



# Peralta Community College District

## **Injury and Illness Prevention Program**

Pursuant to Title 8 CCR 3203

February 2021

**Administrative Procedure 6802**

333 East 8th Street,  
Oakland, CA 94606

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# Introduction

The Injury & Illness Prevention Program (IIPP) is established to provide a framework for the Peralta Community College District to ensure a safe and healthy work environment for all of its employees. The goal of the program is to eliminate occupational injuries and illnesses. This program has been developed and implemented as required under the California Code of Regulations Title 8, Chapter 4, Subchapter 7, Section 3203 (see Appendix A).

The purpose of this written program is to provide information necessary to communicate the elements of the Injury and Illness Prevention Program. All employees of the Peralta Community College District are governed by the procedures outlined in this manual, unless otherwise stipulated by a specific policy or written statement.

The Risk & Safety Programs Manager is responsible for the implementation and coordination of the Injury and Illness Prevention Program.

This IIPP includes the following parts: Policy Statement, Responsibilities, Compliance, Communication, Hazard Assessment, Hazard Control, Accident/Injury Reporting Procedures, Accident/Injury Investigation, Training/Instruction and Record Keeping. Appendices are also included to provide further reference.

This plan will be reviewed annually and revised as necessary.

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# Policy

The Peralta Community College District, hereinafter referred to as District, is committed to providing a safe and healthful workplace for all of its employees, as detailed in Administrative Procedure 6802.

The District is comprised of four Colleges and the District Office and each College within the District and the District Office must adhere to this policy. The names and addresses of each College and the District Office are outlined below.

Berkeley City College  
2050 Center Street, Berkeley, CA

College of Alameda  
555 Ralph Appezato Memorial Parkway, Alameda, CA

Aviation Facility, College of Alameda  
970 Harbor Bay Parkway, Alameda, CA

Science Annex, College of Alameda  
860 Atlantic Avenue, Alameda, CA

Laney College  
900 Fallon Street, Oakland, CA

Merritt College  
12500 Campus Dr Oakland, CA

Peralta Community College District  
333 East 8th Street, Oakland, CA

The personal safety of each College District employee or volunteer while in performance of his or her work activity is of primary importance. This Injury & Illness Prevention Program (IIPP) has been developed to ensure that the District takes all measures to effectively reduce the number of occupational injuries and illnesses. The success of this program is to be achieved through the continuous mutual cooperation and support of management and employees.

The Peralta Community College District is also committed to ensuring that a safe and healthful workplace exists for students, outside contractors and other workers that may be working at District sites and that all health and safety regulations are adhered to by all affected employers and employees.

This Injury and Illness Prevention Plan provides general guidelines on equipment use, safe work practices, and safe work conditions. While the environment of each work place may vary, these basic guidelines should be followed as closely as possible.



# Responsibilities

The ultimate responsibility for the District's Injury and Illness Prevention Program (IIPP) lies with the District's Chancellor's Office. The following employees are delegated specific duties.

## **Risk & Safety Programs Manager**

The District's Risk & Safety Programs Manager serves as the Injury & Illness Prevention Program Coordinator for the Peralta Community College District. The Injury & Illness Prevention Program Coordinator is responsible for the following aspects of the safety program.

1. Development, administration, and implementation of the District's Injury and Illness Prevention Program.
2. Working with District Management and each College's Business Manager to develop health and safety guidelines and policies.
3. Coordinating all risk control activities.
4. Coordinating employee safety trainings.
5. Annual review of the Injury & Illness Prevention Program.
6. Providing advice and guidance to District Management, Supervisors, and each College's Business Manager.
7. Developing a code of safe practices and inspection guidelines.
8. Providing periodic safety inspections.
9. Establishing an injury/illness report and investigation procedure.
10. Communication of safety objectives.
11. Presiding over the Safety & Health Committee.

## **College Safety Coordinators**

1. Chairs the College Safety Committee meeting, which meets at least quarterly.
2. Provides written Safety Committee minutes to the College community.
3. Assists supervisors by properly investigating and documenting all accidents and injuries.
4. Communicates information on identified hazards, precautions and required corrective action to the College community.
5. Conducts or coordinates periodic workplace inspections.
6. Maintains College safety postings.

7. Assists in the development, implementation, and communication of College safety policies and programs.
8. Coordinates environmental, health and safety training for the College.
9. Maintains documentation of injuries, safety committee meetings, hazard corrections, and employee safety training.
10. Acts as liaison between the College and the District Risk & Safety Programs Manager and other College safety resources.
11. Acts as the College representative for College inspections by regulatory agencies.
12. Assists in development, maintenance and training on disaster response and emergency preparedness affecting the College.
13. Communicates with General Services and Facilities on issues related to safety and work orders.

#### **Department Managers and College Administrators**

Management is responsible, where appropriate, for specific elements of the Injury and Illness Prevention Program.

1. Managing the injury prevention efforts in their area of responsibility.
2. Providing the necessary means of ensuring a safe and healthy work environment for their staff.
3. Providing written documentation of employee training and instruction for employees in their area of responsibility.
4. Providing supervisors and employees with safety training and job instruction.
5. Managing a planned safety meeting or "safety talk" program.
6. Managing safety discipline.
7. Ensuring compliance with Federal, State, and Local safety codes. Cal OSHA Safety regulations can be found in California Code of Regulations, Title 8.
8. Participating in the investigation of disabling injuries.

#### **Construction Project Managers**

Construction Project Managers are in a position to anticipate hazards and help prevent safety problems before they occur. They will support the Injury and Illness Prevention Program through the following:

1. Anticipate job hazards prior to the commencement of work at any site.
2. Ensure the provision of adequate safety equipment for all jobs.

3. Communicate expected safety problems or unique hazards.
4. Provide for necessary equipment and safety precautions in all bid projects.
5. Require all contractors to comply with applicable local, state and federal safety regulations.
6. Clarify safety responsibilities from the contract documents. Assuring that all individuals and contractors follow rules and fulfill their job responsibilities.

### **Supervisors**

Supervisors have an integral role within the Injury & Illness Prevention Program. Supervisors are in constant and direct contact with their employees and can greatly influence safety attitudes and practices. It is essential that the supervisor set the example for employees in regards to safety responsibilities.

The responsibilities for supervisors include:

1. Taking any reasonable action necessary to prevent injuries where an immediate danger exists.
2. Taking responsibility for safety of all employees under their supervision and for any employee not under their supervision but in the supervisor's work area.
3. Taking responsibility for safety all any employees that may be in the work area.
4. Providing and maintaining a clean and hazard-free work area.
5. Providing safety orientation and job instruction of supervised employees.
6. Planning, conducting and documenting safety evaluations in assigned areas of responsibility.
7. Conducting regular planned safety meetings or "safety talks" with employees.
8. Conducting safety observations of employee safe work practices.
9. Developing and maintaining cooperative safety attitudes in employees through the application of approved methods or preventive and corrective discipline.
10. Maintaining emergency readiness.
11. Ensuring employees received prompt medical treatment for all injuries.
12. Ensuring employees are fit to work.
13. Conducting Accident/Injury Investigations.
14. Complying with Federal, State, and Local safety codes.



**Employee Obligations**

Employees are charged with adhering to the Injury & Illness Prevention Program as directed by management. Employee responsibilities are listed below:

1. If you are unsure how to do any task safely, ask your supervisor.
2. Read and abide by all requirements of the Injury and Illness Prevention Program (IIPP).
3. Adhering to all safety rules and operating procedures established by the District.
4. Attend health and safety training.
5. Wearing appropriate personal protective equipment as required and provided by the District.
6. Inspecting and maintaining equipment for proper and safe operation.
7. Do not operate any equipment you have not been trained and authorized to use.
8. Report any safety hazards or defective equipment immediately to your supervisor.
9. Do not remove, tamper with or defeat any guard, safety device or interlock.
10. Never use any equipment with inoperative or missing guards, safety devices or interlocks.
11. Reporting all injuries immediately.
12. Encouraging other workers to work in a safe manner.
13. Reporting all observed unsafe acts and conditions to their supervisor.
14. Reporting to work in an acceptable condition and not under the influence of alcohol or drugs.
15. Never engage in horseplay or fighting.
16. Participate in and actively support the safety program.

**Employees' Rights**

Employees have several rights with respect to occupational safety. These rights are listed below

1. Employees have the right to request a copy of this plan.
2. Employees have the right to safe and healthful working conditions.

3. Employees have the right to receive training in general safe work practices and specific training with regard to hazards unique to any job assignment.
4. Employees have the right to refuse work that would violate a health and safety standard or order where such violation would pose a real and apparent hazard to their safety or health.
5. Employees have the right to watch the District monitor and measure harmful substances in the workplace that are subject to Cal/OSHA standards.
6. Employees have the right to be told by the District if they are being exposed to concentrations of harmful substances higher than the exposure limits allowed by Cal/OSHA standards.
7. Employees have the right to access and review MSDS for substances to which the employee may be exposed.
8. Employees have the right to see and copy records of exposure to toxic substances and harmful physical agents and medical records maintained by the District and the records of exposure to toxic substances and harmful physical agents of employees with similar past or present jobs or working conditions.
9. Employees have the right to request an evaluation of the worksite by making a complaint about unsafe or unhealthful working conditions to Cal/OSHA.
10. Employees have the right to an employee representative accompanying District representatives and Cal/OSHA representatives on an evaluation.
11. Employees have the right to discuss privately with the Cal/OSHA representative during an inspection.
12. Employees have the right to see any citation the District receives posted at or near the place where the violation occurred.

### **General Services**

The Peralta Community College District's General Services Department has a critical role in maintaining all sites and facilities in proper and safe condition. Below are the responsibilities of the General Services.

1. Respond immediately to maintenance work requests concerning safety related issues. These maintenance requests must be given the highest priority.
2. Procedures in accordance with Cal OSHA lockout/blockout and tagout regulations will be strictly adhered to for locking, blocking and tagging out unsafe equipment, electrical circuitry, and equipment with moving parts. Lockout/blockout and tagout procedures will be used if equipment is in need of repair or is no longer in use.
3. Procedures in accordance with Cal OSHA confined space regulations will be strictly adhered to when working in permit or non-permit required confined spaces.

4. All equipment shall be used in a safe manner for which the equipment is intended and in accordance with manufacturers' instructions and recommended rules for safe operation.
5. Contract with outside vendors as necessary to complete repairs that the General Services is not trained, equipped or qualified to conduct.
6. Post required safety related signs as requested by District Management and Site Administrators.

#### **District Health and Safety Committee**

The Safety Committee has two primary functions. The first is communication between employees and management. The second function is monitoring the effectiveness of the District's Injury & Illness Prevention Program.

The District Safety Committee is District-wide and comprised of both management and staff. Each College should be represented with employees from each bargaining unit on a volunteer basis. One member of the District's maintenance staff should be in attendance.

The District Safety Committee will meet regularly, preferable monthly but at least quarterly. The format of the meeting is to be decided by the members of the committee but will always include a review of all injuries/accidents, a review of accident investigations, review of investigations pertaining to reports of hazardous conditions, a review of scheduled safety evaluations, and a round table session.

The employees on the District Safety Committee are to provide direct feedback to senior management of organizational and operational issues that are directly affecting injuries and Workers' Compensation costs. Management is to provide employees with information and training regarding occupational safety.

If a member of a College or District wide Safety Committee is informed of or observes a significant hazard that places any person or college property at risk for imminent harm, the Safety Committee member has the right and responsibility to take immediate action, including evacuation of staff and students to insure their health and safety.

The District Safety Committee will assign and review safety evaluations, review other safety compliance programs, communicate safety information at member's sites, and initiate implementation of safety programs at member's sites.

All District Safety Committee meetings are to be documented in the form of written meeting minutes. Minutes will be distributed to each site and posted in an area accessible to all staff, including the Risk Management web site. Original meeting minutes will be kept in Office of Risk Management.

At the end of each calendar year, the District Safety Committee should review its accomplishments to ensure its effectiveness in accomplishing safety goals and objectives.

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# Compliance

The District and all employees are responsible for compliance with the Injury and Illness Prevention Program and with Section 3203 of Cal OSHA regulations.

## **District Compliance**

The Peralta Community College District is committed to providing all employees a safe and healthy work environment. The District is also committed to providing all necessary personal protective equipment and safety training to employees at no cost to the employees. The District maintains an open door policy allowing all employees to communicate any safety concerns. Furthermore, the District is committed to adhering to all Federal, State, and Local safety regulations and will provide full cooperation with any outside safety agency during the course of any inspection or audit.

## **Employee Compliance**

Occupational safety and health regulations and workplace practices are designed to reduce or eliminate employee occupational injuries and illnesses. Employee compliance with all rules and regulations is essential to maintaining a safe and healthy workplace.

Employees that have displayed an outstanding commitment to safety may be recognized through an employee recognition program. Conversely, employees that violate any safety policy, procedures, rules and/or regulations may be subject to disciplinary action.

## **Disciplinary Action**

The Peralta Community College District utilizes progressive disciplinary action as the preferred method of discipline for employees who violate District policies, rules and procedures. In the event an employee violates any safety rules or requires any counseling as a result of unsafe work practices, the District will follow the disciplinary procedures specified in the employee's respective collective bargaining unit agreement.

# Communication and Training

Peralta Community College District recognizes that open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. Managers, Supervisors, and College Administrators are responsible for communication with all employees about occupational safety and health issues in a manner or form readily understandable by all employees. Employees are encouraged to inform their managers and supervisors about workplace hazards without fear of reprisal.

There are several means of communication to employees about the District's safety practices in its Injury and Illness Prevention Program. One means is through training of employees, either by in person training, online training, safety videos, safety talks, or seminars. The other means are through the dissemination of safety information, such as through Cal OSHA-required safety manuals such as the Injury and Illness Prevention Program or through the use of posted or distributed safety information. The system of communication regarding safety and health at Peralta Community College District is designed to facilitate a continuous flow of safety and health information between management and staff.

## **Safety Training**

### **New Employee Orientation**

All new employees of the Peralta Community College District are required to attend a new-hire safety orientation. All new employees will be required to sign a safety orientation documentation form verifying their attendance (see Appendix B). This form will be forwarded to the employees' personnel file.

The Human Resources Department coordinates the new employee safety and health orientation training. Safety training at the new employee orientation shall include but not be limited to the VIPS on-line training:

Review of the District's Injury and Illness Prevention Program.

- Job Specific Safety Training
- Bloodborne Pathogens
- Chemical Hygiene
- Injury Reporting
- Immediate Response to Emergencies
- Summoning Emergency Help
- Harassment Free Environment and Reporting Protocols
- Employee Benefit Programs
- Avoiding Liability
- Duty to Immediately Report Suspected Child Abuse

Following completion of the VIPS online training, each employee will receive a completed training record transcript. This form will be forwarded to the employee's personnel file.

### **Initial Job Instruction**

Initial Job Instruction refers to the on-the-job training given to new employees to prepare them to do a specific job. This type of safety training is an initial effort to generally acquaint employees with what they will need to know to perform their new positions safely. Whether the employee is a new hire or a transfer from another area position, safety training is essential. Initial job instruction is conducted by supervisors and covers such topics as general hazards, clean up and housekeeping responsibilities, and appropriate general safety rules.

### **New Job Assignments or Jobs with Changes in Risk**

Training will be provided to employees given new job assignments for which training has not previously been received and whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard. In addition, if the District becomes aware of a new or previously unrecognized hazard, training will be provided to those employees that may encounter that hazard(s).

Supervisors are responsible for conducting job and safety instructions for new job assignments and jobs where there is a new or changed risk. During this training, the supervisor will cover specific hazards and precautions necessary for the job. Information to be included during this type of training should include but not be limited to:

- Safety equipment and personal protective equipment requirements
- Potential exposure to toxic materials
- Emergency procedures
- Physical hazards associated with the work area

### **Employee Training**

The Peralta Community College District is committed to providing all necessary safety training to its employees. Safety training programs are necessary for the District to communicate to employees the hazards associated with their positions and safe work practices necessary to mitigate those hazards.

Training will be communicated through dialog between trainer and trainee, safety videos, safety literature, hands-on example, one-the-job training, seminars, and workshops. Communication during training sessions should be two-way to ensure that employees understand their training and are afforded the opportunity to ask questions to clarify any information that they may not understand initially.

The Injury & Illness Prevention Program Coordinator will review the effectiveness of specific training programs and communicate recommendations to the personnel or agencies conducting the training.

**Department Safety Meetings**

Supervisors shall hold safety meetings, no less than once a month. These meetings are an opportunity for the department employees to discuss any actual or perceived safety issues and well as for the supervisor to review safe practices. Essentially, such talks are short five to ten minute instructional talks between the first line supervisor and one or more employees. The subject of the talk is a specific topic like a safety rule or a particular hazard that is in need of emphasis.

Planned safety talks should be used whenever a new substance, process, procedure or equipment presenting a new hazard is introduced and whenever a supervisor becomes aware of a new or previously unrecognized hazard. If a new substance, process, procedure or equipment presenting a new hazard is not introduced supervisors may schedule regular Safety Talks at a frequency that best suits the operations of the department or affected employees.

**Correctional Safety Talks**

When an employee is observed working in an unsafe manner, it is the responsibility of the supervisor to correct the employee in a manner appropriate to the facts of the case. Correctional safety talks should be conducted in a friendly but firm manner.

**Employee Review of Injury & Illness Prevention Program**

The Injury & Illness Prevention Program is to be used as a reference source for safety information pertaining to the Peralta Community College District. All employees are entitled to review the contents of the Injury & Illness Prevention Program. Each District owned and leased site or facility has a copy of the program. All new employees will be informed of the program during the new employee orientation. All employees will be notified of any revisions to the program as the revisions are made.

**Posted or Distributed Safety Information**

The Peralta Community College District is committed to providing its employees with accurate and timely safety information. Safety literature, policies/procedures, concerns, Safety and Health Committee meeting minutes, and other safety information will be posted in an area accessible to all employees or distributed in a manner that allows employees to receive information in a timely manner.

Any safety or health code violations will be posted at the work site where such violations occurred in accordance with the laws of the governing jurisdiction of the agency providing the citation.

Warning signs and other indicators of a hazardous condition will also be posted at the work site where hazards exist in accordance with applicable laws or District policies.

The Injury and Illness Prevention Program Coordinator shall maintain copies of posted and/or distributed information.

### **Hazard Reporting System**

It is the responsibility of all employees to report unsafe work conditions and practices to their appropriate supervisor or senior management. Employees may use the Report of Unsafe Condition or Hazard Form (see Appendix C) to report unsafe work conditions and practices. Employees should forward the completed form to their supervisor for review and appropriate action. The Report of Unsafe Condition or Hazard Form can be submitted anonymously. The Report of Unsafe Condition or Hazard Form may be obtained from the employee's supervisor, each College's Business Manager, or the District's Risk Manager. More details on Hazard Reporting are included in the Hazard Assessment section of this written Injury and Illness Prevention Program.

No District employee shall in any way be discriminated against or subject to retaliation as a result of reporting any work condition(s), office or classroom condition(s) believed or perceived to be unsafe; nor for reporting any possible, perceived or actual hazardous conditions to either District officials, state or federal regulatory agencies which oversees health and safety in the workplace

Management personnel who are found in violation of this policy shall be held accountable by means of established, progressive disciplinary procedures.

Employees who have knowledge of an unsafe/unhealthy work condition or practice and who intentionally conceal this information will be in violation of District policy and will be subject to established, progressive disciplinary procedures.

The District is committed to conducting complete and thorough investigations of all reports of hazardous conditions. If conditions are determined to be hazardous, appropriate measures will be taken by the District to correct those conditions.



# Hazard Assessment

The detection of hazards in the workplace is essential in ensuring a safe work environment. Undetected and uncorrected safety hazards may cause accidents resulting in serious injury to employees.

There are two major sources of unsafe conditions – normal wear and tear of equipment and employee actions. Normal wear and tear is the constant process where equipment and areas of facilities deteriorate. Evaluations of equipment and areas can detect hazardous conditions before they cause injury. Employee actions can contribute to unsafe conditions in several ways. Misused and abused equipment can be dangerous. Employees may leave their work area untidy creating a dangerous environment.

Regular hazard identification and assessment can minimize the hazards to which employees may become exposed. Safety evaluations are tools utilized by the District to identify hazards.

## **Hazard Identification and Evaluations**

To assist in the identification and correction of hazards, the District has developed the following procedures. These procedures are representative only and are not exhaustive of all the measures and methods that will be implemented to guard against injury from recognized and potentially hazardous elements in the workplace. As new hazards are identified or improved work procedures developed, they will be promptly incorporated into the IIPP. The following procedures will be utilized to identify hazards in the workplace,

- Loss Analysis of Accident Trends
- Accident Investigation
- Employee Observation
- Employee Suggestions
- Safety Audits
- Regulatory Requirements for our industry
- Outside Agencies

## **Loss Analysis of Accident Trends**

Periodic loss analyses will be conducted by the District's Risk Management Department. These will help identify areas of concern and potential job hazards. The results of these analyses will be communicated to management, supervisors and employees through safety meetings and other appropriate means.

## **Employee Suggestions**

Employees are encouraged to report any hazard they observe to their supervisor. No employee of the District is to ever be disciplined or discharged for reporting any workplace hazard or unsafe condition.

**Regulatory Requirements**

The District is subject to government regulations relating to safety. Copies of pertinent regulations can be obtained from the District's General Counsel.

**Outside Agencies**

In addition to regulatory requirements, several organizations will assist us in identifying hazards in our workplace. These include safety representatives from insurance carriers, safety and health consultants, private industry consultants, and best practices recommendations provided by the State Office of Community Colleges and Office of Emergency Services, and other public, private, or non-profit organization.

**Scheduled Safety Inspections**

Competent persons shall conduct safety inspections periodically in areas where they are knowledgeable. Ideally, line supervisors should conduct the inspections. Safety inspections must be documented. The Hazard Correction Form to be used by supervisors is included in Appendix D.

Once the evaluation has been completed, all documentation shall be forwarded to the District Risk & Safety Programs Manager.

The District Risk & Safety Programs Manager, along with site staff and/or maintenance, will review all safety evaluations and initiate corrective action. The District Risk Manager will make an analysis of the results. Inspections and analyses will be reviewed at the District Safety Committee meeting. This committee will investigate long-term solutions to recurring hazards.

**Job Safety Analyses**

Job Safety Analyses for the following categories of jobs are included in Appendix E:

- Childcare Workers
- Custodians
- Stationary Engineers/Utility Workers
- Food Service Workers/Cooks
- Store Workers (Shipping & Receiving Workers)
- Warehouseman
- AV Technicians
- Mailroom/Duplication Center
- Information Technology Staff
- PE Faculty
- Athletic Trainers
- Tool Room Keeper

# Hazard Correction

The correction of any identified hazards should be conducted immediately. Personnel at all levels of employment have responsibilities in hazard correction. All personnel should have an understanding of their role in hazard correction to effectively eliminate identified hazards.

<b>Job Description</b>	<b>Hazard Correction Responsibilities</b>
District Chancellor	Chancellor is responsible for allocating appropriate resources and funding to correct unsafe/unhealthy work conditions/practices.
College Presidents or College Business Managers	College presidents, or their designee, are responsible for initiating the appropriate corrective action of an identified unsafe/unhealthy work condition or practice by way of a work order or communication with the Risk Manager. The College president must handle conditions involving a serious concealed danger personally until appropriate individuals are notified and corrective action has been taken. A serious concealed danger exists when a condition or work practice creates a substantial probability of death or great bodily harm and the danger is not readily apparent to an individual who is likely to be exposed.
Supervisors	Supervisors are responsible for investigating and identifying unsafe conditions or practices, for controlling access to a hazard to prevent further danger to employees and the public, and for notifying the necessary persons responsible for taking required action to correct the hazard. Supervisors shall provide a status report to their immediate superior and District Risk Manager when a temporary correction has been made. If a supervisor cannot correct a hazard, it should be reported immediately to the College Business Manager and District Risk Manager.
Employees	All employees are responsible for taking appropriate action to correct unsafe and unhealthy working conditions by immediately notifying appropriate management personnel of the conditions.
District Risk Manager	The District Risk Manager is responsible for immediately initiating corrections to any hazard that has come to his/her attention. The District Risk Manager will follow-up on corrective activity for all reports of unsafe or unhealthy conditions. The District Risk Manager will review all reports of unsafe/unhealthy work conditions on a quarterly basis to determine the development of any patterns and shall provide these reports to the District Safety Committee.
General Services	General Services is responsible for all repairs to buildings, grounds and equipment to correct conditions that create hazards. Safety related work orders should be given top priority.
District Safety Committee	The District Safety Committee shall review reports of serious hazards/concealed dangers, quarterly safety reports, and reports of safety/hazard corrections, and shall make recommendations to the District Risk Manager.

**Controlling Access to Areas Containing Hazards**

To prevent danger to employees and the general public, access to any area that contains an immediate hazard or serious concealed danger should be controlled. Supervisors, Directors and/or College Business Managers responsible for the area of operation where such conditions exist are responsible for informing employees verbally and in writing. The notification of any serious hazard should be done no later than 8 hours from the time the unsafe condition has been identified.

Only authorized personnel should be allowed access to areas with immediate hazards or serious concealed danger. Students should never be allowed access to such areas. Areas with such conditions should be properly secured to prevent any unauthorized access. Only when the condition has been corrected should access be permitted. Examples of areas with immediate hazards include, but are not limited to, confined spaces, chemical storage areas, transformers, high voltage areas, and electrical utility rooms.

**Hazard Correction Follow-Up**

Whenever any report of unsafe or unhealthy condition has been made, follow-up is essential to ensure that proper corrections are being or have been made. Persons of responsibility should conduct the necessary follow-up. Persons initiating Reports of Unsafe Condition or Hazard should inquire with their supervisors the status of corrections. Any unnecessary delays in hazard correction should be investigated by the College's Business Manager and reported to the District Risk Manager.

In the event an unreasonable delay in correcting safety hazards occurs, the District Risk Manager should inquire with the necessary personnel the status of the work and report back to the College Business Manager any pertinent information.

Once a reported hazard has been corrected, Supervisors or College Business Managers responsible for the area should conduct a safety evaluation to ensure that the hazard has been completely eliminated. Only upon approval of the persons responsible for the area should access be allowed.

# Injury Reporting Procedures

The following procedures are guidelines in the event of an injury to an employee. If there is any doubt as to whether an injury is an emergency or non-emergency, following the emergency procedures.

## Injured Employees – Procedures

1. When an employee sustains an industrial injury or illness, the employee will immediately report the injury to his/her supervisor and to the Office of Risk Management at the District office 510-466-7240 or ext. 7240 (if no one is available in Risk Management, the employee should leave a message on voice mail).
2. If the employee does not require immediate medical attention or if first aid only treatment is adequate, the employee must complete a **“Medical Incident Report”** form and return this form to both his/her supervisor and the Office of Risk Management.
3. If the employee does require medical attention, the employee must complete the **“Employee’s Claim for Workers’ Compensation Benefits Form”** and return this form to the Office of Risk Management within 48 hours from the time of the injury.
  - (a) In the event of a **life threatening emergency** the use of any hospital emergency room is authorized.
  - (b) For non life threatening injuries the employee and/or supervisor must **immediately telephone Company Nurse On Call** at (888) 770-0929.
  - (c) Company Nurse On Call will gather information on the work related injury over the telephone and assist the injured worker with access to appropriate medical treatment.
4. All District employees have the option to obtain medical treatment for work related injuries or illness from their own personal physician but only if they have pre-selected a personal physician and completed the **“PCCD Personal Physicians Pre-designation Form”**. This form must be kept on file in the Office of Risk Management.
5. If an employee has not pre-selected a personal physician, the employee must obtain initial medical treatment from:

Concentra Occupational Health Clinic  
384 Embarcadero West  
Oakland, CA 94607  
(510) 465-9565  
8:00 a.m. to 5:00 p.m.  
[www.concentra.com](http://www.concentra.com)

Emeryville Occupational Medical Center  
1900 Powell Street, Suite 115  
Emeryville, CA 94608  
(510) 653-5200  
8:30 a.m. to 5:30 p.m.  
[www.emeryvilleoccmed.com/index.html](http://www.emeryvilleoccmed.com/index.html)

- A. After the initial treatment at Concentra or Emeryville OMC, employees can also elect to receive medical treatment from a WellComp network doctor. Information on network providers is located on the WellComp web site at [www.WellComp.net](http://www.WellComp.net).
- B. For Kaiser members –  
Some Kaiser Permanente providers are now also part of the WellComp doctor network. These providers are listed at: <http://www.wellcomp.net/network/>  
(Enter College name and follow prompts. Under provider search, enter “Kaiser only”. Under specialty, choose “Occupational Medicine” or desired specialty.) Kaiser Permanente Occupational Medicine clinics operate at the following Kaiser locations: (Oakland, Hayward/Union City, Walnut Creek, Martinez, Richmond, San Francisco, San Bruno) <http://members.kaiserpermanente.org/kpweb/facilitydir/entrypage.do> (510) 752-1244 or call the Risk Management Office for assistance: 510-466-7240
6. Employees are required to provide a copy of a work status report following each medical appointment to their immediate supervisor.
7. Workers’ Compensation claims are administered by a third party claims administrator Sedgewick. After filing a workers’ compensation claim, an employee will receive more specific information about his/her claim and the payment of benefits from Sedgewick.

For questions regarding your Workers’ Compensation claim, please contact Risk Management Office at 510-466-7240 or [cburdick@peralta.edu](mailto:cburdick@peralta.edu).

Forms are available at the College Business Office, Health Services Coordinators Office, and Office of Risk Management or at <https://web.peralta.edu/risk-management/>

1. Medical Incident Report (MIR- 1/2007)
2. Employee’s Claim for Workers’ Compensation Benefits (DWC1)
3. PCCD Personal Physicians Pre-designation Form (PPDF-7/2014)
4. WellComp Brochure (available on the Risk Management website)
5. Supervisor’s Report of Employee Injury Form

#### **Supervisor Procedures when an Employee is Injured**

1. The Supervisor must provide the employee with an **“Employee’s Claim for Workers’ Compensation Benefits Form”** within 24 hours of the injury or illness **or your knowledge** of the injury or illness. A work related injury or illness claim form must be provided any time:
  - At the employee’s request.
  - In all cases where the employee has received outside medical treatment (other than the College Nurse).
  - If the employee is not able to return to his/her regular duties.

Failure to distribute this form to an injured employee may result in a penalty to the District ranging from \$100-500.

2. Remind employees that they are required to obtain medical treatment from their personal physician (if one is pre-designated), or at Concentra Occupational Health or the Emeryville Occupational Medical Center, or from a WellComp network provider.
3. The **Employee's Claim for Workers' Compensation Benefits Form** must be forwarded to the Office of Risk Management within 48 hours of the incident or as soon thereafter as possible. If the injured employee has not returned to work, instruct him/her to mail the claim form to the Office of Risk Management.
4. The Supervisor must complete the Peralta Community College District **"Supervisor's Report of Employee Injury Form"** and forward this report to the Office of Risk Management within 48 hours of the incident.
5. Notify Risk Management if the employee is not able to return to work so that the employee's time off can be properly tracked.

Any questions regarding Workers' Compensation claims, Return to Work, or Work Restrictions/Accommodations, please contact the Risk Management Office at 510-466-7240 or [cburdick@peralta.edu](mailto:cburdick@peralta.edu).

Forms are available at the College Business Office, Health Services Coordinators Office, and Office of Risk Management or at <https://web.peralta.edu/risk-management/>



# Accident Investigation

## **Supervisor's Accident Investigation**

It is the responsibility of the immediate supervisor to investigate all injuries (or near misses) and report on the District's *Supervisor Accident Investigation Report*. Supervisors will retain a copy and supply a copy to the Risk Management Department.

Procedures for investigating employee injuries include:

1. **Visit the accident scene as soon as possible.**  
This will allow the supervisor to see the scene of the accident before any alterations to the scene can be made. It also allows the supervisor to be visible and available to employees in the area.
2. **Interview injured workers and witnesses.**  
Several points of view may be helpful in determining the actual cause of an accident. Always include statements in the accident investigation report.
3. **Examine the workplace for factors associated with the accident.**  
It is essential to inspect the scene of the accident to determine if any hazards are present that may cause future accidents.
4. **Determine the cause of the accident.**  
Understanding the root cause of an accident will allow management to take measures to prevent similar accidents from recurring. Determining the root cause may be a difficult or arduous task. A diligent investigation will allow management to understand the root cause.
5. **Take corrective action to prevent the accident from recurring.**  
Immediate and complete corrective action is essential.
6. **Complete the Supervisor's Accident Investigation Report.**  
Documenting the findings and corrective actions taken by completing Supervisor's Accident Investigation Report (Form 75.2). Attach all necessary information to the investigation report.

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#### **Outside Agency Investigation**

Serious injuries may also be investigated by agencies outside of the District. Insurance agencies as well as Cal/OSHA, fire departments and law enforcement agencies may desire to investigate accidents deemed serious. The District will cooperate with and assist outside agencies during the course of these investigations.

#### **Reports to Cal OSHA**

Some serious injuries are to be reported to Cal-OSHA, as required, within eight (8) hours. The District's Risk Management Department is responsible for making reports to Cal-OSHA. Serious injuries warranting Cal-OSHA notification include but are not limited to deaths and amputations.

# Recordkeeping

There are several forms of documentation that must be retained for record keeping purposes:

<b>Record</b>	<b>Record Retention</b>	<b>Where is Record Kept</b>
New Employee Safety Orientation Forms	Length of Employment	Personnel File
Code of Safe Practices Receipt	Length of Employment	Personnel File
Disciplinary Actions for Safety	1 Year	Personnel File
Safety Meeting Reports or Minutes	2 Years	At Colleges – Business Office At District – Risk Mgmt Office & on RM web site
Safety Contact Reports	2 Years	At Colleges – Business Office At District – Risk Mgmt Office
Safety Inspections	3 Years	Risk Management Office
Safety Related Training Records	3 Years	At Colleges – Business Office At District – Risk Mgmt Office
Accident Investigations	5 Years	At Colleges – Business Office At District – Risk Mgmt Office
CAL OSHA Log of Injuries	5 Years	Risk Management Office
Employee Exposure or Medical Records	No Less Than 30 Years	Risk Management Office
Environmental Monitoring	No Less Than 30 Years	Risk Management Office
Inventory of Hazardous Materials	Forever	At Colleges – Business Office

# District Approval Page

Responsible Office/Officer

Risk Management Department

Date of Initial Policy

1991

Written Program Completed

February 2021

Program Adopted by  
District Safety Committee

\_\_\_\_\_

Approved by

\_\_\_\_\_

## Appendices

- Appendix A: Title 8 CCR 3203
- Appendix B: New Hire Safety Orientation Form (Pending)
- Appendix C: Report of Unsafe Condition or Hazard Form
- Appendix D: Hazard Correction Form
- Appendix E: Job Safety Analysis
- Appendix F: Supervisor's Report of Employee Injury Form
- Appendix G: Employee's Claim for Workers' Compensation Benefits
- Appendix H: Board Policy 6800  
Administrative Procedure 6802

**PERALTA COMMUNITY COLLEGE DISTRICT  
INJURY & ILLNESS PREVENTION PROGRAM**

**Appendix A  
General Industry Safety Orders**

### **§3203. Injury and Illness Prevention Program.**

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(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The Program shall 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. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful 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. 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.

Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments as compliance with subsection (a)(3).

(4) Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:

(A) When the Program is first established;

Exception: Those employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with previously existing section 3203.

(B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and

(C) Whenever the employer is made aware of a new or previously unrecognized hazard.

(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 based on the severity of the hazard:

(A) When observed or discovered; and,

(B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

(7) Provide training and instruction:

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(A) When the program is first established;

Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.

(B) To all new employees;

(C) To all employees given new job assignments for which training has not previously been received;

(D) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;

(E) Whenever the employer is made aware of a new or previously unrecognized hazard; and,

(F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

(8) Allow employee access to the Program.

(A) As used in this subsection:

1. The term “access” means the right and opportunity to examine and receive a copy.

2. The term “designated representative” means any individual or organization to whom an employee gives written authorization to exercise a right of access. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative for the purpose of access to the Program.

3. The term “written authorization” means a request provided to the employer containing the following information:

a. The name and signature of the employee authorizing a designated representative to access the Program on the employee's behalf;

b. The date of the request;

c. The name of the designated representative (individual or organization) authorized to receive the Program on the employee's behalf; and

d. The date upon which the written authorization will expire (if less than one (1) year).

(B) The employer shall provide access to the Program by doing one of the following:

1. Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.

a. Whenever an employee or designated representative requests a copy of the Program, the employer shall provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.

b. One printed copy of the Program shall be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, the employer may charge reasonable, non-discriminatory reproduction costs (per Section 3204(e)(1)(E)) for the additional copies. or,



2. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of his or her regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

(C) The Program provided to the employee or designated representative need not include any of the records of the steps taken to implement and maintain the written Program.

(D) If an employer has distinctly different and separate operations with distinctly separate and different Programs, the employer may limit access to the Program (or Programs) applicable to the employee requesting it.

(E) The employer shall communicate the right and procedure to access the Program to all employees.

(F) Nothing in this section is intended to preclude employees and collective bargaining agents from collectively bargaining to obtain access to information in addition to that available under this section.

(b) Records of the steps taken to implement and maintain the Program shall include:

(1) 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. These records shall be maintained for at least one (1) year; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

(2) Documentation of 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. This documentation shall be maintained for at least one (1) year.

EXCEPTION NO. 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employees' job assignment when first hired or assigned new duties.

EXCEPTION NO. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

EXCEPTION NO. 3: For Employers with fewer than 20 employees who are in industries that are not on a designated list of high-hazard industries established by the Department of Industrial Relations (Department) and who have a Workers' Compensation Experience Modification Rate of 1.1 or less, and for any employers with fewer than 20 employees who are in industries on a designated list of low-hazard industries established by the Department, written documentation of the Program may be limited to the following requirements:

A. Written documentation of the identity of the person or persons with authority and responsibility for implementing the program as required by subsection (a)(1).

B. Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).

C. Written documentation of training and instruction as required by subsection (a)(7).

ExceptionNo. 4: Local governmental entities (any county, city, city and county, or district, or any public or quasi-public corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the Program.

Note1: Employers determined by the Division to have historically utilized seasonal or intermittent employees shall be deemed in compliance with respect to the requirements for a written Program if the employer adopts the Model Program prepared by the Division and complies with the requirements set forth therein.

Note2: Employers in the construction industry who are required to be licensed under Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code may use records relating to employee training provided to the employer in connection with an occupational safety and health training program approved by the Division, and shall only be required to keep records of those steps taken to implement and maintain the program with respect to hazards specific to the employee's job duties.

(c) Employers who elect to use a labor/management safety and health committee to comply with the communication requirements of subsection (a)(3) of this section shall be presumed to be in substantial compliance with subsection (a)(3) if the committee:

(1) Meets regularly, but not less than quarterly;

(2) Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request. The committee meeting records shall be maintained for at least one (1) year;

(3) Reviews results of the periodic, scheduled worksite inspections;

(4) Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;

(5) Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;

(6) Submits recommendations to assist in the evaluation of employee safety suggestions; and

(7) Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

Note: Authority cited: Sections 142.3 and 6401.7, Labor Code. Reference: Sections 142.3 and 6401.7, Labor Code.

#### **HISTORY**

1. New section filed 4-1-77; effective thirtieth day thereafter (Register 77, No. 14). For former history, see Register 74, No. 43.

2. Editorial correction of subsection (a)(1) (Register 77, No. 41).

3. Amendment of subsection (a)(2) filed 4-12-83; effective thirtieth day thereafter (Register 83, No. 16).

4. Amendment filed 1-16-91; operative 2-15-91 (Register 91, No. 8).

5. Editorial correction of subsections (a), (a)(2), (a)(4)(A) and (a)(7) (Register 91, No. 31).

6. Change without regulatory effect amending subsection (a)(7)(F) filed 10-2-92; operative 11-2-92 (Register 92, No. 40).
  7. Amendment of subsection (b)(2), ExceptionNo. 1, new ExceptionNo. 3 through ExceptionNo. 4, Note2, and amendment of subsection (c)(2) filed 9-13-94; operative 9-13-94 pursuant to Government Code section 11346.2 (Register 94, No. 37).
  8. Editorial correction of subsections (a)(6)(A) and (a)(7)(A) (Register 95, No. 22).
  9. Amendment of subsections (b)(1)-(2) and (c)(2) filed 6-1-95; operative 7-3-95 (Register 95, No. 22).
  10. Editorial correction of subsection (a)(4) (Register 2002, No. 46).
  11. New subsections (a)(8)-(a)(8)(F) filed 3-3-2020; operative 7-1-2020 (Register 2020, No. 10).
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**PERALTA COMMUNITY COLLEGE DISTRICT  
INJURY & ILLNESS PREVENTION PROGRAM**

**Appendix B  
New Hire Safety Orientation Form**

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**PERALTA COMMUNITY COLLEGE DISTRICT  
INJURY & ILLNESS PREVENTION PROGRAM**

**Appendix C  
Report of Unsafe Condition or Hazard**

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## REPORT OF UNSAFE CONDITION OR HAZARD

Campus \_\_\_\_\_ Department \_\_\_\_\_

### UNSAFE CONDITION OR HAZARD

Name: (optional) \_\_\_\_\_

Location of Hazard: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

Date and time the condition or hazard was observed: \_\_\_\_\_

Description of unsafe condition or hazard: (Be as specific as possible. Attach photos if possible.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What changes would you recommend to correct the condition or hazard? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: (optional) \_\_\_\_\_ Date: \_\_\_\_\_

### MANAGEMENT/SAFETY COMMITTEE INVESTIGATION

Name of person investigating the unsafe condition or hazard: \_\_\_\_\_

Results of the investigation: (What was found? Was the condition unsafe or a hazard?) (Attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed action to be taken to correct unsafe condition or hazard: (Complete and attach a Hazard Correction Report form, IIPP Appendix D) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Investigator: \_\_\_\_\_

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

IIPP – Appendix C  
Revised 2/2021

- Route this form to the appropriate supervisor and department, and Risk Management.
- Maintain a copy in your file for at least one year.

**PERALTA COMMUNITY COLLEGE DISTRICT  
INJURY & ILLNESS PREVENTION PROGRAM**

**Appendix D  
Hazard Correction Report**

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## HAZARD CORRECTION REPORT

Campus \_\_\_\_\_ Department \_\_\_\_\_

This form should be used in conjunction with the Report of Unsafe Condition or Hazard form (IIPP, Appendix C) to track the correction of identified hazards.

All hazards should be corrected as soon as possible, based on the severity of the hazard.

**If a serious imminent hazard (life threatening) cannot be immediately corrected, remove personnel from the area and restrict access until the hazard can be addressed.**

Supervisor/Safety Coordinator Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Description and Location of Unsafe Condition	Date Discovered	Required Action and Responsible Party	Completion Date	
			Projected	Actual

IIPP- Appendix D  
Revised 2/2008

- Route this form to the appropriate supervisor and department, campus Business Office (if appropriate), Risk Management, the campus safety committee.
- Maintain a copy in your file for at least one year.



**PERALTA COMMUNITY COLLEGE DISTRICT  
INJURY & ILLNESS PREVENTION PROGRAM**

**Appendix E  
Job Safety Analysis**

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## Job Hazard Analysis Form

<b>Job Title:</b>	<b>Job Location:</b>	<b>Analyst:</b>	<b>Date:</b>
<b>Task #</b>	<b>Task Description:</b>		
<b>Hazard Type:</b>	<b>Hazard Description:</b>		
<b>Consequence:</b>	<b>Hazard Controls:</b>		
<b>Rational or Comment:</b>			

**PERALTA COMMUNITY COLLEGE DISTRICT  
INJURY & ILLNESS PREVENTION PROGRAM**

**Appendix F  
Supervisors Report**

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# SUPERVISOR'S REPORT OF EMPLOYEE INJURY

Print Name of Injured		SS#	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address of Employee (Street Address, City, State, Zip)			Telephone # Home _____ Work _____ Cell _____	
Job Title		Employed At: <input type="checkbox"/> BCC <input type="checkbox"/> COA <input type="checkbox"/> Laney <input type="checkbox"/> Merritt <input type="checkbox"/> District Office		
Date of Injury/Accident	Date Employee Notified Supervisor	Location of Injury/Accident		
Describe How the Injury Occurred (Attach additional sheets as needed)				
Department in Which Employee is Regularly Employed:				
Hours Worked Per Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Total Hrs. Normally Worked Per Week _____ (This information is very important for all hourly employees)				
Did the Employee Receive Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Where? (Please include address of medical facility)		
(Please attach a copy of any medical documentation).				
Did Employee Miss Any Full Days From Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Employee Returned to Work? _____ <input type="checkbox"/> Still off Work	
<b>PART OF THE BODY INJURED (Check all that apply)</b>				
<input type="checkbox"/> Head <input type="checkbox"/> Ear(s) <input type="checkbox"/> Eye(s) <input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Neck	<input type="checkbox"/> Back <input type="checkbox"/> Shoulder(s) <input type="checkbox"/> Arm(s) <input type="checkbox"/> Wrist(s) <input type="checkbox"/> Hand(s)	<input type="checkbox"/> Finger(s) <input type="checkbox"/> Thumb(s) <input type="checkbox"/> Leg(s) <input type="checkbox"/> Knee(s) <input type="checkbox"/> Ankle(s)	<input type="checkbox"/> Toe(s) <input type="checkbox"/> Foot/Feet <input type="checkbox"/> Emotional Distress <input type="checkbox"/> Whole Body <input type="checkbox"/> Other _____	<input type="checkbox"/> Part of Body, Not Specified <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
<b>TYPE OF INJURY</b>				
<input type="checkbox"/> Fall from heights <input type="checkbox"/> Fall, same level <input type="checkbox"/> Struck by _____ <input type="checkbox"/> Exposure to Hazardous Substances	<input type="checkbox"/> Exposure to Infectious Substances <input type="checkbox"/> Struck-against _____ <input type="checkbox"/> Caught in or between objects <input type="checkbox"/> Overexertion	<input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Heat/Cold Exposure <input type="checkbox"/> Needle Stick <input type="checkbox"/> Exposure/Contact (Electrical) <input type="checkbox"/> Insufficient Data		
<b>UNSAFE CONDITION (Check all that apply)</b>				
<input type="checkbox"/> Defective equipment - tools <input type="checkbox"/> Equipment not properly guarded <input type="checkbox"/> Poor working conditions (light, ventilation) <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Slippery or uneven walking surface <input type="checkbox"/> Faulty layout of facilities <input type="checkbox"/> Poor housekeeping			
What have you done to eliminate this condition? (Attach additional sheets as needed)				
<b>UNSAFE ACT (Check all that apply)</b>				
<input type="checkbox"/> Lack of training <input type="checkbox"/> Not following rules <input type="checkbox"/> Haste <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Not using personal safety device <input type="checkbox"/> Physical or mental handicap <input type="checkbox"/> Inattention	<input type="checkbox"/> Horseplay <input type="checkbox"/> Improper work method <input type="checkbox"/> Improper body position		
What have you done to correct this act?				
Supervisor's Signature:			Date:	
Supervisor's Name (Printed):			Office Phone:	

Use this form with the DWC-1 form (Employee's Claim for Worker's Compensation Benefits).

Send the original of this form to Risk Management

PERALTA COMMUNITY COLLEGE DISTRICT, 333 East 8<sup>th</sup> Street, Oakland, CA 94606

**PERALTA COMMUNITY COLLEGE DISTRICT  
INJURY & ILLNESS PREVENTION PROGRAM**

**Appendix G  
Employee's Claim for Workers' Compensation Benefits**

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## 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, el 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 arriesga 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 estatales. 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](http://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](http://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](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://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 curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, 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 despidan 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 Estatal de 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](http://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](http://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](http://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](http://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.





**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 oír 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 beneficios 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 ocurrió el accidente.* \_\_\_\_\_
6. Describe injury and part of body affected. *Describe 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.* \_\_\_\_\_
11. Address. *Dirección.* \_\_\_\_\_
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 administradora de seguros.* \_\_\_\_\_  
**York Risk Services Group, Inc. P.O. Box 619079, Roseville, CA 95661**
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 provée 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

**PERALTA COMMUNITY COLLEGE DISTRICT  
INJURY & ILLNESS PREVENTION PROGRAM**

**Appendix H  
Board Policy/Administrative Procedure**

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**BOARD POLICY 6800 SAFETY**

The Chancellor shall establish administrative procedures to ensure the safety of employees and students on District sites, including the following:

- Compliance with the United States Department of Transportation regulations implementing the Federal Omnibus Transportation Employee Testing Act of 1991. Specifically, the District shall comply with the regulations of the Federal Highway Administration (FHWA) and, if applicable, the Federal Transit Administration (FTA). Compliance with these policies and procedures may be a condition of employment.
- Establishment of an Injury and Illness Prevention Program in compliance with applicable OSHA regulations and state law. These procedures shall promote an active and aggressive program to reduce and/or control safety and health risks.
- Establishment of a Hazardous Material Communications Program, which shall include review of all chemicals or materials received by the District for hazardous properties, instruction for employees and students on the safe handling of such materials, and proper disposal methods for hazardous materials.

Reference:

49 Code of Federal Regulations, Parts 40 and 655;  
Title 8 Section 3203;  
29 Code of Federal Regulations 1910.101 et seq.;  
Health & Safety Code Section 104420  
Administrative Procedure 6800

Replaces:

Board Policy 6.60 Health and Safety Policy

Approved by the Board of Trustees: May 8, 2012

**ADMINISTRATIVE PROCEDURE 6802 ILLNESS AND INJURY PREVENTION AND HAZARDOUS MATERIALS PROGRAM**

The Chancellor directs that an Illness and Injury Prevention Program be established. The program will include the following elements:

- I. **Assignment of Responsibility:** The Director of Risk Management is appointed the safety manager responsible for the development of the Illness and Injury Prevention Program (IIPP) and promulgating appropriate processes and procedures to implement the Program.
- II. **Compliance.**
  - A. Continually monitoring the implementation and effectiveness of the IIPP during monthly safety meetings.
  - B. Ensuring that safety committee membership is active and appropriate.
  - C. Allocating the necessary resources, financial, material, and personnel, for providing a safe and healthful work environment.
  - D. Providing and documenting the necessary training.
  - E. Performing and documenting inspections and recommendations for corrections.
  - F. Thoroughly investigating accidents to determine and implement corrective action.
  - G. Providing job required personal protective equipment.
  - H. Establish specific emergency response plans.
  - I. Ensure that disciplinary action occurs against district employees when there is:
    1. Willful violation of CAL/OSHA regulations and/or District regulations;
    2. Intoxication – coming to work or trying to work while under the influence or in possession of intoxicating liquors or narcotics;
    3. Fighting or provoking a fight;
    4. Pranks or play which has the potential for injury;
    5. Disregard for public safety.
- III. **Communication:** The Risk Manager shall annually publish and update the "Injury and Illness Prevention Program." The document will be announced to all district employees and posted on the district website. Additional meetings with appropriate employees on the subject of safety will be scheduled to discuss the topics listed under "compliance" above.
- IV. At least one **CAL/OSHA Safety Notice** must be posted in each location where business is conducted in a conspicuous place where notices to employees are customarily posted.
  - A. The notice shall not be altered, defaced or covered by other material.
  - B. The notice shall inform employees that employers who use any substance listed as a hazardous substance by Cal/OSHA regulations must provide employees with information on the contents of material safety data sheets (MSDS) or equivalent information about the substance which trains employees to use the substance safely.
  - C. The notice must also state that the employer is required to make available on a timely and reasonable basis a MSDS on each hazardous substance in the workplace upon request of an employee, collective bargaining representative, or an employee's physician.

- D. The notice must also state that employees have the right to see and copy the medical record and other records of exposure to potentially toxic materials or harmful physical agents.
- V. **Hazard Testing.** If the District is required to conduct tests or to engage in monitoring or measuring to determine employee exposure to hazards by specific standards it shall notify the affected employee or employees or their representative.
  - A. The District must provide the an employee or employees, or their representatives with the opportunity to observe the testing, sampling, monitoring or measuring undertaken pursuant to such standards.
  - B. Whenever any employee has been or is being exposed to toxic materials or harmful physical agents in concentrations or at levels exceeding those prescribed by applicable standard, order, or special order, the District must promptly notify any employee so affected in writing of the fact that the employee has been exposed, and of the corrective action being taken.
- VI. **Hazardous Materials Business Plan.** In accordance with the California Health and Safety Code, Chapter 6.95, the district must comply with its resident city requirements for filing Hazardous Materials Business Plans and such other reports as are required in the event of a hazardous materials incident.

Approved by the Chancellor: May 11, 2012