay in touch**. Set up a call-in procedure with your office.

2) **Keep valuables out of sight**. Carry as little as possible. It's best to put valuables in the trunk before you leave on an appointment so as not to advertise what you have and where you put it.

3) **Know exactly where you're going**. If you've never been in a certain location, drive around the area first. This helps you familiarize yourself with alternative routes if you need them for safety. It also gives you advance knowledge of areas that could pose more risk than others.

4) **Keep a buffer zone**. It's best to leave at least a car length in between you and the car in front of you whenever you stop. This provides you with some space to maneuver in if you're in danger.

5) **Be strategic**. Drive with your doors locked. Park in a well-lit, visible area. It's best to back your car in for leaving in a quick and less-obstructed way.

6) **Dress professionally and functionally**. Make sure your clothes and shoes provide you with ease of movement.

7) **Set expectations**. Discuss mandated reporting requirements and program expectations during your initial contact with your client(s).

8) **Establish parameters**. Make it clear that you have a schedule to keep and are expected elsewhere later. This puts in some parameters ahead of time in case you have to leave for any reason.

9) **Be aware of others**. Be mindful of others in the establishment/site for confidentiality and safety reasons.

10) **Ask about pets/guard dogs**. It's best to call ahead of time to see if there are any pets. Do you have allergies? Is the person's pet friendly or not?

11) **Be cautious of belligerent behavior**. If any person becomes threatening or belligerent, remain calm but explain that you will need to terminate the meeting for a later time. Once you have left document any and all belligerent behavior and report it to your supervisor.

12) **Workplace violence**. Follow the City's Workplace policies. If necessary call 9-1-1.

13) **Be aware of signs of intoxication**. If someone is impaired such as with drugs or alcohol, leave. You can always reschedule.

14) **Try to keep a clear path to the door**. Know your means of exit. You may leave from a way different than the way you came in.

15) **Guard your privacy**. Do not give out personal information. The only contact information that may be issued should be City business cards, websites or brochures.

16) **Be mindful of your presence on social media**. Monitor your privacy settings on sites like Facebook. Also avoid sharing things that could provide others with information about you, your family, where you live, and so on.

17) **Listen to your internal warning signals**. Leave if you don't feel safe.

17.0 HEARING CONSERVATION PROGRAM

A. GENERAL INFORMATION

The City of Los Angeles, Bureau of Contract Administration (BCA) complies with Title 8, Group 15, Article 105, Sections 5095-5099 of the California Code of Regulations (CCR), which establishes acceptable limits for the amount and duration of noise to which employees can be exposed. The risks of damage caused by noise exposure are based on three primary factors.

1. Sound levels – (Appendix A)
    a. Refers to a report by School of Public Health and Community Medicine, University of Washington. *Construction Industry Noise Exposures - Construction Workers* reports on the recorded noise (dBa) for the Ten loudest tasks (Table 2) and Ten loudest tools (Table 3) of the construction industry. One additional table (Table 4) is included that shows percent of work shifts above WISHA[1] 8-hour standard.
    b. These tables will be used with considerations for duration and distance to establish the BCA Hearing Protection model.
2. Duration – (Appendix B)
    a. Title 8 – GISO Article 105. Control of Noise Exposure §5096. Exposure Limits for Noise. Table N-1 establishes Permissible Noise Exposure time limits based on Sound Level (dBA).
3. Distance – (Appendix C)
    a. The sound intensity from a point source of sound will obey the inverse square law if there are no reflections or reverberation. A plot of this intensity drop shows that it drops off rapidly. The sound level will decrease by 6 dB every time the source to the listener's distance is doubled.

[1] WISHA – Washington State Industrial Safety & Health Administration

B. BCA HEARING CONSERVATION PROGRAM (HCP)

The BCA HCP is a conservative approach to ensuring employee hearing safety and health. Based on the three primary factors (Sound Levels – Duration – Distance) the following rules are mandated.

1. New employees, including part-time, temporary and contract, shall have baseline hearing tests performed by City Medical Services.
2. All employees will be issued NRR hearing attenuators to reduce sound levels to within the levels of the Appendix B: Table N-1. This PPE will be provided at no cost to the employee.
3. New employees will be initially trained in proper use of the BCA issued hearing attenuators.
4. All employees will have refresher training for Hearing Attenuation – Hearing Safety during the regularly scheduled BCA Tailgate Safety meeting (GISO Article 3, General §1509 (e).
5. Employees are responsible for the proper fit and care of hearing protection and that BCA shall ensure proper initial fitting and training and supervise the correct use of all hearing protectors.
6. BCA will also replace old or worn-out hearing protection as necessary.
7. BCA supervisors and employees shall have regular discussions to determine what types of hearing attenuation is required for the assigned work. Inspectors shall follow the direction given or face disciplinary actions.

C. HEARING ATTENUATION USE - **(Inspecting work near any power-actuated equipment)**

1. Category 1: General Hearing Attenuation Policy
    a. Referring to Appendix A (Tables 2, 3, 4) and Appendix C all inspectors may inspect without hearing attenuation PPE provided they are:
        i. Standing no closer than 20 feet from the construction activity
        ii. Not exceeding continuous observation for longer than 1 hour or,
        iii. Exceeding a minimum exceeding 4 hours within the 8 hour day.
2. Category 2: Mandatory Hearing Attenuation Use Policy
    a. Referring to Appendix A (Tables 2, 3, 4) and Appendix C all inspectors shall be required to use hearing attenuation PPE if;

i. Inspection requires continuous observation that exceeds 1 hour or,

ii. Exceeds more than 4 hours within the 8 hour day.

iii. All pile driving activities require mandatory continuous use of issued hearing attenuation for any duration that the inspector is within 100 feet from the operation.

b. At any location posted with a sign stating "HEARING PROTECTION REQUIRED BEYOND THIS POINT" or similar statement.

D. TRAINING PROGRAM – TAILGATE SAFETY MEETING

1) All BCA employees will be trained on Hearing Protection during the Tailgate safety meeting. Types of protection, determination of noisy environments and employee rights will be discussed. Employees that are part of the Hearing Conservation program will all be trained during their initial Baseline Audiogram and Annual Audiogram tests. Information provided in the training program will be updated to be consistent with changes in protective equipment and work processes. Some of the information made available through the training includes:

a: The effects of noise on hearing

b: The purpose and advantages of hearing protection, attenuation of various types of attenuation methods and equipment, and instructions on selecting, fitting, use, and care

c: The purpose of audiometric testing, and an explanation of the test procedures

2) Upon request, BCA will provide employees with any informational materials related to the BCA hearing conservation program

E. ADDING-DELETING EMPLOYEES IN THE HCP

1) BCA management reserves the right of assigning staff to projects that may have noise levels near or above the action level. If that assignment is in a location that has levels of high noise the direct supervisor shall inform the employee that they will be enrolled in the HCP. The supervisor will inform the Safety Coordinator of the assignment and request that the employee be added to the Occupational Health Department for inclusion to the program. (See attached ADD-DELETE form.

2) Once an assignment is completed the employee or supervisor may request that the employee be removed from the HCP. This would require a final hearing exam to be performed. If the employee is assigned to a facility or inspection at a noisy facility but the assigned duties are not in the proximity of the noisy areas then the supervisor is not required to add the employee to the hearing program. The employee should be informed of this decision and given the opportunity to be added to the HCP.

F. EMPLOYEE RESPONSIBILITY

1) Employees shall maintain their assigned hearing protection PPE in clean and operable condition.

2) The inspector shall communicate with their supervisor any time that they have a concern about hearing attenuation PPE use.

3) Inspectors shall not perform their duties without hearing attenuation PPE if the assignment requires its use.

G. RECORDKEEPING

1) BCA and RMSD will maintain accurate records of all employee exposure measurements required by CCR Section 5097(b). The information regarding audiograms includes the following:

a: Name and classification of the employee

b: Date of the audiogram

c: The examiner's name

d: Date of the last acoustic or exhaustive calibration of the audiometer

e: The employee's most recent noise exposure assessment

2) Audiometric test records will be retained for the duration of the affected employee's employment. All records on file will be provided upon request to the employee, former employee, representatives designated by the employee, and any authorized representative of the Chief of the Division of CAL/OSHA

APPENDIX A: SOUND LEVELS

In this brochure two tables were provided that compared the highest task and tool exposures for construction workers noise levels.

Table 2: Ten loudest tasks

Tasks (*Trade*)	Average noise level (dBA)	Maximum noise level (dBA)
Installing Trench Conduit (*Electricians*)	95.8	118.6
Operating Work Vehicle (*Bricklayers*)	98.0	116.7
Operating Manlift (*Operating Engineers*)	98.1	117.6
Welding, Burning (*Ironworkers*)	98.4	119.7
Operating Scraper (*Oper. Engineers*)	99.1	108.6
Demolition (*Laborers*)	99.3	112.1
Laying Metal Deck (*Ironworkers*)	99.6	119.9
Grinding (*Masonry Trades*)	99.7	118.6
Operating Bulldozer (*Oper. Engineers*)	100.2	112.5
Chipping Concrete (*Laborers*)	102.9	120.3

Table 3: Ten loudest tools

Tools	Average noise level (dBA)	Maximum noise level (dBA)
Welding, Cutting Equipment	94.9	122.8
Other Hand Power Tool	95.4	118.3
Hand Power Saw	97.2	114.0
Screw Gun, Drill Motor	97.7	123.7
Rotohammer	97.8	113.5
Chopsaw	98.4	117.7
Rattle Gun	98.4	131.1
Stationary Power Tool	101.8	119.8
Powder Actuated Tool	103.0	112.8
Chipping Gun	103.0	119.2

Equipment and daily activities at construction job sites can expose workers to high levels of noise. Sound levels on the chart below are listed in decibels (dBA) – the larger the number, the higher the volume or decibel level. How loud the noise is (volume), how long the noise lasts, and how close you are to the noise are all important in determining the hazard.

Table 4: Percent of work shifts above WISHA 8-hour standard

Trade	% of 8-hour work shifts > 85 dBA
Sheet Metal Worker	11%
Insulation Worker	18%
Tilesetter	20%
Electrician	20%
Bricklayer	26%
Masonry Restoration	37%
Carpenter	40%
Ironworker	40%
Laborer	44%
Cement Mason	46%
Operating Engineer	46%
All Trades	**34%**

APPENDIX B: DURATION

§5096. Exposure Limits for Noise.

(a) Protection against the effects of noise exposure shall be provided when the sound levels exceed those shown in Table N-1 of this section when measured on the A-scale of a standard sound level meter at slow response.

(b) When employees are subjected to sound levels exceeding those listed in Table N-1 of this section, feasible administrative or engineering controls shall be utilized. If such controls fail to reduce sound levels within the levels of the table, personal protective equipment shall be provided and used to reduce sound levels within the levels of the table.

Table N-1 Permissible Noise Exposure[1]

Sound Level (dBA)	Permitted Duration Per Workday (hours-minutes)	hours	Sound Level (dBA)	Permitted Duration per Workday (hours-minutes)	hours
90	8-0	8.00	103	1-19	1.32
91	6-58	6.96	104	1-9	1.15
92	6-4	6.06	105	1-0	1.00
93	5-17	5.28	106	0-52	0.86
94	4-36	4.60	107	0-46	0.76
95	4-0	4.00	108	0-40	0.66
96	3-29	3.48	109	0-34	0.56
97	3-2	3.03	110	0-30	0.50
98	2-38	2.63	111	0-26	0.43
99	2-18	2.30	112	0-23	0.38
100	2-0	2.00	113	0-20	0.33
101	1-44	1.73	114	0-17	0.28
102	1-31	1.52	115	0-15	0.25

[1] When the daily noise exposure is composed of two or more periods of noise exposure of different levels, their combined effect should be considered, rather than the individual effect of each. If the sum of the following fractions: C1/T1 + C2/T2 . . . Cn/Tn exceeds unity, then, the mixed exposure should be considered to exceed the limit value. Cn indicates the total time of exposure at a specified noise level, and Tn indicates the total time of exposure permitted at that level.

(c) If the variations in noise level involve maxima at intervals of 1 second or less, the noise is to be considered continuous.

(d) Exposure to impulsive or impact noise should not exceed 140 dB peak sound pressure level.

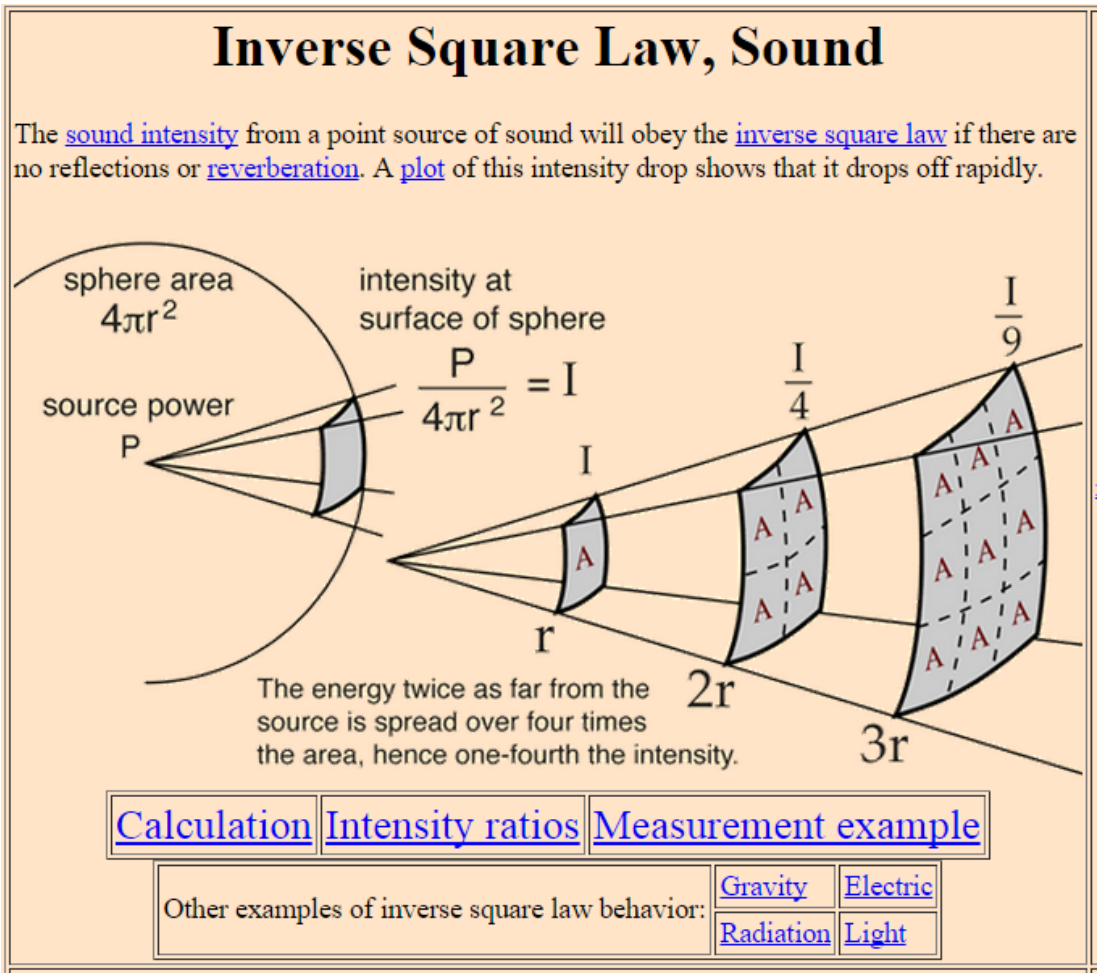
APPENDIX C: DISTANCE

The sound pressure p changes with 1 / r of the distance. So, if we double the distance, we reduce the sound pressure by a ratio of 2 and the sound intensity by a ratio of 4. In other words, we reduce the sound level by 6 dBA. If we increase r by a ratio of 10, we decrease the level by 20 dBA.

The sound intensity level and the sound pressure levels in dB have the same value, but the size of sound pressure and the size of acoustic intensity is different, because I ~ p2.

Noise energy dissipates in the air by 6 decibels as the distance doubles. The table below gives an illustration.

Distance from noise source (meters)	Noise level at that distance dB(A)
10	96
20	90
40	84
80	78
160	72
320	66
640	60



18.0 BCA FIRST AID/CPR TRAINING

A. GENERAL INFORMATION

The City of Los Angeles, Bureau of Contract Administration (BCA) complies with Subchapter 7 General Industry Safety Orders Group 2 Safe Practices and Personal Protection Article 10 Personal Safety Devices and Safeguards §3400 Medical Services and First Aid.

(a) Employer shall ensure the ready availability of medical personnel for advice and consultation on matters of industrial health or injury.

(b) In the absence of an infirmary, clinic, or hospital, in near proximity to the workplace, which is used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid. Training shall be equal to that of the American Red Cross or the Mine Safety and Health Administration.

(c) There shall be adequate first-aid materials, approved by the consulting physician, readily available for employees on every job. Such materials shall be kept in a sanitary and usable condition. A frequent inspection shall be made of all first-aid materials, which shall be replenished as necessary.

And;

Subchapter 7. General Industry Safety Orders Group 16 Control of Hazardous Substances Article 108 Confined Spaces §5158 Other Confined Space Operations (e) Confined Space Operations (2) Precautions for Emergencies Involving Work in Confined Spaces.

(A) At least one person trained in first aid and cardiopulmonary resuscitation (CPR) shall be immediately available whenever the use of respiratory protective equipment is required subsection (e)(1). Standards for CPR training shall follow the principles of the American Heart Association or the American Red Cross.

B. FIRST AID – CPR EXCLUSION

1) It has been determined that all work performed by BCA Inspectors meets the OSHA Standard Interpretation 2007-01-16 OSHA requirement "near proximity to the workplace" and therefore per this section BCA Inspectors are not required to be trained to render first aid.

2) It has also been determined that since BCA inspectors are not permitted to enter any Permit Required Confined Space that BCA Inspectors are not required to be trained in cardiopulmonary resuscitation (CPR).

C. BCA POLICY – TRAINING REQUIREMENTS

Even though BCA staff are assigned to workplaces that have an infirmary, clinic, or hospital, in near proximity, and employees are prohibited from entering Permit Required Confined spaces (and thus trained as Rescuers), BCA management recognizes the importance of having employees trained in Basic First Aid and CPR. BCA also recognizes that since all staff are designated as Disaster Service Workers that all staff will be trained in Basic First Aid and CPR.

To accomplish this BCA has prepared a First Aid/CPR training course that provides acceptable responder training for the work assignments. This training is equal to that of the American Red Cross or the Mine Safety and Health Administration. Even though staff are trained to "**render first aid**" and are issued "**adequate first-aid materials**", there is nothing, other than Good Samaritan rules, that compel an employee to render first aid.

The three module Basic First Aid/CPR training will be conducted during the course of three regularly scheduled Tailgate Safety Meetings. A certificate of completion will be awarded for each employee that attends each module and achieves a passing score of 70% on the final exam.

The First Aid/CPR training course was developed by BCA Training Sections, BCA Safety Engineer and in collaboration with Mr. Dru Ross & Mr. Alan Tan of City of Los Angeles Occupational Safety and Health and Mr. Steven Kalb of Medical Services.

19.0 HEAT ILLNESS PROGRAM

A. GENERAL INFORMATION

Bureau of Contract Administration's (BCA) core activity involves the inspection of Public Works construction. Inspection duties are generally not a physical process "*engaged in construction work*" but a peripheral observant activity that is done to ensure work is completed per plans and specifications. Based on the information below, BCA executive management has determined that BCA inspectors are not subject to the following provisions of §3395. Heat Illness Prevention

1. High heat procedures referenced in subsection (e).
2. Acclimatization methods and procedures referenced in §3395. Heat Illness Prevention subsection (g).

An inspector's workday is comprised of three primary activities:

1. Driving to and from offices, meeting and project sites
2. Project inspection per plans and specifications at both outside and inside locations
    a. As-needed per cash contracts/permit work
    b. Continuous inspection where deputy (special) inspection is required
3. Completing project paperwork/attending meetings

Most project inspection assignments require the construction inspector to be "outdoors"; although a lesser, but significant amount of time is in city owned facilities (i.e. treatment plants, airport terminals/buildings, or other) as well as vendor facilities. The majority of assigned inspection work is "as needed" and either requested by the contractor or contract documents.

BCA's Heat Illness program complies with Cal/OSHA §3395. Heat Illness Prevention. It is the opinion of BCA management that although BCA inspectors are subject to §3395 (a) (1) & (2) (B) Construction, the activities of the inspector are clearly defined apart from the Federal OSHA Standard Interpretation[1] dated February 1, 1996 defines construction work as:

> *Section 29 CFR 1910.12(b) defines construction work as "construction, alteration, and/or repair including painting, and decorating." Further, construction work is defined as work not limited to new construction, which includes the repair of existing facilities, and the replacement of structures and their components.*
>
> *In order for work to be construction work the employer need not be a construction company. The construction industry standard applies "to every employment and place of employment of every employee engaged in construction work. The terms "construction", "completion" or "repair" mean all types of work done on a particular building or work site.*

[1] https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=22059

B. HEAT ILLNESS PREVENTION PLAN

1. Heat Illness Training
   a. Every BCA inspector shall attend an annual Tailgate Topic Review on Heat Illness and have their attendance recorded as completing a topic quiz.
   b. This training topic is reserved for the beginning of the high heat season.
   c. This training will instruct each inspector on the signs or symptoms of heat illness and emergency response.
   d. The training will instruct each inspector on access to shade and water.
   e. Heat related PPE is supplied at no cost to all BCA employees. This PPE includes:
      i. Hard hat neck shades
      ii. Hard hat sunshield
      iii. Sun lotion

2. Procedures for the Provision of Water and Access to Shade
   a. Field inspectors
      i. Are required to use their personal vehicle as a "City of Los Angeles Mileage Vehicle." This is a condition of work.
      ii. Inspectors use their vehicles as a source of shade and for accessing water at any City facility or job trailer.
   b. Plant/Materials Control Inspectors
      i. All city owned plants and vendor facilities have unlimited drinking water.
      ii. All city owned plants and vendor facilities comply with the Cal/OSHA shade requirements.

3. Emergency Response
   a. BCA inspectors are generally working on individual assignments. Some inspectors will work in smaller groups of two or three inspectors at a large project or facility but their daily assignments may be at very different locations or inside buildings.
   b. Although BCA inspection assignments are done to ensure the owner (City) receives the correct product, the project site is controlled by the contractor whom the inspector receives permission to enter. The construction site is controlled by the contractor's IIPP.
   c. BCA inspectors' duties at project sites are done in conjunction with the contractor's operation and, as such, there are contractor employees that are assisting with the inspectors' duties or in the close proximity.
   d. All BCA inspectors are issued a City of Los Angeles cell phone and instructed in its use to contact emergency response referenced in §3395. Heat Illness Prevention subsection (f).

20.0 - RESPIRABLE CRYSTALLINE SILICA WRITTEN PLAN (WP)

A. GENERAL INFORMATION

§ 1532.3. Occupational Exposures to Respirable Crystalline Silica.
(a) Scope and application. This section applies to all occupational exposures to respirable crystalline silica in construction work, except where employee exposure will remain below 25 micrograms per cubic meter of air (25 μg/m3) as an 8-hour time-weighted average (TWA) under any foreseeable conditions.
(c) Specified exposure control methods. (1) For each employee engaged in a task identified on Table 1, the employer shall fully and properly implement the engineering controls, work practices, and respiratory protection specified for the task on Table 1, unless the employer assesses and limits the exposure of the employee to respirable crystalline silica in accordance with subsection (d).

Table 1 - Equipment/tasks performed

(i) Stationary masonry saws
(ii) Handheld power saws (any blade diameter)
(iii) Handheld power saws for cutting fiber-cement board (with blade diameter of 8 inches or less)
(iv) Walk-behind saws
(v) Drivable saws
(vi) Rig-mounted core saws or drills
(vii) Handheld and stand-mounted drills (including impact and rotary hammer drills)
(viii) Dowel drilling rigs for concrete
(ix) Vehicle-mounted drilling rigs for rock and concrete
(x) Jackhammers and handheld powered chipping tools
(xi) Handheld grinders for mortar removal (i.e., tuckpointing)
(xii) Handheld grinders for uses other than mortar removal
(xiii) Walk-behind milling machines and floor grinders
(xiv) Small drivable milling machines (less than half-lane)
(xv) Large drivable milling machines (half-lane and larger)
(xvi) Crushing machines
(xvii) Heavy equipment and utility vehicles used to abrade or fracture silica-containing materials (e.g., hoe-ramming, rock ripping) or used during demolition activities involving silica-containing materials
(xviii) Heavy equipment and utility vehicles for tasks such as grading and excavating but not including: Demolishing, abrading, or fracturing silica-containing materials

(g) Written exposure control plan.
(1) The employer shall establish and implement a written exposure control plan that contains at least the following elements:
(A) A description of the tasks in the workplace that involve exposure to respirable crystalline silica;

WP Statement:

- **BCA employees are not engaged in performing any of the tasks listed in (c) Table 1.**

(B) A description of the engineering controls, work practices, and respiratory protection used to limit employee exposure to respirable crystalline silica for each task;

WP Statement:

- **When BCA employees are present during any of the activities in Table 1 they are required to verify that the contractor is complying with § 1532.3. Occupational Exposures to Respirable Crystalline Silica "Required Respiratory Protection".**
- **Direct the contractor to provide protective barriers and signs to prevent others from entering an area that silica dust is present.**
- **BCA inspection duties do not require the inspector to stay within an exposure area. If inspection is required the inspector shall direct the contractor to stop the task prior to any inspection.**

(C) A description of the housekeeping measures used to limit employee exposure to respirable crystalline silica; and

WP Statement:

- **None**

(D) A description of the procedures used to restrict access to work areas, when necessary, to minimize the number of employees exposed to respirable crystalline silica and their level of exposure, including exposures generated by other employers or sole proprietors.

WP Statement:

- **See (B) above**

(2) The employer shall review and evaluate the effectiveness of the written exposure control plan at least annually and update it as necessary.

BCA Safety Committee Safety Committee will review/update each year

(3) The employer shall make the written exposure control plan readily available for examination and copying, upon request, to each employee covered by this section, their designated representatives, the Chief and the Director.

(4) The employer shall designate a competent person to make frequent and regular inspections of job sites, materials, and equipment to implement the written exposure control plan.

WP Statement:

- **BCA Safety Committee Safety Coordinator**
- **BCA Supervisors – Exec Mgmt, Chief, Principals**

21.0 TAILGATE SAFETY MEETINGS

A. GENERAL INFORMATION

There are many duties that BCA employees perform that require current knowledge and training to work safely. It is the responsibility of BCA management to properly train full-time, part-time and temporary agency[i] employees per the Injury and Illness Prevention Program. This chapter outlines the TSM types of knowledge and training that will prevent workplace injuries.

B. TAILGATE SAFETY MEETINGS

1) BCA seeks to achieve 100% attendance of all meetings. BCA Executive Management will implement the following changes, starting January 1, 2017.

a: Employees are required to review all TSM topics published by the Bureau Safety Committee each calendar year

i - Field Inspectors – Bi-weekly

ii - Office Staff - Quarterly

b: Bureau's Safety Committee prepares and posts the following information on the BCA Safety Webpage.

i - Tailgate Safety meeting Topic list (Appendix A)

ii - Topic review information (a refresher of pertinent information)

iii - Topic review quiz

iv - If a Train-the-Trainer session is required due to the nature of the topic or a new regulatory topic this information will also be posted.

c: Supervisor

i - On the first TSM of each new calendar year the supervisor shall distribute Appendix A: TSM Topics to each employee.

ii - Instruct each employee on access to BCA Safety Webpage.

iii - The supervisor will review Chapter 19 with all employees

iv - The supervisor (or designate) shall conduct the TSM assigned.

v - All attendees will complete a written review quiz and sign their name.

vi - Forward Sign-In Sheet and review quiz to the Bureau Safety Committee.

vii - If an inspector is absent the supervisor will do the following;

- Make a copy of the sign-in sheet
- Attach a Review Quiz to the sign-in sheet
- Put these into the employee's mail slot[ii] with a copy of the Review material.
- When the absent employee returns and completes the TSM the supervisor will forward the sign-in sheet and Review Quiz to the Safety Committee.

d: Employee

i - Each employee will be issued Appendix 19 bi-weekly Tailgate Topic list for their records. It is recommended that they use this list to track their completion of each topic.

[i] *Cal-OSHA Fact Sheet: Protecting Temporary Agency Employees (For BCA these are MOU 35 inspectors)*

[ii] *If the employee does not have a mail slot the supervisor will keep it in their possession until they see the employee again.*

APPENDIX A: Tailgate Safety Meeting Topics

FIELD STAFF *(All info is on BCA Safety Webpage)*

DATE	TOPIC	REFERENCE	ASSIGNED
01/05/2020 - 01/18/2020	Cal-OSHA/MOU Related Review of 2020 IIPP (Changes)/MOU5	Required 5 Question Quiz	
01/19/2020 - 02/01/2020	Accidents/Minor & Serious Injury/Illness Reporting/MOU 5 Emergency Response	Required 5 Question Quiz	
02/02/2020 - 02/15/2020	Workers Compensation Executive Directive 18	Required 5 Question Quiz	
02/16/2020 - 02/29/2020	Standard Issue PPE – Specialized PPE Job Hazard Assessment – Assigned Tasks	Required 5 Question Quiz	
03/01/2020 - 03/14/2020	Heavy feet & Sore backs	Required 5 Question Quiz	
03/15/2020 - 03/28/2020	Excavation Safety Training	Required 5 Question Quiz	
03/29/2020 - 04/11/2020	Vehicle/Bicycle Traffic Control [Vision Zero]	Required 5 Question Quiz	
04/12/2020 - 04/25/2020	Pedestrian Safety/Traffic Control [Vision Zero]	Required 5 Question Quiz	
04/26/2020 - 05/09/2020	Reporting Unsafe Condition HazComm – SDS Shop/Plant inspection Safe Procedures	Required 5 Question Quiz	
05/10/2020 - 05/23/2020	Raw Sewage (Personal Hygiene) /Blood Borne Pathogens	Required 5 Question Quiz	
05/24/2020 - 06/06/2020	Hot Weather and Sun Protection West Nile Disease	Required 5 Question Quiz	
06/07/2020 - 06/20/2020	Injury by a moving or falling objects Working around heavy equipment	Required 5 Question Quiz	
06/21/2020 - 07/04/2020	OSHA Fatal 4 Statistics	Required 5 Question Quiz	

APPENDIX A: Tailgate Safety Meeting Topics

FIELD STAFF (cont'd)

DATE	TOPIC	REFERENCE	ASSIGNED
07/05/2020 - 07/18/2020	Welding – Safe Practice	Required 5 Question Quiz	
07/19/2020 - 08/01/2020	Reinforcing Steel Protection	Required 5 Question Quiz	
08/02/2020 - 08/15/2020	Scaffold/Ladder Safety	Required 5 Question Quiz	
08/16/2020 - 08/29/2020	Electrical Safety – Lock Out/Tag Out procedures / GFI Protection/NFPA 70E training	Required 5 Question Quiz	
08/30/2020 - 09/12/2020	Overhead Obstructions and Clearance Limits	Required 5 Question Quiz	
09/13/2020 - 09/26/2020	Confined Space Entry Procedures/Gas Detector Operation	Required 5 Question Quiz	
09/27/2020 - 10/10/2020	Demolition Safety - Lead Safety - Crystalline Silica & train in asbestos hazards recognition	Required 5 Question Quiz	
10/11/2020 - 10/24/2020	Hearing Conservation Program	Required 5 Question Quiz	
10/25/2020 - 11/07/2020	First Aid I - Review	Required 5 Question Quiz	
11/08/2020 - 11/21/2020	First Aid II - Review	Required 5 Question Quiz	
11/22/2020 - 12/05/2020	First Aid III – Review & CPR	Required 5 Question Quiz	
12/06/2020 - 12/19/2020	Safe Driving	Required 5 Question Quiz	
12/20/2020 - 01/02/2021	Workplace Violence - Disaster Prep	Required 5 Question Quiz	

APPENDIX A: Tailgate Safety Meeting Topics

OFFICE STAFF

DATE	TOPIC	REFERENCE
1st Quarter	Cal-OSHA Related Review of 2020 IIPP (Changes	Required 5 Question Quiz
2nd Quarter	Topics from Office Groups	Required 5 Question Quiz
3rd Quarter	AED-CPR-First Aid Training for office staff (Certificate Class)	Required 5 Question Quiz
4th Quarter	Workplace Violence / Emergency Preparedness	Required 5 Question Quiz

Notes:

1. Supervisors of inspection groups are required to cover all mandatory topics in bi-weekly tailgate meetings.
2. Each tailgate meeting is required to be recorded on a standardized Tailgate Safety Meeting Minutes sign-in sheet.
3. Each supervisor may combine bi-weekly topics depending on the applicability of their assigned tasks.
4. The safety coordinator will provide a brief aid that will set the minimum amount of information that Bureau management would expect to be covered.