



**PERRIS UNION**  
HIGH SCHOOL DISTRICT

# **INJURY & ILLNESS PREVENTION PROGRAM**

**( IIPP, CCR Title 8 § 3203)**

## RESPONSIBILITY

At the direction of the Perris Union High School District Governing Board (BP 4157) and under the authority of the District's Superintendent, the Injury and Illness Prevention (IIP) Program administrator, the District's Director of Risk Management (951-943-6369 x 80281), has the responsibility for implementing and maintaining this IIP Program.

Managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program is available from each manager and supervisor.

## COMPLIANCE

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers comply with these practices includes one or more of the following checked practices:

- ✓ Informing workers of the provisions of our IIP Program.
- ✓ Evaluating the safety performance of all workers.
- ✓ Recognizing employees who perform safe and healthful work practices.
- ✓ Providing training to workers whose safety performance is deficient.
- ✓ Disciplining workers in accordance with union policy, Board Policy, and Administrative Regulations for failure to comply with safe and healthful work practices.

## COMMUNICATION

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication system includes one or more of the following checked items

- ✓ New worker orientation including a discussion of safety and health policies and procedures.
- ✓ Review of our IIP Program.
- ✓ Training programs.
- ✓ Regularly scheduled safety meetings.
- ✓ Posted or distributed safety information.
- ✓ A system for workers to anonymously inform management about workplace hazards.

## HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace: All work sites operated by the Perris Union High School District.

Periodic inspections are performed according to the following schedule:

1. When we initially established our IIP Program;
2. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;
3. When new, previously unidentified hazards are recognized;
4. When occupational injuries and illnesses occur; and
5. Whenever workplace conditions warrant an inspection.

## ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Interviewing injured workers and witnesses;
2. Examining the workplace for factors associated with the accident/exposure;
3. Determining the cause of the accident/exposure;
4. Taking corrective action to prevent the accident/exposure from reoccurring; and
5. Recording the findings and actions taken on the Supervisor's Accident/Injury Investigation Form (Appendix A).

## HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

1. When observed or discovered and reported to the appropriate supervisor resulting in a work order being submitted. Employees also have the right to submit a [Report of Unsafe Conditions](#) Google document to submit by inter-district mail or email to [judy.miller@puhsd.org](mailto:judy.miller@puhsd.org); and
2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection and training.

## TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction is provided:

1. When the IIP Program is first established;
2. To all new workers;
3. To all workers given new job assignments for which training has not previously provided;
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
5. Whenever the employer is made aware of a new or previously unrecognized hazard;
6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
7. To all workers with respect to hazards specific to each employee's job assignment.

General workplace safety and health practices include, but are not limited to, the following:

1. Implementation and maintenance of the IIP Program.
2. Emergency action and fire prevention plan.
3. Provisions for medical services and first aid including emergency procedures.
4. Prevention of musculoskeletal disorders, including proper lifting techniques.
5. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
6. Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.
7. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
8. Proper reporting of hazards and accidents to supervisors.
9. Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
10. Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated.

## RECORD KEEPING

We are a local governmental entity (county, city, district, or any public or quasi-public corporation or public agency) and we are partially exempt from keeping OSHA logs.

# Report of Unsafe Conditions

## Risk Management 2020



## INSTRUCTIONS

The first method available to report an unsafe condition is through the Maintenance and Operations Work Order System.

Find out who at your site enters Work Orders and report your concern(s) to them.

Pursuant to the IIPP employees have a right and responsibility to report unsafe conditions, and to report them anonymously. This form is just one available method used to report unsafe conditions. Responses

1. Use this form to report an unsafe condition at your site/work location.
2. To submit you can either:
  - a. Complete this form, print it, and mail it through inter-district mail.
  - b. Complete this form, save it on your computer, and then email it to Risk Management at [judy.miller@puhsd.org](mailto:judy.miller@puhsd.org).
  - c. Complete the google form at [Report of Unsafe Conditions](#).
3. **To report anonymously, use the following procedure:**
  - a. Complete this form, print it, and mail it through inter-district mail to the district office, attention Risk Management.
  - b. Mail to:
 

Perris Union High School District  
Risk Management  
155 East Fourth Street  
Perris, CA 92570
  - c. Complete the google form at [Report of Unsafe Conditions](#) without completing questions 5-8.
4. Keep a copy for your records. Your name, work location and phone number are not required on either form unless you want to be informed of the "corrective action" taken.
5. Work Orders should also be submitted to Maintenance & Operations. Please include the Work Order number on this form.

# Report of Unsafe Conditions

## Risk Management 2020



Today's Date:
School/Site:
Area/Location/Room:
Address:
Site Administrator:
Workplace Supervisor:
Briefly describe hazard or condition observed and exact location:
Suggestions for possible remedy:
Work Order Number, if known:
Your name (optional):
Your work location (optional):
Your phone number (optional):

Date received at Risk Management Office:

Date reviewed/corrected:

# Appendix A

## Supervisor's Accident/Injury Investigation Report



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**SUPERVISOR:** In an effort to reduce workplace accidents and injuries, it is imperative that every accident is effectively investigated and corrective/preventive measures taken. Please **conduct an appropriate, immediate investigation** of the accident documenting the **cause, correction** and **prevention** of future, similar accidents.

*Please review the accident with the injured employee, complete all areas and return completed report to the*

*PUHSD Risk Management Office within 5 working days of accident.*

*Please distribute completed copies as directed below.*

Name of injured employee: \_\_\_\_\_

Date of accident/injury: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hours/Day: \_\_\_\_\_ Shift Start Time: \_\_\_\_\_ Shift End Time: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Date you were first notified of this accident/injury: \_\_\_\_\_

Name of person who notified you: \_\_\_\_\_

Did accident/injury occur at PUHSD site? **Yes / No**

Where (what site) did accident/injury occur:

\_\_\_\_\_

Please list parts of the body involved/injured:

\_\_\_\_\_

What was employee doing at the time of the accident/injury?

\_\_\_\_\_

\_\_\_\_\_

Describe details of accident/injury (How did accident/injury occur? Be specific.):

\_\_\_\_\_

\_\_\_\_\_

What equipment, materials or chemicals was employee using when injury or exposure occurred?

\_\_\_\_\_

\_\_\_\_\_

What have you done to investigate the cause(s) of the accident/injury?

\_\_\_\_\_

\_\_\_\_\_

What caused the accident/injury?

\_\_\_\_\_

\_\_\_\_\_

Was weather a factor? **Yes / No** If yes, what was weather condition?

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What have you done to correct the cause(s) of this accident/injury?

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What will be done to prevent future accidents/injury like this from occurring?

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If there is a safety issue, please describe:

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Have you submitted a Work Order? **Yes / No** If yes, W.O. # \_\_\_\_\_

Date submitted: \_\_\_\_\_

**If you would like to consult with Risk Management, please check here.**

Name and title of person who conducted investigation (please print):

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Name Title

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Supervisor's Signature

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Date of investigation