Exhibit 'A'

2024

SAFETY POLICIES AND PROCEDURES

SUPERCEDES 05-17-17
EFFECTIVE 11-13-24

CITY OF KERMAN SAFETY POLICIES AND PROCEDURES

Table of Contents

INJURY AND ILLNESS PREVENTION PROGRAM 1

I. Policy Statement 1

II. Purpose 2

III. Responsibility 2

A. IIPP Administrator 2

B. Safety Coordinator 2

C. Department Heads and Supervisors 2

D. Employees 2

IV. Compliance 3

A. Management Responsibility 3

B. Employee Responsibility 3

C. Performance Evaluations 3

D. Employee Correction 3

V. Communication 3

A. Two-Way Communication 3

B. System of Communication 3

C. Safety Suggestions and Hazard Reporting 4

VI. Hazard Assessment 4

A. Safety Inspections 4

B. Additional Inspections 4

VII. Accident/Exposure Investigations 5

A. Investigation 5

B. Reporting 5

C. Reporting to Cal-OSHA 5

VIII. Hazard Correction 5

IX. Training and Instruction 6

A. Orientation for Establishment of IIPP and/or Substantial Amendment 6

B. New Employee Initial On-The-Job Training 6

C. Specific Kerman Training Programs 6

D. Retraining 6

E. Specialized Training 6

X. Recordkeeping 7

XI. Injury and Illness Prevention Forms 8

Hazard Alert Form 9

Hazard Alert Response Form 10
Employee's Report of Incident 11
Supervisor's Report of Employee Injury 13
Orientation Safety Check List 14
Office Hazard Inspection Checklist/Action Form 15
MODULE 1 - BLOODBORNE PATHOGEN PROGRAM 17
I. Purpose 17
II. Scope 17
III. Definitions 17
IV. Exposure Determination 18
A. Police Department 18
B. Public Works Department 19
C. Parks & Recreation Department 19
V. Methods of Compliance 19
A. Universal Precautions 19
B. Hand washing and Other General Hygiene Measures 19
C. Sharps Management 20
D. Personal Protective Equipment 20
E. Protection for Hands 20
F. Protection for Eyes/Nose/Mouth 21
G. Equipment, Environmental and Working Surfaces 21
H. Special Sharps Precautions 21
VI. Hepatitis B Vaccination 21
A. General Statement of Policy 21
B. Hepatitis B Vaccination 21
VII. Reporting and Treatment of Exposure Incidents 22
A. City's Reporting Responsibility 22
B. Exposure Treatment 22
C. Documentation 23
VIII. Procedures for Evaluation and Follow-Up of Exposure Incidents 23
IX. Employee Training 24
X. Recordkeeping Procedures 24
A. Medical Records 24
B. Training Records 25
XI. Bloodborne Pathogen Forms 26
Hepatitis B Vaccine Consent/Declination 27
First Aid Incident Report for Bloodborne Pathogens 28
Sharps Injury Log 29

MODULE 2 - HAZARD COMMUNICATION PROGRAM 30
I. General Information 30
A. Container Labeling 30
B. Material Safety Data Sheets (MSDS) or Safety Data Sheets (SDS) 30
C. Employee Training and Information 30
II. Hazardous Non-Routine Tasks – Confined Spaces Entry 31
III. Informing Contractors 31
IV. Emergency Spill Procedures 32
MODULE 3 - EMERGENCY ACTION PLAN 33
I. Scope and Application 33
II. Emergency Action Plan Information Sheet 34
III. Definitions 35
IV. Elements 35
A. Emergency Evacuation Procedures & Route Assignments 35
B. Procedures for Employees Who Remain to Operate Critical Operations Before Evacuation 35
C. Evacuation of Persons with Disabilities 36
D. Employee Accountability Procedures after Evacuations 36
E. Rescue and Medical Duties 37
V. Alarm System 37
VI. Evacuation for Emergencies 37
A. Fire Emergency 37
(Do not attempt any action that places you or another person at risk or injury) 37
B. Earthquake 37
C. Lockdown 38
D. Other Emergencies 38
VII. Training 38
MODULE 4 - HEAT ILLNESS PREVENTION PLAN (Effective 05/01/15) 39
I. Purpose 39
II. Monitoring the Weather 40
A. Weather forecast 40
B. Weather Monitoring Prior To Workday During Times Of Risk 40
III. Monitoring Employee Acclimatization For Working Outdoors In Heat 40
IV. Providing Clean Drinking Water 41
V. Providing Adequate Shade 41
VI. Addressing High-Heat Procedures 42
VII. Handling An Ill Employee And Emergency Procedures 42
VIII. Providing Supervisor and Employee Training 43
A. Employees 43

B. Supervisors 43
IX. Definitions 44
City of Kerman Heat Illness Employee - Training Handout 45
Types of Heat Illness 46
MODULE 5 - FIRE PREVENTION PLAN 47
I. Scope and Application 47
II. Elements 47
A. Potential Fire Hazards 47
B. Personnel Responsible for Maintenance of Fire and Emergency Equipment 47
C. Personnel Responsible for Control of Flammable/Combustible Materials 47
III. Housekeeping 47
IV. Training 48
V. Maintenance 48
MODULE 6 - CITY HALL ROBBERY PROCEDURE 49
MODULE 7 - ERGONOMIC PROGRAM 50
I. Purpose 50
II. Policy 50
III. Ergonomic Program Coordinator 50
IV. Identifying Workstation Risk Factors 50
V. Hazard Prevention and Control 51
VI. Medical Management 51
VII. Training 51
Ergonomic Symptoms Survey 53
Office Ergonomic Evaluation Form 54
Helpful Stretches 56
MODULE 8 - OCCUPATIONAL NOISE EXPOSURE PROGRAM 58
I. Purpose 58
II. Requirements 58
III. Responsibilities 58
IV. Monitoring Limits & Testing Procedure 58
V. Recordkeeping 59
VI. Training 59
MODULE 9 - LOCKOUT AND TAGOUT SAFETY PROGRAM 60
I. Purpose 60
II. Lockout 60
III. Tagout (Hazard Safety Tag) 60
IV. Restoring Equipment (Lockout/Tagout Removal) 61
V. Procedure for More Than One Person 61

VI. Things to Remember 61
VII. Documentation 61
VIII. Lockout and Tagout Program List of Source 62
MODULE 10 – PERSONAL PROTECTIVE EQUIPMENT POLICY (ADOPTED 08-07-2013) 63
I. Purpose ..... 65II. Applicability 65
III. Policy 65
IV. Responsibilities 65
A. Safety Officer and Risk Management Officer Shall 65
B. Supervisors Shall 65
C. Employee Shall 65
D. Safety Officer Shall 66
V. Procedure 66
A. Hazardous Assessment and Equipment Selection 66
B. Protective Devices 66
C. Eye and Face Protection 67
D. Voluntary Respirator Use 67
E. Emergency Eyewash and Safety Shower Facilities 67
F. Head Protection 67
G. Hand Protection 67
H. Foot Protection 68
I. Body Protection 68
J. Life Rings and Personal Flotation Devices 69
K. Cleaning and Maintenance 69
L. Signage 69
M. Training 69
N. Recordkeeping 69
VI. PERSONAL PROTECTIVE EQUIPMENT POLICY FORMS 70
Hazard Assessment Certification Form 71
Personal Protective Equipment Issuance Form 72
EMPLOYEE ACKNOWLEDGEMENT FORM 73
SIGNS FOR POSTING 74

INJURY AND ILLNESS PREVENTION PROGRAM

I. Policy Statement

It is the policy of the City of Kerman to provide a safe and healthful environment for our employees and general public. We strive to eliminate unnecessary hazards by providing specific safety policies and procedures and creating an atmosphere that promotes safety.

The following Injury and Illness Prevention Program (IIPP) has been developed to provided safety and loss control guidelines to protect people from injury or illness; to reduce the risk of loss to real property and business assets; and to meet the regulatory requirements of federal, state and local governmental agencies.

_____ _____

John Jansons, City Manager Date

II. Purpose

Every California employer must establish, implement and maintain a written Injury and Illness Prevention (IIPP) Program and a copy must be maintained at each worksite. The requirements for establishing, implementing and maintaining an effective written Injury and Illness Prevention Program are contained in Title 8 of the California Code of Regulations, Section 3203 (T8 CCR 3203). This program complies with the requirements of the California Code of Regulations and consists of the following eight elements:

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Accident/Exposure Investigation
- Hazardous Correction
- Training and Instruction
- Recordkeeping

III. Responsibility

A. IIPP Administrator

The City's representative on the Risk Management Authority shall be the IIPP Administrator. The IIPP Administrator is Josefina Alvarez, Finance Director,559-550-0714 or jalvarez@cityofkerman.org has the authority and the responsibility for ensuring the implementation and maintenance of the City's Injury and Illness Prevention Program and for answering questions about the Program.

B. Safety Coordinator

The City's Safety Coordinator will direct the City's safety programs, conduct hazardous inspections, update the Material Safety Data Sheet binders, and insure that Federal and State regulation updates are added to the IIPP program. The Safety Coordinator will also be the Chair of the Safety Committee and advise the IIPP Administrator of problems, concerns, and corrections. Akayla Cheema, 559-550-2080 or acheema@cityofkerman.org currently holds the position of Safety Coordinator.

C. Department Heads and Supervisors

Department Heads and Supervisors are responsible for training employees to perform their jobs properly and safely and shall teach, demonstrate, observe and enforce compliance with established safety standards.

D. Employees

Each employee is responsible to comply with the IIPP and to perform their work duties in a safe manner at all times. Employees should ask for additional training or assistance when they feel there is a gap in their ability, knowledge or training with respect to safely performing their duties.

IV. Compliance

A. Management Responsibility

Management is responsible for ensuring that organizational safety and health policies are clearly communicated and understood by employees. Managers and supervisors are also expected to enforce these rules fairly and uniformly.

B. Employee Responsibility

All employees are responsible for using safe work practices, assisting in the maintenance of a safe work environment and for following directives, policies and procedures regarding safety and health.

C. Performance Evaluations

Employee performance evaluations include an evaluation of compliance with safe work practices and procedures.

D. Employee Correction

Employees who fail to follow safe work practices and/or procedures, or who violate safety rules or directives, will be subject to disciplinary action, in accordance with the Personnel Rules & Regulations (Section 4.1/4.2) and/or the applicable memorandum of understanding.

V. Communication

A. Two-Way Communication

Management recognizes that open, two-way communication between management and staff on safety and health issues is essential to maintaining an injury-free, productive workplace.

B. System of Communication

The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a readily understandable manner:

1. An orientation program will be provided to all new employees by the designee appointed by the Department Head (See Orientation Safety Check List) that includes a review of the IIPP and a discussion of safety policies and procedures that the employee is expected to follow.

2. The City will conduct safety meetings where safety is freely and openly discussed. Employees are expected to attend and are encouraged to participate in such meetings.

3. From time to time, written safety notifications will be distributed or posted on bulletin boards.

4. Other appropriate methods of communicating pertinent safety and health information will be implemented as such methods are identified.

C. Safety Suggestions and Hazardous Reporting

1. All employees are requested and encouraged to inform their supervisors or other management personnel of any matter which they perceive to be an actual or potential workplace hazardous. Employees are also encouraged to make suggestions for safety improvements to the City. While the City prefers that safety reports and suggestions are made in writing, employees can also make such suggestions and reports orally. All safety reports or suggestions should be made to the reporting employee's supervisor, the IIPP Administrator, or to other management personnel.

2. If an employee wishes to report a hazardous, safety suggestion, or other safety problem anonymously, he or she can complete a "Hazardous Alert Form" which does not require the employee's name or job title.

3. No employee shall be retaliated against for reporting potential or actual hazardous or for making safety suggestions.

4. Management will review all safety suggestions and hazardous reports.

5. If an employee's name is included with a hazardous report or safety suggestion, the reporting employee will be notified about any non-confidential corrective action that is taken with respect to the hazardous report or safety suggestion.

6. The resolution of safety issues will be communicated to employees through "Hazardous Response Forms" and/or communication at Safety Meetings.

7. A folder on the City's public employee drive may be used for program documents and safety information. This folder is to be accessible to all employees. The safety folder will consist of the following:

   - Blank "Hazardous Alert Forms"
   - PDF Program/Plan Documents
   - Directions to access Internet based safety training materials

VI. Hazard Assessment

Inspection of the workplace is the primary tool used to identify unsafe working conditions and practices. While the City encourages all employees to continuously identify and correct workplace hazards and poor safety practices, certain situations require formal evaluation and documentation on the "Hazardous Inspection Checklist/Action Form".

A. Safety Inspections

Safety inspections will be conducted by a manager and/or supervisor and at least one non-supervisory employee. When possible, it is the intent of the City to abate any hazard which gives rise to a risk of imminent harm to any person. Any recommendations for future corrective action will be timely filed with the IIPP Administrator or the assigned safety representative for the specific area.

B. Additional Inspections

Inspections will also be conducted in accordance with the following:

1. Whenever new substances, processes, procedures, or equipment presenting a new safety or health hazard are introduced into the workplace.

2. Whenever management becomes aware of a new or previously unrecognized hazard, either independently or by receipt of information from an employee.

VII. Accident/Exposure Investigations

A. Investigation

All workplace accidents resulting in injury or property damage, however slight, will be timely investigated to determine the primary and contributing causes. The primary and contributing causes will be documented and analyzed to assist the City in taking corrective action to prevent similar accidents from occurring in the future. The IIPP Administrator is responsible for ensuring that workplace accidents are reported on the "Employee Report of Incident Form" and properly investigated.

B. Reporting

All facts, findings, and recommendations uncovered during workplace investigations will be documented on the "Supervisor's Report of Employee Injury Form". Management will review all reports with a view towards determining adequacy of corrective action.

C. Reporting to Cal-OSHA

The following incidents must be directly reported to the closest area office of Cal-OSHA within 8 hours of occurrence by the IIPP Administrator or designee:

1. Accidents causing fatalities;
2. Accidents causing hospitalization and
3. Amputation of any body part.

The following information must be provided with any such report:

- Establishment name;
- Location of incident;
- Time of the incident;
- Number of fatalities or hospitalized employees;
- Contact person;
- Phone number; and
- Brief description of the incident.

VIII. Hazard Correction

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

- When hazards are observed or discovered.
- When an imminent hazard exists that cannot be immediately abated without endangering employees and/or property.
    - The City will ensure that all exposed workers are removed from the area except the personnel necessary to correct the hazard; who have been provided with the necessary safeguards and training to correct the hazard.

All corrective actions taken shall be documented on the appropriate City incident forms.

IX. Training and Instruction

A. Orientation for Establishment of IIPP and/or Substantial Amendment

The IIPP Administrator or designee will conduct the initial orientation of the IIPP. Employees will sign acknowledgement forms for all safety materials that they receive during such an orientation. When substantially amended, additional training will be conducted and copies of the amended IIPP provided.

B. New Employee Initial On-The-Job Training

Shortly after an employee begins their employment with the City, a manager or supervisor will provide the employee with access to an electronic copy of the IIPP (hard copies available in each department) and train the employee in all aspects of required safety procedures that are designed to mitigate hazardous of their job.

This training will be documented on the "Orientation Checklist". The manager or supervisor conducting the training and the new employee will both sign the Checklist when the training is completed. The Checklist will become a permanent part of the employee's personnel file.

C. Specific Kerman Training Programs

The following describes training programs applicable to certain Kerman employees:

- Emergency Action Plan - This training includes a discussion of Kerman's disaster preparedness structure and how the employee fits within the structure (i.e., what the employee is to do under specific circumstances, such as fire, earthquake, medical emergency). Refresher training/evacuation drills will take place annually.
- First Aid, CPR and Bloodborne Pathogens Training - All employees will receive training in First Aid, CPR and/or Bloodborne Pathogens.
- Defensive Driver Training - City Employees required to drive pursuant to their job duties will participate in defensive driver training. Additional safe driving subjects will be covered in safety meetings on an as-needed basis.
- Hazardous Communication Program - Employees will receive training on: hazardous chemicals they may be exposed to in their workplace operations; proper labeling requirements for these chemicals; physical and health effects of the hazardous chemicals; ways to lessen or prevent exposure and the steps the City has taken to achieve reduction in exposure; as well as where to obtain and how to read the Safety Data Sheets (SDS).

D. Retraining

Retraining will be conducted by managers, supervisors and/or the IIPP Administrator or designee when an existing employee changes job functions as refresher training. Retraining shall cover general workplace safety, job-specific hazards, and/or hazardous materials, as applicable.

E. Specialized Training

1. Supervisors will be trained to understand their responsibilities with respect to the safety and health of the employees that they supervise, as well as training in the hazards and risks faced by the employees under their immediate direction. Such training will include both safety management and technical subjects.

2. Managers/Supervisors and/or IIPP Administrator are responsible for:
   - Determine safety-training needs;

- Implement new training programs; and
- Evaluate the effectiveness of these programs

In addition, training will be provided whenever:

- New substances, processes, procedures, or equipment pose a new hazardous and there is a lack of adequate skill or knowledge to deal with the new hazardous;
- Management and/or the IIPP Administrator become aware of a previously unrecognized hazardous and there is a lack of adequate skill or knowledge to with the hazardous; and
- A new facility or a new part of a facility is opened.

X. Recordkeeping

The City maintains records for the purpose of:

- Tracking and evaluating the City's loss experience and loss exposures.
- Tracking and evaluating the safety activities that have been accomplished.
- Documenting Safety Activities.

All such documentation will be maintained in accordance with the City's records retention schedule.

XI. Injury and Illness Prevention Forms

RETRUN TO TABLE OF CONTENTS

Hazard Alert

Date: _____

Department Where Hazard is Located: _____

Supervisor or Recipient of Hazardous Alert Form: _____

Hazards posing an immediate danger to life and health should be reported as soon as possible to your supervisor, the IIPP Administrator or other manager.

Location of Hazard (i.e. building, room area) _____

_____

Description of Hazard (include whether it is chemical, biological, physical etc.) _____

_____

_____

_____

Recommendation for correction: _____

_____

_____

Has this hazard been reported to your supervisor ☐ Yes ☐ No

OPTIONAL (if employee would like to remain anonymous, leave this area blank):

Employee Name: _____

Department/Location: _____

Telephone Number: _____

NOTE: It is illegal for any employer to take action against employees who exercise their right under the law to report unsafe conditions. Employees are encouraged to report hazards and are commended for their safety awareness.

Hazard Alert Response

To be completed by the Department Manager where the hazard is located, and reviewed by the IIPP Administrator.

Manager description and evaluation of hazard reported: _____

_____

_____

_____

Corrective Action:

Corrective Action Taken (describe): _____

_____

_____

_____

Date corrective action was completed: _____

Who carried out corrective action? _____

_____

_____

_____

Discussed at Safety Meeting – Date: _____

Response provided to Hazard Report: _____ Date: _____

Manager Signature: _____ Date: _____

IIPP Administrator Signature: _____ Date: _____

RETRUN TO TABLE OF CONTENTS

Employee's Report of Incident

Date: _____ Supervisors Name: _____

Employee Name: _____

Date of Incident: _____ Time of Incident: _____

Address and description of where/how incident occurred: _____

_____

_____

_____

Describe symptoms and specific part(s) of body affected: _____

_____

_____

_____

Please check '*Yes*' or '*No*' to the following questions relating to the incident being reported:

I lost time from my normal work shift after the day the incident occurred. ☐Yes ☐No

I anticipate losing time from work as a result of symptoms from this incident. ☐Yes ☐No

I need or desire medical treatment beyond on-site first aid. ☐Yes ☐No

The incident involved exposure to a hazardous substance. ☐Yes ☐No

If **ALL** answers to the above questions are **'No'** an injury, as defined by the Labor Code, has not occurred. A report to Workers' Compensation is not required at this time. If any answer is **'Yes'** an injury may have occurred. A DWC-1 Employee's Claim for Workers' Compensation Benefits is needed so that a report to Workers' Compensation can be made.

If, as a result of this incident, you subsequently develop (1) symptoms for which you require, or desire medical care; **or** (2) symptoms that cause you to be unable to report for work, **you must notify your Supervisor or Human Resource Department immediately.** You should also contact AMC Call Connect at 844-691-4111 to report the incident/injury. If medical care is requested or required, AMC Call Connect will direct you to appropriate medical care. You will be provided with an Injury Claim Form and we will direct you to appropriate medical care.

Be advised that certain Statute of Limitations apply to Workers' Compensation benefits. Labor Code 5400 provides that no claim to recover compensation shall be maintained unless within 30 days after the occurrence of the injury which is claimed to have caused disability or death there is served upon the employer notice in writing, signed by the person injured or someone on his behalf.

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

ONE COPY TO EMPLOYEE **ORIGINAL TO HUMAN RESOURCES FILE**

Supervisor's Report of Employee Injury

Name of Employee: _____

Job Title: _____

Date of Injury: _____ Time _____ ☐ am ☐ pm

Date Reported: _____ Time _____ ☐ am ☐ pm

Accident Location (full address): _____

_____

Specific Injury/Illness with part of body affected: _____

_____

_____

Time employee began work: _____ ☐ am ☐ pm

Did injured leave work? ☐ Yes ☐ No Date:_____ Time _____ ☐ am ☐ pm

Did injured return to work? ☐ Yes ☐ No Date:_____ Time _____ ☐ am ☐ pm

Did employee seek medical attention? ☐ Yes ☐ No

Name of medical facility/physician: _____

Describe activity performing when event/exposure occurred: _____

_____

_____

Describe how accident occurred and materials used: _____

_____

_____

Name(s) of witnesses: _____

_____

What steps have been taken to prevent similar accidents? _____

_____

_____

Supervisors Name (printed) _____ Dept. Head Initials: _____

Supervisors Signature: _____

Employer: City of Kerman, 850 S. Madera Avenue, Kerman, CA 93630

Orientation Safety Check List

Employee Name (print): _____ Date: _____

Key Points discussed during Orientation:

- ✓ Promote a safe & healthy workplace

Line crew –
- ✓ Back safety
- ✓ Ladder safety
- ✓ Power Tool safety
- ✓ Personal Protective Equipment Policy
- ✓ Compressed air - Gas tank must be chained, even empty ones
- ✓ Forklift – If not certified, do not drive. Seatbelts are required at all times

Office –
- ✓ Ergonomics Factors
- ✓ Stair safety - Slow, use handrail, keep handheld items to a minimum
- ✓ Transporting items – Use stairs; make as many trips as necessary
- ✓ Holdup - Give them what they want, don't be a hero
    - Remember information/description of incident/people
    - If safe to do, push emergency button

OSHA Requirements –
- ✓ Report Areas of Safety Hazard Infringements
- ✓ Complete Monthly Fire Extinguisher check; review for signatures

Vehicle Safety –
- ✓ Annual training/meeting on vehicle safety
- ✓ Obey all traffic laws
- ✓ Seatbelts – Always wear
- ✓ Speed limits – Follow all speed limits

Trenches and Excavation Safety
- ✓ Ditches – Do not enter without proper sloping
- ✓ Hard hats - Required, especially ground work, as required in the Personal Protective Equipment Policy (PPE)

Employee Signature: _____

Trainer/Department Representative Signature: _____

Office Hazardous Inspection Checklist/Action Form

Date Inspected _____ 3-Year Retention after inspection date.

Department: _____ Location _____

	Item to be Checked (Use the last page to record a brief description of necessary repairs)	OK	Deficiency Noted	Dated Corrected
General Work Area				
1	Are all telephone or power cords covered or routed as to prevent tripping hazards			
2	Are all work areas equipped with First Aid Kits			
3	Is an equipped Lockout/Tagout station available for use in all buildings			
4	Is the lighting in all work areas in working condition and provide good working light			
5	Are there stepstools or stepladders available for use in all buildings and do they have safety treads			
6	Are all scissors, letter openers, or any other sharp objects stored safely with points facing away from user			
7	Are materials stored on top of cabinets or shelves in an orderly fashion or at heights that do not create a potential hazard			
8	Is the ventilation system properly maintained and are vents cleaned regularly			
9	Are emergency phone numbers posted			
10	Are evacuation signs identifying escape routes and emergency information in place			
Housekeeping Hazards				
1	Are all floors, aisles, exits, and fire extinguishers unobstructed			
2	Are all floor mats and/or rugs placed in a location or position that does not create an unsafe condition			
3	Is the lounge area in a neat and sanitary condition			
4	Are the restrooms in a neat and sanitary condition and in good working order			
5	Are all chemicals and/or liquids stored in a neat and safe manner			
Electrical Hazard				
1	Are all electrical outlets or strips utilized in a neat and safe manner			
2	Is the electrical equipment in good condition, properly grounded and turned off when not in use			
3	Are electrical switch cover plates and outlets in good condition			
4	Are electric outlets safe and not overloaded			
5	Are conduit properly attached to all supports and tightly connection to junction and outlet boxes (visual inspection only)			
6	Are the lighting fixtures in good condition and working			
Fire Hazard				
1	Are all work areas equipped with fire extinguishers			
2	Are the monthly and annual inspections of fire extinguishers performed and documented			
3	Are combustibles properly stored in work areas			
4	Is the fire suppression system inspected annually			
5	Is the emergency lighting operable			
6	Other -			
7	Other -			
8	Other			

Office Hazard Inspection Checklist/Action Form

Item #	Deficiency	Corrective Action Taken

MODULE 1 - BLOODBORNE PATHOGEN PROGRAM

I. Purpose

This exposure control program has been established in order to minimize and to prevent, when possible, the exposure of City of Kerman employees to disease-causing microorganisms transmitted through human blood or other potentially infectious materials. This program identifies employees who are subject to occupational exposure to bloodborne pathogens, establishes information and training standards for those employees, and establishes an immunization program for the Hepatitis B virus. This program will comply with the Bloodborne Pathogens Standard, Title 8, California Code of Regulations, §5193.

II. Scope

All City employees who may be exposed to blood and other potentially infectious materials as part of their job duties are identified and included in this program. Those who have been identified by the City as "reasonably anticipating" exposure to bloodborne pathogens will follow an exposure control plan designed to minimize exposure. The term "employees" includes all full-time, part-time, and temporary status personnel who are employed by the City of Kerman. Any employee, who believes that the exposure exists for them, and has not been identified, should bring their concerns to the attention of their supervisor.

III. Definitions

- "Blood" means human blood, human blood components, and products made from human blood.
- "Bloodborne Pathogens" means Pathogenic microorganisms that are present in human blood and can cause disease in humans. These Pathogens include, but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
- "Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- "Contaminated Laundry" means laundry, which has been soiled with blood or other potentially infectious materials or may contain sharps.
- "Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- "Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- "Engineering Controls" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogen hazard from the workplace.
- "Exposure Incident" means a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- "Hand washing Facilities" means a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.
- "HBV" means Hepatitis B Virus.
- "HIV" means Human Immunodeficiency Virus.
- "Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- "Other Potentially Infectious Materials" (OPIM) means:

  - The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
  - HIV - containing cell or tissue cultures, organ cultures, and HIV - or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- "Parenteral" means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- "Personal Protective Equipment" (PPE) are specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
- "Regulated Waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infections materials.
- "Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to: hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing facilities; human remains; and individuals who donate or sell blood or blood components.
- "Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- "Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- "Work Practice Controls" means controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

IV. Exposure Determination

The following tasks and procedures are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious materials:

- Performing first aid duties and/or emergency medical treatment;
- Performing mouth-to-mouth resuscitation;
- Performing custodial duties in bathrooms, parks, or other public areas where needles may have been disposed of in trash receptacles; or
- Performing work within sewers and/or coming into possible contact with untreated sewage

All personnel in the following job classifications are identified as "reasonably anticipated to involve exposure" (determined to have Occupational Exposure or Potential Occupational Exposure):

A. Police Department

- Police Chief
- Lieutenant
- Corporal
- Records Clerk
- Records Manager
- Animal Control Officer

- Animal Shelter Attendant
- Police Sergeant
- Police Officer
- Police Officer Reserve
- Community Service Officer

B. Public Works Department

- Fleet Services Supervisor
- Fleet Mechanic (I, II)
- Public Works Operations Coordinator
- Public Works Lead Supervisor
- Maintenance Worker (I, II, III)
- Administrative Analyst
- WWTP Operators (Grade I, II & III)
- WWTP Maintenance Worker (I, II, III)

C. Parks & Recreation Department

- Buildings & Facilities Supervisor
- Recreation Supervisor
- Recreation Coordinator
- Senior Services Coordinator
- Parks Maintenance Worker (I, II)

V. Parks Maintenance SpecialistMethods of Compliance

The following methods of compliance are for use for all City employees not falling within the Police Department specific policy/procedures documents.

A. Universal Precautions

All blood or other potentially infectious materials shall be handled as if contaminated by a bloodborne Pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, **all body fluids shall be considered potentially infectious materials.**

B. Hand washing and Other General Hygiene Measures

Employees will wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water, as soon as possible.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious material. Likewise, employees should not engage in any of these activities until proper washing with soap and water is performed.

Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.

C. Sharps Management

It is understood that City employees are not required to administer medication with hypodermic needles, which are generally considered sharps. However, employees should also be aware that a nail soaked with blood that has recently been stepped on or even exposed broken glass, qualifies as a contaminated sharp and should be protected and disposed of in accordance with this program.

Contaminated needles or other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
Contaminated disposable sharps shall be discarded, as soon as possible after use, in disposable sharps containers. Contaminated broken glass is also to be placed in disposable sharps containers.

D. Personal Protective Equipment

All personal protective equipment (PPE) will be provided, repaired, cleaned, and disposed of by the employer (each department) at no cost to employees. Each department will provide instructions on appropriate use of personal protective equipment. Employees shall wear personal protective equipment when performing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes are anticipated. The articles to be worn will depend on the expected exposure. Employees who have allergies to regular gloves may obtain hypoallergenic gloves.

All personal protective equipment shall be removed before leaving the work area and placed in an assigned container for storage, washing, decontamination or disposal.

If a garment is penetrated (soaked through) by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for disposal. Garments which only are lightly splashed or dripped on where the blood or other potentially infectious material have not soaked through are to be removed as soon as possible and placed in an appropriate container for cleaning. – See Personal Protective Equipment Policy V- K.

E. Protection for Hands

Gloves shall be worn in the following situations:

- When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin; or
- When handling or touching contaminated items or surfaces.

Disposable Gloves

- Replace as soon as feasible when gloves are contaminated, tom, punctured or when their ability to function as a barrier is compromised.
- Do not wash or decontaminate single use gloves for re-use.

Utility Gloves

- Decontaminate for re-use if the gloves are in good condition.
- Discard when gloves are cracked, peeling, torn, punctured or show other signs of deterioration (whenever their ability to act as a barrier is compromised).

F. **Protection for Eyes/Nose/Mouth**

Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, mouth contamination can be reasonably anticipated.

G. **Equipment, Environmental and Working Surfaces**

Clean all contaminated work surfaces with appropriate disinfectant after completing procedures, and immediately or as soon as feasible, when overtly contaminated or after any spill of blood or other potentially infectious material.

Regularly inspect/decontaminate all reusable bins, pails, cans, and similar receptacles which may become contaminated with blood or other potentially infectious material. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible.

H. Special Sharps Precautions

Clean up broken glass that may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. **DO NOT pick up directly with the hands**. Report any exposure incident on the "Sharps Injury Log".

Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of injury administered or absorbed through the skin. **DO NOT reach by hand** into a container which stores reusable contaminated sharps. Full containers should be dropped off at the Public Works Office, 15201 W. California Avenue.

VI. Hepatitis B Vaccination

A. General Statement of Policy

The City of Kerman complies with OSHA mandate by providing the Hepatitis B vaccination series to all City employees in a classification identified as "reasonably anticipated" to involve exposure to bloodborne pathogens at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job. All employees that have been identified as "reasonably anticipated" to involve exposure are encouraged to participate in the program. Although the City and/or the departments cannot require anyone to receive the immunization, it is strongly recommended.

All medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations to the U.S. Public Health Service.

B. Hepatitis B Vaccination

The vaccination is a series of three injections. They are as follows:

- Initial injection;
- Second injection - thirty (30) days following the initial injection; and
- Third injection - five (5) months following the second injection.

For maximum benefit from the vaccine, the second injection should be given within a seven (7) day period before or after due date (30 days following the first injection). In the event the employee does not take the initiative to have the second injection from 30 to 60 days following their first injection, **the series must be restarted.**

The vaccination will be made available to employees after they have attended training on bloodborne pathogen and within 10 working days of initial assignment to a job category with exposure.

The vaccination series will not be made available to employees who have previously received the complete Hepatitis B vaccination series, or any employee for whom the vaccine is medically contraindicated will need to retake it.

An employee, who is required to have the Hepatitis B vaccine but chooses not to, will be required to sign a "Hepatitis B Vaccine Consent/Declination". If an employee has declined the Hepatitis B vaccination, but later changes their mind and wishes to have the vaccination, the City will proceed with the vaccination series at no cost to the employee.

VII. Reporting and Treatment of Exposure Incidents

A. City's Reporting Responsibility

The City has a responsibility, under various federal and state laws and regulations to report occupational illness and injuries, existing programs in the National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services, the Bureau of Labor Statistics, Department of Labor, and the Occupational Safety and Health Administration receive such information for the purposes of surveillance and other objectives. State Health Departments report cases of infectious disease, including HIV, HBV, HCV and TB to the Centers for Disease Control.

All post-exposure testing and treatment will be in accordance with the City's Worker's Compensation Program. Employees undergoing follow-up for post exposure reasons must attend all medical appointments and will be provided with the necessary time off to attend such appointments. Employees who experience an exposure incident must immediately report their exposure to their immediate supervisor.

B. Exposure Treatment

When an exposure has occurred, the exposed area shall be thoroughly washed immediately using water on all mucosal surfaces, and soap and running water on skin surfaces. If soap and running water are not available, a waterless skin cleaning agent shall be used until soap and running water can be obtained. When there is contamination of personal protective equipment, the personal protective equipment should be disposed of or decontaminated, if appropriate.

The City's Designated Infection Control Officer is the Injury & Illness Prevention Program Administrator. Following a "significant" exposure, contact the City's Designated Infection Control Officer. "Significant" exposure is defined as: Any situation in which the body fluids of an individual (such as blood or other potentially infectious material including synovial fluid, amniotic fluid, peritoneal fluid, pleural fluid or any fluid that contains visible blood), are suspected of having entered the employee's body through either a body opening (such as your nose, mouth, or eye), or a break in your skin (such as a cut, rash, or abrasion); a needle stick with a contaminated or used needle; intimate respiratory contact (such as CPR without a barrier); or any other situation in which an individual's body fluids may have entered the employee's body.

Did an exposure occur? The following short answer questionnaire can assist in determining if an employee should receive follow-up.

1. Is the fluid or substance with which the employee is in contact with one of the following?

    - Blood
    - Semen
    - Vaginal Secretions
    - Any body fluid/matter visibly contaminated with blood
    - Respiratory secretions (droplets, aerosolized particles)

2. Did the fluid or substance (identified above in 1) enter the employee's body through the following?

    - Needle stick injury
    - Laceration by contaminated object
    - Open cut wound, non-intact skin
    - Splash or contact with eyes, mouth or nose (mucous membrane)
    - Prolonged respiratory contact

If answers to BOTH 1 and 2 are yes, the employee should be considered to have sustained a "significant" exposure and needs to seek medical treatment.

C. Documentation

When an employee has an exposure to a communicable disease, the incident must be documented as soon as possible and a report submitted within twenty-four hours of the suspected exposure using the "First Aid Incident Report for Bloodborne Pathogens" or "Supervisor Report of Employee Injury". It is the responsibility of the employee to document the exposure.

The infection exposure report will include the details of the task being performed, the means of transmission, the portal of entry, and the type of PPE in use at the lime. The supervisor will review the exposure report and forward originals to the City's Designated Infection Control Officer/City Risk Management along with the applicable Worker's Compensation documentation.

VIII. Procedures for Evaluation and Follow-Up of Exposure Incidents

Following a report of an exposure incident, the City shall make immediately available to the exposed employee a confidential medical evaluation and post-exposure follow-up. Post-exposure follow-up medical evaluations will be conducted through the City of Kerman's designated health facility. The evaluation and follow-up will include the items listed below:

- Documentation of the significant exposure - the routes of exposure and the circumstances under which the exposure incident occurred.
- Identification of the source individual and their transport destination, unless it can be established that identification is infeasible or prohibited by law.
    - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity.
    - If consent cannot be obtained, the employer shall document that legally required consent cannot be obtained.
    - When law does not require the source individual's consent, the source individual's blood shall be tested and the results documented.
- The exposed employee will be informed of the results of the source individual's testing.
- The exposed employee will be offered counseling and medical evaluation of any reported illness.

- The information listed below will be provided to the healthcare professional evaluating an employee after exposure.
  - A description of the exposed employee's duties as they relate to the exposure incident.
  - Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
  - Results of the source individual's blood testing, if available.
  - All medical records relevant to the appropriate treatment of the employee including vaccination status.

IX. Employee Training

Employees in the classifications identified as "reasonably anticipated" to involve exposure receive training at no cost to the employee, provided during working hours. The department provides training on bloodborne pathogens at the time of initial assignment to tasks where exposure may occur and annually thereafter. Training includes, at a minimum, the following elements:

- A copy of the Bloodborne Pathogens Program and an explanation of the contents;
- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering , administrative or work practice controls, and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination shall be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potential infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and the medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident; and
- An opportunity for questions.

X. Recordkeeping Procedures

A. Medical Records

Medical records of all current and former employees or employees being assigned or transferred to work where there will be exposure to toxic substances or harmful physical agents will be retained for the length of employment plus thirty years (in accordance with Title 8, 3204 of CalOSHA regulations). This time period is consistent with OSHA standards for retention of employee occupational medical records. Exposure records and post-exposure follow-up records will be maintained in the individual's medical file.

The records will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation.

B. Training Records

Training records shall be maintained a minimum of three years from the date of training and in accordance with the City's records retention schedule. The training records will include: the dates of the training sessions; contents or a summary of the training sessions; names and qualifications of trainers; and names and job titles of all persons attending.

XI. Bloodborne Pathogen Forms

Hepatitis B Vaccine Declination

Date: _____

DECLINATION - RECORD OF HEPATITIS "B" VACCINE DECLINATION

(IF you Decline the Vaccine it is MANDATORY for you to complete this section)

Date: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name: _____Department: _____

_____

Employee Signature: _____

Employer Representative: _____

Please check all that apply:

- ☐ I decline the hepatitis B vaccination at this time
- ☐ I have previously received a complete series of the HBV vaccinations
- ☐ Antibody testing has revealed that I am immune
- ☐ The vaccine is contraindicated for medical reasons

First Aid Incident Report for Bloodborne Pathogens

Date of incident: _____ Time: _____ a.m. ☐ p.m. ☐

Date incident reported: _____ Time: _____ a.m. ☐ p.m. ☐

Describe the first-aid incident:

Was there blood or other body fluids present? Yes ☐ No ☐

Did an exposure incident occur? Yes ☐ No ☐
If yes, please describe it.

(Cal/OSHA – "An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of one's duties.")

Did the first aid providers use PPE? Yes ☐ No ☐

Print names of persons who provided first aid:

If there was an exposure incident as defined by Cal/OSHA, were they **immediately** referred for post-exposure evaluation and follow-up? Yes ☐ No ☐

Was there blood or other body fluids present? Yes ☐ No ☐

If unvaccinated, were they offered the hepatitis B vaccination? Yes ☐ No ☐

Supervisor's Signature: _____ Date: _____

Sharps Injury Log

Supervisors: Complete for each employee exposure incident involving a sharp. This form is to be completed with the employee but not by the employee. Fill in the most appropriate boxes. A sharp includes, but is not limited to, needles, needle devices, scalpels, lancets, X-acto blades, and broken glass.

Employee Name _____ Date/Time of Exposure Incident: _____

Job Classification/Title: _____ Department: _____

Location Where Exposure Occurred: _____

What procedure was being performed when the incident occurred?

Check all body parts that were involved

☐ Finger ☐ Hand ☐ Arm ☐ Face/Head ☐ Torso ☐ Leg

☐ Other _____

How did the exposure incident occur:

☐ During use of sharp ☐ Disassembling ☐ After use and before sharps container

☐ While putting sharp into sharps container ☐ Sharp left, inappropriate place

☐ Other _____

Identify sharp object involved:

Type: _____ Brand: _____ Model: _____

Was sharp injury protection device attached? Yes ☐ No ☐

Was protective mechanism activated? Yes ☐ No ☐

Did the exposure occur: ☐ Before ☐ During ☐ After activation

If the sharp had no engineered sharps injury protection, do you feel that such a mechanism could have prevented the injury? Yes ☐ No ☐

What other engineering, administrative, or work practice controls could have prevented this injury?

Attach this form to the "Supervisor's Report of Employee Injury Form". Send both originals to Human Resources within 24 hours of the incident.

MODULE 2 - HAZARD COMMUNICATION PROGRAM

I. General Information

This Hazard Communication Program has been established for the City of Kerman. The written program is available on the City's General Shared drive (GenShare) or a hard copy can be reviewed by any interested employee by asking their supervisor to view the binder. This program is based upon the requirements of Title 8, California Code of Regulations, Section §5194 of the General Industry Safety Orders and describes how criteria for labels and warnings, Material Safety Data Sheets (MSDS), and employee information and training will be met.

A. Container Labeling

- The Manager or designee will verify that all containers received will:
  - Be clearly labeled as to the contents
  - Note the appropriate hazard warnings,
  - List the name and address of the manufacturer.

No containers will be released for use until the above data is verified.

- The Manager or designee will ensure that all secondary containers are labeled with either:
  - An extra copy of the original manufacturer's label, or
  - A generic label which includes the identity and hazard warning.

- Exceptions - Labeling standards are not required for the following substances under the Hazardous Communication Program because these substances fall under other regulations:
  - Pesticides - when subject to the labeling requirements issued under the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA);
  - Foods, food additives, color additives, drugs or cosmetics that come under the Federal Food, Drug and Cosmetic Act labeling requirements (FD&C);
  - Any distilled spirits that are subject to the labeling requirements of the Federal Alcohol Administration Act (FAA); and
  - Any consumer product or hazardous substance defined by the Consumer Product Safety Act (CPSA) and the Federal Hazardous Substances Act (FHSA) when they are subject to the labeling requirements of those acts.

B. Safety Data Sheets (SDS)

- The Manager or designee will be responsible for maintaining the SDS system for the City, and will review incoming SDS for new and significant health/safety information. He/she will see that any new information is passed on to the affected employees.
- Copies of SDS for all hazardous chemicals to which employees of the City may be exposed are available at the City Public Works Corporate Yard and at the Waste Water Treatment Plant or by contacting the Public Works Administrative Assistant.

C. Employee Training and Information

- The IIPP Administrator, Manager or their designee is responsible for the employee training program. He/she will ensure that the elements specified below are carried out.

- Prior to starting work, each new employee of the City of Kerman will attend a health and safety orientation in their department and will receive information and training on the following:

  - An overview of the requirements contained in the Hazardous Communication Program;
  - Chemicals present in their workplace operations;
  - Location and availability of the written hazardous communication program;
  - Physical and health effects of the hazardous chemicals;
  - Methods and observation techniques used to determine the presence or release of hazardous chemicals in the work area;
  - How to lessen or prevent exposure to these hazardous chemicals through usage of control/work practices and personal protective equipment;
  - Steps the City has taken to lessen or prevent exposure to these chemicals;
  - Emergency procedures to follow if they are exposed to these chemicals;
  - Location of first aid stations or first aid kit;
  - How to read labels and review SDS to obtain appropriate hazardous information; and
  - Where the SDS are located along with the hazardous chemical list.

II. Hazardous Non-Routine Tasks – Confined Spaces Entry

On occasions, employees are required to perform tasks in confined spaces. The requirements of Title 8 California code of Regulations §5157, Permit Required Confined Spaces, and §5158, Other Confined Space Operations, will be complied with. Prior to starting work in such a space, each supervisor will:

- Conduct pre-entry atmospheric testing using the oxygen analyzer. This must be done within 15 minutes of potential entry. Insure that oxygen level is in a safe range prior to entry.
- Insure all associated electrical equipment is locked out. Any electrical equipment used for working inside the confined space must be properly grounded.
- Insure any steam or liquid entry lines into the confined space are disconnected or the valves of such lines closed and pad locked with Lockout/Tagout System.
- Insure personnel entering confined space is properly trained in all duties to be performed in the confined space.
- Insure entrant is wearing appropriate personal protective equipment including eye/face protection, gloves, safety boots, hearing protection, head protection and self-contained breathing apparatus (SCBA) if necessary.
- Confined space attendant should be properly trained in communicating with the entrant and emergency procedure if problems arise.
- Entrant and Entrant Supervisor are both responsible to notify the department supervisor when the confined space project is completed so it can be properly closed out.

III. Informing Contractors

It is the responsibility of the Manager or designee to provide contractors and vendors with the following information:

- A list of hazardous chemicals to which they may be exposed while on City premises; and
- Availability of SDS for all hazardous chemicals on file, and where a copy may be obtained

The Manager or designee will also obtain from the contractor a list of hazardous chemicals, with appropriate SDS, that they will bring into City facilities.

IV. Emergency Spill Procedures

All employees who encounter a hazardous material spill will immediately evaluate if the spill requires an emergency signal for immediate evacuation. If the spill is determined to be a major health and safety hazardous, employees should follow procedures outlined in the City of Kerman Emergency Action Plan. Those procedures involve:

- Sounding the emergency signal. Pulling the nearest fire alarm.
- Contacting the emergency authorities.
  - 911- Police, Ambulance, etc.
  - Dial, as soon as safely possible, O.E.S. (Office of Emergency Services 1-800-424-8802)
- Evacuate the premises.

If the hazardous spill does not warrant an emergency signal, then a supervisor will be notified immediately so that assignment of cleanup activities can be determined. If it is necessary to use the emergency spill kit for cleanup, then it is required by law to contact O.E.S. (Office of Emergency Services) at 1-800-424-8802.

EMERGENCY SPILL KIT

The City of Kerman has strategically placed an emergency cleanup kit (Envirosorb) in our chemical storage area in the main shop at the warehouse – 15275 W. California, (big yellow bucket in the main shop). Most chemical spills can be contained by the contents of this kit. The kit contains:

First Response Equipment Kit

- 1 - Apron
- 1 - Pair Gloves
- 1 - Face Shield
- 1 - Respirator
- 1 - Accutint Litmus Indicator
- 1 - Top Gun Hand Cleaner

First Response Spill Kit

- 1 - First Response Equip Kit
- 2 – 15 lb. Bags Counteract
- 4 – 15 lb. Bags Spill Sorb
- 2 – 12 ft. Absorbent Booms

The cleanup kit shall be used as follows:

1)Put on safety equipment
2)Spread Counteract on spill area.
3)Spread SPILL-SORB over entire spill area. Give material sufficient time to absorb.
4)Sweep or shovel up absorbed material.
5)Store in disposable bags until material can be disposed of according to federal, state, and local regulations.

MODULE 3 - EMERGENCY ACTION PLAN

I. Scope and Application

This Emergency Action Plan is in compliance with the California Code of Regulations, Title 8, §3220 and covers actions that must be taken to ensure employee safety from fire and other emergencies.

Emergencies, disasters, accidents, and injuries may occur at any time, usually without warning. The purpose of this plan is to ensure accountability for all employees by providing employees with procedures for handling possible emergencies and disasters. All managers, supervisors, and employees must review the plan and familiarize themselves with the procedures contained in this plan.

The Emergency Action Plan Information Sheet is to be completed by the Supervisor of each department area/location. This information is site-specific to each working environment and will be used as a tool in the event of an emergency.

This plan defines the information and actions needed by each individual department to ensure appropriate response and procedures in the event of an emergency. See Emergency Action Plan Information Sheet.

II. Emergency Action Plan Information Sheet

(To be completed by each Department Head)

BUILDING LOCATION/FLOOR: _____

DESIGNATED RESPONSIBLE COORDINATOR/SUPERVISOR FOR _____ DEPARTMENT

Name: _____ Phone: _____

ALTERNATE RESPONSIBLE SUPERVISOR:

Name: _____ Phone: _____

CITY EMERGENCY EVACUATION COORDINATOR: _____

PREDETERMINED EMERGENCY MEETING LOCATION: _____

ALTERNATIVE MEETING LOCATION (if initial predetermined location is inaccessible): _____

_____

LIST OF INDIVIDUALS ASSIGNED TO ASSIST PHYSICALLY IMPAIRED INDIVIDUALS (if applicable)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

III. Definitions

Accountability: A system to account for all employees within a small geographical area (workplace) during an emergency.

Meeting Location: A predetermined, distinct part or section, as of a building or outdoor area, set aside for a purpose or specific function; a safe location for employees to meet during an emergency.

Alternate Meeting Location: A secondary predetermined location for meeting during an emergency. This location is a necessity in the event the initial meeting location is inaccessible.

Evacuation: An immediate exit, by all employees and visitors in the facility, due to a threat to life and safety during an emergency.

Evacuation Route: A predetermined route designed to evacuate employees and visitors to a safe meeting location.

Evacuation Route Map: A floor plan (diagram) posted in buildings/work areas identifying primary and secondary evacuation routes, building exits, fire extinguisher locations, and predetermined meeting locations.

Lockdown: An emergency protocol, closing/locking a facility/building, keeping employees/visitors within the locked facility/building away from the threat of a dangerous external event.

IV. Elements

A. Emergency Evacuation Procedures & Route Assignments

Evacuation of the building is required when the building's alarm system sounds or when employees are instructed to do so. Emergency evacuation procedures and route assignments are posted in each work area and all employees have been trained in the correct procedures to follow. New employees are trained when assigned to a work area. Evacuation route maps include: exit locations and evacuation routes; fire extinguisher locations; and predetermined meeting locations.

Building evacuation should proceed as follows:

- Determine in advance the nearest exit in your location;
- Calmly and quickly exit per the evacuation route OR proceed to the nearest safe exit;
- Instruct visitors who are present to exit with you;
- Assist anyone having difficulty exiting the building (be mindful of persons who have impairments and may need assistance in evacuating the building or reaching the meeting location);
- In case of fire, do not use the elevator (if applicable);
- After exiting the building, follow the evacuation route to the predetermined meeting location;
- Once at the meeting location, report to your supervisor or designee;
- Remain at the meeting location until the designated responsible coordinator has given the "all clear" notification to re-enter the building.

B. Procedures for Employees Who Remain to Operate Critical Operations Before Evacuation

During some emergency situations, it may be necessary for specifically assigned and properly trained employees to remain in work areas that are being evacuated long enough to perform critical operations. These assignments are necessary to ensure proper emergency control. The selected individuals will receive special

instructions and training by their immediate supervisors to ensure their safety in carrying out the designated assignments.

C. Evacuation of Persons with Disabilities

In cases of emergencies, individuals with mobility or sensory impairments (hearing or vision) may need assistance or guidance with evacuating a building. If there is a fire or situation that could affect electricity/power, do not use elevators.

- To Assist Visually-Impaired Persons
  - Explain the nature of the emergency. Alarms or confusion may disorient a person, even when normally familiar with an area. Tell the person what needs to be done in order to evacuate.
  - Guide the person with you. Allow the person to take your arm below the elbow and instruct them to follow you. Remember to move slowly and communicate clearly with the individual.
  - Advise the individual of any hazardous or obstacles in the path.
  - When you have reached safety, advise the individual of their location and stay with them if necessary.

- To Assist Hearing-Impaired Persons
  - To get an individual's attention, you can flash room lights, wave your arms, or tap on the individual's shoulder.
  - Gesture about what is happening and what to do (i.e. follow me, get down).
  - Write the nature of the emergency or evacuation route on a board or paper.

- To Assist Mobility-Impaired Persons
  - Ask the individual if they have medical/health needs or requirements.
  - Individuals using wheelchairs can be pushed or accompanied to safety. Do not use elevators. If needed, seek help to safely assist the person.
  - If located in a building where stairs are to be used as the emergency exit for mobility-impaired persons, take that person to a safe area (Le. stairwell landings, offices, or balconies) and explain to them that you will get help to evacuate them from the building. Do not put yourself in extra danger.
  - Individuals using canes, crutches, or walkers should evacuate themselves, except in the event that rapid evacuation is deemed essential.
  - If in need of assistance, call "911". Do not attempt to transfer a person from a wheelchair unless absolutely necessary.

D. Employee Accountability Procedures after Evacuations

- Each supervisor is responsible for accounting for all assigned employees, personally or through a designee, by having all such employees report to a predetermined meeting location and conducting a head count.
- During an evacuation, each supervisor will conduct a sweep of all cubicles, rooms, and restrooms in their area to ensure all employees and visitors have evacuated the building.
- All supervisors and employees must report to their designated location immediately following an evacuation.
- Each assigned employee must be accounted for by name and is responsible for reporting to his or her designated Emergency Evacuation Coordinator to ensure an accurate head count.
- The Emergency Evacuation Coordinator will determine the method to be utilized to locate any missing personnel in each situation.

E. Rescue and Medical Duties

Rescue and medical duties will be performed by the emergency responders.

V. Alarm System

During an emergency evacuation, employees will be notified of the emergency condition by an audible alarm or verbal notification. Emergency responders will be notified when the fire alarm system is activated or by a call placed to "911".

VI. Evacuation for Emergencies

A. Fire Emergency

(Do not attempt any action that places you or another person at risk or injury)

- When fire is discovered:
  - Activate the nearest fire alarm; and
  - Call "911 ".
- Provide the following information:
  - Brief description of the type and location of the fire;
  - Building address; and
  - Your name and phone number from which you are calling.
- Upon being notified about the fire emergency, all employees/visitors must:
  - Leave the building using the identified evacuation routes;
  - Assemble in the predetermined meeting location; and
  - Remain at the meeting location until the designated responsible coordinator has given the "all clear" notification to re-enter the building.
- Designated Coordinator/Supervisor must:
  - Coordinate an orderly evacuation of personnel;
  - Ensure that all employees and visitors have evacuated the areas/floors;
  - Perform an accurate head count of personnel reported to the meeting location;
  - Provide emergency personnel with any necessary information about the facility.
- Assistants to Physically Impaired should:
  - Assist all physically impaired individuals in emergency evacuation.

B. Earthquake

In order to minimize panic, confusion and possible injuries, it is important to know how to respond properly during an earthquake.

- During an earthquake, immediately move away from windows, tall file cabinets, bookshelves, and light fixtures. Find shelter under a sturdy desk or table, if possible. Kneel down in a hunched position. Place hands over your head for added protection. Remain there until shaking stops. Be aware of possible power outages that may affect lighting.
- Do not evacuate unless told to do so or if danger of building collapse is imminent. If instructed to leave the building, follow the evacuation route or use the nearest safe exit.
  - Be aware of the exit nearest to your workstation and the route to that exit. Establish an alternate route should your first choice be blocked or unsafe to use.
  - Move away from the building as quickly as possible to an open area away from all buildings. Stay away from power lines, windows, brick walls or any object that could topple.

  - Due to possible gas leaks, do not light matches or use cigarette lighters.
- Once evacuated, do not re-enter the building until the designated responsible coordinator has given the "all clear" notification to reenter.
- After the initial earthquake:
  - Be prepared for aftershocks;
  - Report damage, fires, electrical shorts, gas and water leaks to the supervisor in charge;
  - Check for injured individuals and provide assistance - but do not attempt to move a seriously injured person unless they are in immediate danger; and
  - If instructed to re-enter a building, open doors carefully and watch for hazardous.

C. Lockdown

- If a situation arises, due to a hostile threat from an intruder or intruders, please conduct the following:
  - Call "911 ".
  - Quickly check for employees/visitors unaware of the threat and bring them inside.
  - Lock doors and close any blinds.
  - Place employees/visitors in an area that is "out of view" of the possible intruder.
  - Turn off lights and computers.
  - Keep everyone quiet.
  - Wait for police to confirm an "all clear".

D. Other Emergencies

For all other emergencies (medical, etc.), report immediately by dialing "911".

VII. Training

Managers and supervisors are responsible for ensuring that documented training is provided to their employees regarding the provisions of this plan. Also, managers and supervisors must ensure that their facility's evacuation route maps are current and posted in conspicuous places, and that all employees are aware of the locations of fire extinguishers and fire pull boxes within their sections.

Evacuation drills will be held. All employees will participate in drills. Employees will evacuate the building during the drill and will not re-enter the building until notified to do so.

MODULE 4 - HEAT ILLNESS PREVENTION PLAN (Effective 05/01/15)

I. Purpose

This program is in place to protect all employees from heat hazardous posed by working in the outdoor environment, as required by the heat illness prevention regulation (Title 8 CCR 3395), and to serve as a supplement to the City of Kerman's Injury and Illness Prevention Program (IIPP). This information is intended to be used as part of and in conjunction with the IIPP. The Heat Illness Prevention Plan ensures that City employees are knowledgeable in the prevention and recognition of heat illness to ensure their safety and the safety of others. All supervisors and employees must review the plan and familiarize themselves with the Heat Illness Prevention principles and procedures contained in this plan.

The City of Kerman is committed to preventing heat-related illnesses (see Definitions and Descriptions of Heat Illness) that can occur to employees working outdoors by implementing the following key steps:

- Identifying outdoor work environments and conditions
- Monitoring weather conditions
- Monitoring employee acclimatization for working outdoors in heat
- Providing clean drinking water
- Providing adequate shade
- Addressing high-heat procedures
- Handling an ill employee and initiating emergency procedures
- Providing supervisor and employee training; see "Heat Illness Employee Training Handout".

The following positions have been identified as working in outdoor environments that could potentially expose employees to illnesses associated with high heat.

Police Department

- Patrol Sergeants
- Police Officers
- Animal Control Officer
- Animal Shelter Attendant
- Community Service Officer

Public Works Department

- Fleet Services Supervisor
- Fleet Mechanic (I, II)
- PW Operations Coordinator
- PW Lead Supervisor
- Maintenance Worker (I, II, & III)
- WWTP Water Distribution/Waste Water Manager
- WWTP Lead Supervisor
- WWTP Maintenance Worker (I, II, & III)
- Administrative Analyst
- WWTP Operators (Grade I, II)

Parks & Recreation Department

- Building & Facilities Supervisor
- Recreation Supervisor

- Recreation Coordinator
- Senior Services Coordinator
- Parks Maintenance Worker (I, II)

Planning Department

- Building Official
- Code Enforcement Official

II. Monitoring the Weather

A. Weather forecast

When environmental risk factors create the possibility for heat illness, the supervisor will monitor the two-week forecast for the work area. The supervisor will review the forecasted temperature and humidity for the worksite and compare it against the National Weather Service Heat Index to evaluate the risk level for heat illness. It is important to keep in mind that the temperature at which these warnings occur must be lowered as much as 15 degrees if the workers under consideration are in direct sunlight.

Weather information will be obtained by accessing the National Weather Service at www.weather.gov, calling the local National Weather Service office, or watching the Weather Channel TV network. Work schedules will be planned in advance, based on the forecast. Modifications will be made accordingly, especially if a heat wave is expected. This monitoring will take place all summer long.

B. Weather Monitoring Prior To Workday During Times Of Risk

Prior to each workday, the supervisor will be responsible for monitoring the weather using www.weather.gov, or with the aid of a simple thermometer at the worksite. This weather information will be taken into consideration to determine when it will be necessary to make modifications to the work schedule (such as stopping work early, rescheduling the job, working at night or during the cooler hours of the day, increasing the number of water and rest breaks).

If schedule modifications are not possible and workers have to work during a heat wave, the supervisor will provide a tailgate meeting to reinforce heat illness prevention with emergency response procedures and review the weather forecast with the workers. In addition, the supervisor will provide workers with an increased number of water and rest breaks. The supervisor will ensure workers stop and take these breaks and closely observe all workers for signs of heat illness.

The supervisor will be responsible for using a thermometer at the jobsite and periodically checking the temperature to monitor for sudden increases. Once the temperature exceeds 80° Fahrenheit (F), the shade structures are opened and accessible to the workers. Once the temperature equals or exceeds 95' F, additional preventive measures such as the high-heat procedures are implemented.

III. Monitoring Employee Acclimatization For Working Outdoors In Heat

The supervisor will watch for sudden heat waves early in the season or increases in temperatures to which employees are unaccustomed for several weeks or longer. When necessary, the workday will be cut short or rescheduled for another day. In addition, during the summer months, the work shift may start earlier in the day or later in the evening to reduce exposure. During any heat wave, we will observe all employees closely (or maintain frequent communication via phone or radio) and watch for possible signs of heat illness.

For new employees, the supervisor will try to find ways to lessen the intensity of work during a two-week break-in period. Steps taken to lessen the intensity of the workload for new employees will be documented. The supervisor will:

- Stay alert to the presence of heat-related symptoms
- Assign new employees a buddy or experienced coworker to watch for discomfort or signs of heat illness

IV. Providing Clean Drinking Water

The supervisor will provide access to potable drinking water at the beginning of each work shift so each employee can remain hydrated throughout the workday. The supervisor will remind employees to drink sufficient amounts of water, at least one quart (4 cups) per hour, when the work environment is hot, and employees are likely to be sweating more than usual in the course of their duties. Water must be "fresh, pure, and suitably cool" and provided to employees free of charge. The water shall be located as close as practicable to areas where employees are working. Single use, disposable cups will be provided. No one should drink from the water container.

When employees do not have access to plumbed or otherwise continuously supplied water, and we cannot readily replenish the water during the shift, the supervisor will provide enough water at the start of the shift so each employee has access to one quart of water or more per hour.

V. Providing Adequate Shade

When the outdoor temperature in the work area exceeds 80° F, we will provide and maintain one or more areas with shade at all times while employees are present. These areas will either be open to the air or provided with ventilation or cooling. We will also provide shade when an employee specifically requests it, even when the temperature does not exceed 80° F. Employees will be allowed and encouraged to take a preventative cool-down rest in the shade when they feel the need to protect themselves from overheating. Such access to shade shall be permitted at all times. An individual employee who takes a preventative cool-down rest (A) shall be monitored and asked if he or she is experiencing symptoms of heat illness; (B) shall be encouraged to remain in the shade; and (C) shall not be ordered back to work until any signs or symptoms of heat illness have abated, but in no event less than 5 minutes in addition to the time needed to access the shade.

Depending on the worksite, shade may be provided by trees or buildings. When natural shade is not available, we will provide other acceptable means of shade such as umbrellas, tents, canopies, etc., to block the sunlight. In these instances, we will provide chairs, benches, sheets, towels, or any other items to allow employees to sit and rest without contacting the bare ground. We will also relocate the shade structure as the work environment or location changes.

The amount of shade present will be at least enough to accommodate the number of employees on recovery or rest periods, so they can sit in a normal posture, fully in the shade without having to be in physical contact with each other. The shade shall be located as close as practicable to the areas where employees are working. The amount of shade present during meal periods shall be at least enough to accommodate the number of employees on the meal period who remain onsite.

In instances where natural shade is not available, supervisors will:

- Bring sufficient shade structures to the site
- Ensure sufficient shade structures are opened and placed as close as practical to the workers

- Point out the daily location of the shade structures to the workers, as well as allow and encourage employees to take a five-minute cool-down rest in the shade when they feel the need to do so to protect themselves from overheating
- Ensure the shade structures are relocated to follow along with the crew and double-check they are as close as practical to the employees so access to shade is provided at all times

If it is infeasible or unsafe to have shade structures, or to have shade present on a continuous basis, we will provide alternative procedures with equivalent protection.

In instances where natural shade such as a tree is available, supervisors will evaluate the thickness and shape of the shaded area in orchards or other areas of vegetation (given the changing angles of the sun during the entire shift), before assuming that sufficient shadow is being cast to protect employees.

In situations where it is not safe to provide shade (example winds of more than 40 mph), we will document how the determination was made and identify what steps will be taken if someone requests shade, or we will identify other cooling measures with equivalent protection. Cooling measures other than shade may be used if they are as effective as shade in allowing employees to cool.

VI. Addressing High-Heat Procedures

When the outdoor temperature equals or exceeds 95° F, supervisors will:

- Conduct a pre-shift meeting to review high heat procedures
- Be available so employees at the work site can contact them when necessary; if a cell phone or two-way radio is used, reception must be validated
- Be extra vigilant with observing employees for alertness and signs of heat illness
- Remind employees to drink plenty of water and take cool-down breaks throughout the work shift
- Designate one or more employees on each worksite as authorized to call for emergency medical services, and allow other employees to call for emergency services when no designated employee is available.
- Closely monitor and observe all employees during a heat wave. Any new employee who has been assigned to a high heat area shall be closely observed for the first 14 days of employment, unless the employee indicates at the time of hire that he or she has been doing similar outdoor work for at least 10 of the past 30 days for four or more hours per day.

VII. Handling An Ill Employee And Emergency Procedures

When an employee exhibits possible signs or reports symptoms of heat illness (refer to Types of Heat Illnesses) while taking a preventative cool-down rest or during a preventative cool-down rest period, a supervisor will:

- Immediately call 911
- Move the employee to a cooler/shaded area
- Remove excess layers of clothing
- Fan and mist the worker with water
- Apply ice (ice bags or ice towels)
- Provide cool drinking water, if able to drink

A supervisor will remain with the sick employee until emergency help arrives. If the area is remote, the supervisor will have a map along with clear and precise directions (such as streets or road names, distinguishing features, and distances to major roads) of the site to clearly communicate the location to emergency medical services, the supervisor will designate someone to physically go to the nearest road or highway where emergency responders

can see them. If necessary, the supervisor can transport employees to a place where they can be reached by an emergency medical provider.

Prior to assigning a crew to a particular worksite, the supervisor will:

- Ensure a qualified, appropriately trained, and equipped person will be available at the site to render first aid if necessary
- Ensure responsibility for calling emergency medical service is assigned to the best capable person at the site
- Verify all leads and supervisors carry cell phones or other means of communication to ensure emergency medical services can be called
- Ensure all communication devices are functional at the worksite prior to each shift

VIII. Providing Supervisor and Employee Training

A. Employees

All employees are required to attend a health and safety training session prior to beginning work that should be reasonably anticipated to result in exposure to the risk of heat illness. See Training Handout. The following information will be provided:

- The environmental and personal risk factors for heat illness, as well as the added burden of heat load on the body caused by exertion, clothing, and personal protective equipment.
- Our procedures for complying with the requirements of the heat illness prevention regulation
- The importance of frequent consumption of small quantities of water
- The importance of acclimatization
- The different types of heat illness and the common signs and symptoms of heat illness
- The importance of employees immediately reporting symptoms or signs of heat illness for themselves and co-workers
- Our specific procedures for responding to possible heat illness, including how emergency medical services will be provided should they become necessary
- Our specific procedures for contacting emergency medical services and, if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider
- Our procedures for designating a person to be available to ensure emergency procedures are invoked when appropriate
- Our specific procedures for ensuring clear and precise directions to the work site will be provided as needed to emergency responders

B. Supervisors

In addition to obtaining the training required for employees listed above, supervisors will be trained before performing work that could be reasonably anticipated to result in exposure to heat illness. Training will include:

- All information provided during employee training
- Procedures for preventing heat illness, including monitoring weather reports and how to respond to hot weather advisories
- Information about how to identify heat illness
- Steps to take for emergency response to heat illness

IX. Definitions

Acclimatization: Temporary adaptation of the body to work in the heat that occurs gradually as a person is exposed to the heat. Acclimatization peaks in most people within four to fourteen days of regular work for at least two hours per day in the heat.

Heat Illness: A serious medical condition resulting from the body's inability to cope with a particular heat load, and that includes heat cramps, heat exhaustion, heat syncope and heat stroke.

Heat Wave: Any day in which the predicted high temperature is at least 80° Fahrenheit and at least 10° Fahrenheit higher than the average high daily temperature in the preceding five days.

Environmental Risk Factors for Heat Illness: Working conditions that create the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat from the sun and other sources. Conductive heat sources such as the ground, air movement, workload severity and duration, protective clothing and personal protective equipment worn by employees.

Personal Risk Factors for Heat Illness: Factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medications that affect the body's water retention or other physiological responses to heat.

Preventative Recovery Period: A period of time to recover from the heat in order to prevent heat illness.

Shade: Blockage of direct sunlight. Canopies, umbrellas and other temporary structures or devices may be used to provide shade as long as it does not expose employees to unsafe or unhealthy conditions and does not deter or discourage access or use. One indicator that a blockage is sufficient is when objects do not cast a shadow in the area of blocked sunlight. Shade is not adequate when heat in the area of shade defeats the purpose of shade, which is to allow the body to cool. For example, a car sitting in the sun does not provide acceptable shade to a person inside it, unless the car is running with air conditioning.

City of Kerman Heat Illness Employee - Training Handout

DATE: _____ DEPARTMENT: _____

We have developed a training program to increase employee awareness of the occurrence of exposures to heat illnesses when working outdoors and to motivate employees to protect themselves.

Overview of Heat Illness Prevention Regulation

The heat illness prevention regulation is intended to ensure both employers and employees understand the dangers associated with working in heat in outdoor workplaces. The following information is a review of the specific requirements of a heat illness prevention program, including water, shade, high-heat procedures, and training.

Written Heat Illness Prevention Program

We have a written program that outlines how we provide information on and control exposures that can result in heat illness while performing outdoor work in the heat. This program is available to you during our training or during your work shift from the supervisor at your location.

Water

We will provide enough fresh drinking water so you have access to at least one quart of water per hour and actively encourage you to drink it. Refrain from alcoholic beverages or beverages that contain caffeine, such as soft drinks, coffee, and tea.

Shade

Our goal is to provide shade so everyone who needs it has access to it to cool off when the weather is hot. If infeasible or unsafe to provide shade, we will provide other means to help keep you cool.

High-Heat Procedures

When the outside temperature reaches or exceed 95° F, additional precautions, to the extent they are feasible, will be taken to ensure your safety and health. This includes good communication, close supervision if you have not recently worked outdoors in the heat for four or more hours per day, observing you, and reminding you to drink plenty of water.

Training

All employees and supervisors who have potential heat exposures receive the same training so everyone understands our policy and procedures for keeping everyone safe when working outdoors. Training addresses how to acclimate to the heat, how much water to drink, the signs and symptoms of heat illness, the importance or reporting symptoms to your supervisor, and how to get help in an emergency.

You can read the California heat illness prevention regulation for additional information on any specific program element at http://www.dir.ca.gov/dosh/heatillnessinfo.html

Types of Heat Illness

Heat illness is a serious medical condition resulting from the body's inability to cope with a particular heat load and includes heat cramps, heat exhaustion, heat syncope, and heat stroke.

Heat Stroke

The most life-threatening heat-related illness; heat stroke happens when the body can no longer control its temperature. The body's temperature rises fast. The body cannot sweat and is unable to cool itself. Warning signs include red, hot, dry skin; very high body temperature; dizziness; nausea; confusion; strange behavior or unconsciousness; rapid pulse or throbbing headache. Heat stroke can cause death or disability if treatment is not given.

Heat Exhaustion

Heat exhaustion is a milder illness that happens when the body has lost too much water and salt in sweat. Warning signs include heavy sweating, cramps, headache, nausea or vomiting, paleness, tiredness, weakness, dizziness, and fainting. If heat exhaustion is not treated, it can turn into heat stroke. Get medical assistance if the symptoms are severe or if the victim has heart problems or high blood pressure.

Heat Syncope

Heat syncope is a fainting (syncope) episode or dizziness that usually occurs with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute to heat syncope include dehydration and lack of acclimatization. Symptoms of heat syncope include light-headedness, dizziness, and fainting.

Heat Cramps

Heat cramps are muscle pains and spasms due to heavy activity. They usually involve the stomach muscles or the legs. It is generally thought that the loss of water and salt from heavy sweating causes the cramps. If you have heart problems or are on a low sodium diet, get medical attention for heat cramps.

Heat Rash

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. Symptoms include red cluster of pimples or small blisters. Heat rash is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases.

Sunburn

Sunburn is when skin becomes red, painful, and unusually warm after being in the sun. Sunburn should be avoided because it damages the skin and could lead to more serious illness.

MODULE 5 - FIRE PREVENTION PLAN

I. Scope and Application

This Fire Prevention Plan is in compliance with the California Code of Regulations, Title 8, §3221 and is intended to prevent and minimize the possibility of a fire.

The plan applies to all City employees and all City facilities, whether owned, rented, or otherwise occupied. Plan copies are site-specific. All managers and supervisors are responsible for executing and enforcing the plan.

II. Elements

A. Potential Fire Hazardous

The following is a list of potential workplace fire hazardous:

- Overloaded electrical circuits;
- Incorrectly wired electrical circuits;
- Use of electrical extension cords as permanent wiring;
- Inadequate protection of electrical cords from damage;
- Accumulation of trash and waste;
- Storage of combustible materials close to water heaters, furnaces, space heaters, hot lamps, hot plates, hot irons, or outside close to buildings;
- Improper storage of flammable liquids to include storing such liquids in unapproved containers, unapproved storage cabinets and in areas where ignition sources reside, such as in rooms with natural gas operated water heaters;
- Lack of preventive maintenance and lubrication of machinery and/or equipment;
- Inadequately maintained heating, ventilation, and air conditioning systems;
- Smoking in unauthorized facilities and/or near flammable liquid storage or dispensing systems;
- Static electricity build-up during dispensing of flammable liquids;
- Use of space heaters without tip-over shut off protection;
- Lack of explosion-proof electrical apparatus in areas where there can be a buildup of flammable vapors.

B. Personnel Responsible for Maintenance of Fire and Emergency Equipment

City facilities work to ensure compliance with International Fire Code (IFC) requirements for emergency equipment. Fire protection systems within City facilities are inspected and tested by authorized service contractors on a schedule established by the Public Services Director or designee. If any system or part of a system is not working properly, action is taken promptly.

C. Personnel Responsible for Control of Flammable/Combustible Materials

Supervisors at each City location are responsible for insuring the proper storing of flammable or combustible materials.

III. Housekeeping

The City controls storage of flammable and combustible materials and residues so that they do not contribute to fire ignition. Housekeeping procedures include such activities as:

- Daily disposal of trash from waste containers;
- Immediately cleaning up and proper environmental disposal of all spills of flammable liquids;
- Maintenance of electrical equipment to include:
  - Keeping electrical circuits from becoming overloaded;
  - Adding additional electrical outlets and power if needed;
  - Avoiding the use of electrical extension cords except for temporary usage (24 hours maximum);
  - Identifying problems with electrical wiring and outlets and making the necessary repairs;
  - Ensuring that flammable vapors are kept away from electrical ignition points; and
  - Not placing anything on top of electrical cords.
- All use and storage locations (including tanks) of flammable liquids are properly posted, warning people in the area of the fire and explosion dangers;
- Keeping the quantity of flammable liquids to a minimum to reduce the risk and magnitude of fire;
- Storing flammable liquids in UL-approved safety cans and/or UL-approved flammable liquid cabinets, and in areas where there are no ignition sources;
- Keeping all containers of flammable liquids closed when not in use to prevent potential release of flammable vapors that could ignite;
- Storing oily rags in UL-approved safety cans and in areas where there are no ignition sources;
- Daily emptying of oily-rag containers;
- Not storing any combustible materials within 36" of water heaters, furnaces, space heaters, hot lamps, hot plates, and hot irons;
- Only using space heaters that have automatic "tip-over" devices that shut off the units in the event they should topple over; and
- Enforcement of "no smoking" rules in areas where flammable liquids are stored or where flammable liquids are dispensed.

IV. Training

Managers and supervisors are responsible for ensuring that documented training is provided to their employees regarding the provisions of this plan and that housekeeping procedures are implemented. Also, managers and supervisors must ensure that their facility is free from improper accumulation of flammable and combustible waste materials and residues so they do not contribute to a fire.

V. Maintenance

The City regularly and properly maintains equipment and systems installed in the workplace to prevent accidental ignition of combustible materials. These maintenance procedures are coordinated by the Public Works Director or designee and include, but are not limited to, the following:

- A regular schedule of on-going preventive maintenance of machinery and/or equipment (including HVAC systems) to ensure inspection, maintenance and proper lubrication;
- Maintenance of sufficient electrical power to handle each facility and function's electrical needs - including areas where space heaters are used; and
- Checking electrical outlets and circuits to ensure they are correctly wired.

MODULE 6 - CITY HALL ROBBERY PROCEDURE

The City of Kerman has implemented processes and procedures to handle a “hold-up” situation in the City Hall. There is a hold-up button located at the front desk of The City Hall. The main objective of front office staff is to survive the situation without incident. “Hold-up” policies and procedures will be reviewed by Safety Committee periodically.

In the event of a robbery at City Hall; do the following:

- City Hall staff is to be fully cooperative with any assailant. Give them what they want and allow them to leave the office as unhindered as possible.
- The only appropriate action is to press the “hold-up” button and it should only be done if able to do so without putting yourself in danger.
- Operators at the monitoring station will respond to the “hold-up” alarm report as described by the alarm monitoring system. This would include dispatch of the police, indicating a hold-up situation.
- After the assailant has left, front office staff should either verify that the monitoring station operator has dispatched police or they should dial 911 themselves. They should also notify management. Under no circumstances should anyone follow the suspect.

MODULE 7 - ERGONOMIC PROGRAM

I. Purpose

The purpose of the City's Ergonomic Program is to inform employees that the City is committed to improving our employee's comfort and well-being by identifying and correcting ergonomic risk factors on the job. City's goal is to reduce or eliminate hazardous that contribute to the development of musculoskeletal disorders (MSD).

II. Policy

It is the policy of the City of Kerman to maintain an ergonomic program that achieves the following goals:

- Prevent or minimize the occurrence of work-related musculoskeletal disorders such as tendonitis, low back pain, and carpal tunnel syndrome, by controlling employee exposure to the ergonomic risk factors that can cause or aggravate them;
- Ensure that affected employees are informed about work-related musculoskeletal disorders and associated ergonomic risk factors (e.g., repetitive motion, sustained postures, exertions);
- Reduce the severity of work-related musculoskeletal disorders through early medical management
- Encourage employee involvement in controlling exposure to ergonomic risk factors

III. Ergonomic Program Coordinator

The IIPP Administrator will be the Ergonomic Program Coordinator and will lead efforts to identify and resolve ergonomic related problems.

IV. Identifying Workstation Risk Factors

Risk factors are job attributes or exposures that increase the probability of developing MSDS. The Office Evaluation Form can help identify possible risk factors. These risk factors are not necessarily causation factors for MSDS, nor, does the presence of a risk factor mean that an employee performing a job is at excessive risk of injury. Rather, a combination of risk factors, coupled with individual pre-dispositions may contribute to the risk of MSD occurrence. The following are risk factors for developing MSDS:

- Repetition Rate - The current literature suggests a strong link between repetitive motion and the development of these disorders. This risk factor appears to be even more significant when sufficient recovery periods are not applied.
- Duration - When duration of a task is increased, the risk for MSDS is also increased.
- Force - Forceful exertions place loads on joint structures and tissues of the musculoskeletal system.
- Contact Stress - Contact stresses are produced when parts of the body come in contact with hard, sharp objects, resulting in forces transmitted through the skin to tendons and nerves. An example includes resting your wrists on a hard surface while using a keyboard.
- Posture - Stress to the body occurs when a body position places undue load on the musculoskeletal system or the nerves and blood vessels.
- Environment - Environmental factors such as vibration, lighting, and cold temperatures can increase the risk of developing MSDS.
- Other Stressors:
  - Time pressures, deadlines, and work overload
  - Absence of employee involvement in decision making
  - Unaccustomed work, especially during training periods or after returning from a long-term leave
- Non-Occupational Risks - Many employees have hobbies or other past times not related to work which might present any of the above-mentioned risk factors. If the muscle-tendon groups used during these activities are

the same as those used during work activities, then the individual may not be allowing for adequate recovery periods in between exposures.

V. Hazardous Prevention and Control

Engineering controls are preferred over all other control methods because they involve designing the workstation to fit the individual and not the reverse. Examples of engineering controls most commonly used include the following:

- Work Station Design - Workstations should be easily adjustable and designed for each specific task so that they are comfortable for the employee and are appropriate for the job being performed. Specific attention shall be paid to static loading of muscles, work activity height, reach requirements, force requirements, sharp or hard edges, proper seating, support for the limbs, equipment orientation, and layout of the workstation.
- Design of Work Methods - Work methods should be designed to reduce exposure to static, extreme and awkward postures, repetitive motions, excessive forces, inefficient grasps, and vibrations.

Administrative controls reduce the duration, frequency, and severity of exposures to ergonomic hazardous. An example would be to take rest pauses or breaks to relieve fatigued muscle-tendon groups. Administrative controls can be used in combination with other controls, but should not be used as the only control method for an ergonomic hazardous. The following sheet with Helpful Stretches can also alleviate some symptoms.

VI. Medical Management

The major components of a medical management program for the prevention and treatment of MSDS is employee training and education, early reporting of symptoms, appropriate medical care, and accurate recordkeeping. Early Reporting & Symptoms - All employees should report signs and symptoms on the Symptoms Survey Sheet of MSDS as soon as they occur. Pain, numbness and tingling in wrists, arms, elbows, neck, shoulders and back are early symptoms of MSDS.

VII. Training

Ergonomic training is available for all employees. This training will consist of the following:

- Overview of the Ergonomic Management Program
- Recognition of ergonomic hazardous
- Hazardous prevention and control
- Recognition of symptoms and reporting requirements

Definitions

Administrative controls are changes in the way that work in a job is assigned or scheduled that reduce the magnitude, frequency or duration of exposure to ergonomic risk factors. Examples of administrative controls for MSD hazardous include: employee rotation; job task enlargement; alternative tasks; and employer-authorized changes in work pace.

Carpal Tunnel Syndrome: The compression and entrapment of the median nerve where it passes through the wrist into the hand--in the carpal tunnel. The median nerve is the main nerve that extends down the arm to the hand and provides the sense of touch in the thumb, index finger, middle finger, and half of the fourth, or ring, finger.

Engineering controls are physical changes to a job that reduce MSD hazardous. Examples of engineering controls include changing or redesigning workstations, tools, facilities, equipment, materials, or processes.

Musculoskeletal Disorder (MSD) is a disorder of the muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels, or spinal discs. For purposes of this program, this definition only includes MSDS in the following areas of the body that have been associated with exposure to risk factors: neck, shoulder, elbow, forearm, wrist, hand, abdomen (hernia only), back, knee, ankle, and foot. MSDS include muscle strains and tears, ligaments sprains, joint and tendon inflammation, pinched nerves, and spinal disc degeneration.

MSD signs are objective physical findings that an employee may be developing an MSD. Examples of MSD signs are: decreased range of motion; deformity; decreased grip strength and loss of function.

MSD symptoms are physical indications that an employee may be developing an MSD. For purposes of this standard, MSD symptoms do not include discomfort. Examples of MSD symptoms include: pain; numbness; tingling; burning; cramping; and stiffness.

Risk Factor means, for the purposes of this program: force, awkward posture, repetition, vibration, and contact stress.

Work practice controls are changes in the way an employee performs the physical work activities of a job that reduce or control exposure to MSD hazardous. Work practice controls involve procedures and methods for safe work. Examples of work practice controls for MSD hazardous include: Use of neutral postures to perform tasks (straight wrists, lifting close to the body); use of two-person lift teams; and observance of micro breaks.

Work Related: means that an exposure in the workplace caused or contributed to an MSD or significantly aggravated a pre-existing MSD.

Ergonomic Symptoms Survey

This form shall be completed by persons who may be experiencing musculoskeletal disorders as a result of their work environment. Carefully read this form and provide the following information:

Name: _____ Date: _____

Phone: _____ Department: _____

Supervisor: _____ Phone: _____

Job Title: _____ Time at current work station: _____

Have you had pain or discomfort during the last year? ☐ Yes ☐ No (if no STOP here)

If Yes, check the item(s) below and state R = Right and L = Left

☐ Neck ☐ Shoulder ☐ Elbow/Forearm ☐ Hand/Wrist ☐ Fingers

☐ Upper Back ☐ Lower Back ☐ Thigh/Knee ☐ Lower Leg ☐ Ankle/Foot

Please put a check by the word(s) that best describe your problem

☐ Aching ☐ Numbness (asleep) ☐ Tingling

☐ Burning ☐ Pain ☐ Weakness

☐ Cramping ☐ Swelling ☐ Other: _____

☐ Loss of Color ☐ Stiffness _____

When did you first notice the problem? _____ (Month) _____ (Year)

How long does each episode last?

☐ 1 hour ☐ 1 month

☐ 1 day ☐ 6 months

☐ 1 week

How many separate episodes have you had in the past year? _____

What do you think caused the problem? _____

_____

Have you had the problem in the last 7 days? ☐ Yes ☐ No

How would you rate this problem (Mark an "X" on the line)

Now - None_____Unbearable

When it is Worst

None_____Unbearable

Have you had any medical treatment for this problem? ☐ Yes ☐ No

If no, why not? _____

If yes, where did you receive treatment?_____

Did the treatment help? ☐ Yes ☐ No

Please comment on what you thin would improve your symptons?

_____

_____

_____

_____

Office Ergonomic Evaluation Form

Name: _____ Date: _____
Phone: _____ Department: _____
Supervisor: _____ Phone: _____
Job Title: _____

Average Daily PC Usage: ☐ 0-2 Hours ☐ 2-4 Hours ☐ 4-6 Hours

CTD Symptoms ☐ Yes ☐ No
CTD = Cumulative Trauma Disorders

Follow-Up ☐ Yes ☐ No Follow up Date _____

Comments: _____

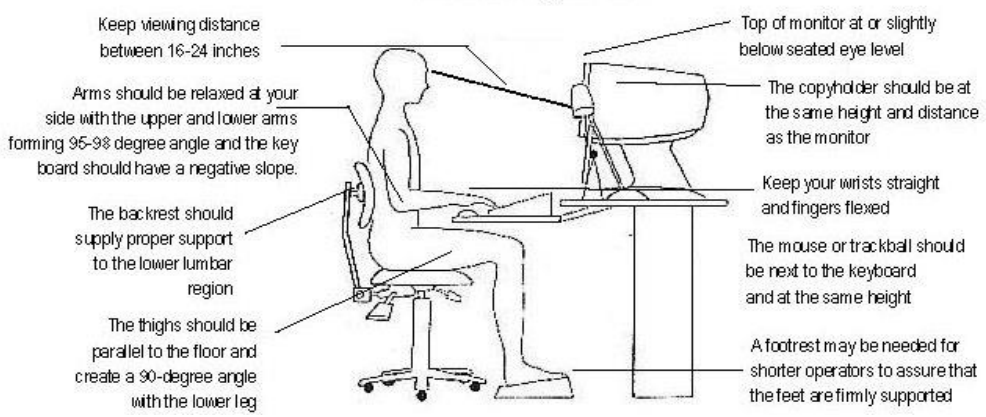
_____

_____

_____

_____

Correct Sitting Posture



Chair			**Recommendation**
Feet flat on floor?	☐ Yes	☐ No	☐ Footrest
Upper legs parallel to floor?	☐ Yes	☐ No	☐ Raise Chair ☐ Lower Chair
Lower back supported?	☐ Yes	☐ No	☐ Adjust back rest, seat pan, arm rest
Set pan length OK?	☐ Yes	☐ No	☐ Evaluate other chairs
			☐ Other _____

Keyboard/Hands			**Recommendation**
Forearms parallel to floor?	☐ Yes	☐ No	☐ Raise keyboard ☐ Lower keyboard
Wrists straight and level?	☐ Yes	☐ No	☐ Adjust keyboard incline angle
Keying/Mouse grip force OK?	☐ Yes	☐ No	☐ Needs adjustable keyboard/mouse platform
Mouse location OK?	☐ Yes	☐ No	☐ Needs wrist rest ☐ Needs mouse wrist rest
			☐ Evaluate ergonomic keyboard
			☐ Position mouse next to keyboard at same height
			☐ Evaluate mouse hardware change
			☐ Other _____

Monitor

			Recommendation
Monitor directly in front of user?	☐ Yes	☐ No	☐ Reposition monitor
Viewing distance 16-24 inches?	☐ Yes	☐ No	☐ Lower monitor ☐ Raise monitor
top of Slightly below seated eye level ?	☐ Yes	☐ No	☐ Refocus on distant objects (30 seconds every 30 minutes)
Screen free of glare, reflection?	☐ Yes	☐ No	☐ Add task lighting
Visual control OK?	☐ Yes	☐ No	☐ Reposition entire PC workstation
Eyeglass(bifocal) RX OK?	☐ Yes	☐ No	☐ Adjust monitor tilt angle
			☐ Other _____

Copyholder

			Recommendation
Copyholder use OK?	☐ Yes	☐ No	☐ Needs copy holder
			☐ Position copy holder at same height and viewing distance as monitor
			☐ Other _____

Phone

	Recommendation
Phone use OK?	☐ Needs phone cradle device
Is phone use required while on PC?	☐ Needs headset

Average daily phone usage

☐ 0-30 minutes ☐ 30-90 minutes ☐ 90+ minutes

Work Habits

			Recommendation
Work habits OK?	☐ Yes	☐ No	☐ Mini-breaks (2-3 minutes every 45 minutes of PC work)
			☐ Alternate between typing and non-typing work
			☐ PC break software
			☐ Other _____

General Office

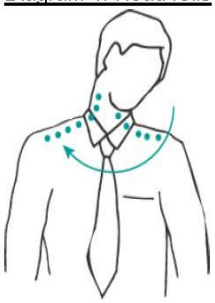
			Recommendation
Are awkward postures minimized?	☐ Yes	☐ No	☐ Lower desk work surface height
Is back twisting minimized?	☐ Yes	☐ No	☐ Needs adjustable height workstation
Can you avoid overhead reaches?	☐ Yes	☐ No	☐ Change office layout
			☐ Change drawer/shelf location
			☐ Reposition notebook, books, etc.
			☐ Other _____

Evaluation conducted by _____ Date: _____

Helpful Stretches

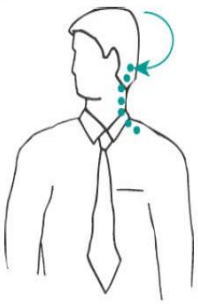
Neck

Diagram 1: Head rolls



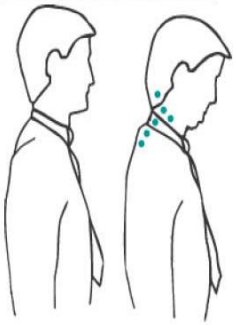
Gently lower ear to shoulder and hold for 10 seconds. Slowly roll chin to chest and up to other shoulder and hold for 10 seconds. Repeat several times and be careful not to extend your neck back too far.

Diagram 2: Head turns



Turn head to look over left shoulder and hold for 10 seconds. Turn head the other way and hold for 10 seconds. Repeat several times.

Diagram 3: Chin tucks



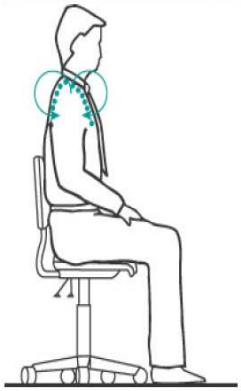
Raise the head to straighten the neck. Tuck the chin in and upwards creating a double chin. This also results in a forward tilt of the head. Hold for 10 seconds and repeat several times.

Check neck posture

- Position the top of your screen at eye level.
- Use a document holder directly beside or below the screen — it saves you looking down.

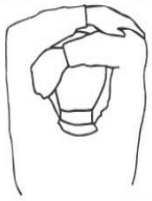
Shoulders

Diagram 4: Shoulder rolls

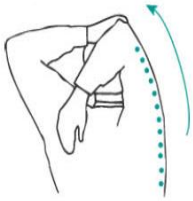


Circle shoulders forward several times, then backward. Repeat 3 to 5 times.

Diagram 5: Shoulder stretch



Stretch arm above head, cradle elbow with hand and gently pull elbow behind the head. Hold for 10 seconds and repeat several times.



Check shoulder posture

- Relax your shoulders and rest your hands on your lap. Bend your elbows to 90 degrees and check the height of your finger tips against your current work height. If the work (keyboard or desk) is higher than your hands you may be hunching your shoulders unnecessarily. If so, try and raise your chair height or lower your desk height and try and relax your shoulders while working.

Wrists, hands and arms

Diagram 6: Wrist stretch

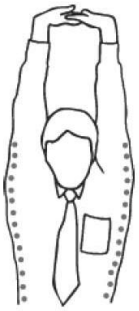
Interlace fingers, palms outward, and straighten arms in front. Hold for 10 seconds and repeat several times.

Check hand and wrist posture

• While keying, keep your wrist straight while your fingers are suspended over the keyboard.
• Keep elbows at keyboard level. This may mean adjusting the desk or chair height.
• Don't rest your wrists on the desk or keyboard. Keep hands suspended.
• Rest on the desk between periods of keying.

Upper and lower back

Diagram 7: Upper and lower back stretch



Interlace fingers and turn palms upward above head; straighten arms then slowly lean slightly from side to side. Repeat movement several times.

Diagram 8: Back arching

Stand up. Support lower back with hands and gently arch back. Gently arch back and hold for 5 to 10 seconds. Repeat as often as is needed.

Check back support

• Sit well back in your chair
. if your feet need support, use a foot rest.
• Adjust the back rest on your chair to support your lower back.

Legs

Diagram 9: Foot rotation

Hold onto the chair with hands either side.

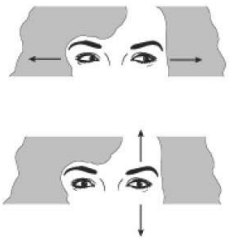
Straighten leg and lift foot a few inches off floor. Rotate foot and ankle both ways (point toes up) and extend (point toes down). Repeat several times per foot.

Check leg comfort

• If the seat of your chair is digging into the back of your thighs check that it is not too high or whether it is tilted backwards.
• If the seat is too high lower the chair and desk or use a foot rest to support your feet.
• Also check the tilt of the seat and if necessary adjust it to a horizontal position.

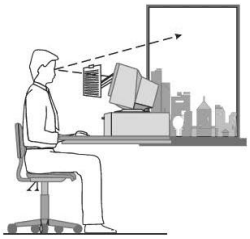
Eyes

Diagram 10: Eye exercise



Sit up straight, face forward and repeat this sequence several times without moving head. Look up, then down. Look left, then right.

Diagram 11: Visual rest



Look up and away from screen. Focus on a distant object (more than 6 feet). For example, look out of the window or at a picture on a far wall. Shift vision back to screen and refocus.

Check eye comfort

• Is there enough light falling on your documents?
• Do windows or light fittings cause glare or reflection on the screen? If so, try turning the screen or blocking the path of the light.
• Use a screen with a light background when working with text. Software with a light background for text is more comfortable for the eyes.

MODULE 8 - OCCUPATIONAL NOISE EXPOSURE PROGRAM

I. Purpose

This policy is designed to create a safe working environment for all the City of Kerman employees with regard to occupational noise exposure and the prevention of hearing loss due to work related tasks. It is the intent of the City that noise exposure levels to employees remain below the action level.

- A potential exists for employee noise exposure as outlined in California Code of Regulations, Title 8, Sections 5095-5100 (8CCR5095-5100).
- Exposure dangers can be the result of working in certain areas of the City or the result of performing certain tasks using portable/mobile equipment.
- Occupational noise exposure levels can vary over time due to equipment changes or modifications to workplace tasks, and therefore need periodic review and testing.

II. Requirements

Monitoring will be performed and noise assessed in all areas of Kerman's facilities that pose a risk. The required level of hearing protection will be posted at the site, including a time exposure limit that the employee cannot exceed. Appropriate Hearing Protection Devices (HPDs) will be issued to employees who work in areas that have been determined to have noise levels at or above the established standards of 90 dBA.

Employees need to stay 50% below the maximum time limit exposure to protect them from hearing loss.
The time-weighted average will be adjusted for the Noise Reduction Rating (NRR) printed on the hearing protection. Employees exposed to noise at or above 90 dBA action level are to participate in annual audiometric examinations (i.e., baseline and annual).

III. Responsibilities

- The Safety Committee will annually review the Occupational Noise Exposure Program (ONPP) and provide suggestions for improvements to the policy, implementation, and testing.
- The IIPP Administrator or his/her designee will perform noise monitoring as requested by the Safety Committee.
- Supervisors shall continue to periodically review Job Safety Analysis and other workplace assessments with regards to noise exposure and the required level of hearing protection.
- Conduct frequent checks and enforce the proper use of HPDs by employees
- Employees will consistently wear and care for any HPDs assigned to them.

IV. Monitoring Limits & Testing Procedure

- Noise level monitoring will be considered whenever employees have the following:
  - Difficulty communicating by speech while facing each other in the noise area at a distance of two feet.
  - Complaints such as headaches and/or ringing in the ears after working in a noise area for extended periods; or
  - Temporary loss of hearing that has the effect of muffling speech and other sounds after extended exposure to the noise.
- For steady sound, a 10-15 minute sample will be taken with a Type 1 or 2 Sound Level Meter. Readings shall be taken in the fast response, on the A-weighted scale.

- Subtract 7 decibels from the NRR value of the hearing protection. Subtract the remaining amount from the measured level of the noise source.
- The resulting value is the in-the-ear corrected decibel level.
- Check following chart for time restriction based on decibel reading.

Permissible Noise Exposures **Duration per day**, hours	Sound level dBA slow response
8	90
6	92
4	95
3	97
2	100
11/2	102
1	105
1/2	110
1/4 or less	115

Taken from Table G-16A of 29CFR1910.95, Appendix A; Equivalent exposure time limits for sound levels other than 90 decibels; Action level established by OSHA (50% of standard)

- All employees identified by monitoring for inclusion in the ONPP will participate in preliminary (baseline) and subsequent (annual) audiometric tests.

V. Recordkeeping

- The (Name of Department) will maintain the following records:
  - Noise exposure measurements
  - Audiometric test results (includes audiograms, employee's name and department, audiogram date, examiner's name, audiometer calibration date, and employee's last assessment date)
  - Audiometric test facility's background noise level
- Records will be provided upon written request by employees, former employees, or representatives designated by individual employees

VI. Training

All employees will be trained initially upon hire, and as new tasks are introduced. Training on hearing protection will be included with the PPE training, and will identify the types of protection, proper employee usage, and areas/tasks where it is required.

MODULE 9 - LOCKOUT AND TAGOUT SAFETY PROGRAM

I. Purpose

This procedure establishes the requirements for the lockout of energy isolating devices whenever maintenance or servicing is done on machines or equipment. It shall be used to ensure that the machine or equipment is stopped, isolated from all potentially hazardous energy sources and locked out before employees perform any servicing or maintenance where the unexpected energization or start-up of the machine or equipment or release of stored energy could cause injury.

II. Lockout

Lockout locks shall be used on all occasions when a piece of equipment needs to be isolated from its source. Only standardized locks used specifically for lockout shall be used by all personnel. Some equipment can't be locked out, but that does not mean it can't be dangerous if it's starts or is energized. This is when a Tagout tag shall be used. State law states that a lockout lock has to be:

- Durable enough for the heat, cold, humidity, or corrosiveness in the area where it's used.
- Standardized by color, shape, or size throughout the facility.
- Strong so it can't be removed without heavy force or tools like bolt cutters.
- Identified by the name of the employee who installs and removes it

III. Tagout (Hazardous Safety Tag)

The Tagout program consists of using a special tag, (Hazardous Safety Tag) that warns people of the danger of activating an energy source. A Tagout tag has a printed warning, (i.e., "Do Not Start", "Do Not Operate", etc.) with the name of the person who is tagging out the equipment, the date/time which it was tagged out, and the piece of equipment being worked on. The Tagout tag should only be used if a lockout lock cannot be used.

The Tagout tag has to meet all the same standards that are issued for locks. They have to be durable, strong, standardized, and show the identity of the employee doing the work.

Sequence of Lockout or Tagout System Procedure:

- Notify affected employee that you will be locking or tagging out equipment and why.
- If the equipment is operating, shut it down by the normal operating procedure (i.e., depress stop button, throw switch).
- Operate the switch, valve, or other, energy isolating device so that the equipment is isolated from all potential energy source (i.e., breaker in an electrical panel).
- Lockout and/or tagout the energy isolating device with assigned standardized lock and/or tag provided by the City
- Carefully, try turning the equipment on to make certain that the equipment will not operate. This will ensure that you have locked out a piece of equipment.
- CAUTION! Remember to return operating control back to the "off" position.
- The equipment is now locked and/or tagged out. Perform any necessary services or maintenance.

IV. Restoring Equipment (Lockout/Tagout Removal)

After the maintenance and/or servicing are complete and equipment is ready for normal operation, check the area around the equipment to ensure that no one is exposed. Remove all tools from the equipment. Re-install all guards and, after all employees are in the clear, remove all lockout and/or tagout devices. Operate the energy-isolating device to restore energy to the machine or equipment.

V. Procedure for More Than One Person

In the preceding steps, if more than one person is required to lockout and/or tagout equipment, each shall place their own lockout and/or tagout device to the energy-isolating device. When an energy-isolating device cannot accept separate multiple locks or tags, then a multi-lock device will need to be purchased. The key to this lock shall be given to a supervisor who will be responsible for removing the lockout device when all the conditions, listed above, for lockout/tag out removal have been met.

VI. Things to Remember

- Always lock or tag equipment energy source before maintenance or repair.
- Use lockout whenever possible. Tagout is just a warning, not an active way to prevent accidents.
- Follow all lockout/tagout installation and removal steps.
- Be sure other workers in the area are aware of your lockout/tagout activities.
- Never ignore someone else's lock or tag.

VII. Documentation

A Lockout and Tagout Program List of Source, which qualifies for this program, will be kept with this written plan. A copy will also be posted at each workplace in a highly visible location. A sample lockout/tagout sign and equipment tag are also part of this written program.

VIII. Lockout and Tagout Program List of Source

Location	Source
City Hall – 850 S. Madera Avenue	
South side of Building	Main Breaker
South side of Building	3 Phase Panel
South side of Building	3 Phase Power Panel
5 locations in City Hall	Sub Panels
Roof on the AC	Electrical Connects
Kerman Police Department – 850 S. Madera Avenue	
North end of building	Breaker Panel
Roof on the AC	Electrical Connects
Public Works Corporation Yard – 15201 W. California Avenue	
Public Works	Breaker Panel
Shop and Warehouse Bld.	Breaker Panel
Pump / Storage	Breaker Panel
Roof on the AC	Electrical Connects
Waste Water Treatment Plant – 15485 West Church Avenue	
Inside Control Room	Breaker Panel
Control Building Store Room	Breaker Panel
Garage Building	Breaker Panel
Lock out Electrical disconnects when they are available.	
Roof on the AC	Electrical Connects
Community Center Power and Communication Room – 15101 W. Kearney Blvd.	
South West Corner of Bld.	Breaker Panel
Roof on the AC	Electrical Connects
Senior Center/Needs Building (Next to Senior Center) – 720 S. Eighth Street	
Roof on the AC	Breaker Panel
Northeast corner of the Senior Center (outside of the building)	Breaker Panel
City-Owned Building – 942 S. Madera Avenue	
Roof on the AC	Electrical Connects
Southeast Storage Room	Breaker Panel
Plaza Park Restrooms – Madera Avenue and "B" Street	
Storeroom	Main Breaker Panel
Rotary Park – 702 Vineland Avenue	
Southwest Storeroom	Main Breaker Panel
Electrical Cage	Breaker Panel
Lions Park – 744 Park Avenue	
Northwest Storeroom	Main Breaker Panel
All Well Sites & Backup Generators	
Well 9A - Lions Park-Del Norte/C St.	Breaker Panels/Backup Generators
Well 10 - Standby Rotary Park-Vineland/E St.	Breaker Panels/Backup Generators
Well 12 - Industrial Way (Near Zacky Farms)	Breaker Panels/Backup Generators
Well 14 - Vineland & Highway180	Breaker Panels/Backup Generators
Well 15 - City Yard – 15201 W. California	Breaker Panels/Backup Generators
Well 17 - Goldenrod California – 920 S. Goldenrod	Breaker Panels/Backup Generators
Well 18 Test Well – Highway 180 Behind Shopping Center	Breaker Panels/Backup Generators

MODULE 10 – PERSONAL PROTECTIVE EQUIPMENT POLICY (ADOPTED 08-07-2013)

RESOLUTION NO. 13-48

RESOLUTION OF THE CITY COUNCIL OF THE CITY OF KERMAN ADOPTING A PERSONAL PROTECTIVE POLICY TO BE INCLUDED IN THE CITY'S SAFETY POLICIES AND PROCEDURES PLAN

WHEREAS, the City Council of the City of Kerman is the body that has authority to establish the City's policies and procedures; and

WHEREAS, the City Staff has presented the Personal Protective Equipment Policy attached as Exhibit 'A' to be included in the City's Safety Policies and Procedures Plan.

NOW, THEREFORE BE IT RESOLVED THAT THE CITY COUNCIL OF THE CITY OF KERMAN HEREBY adopts the Personal Protective Equipment Policy and Procedures Plan as presented by City Staff and attached hereto as Exhibit A and directs that it be included in the City's Safety Policies and Procedures Plan.

The foregoing resolution was introduced at a regular meeting of the City Council of the City of Kerman held on the 7th day of August 17, 2013, and passed at said meeting by the following vote:

AYES:	Jones, Dhaliwal, Fox, Wilcox, Yep
NOES:	None
ABSENT:	None
ABSTAIN:	None

The foregoing resolution is hereby approved.

Gary Yep
Mayor

ATTEST:

Marci Reyes
City Clerk

I. Purpose

The purpose of this Policy is to protect all employees including part-time employees, community service workers and volunteers from the risk of injury by creating a barrier against workplace hazardous in compliance with Cal/OSHA Standards. Personal protective equipment is not a substitute for good engineering or administrative controls or good work practices, but should be used in conjunction with these controls to ensure the safety and health of employees. Personal protective equipment will be provided, used, and maintained when it has been determined that its use is required and that such use will lessen the likelihood of occupational injury/or illness.

II. Applicability

This Policy applies to all City employees.

III. Policy

It is the policy of the City of Kerman that all aspects of CalOSHA's requirements for personal protective equipment, *California General Industry Safety Orders, Title 8, Subchapter* 7, *Group* 2, *Article 10,* shall be met or exceeded. This Policy addresses eye, face, head, foot and body protection. http://www.dir.ca.gov/Title8/sb7g2.html

IV. Responsibilities

A. Safety Officer and Risk Management Officer shall:

1. Ensure that the Personal Protective Equipment Policy is implemented. The Safety Officer and Risk Management Officer have the authority to delegate any or all portions of this policy to subordinates, but the Safety Officer and Risk Management Officer will be held responsible for compliance.
2. Annually budget for the department's personal protective equipment
3. Conduct workplace hazardous assessments to determine the presence of hazardous which necessitate the use of personal protective equipment

B. Supervisors shall:

1. Implement the Personal Protective Equipment Policy.
2. Ensure that employees wear personal protective equipment when appropriate.
3. Counsel employees when personal protective equipment is not worn
4. Notify the Safety Officer when new hazardous are introduced or when processes are added or changed.
5. Ensure that employees are trained on the proper use, care, and cleaning of personal protective equipment.

C. Employees shall:

1. Wear personal protective equipment as required.
2. Care for, clean, and maintain all issued personal protective equipment.
3. Inform their supervisor of the need to repair or replace personal protective equipment.

D. Safety Officer shall:

1. Update and maintain the Personal Protective Equipment Policy.
2. Assist with and review workplace hazardous assessments to determine the presence of hazards which necessitate the use of personal protective equipment.
3. Maintain records on hazardous assessments.
4. Provide assistance in training supervisors and employees on the proper use, care, and cleaning of approved personal protective equipment.
5. Provide guidance to supervisors for the selection and purchase of approved personal protective equipment.

V. Procedure

A. Hazardous Assessment and Equipment Selection

CalOSHA requires employers to conduct inspections of all workplaces to determine the need for personal protective equipment (PPE) and to help in selecting the proper PPE for each task performed. The Risk Management Officer or their designee in conjunction with the Safety Officer will conduct a walk through survey of each work area initially and whenever new hazardous are introduced into the workplace to identify sources of hazardous including impact, penetration, compression, chemical, heat, dust, electrical sources, material handling, vibration, and light radiation. Each survey will be documented using the *Hazardous Assessment Certification* form, which indicates the workplace surveyed, the person who conducted the survey, findings of potential hazardous, and the date of the survey.

Once the hazardous of a workplace have been identified, the Risk Management Officer or designee and the Safety Officer will determine the suitability of the PPE presently available; and, as necessary, select new or additional equipment ensuring a level of protection equal to or greater than the minimum required to protect the employees from the hazardous. Care will be taken to recognize the possibility of multiple and simultaneous exposures to a variety of hazardous. Adequate protection against the highest level of each of the hazardous will be provided.

B. Protective Devices

All personal protective clothing and equipment shall be of safe design and construction for the work to be performed and shall be maintained in a sanitary, safe and reliable condition. Only those items that meet NIOSH (National Institute for Occupational Safety and Health) or ANSI (American National Standards Institute), ISEA (International Safety Equipment Association) and the ASTM (American Society for Testing Material) standards will be procured or accepted for use. Newly purchased PPE must conform to the updated ANSI, ISEA and ASTM standards which have been incorporated into the CalOSHA PPE regulations, as follows: (http://www.safetyequipment.org/c/stdz891-2009.cfm

1. Eye and Face Protection ANSI/ISEA Z87.1-2020
2. Head Protection ANSI/ISEA Z89.l-2014
3. Foot Protection ASTM F2413-18
4. Hand Protection ANSI/ISEA 1341 - 2019
5. Body Protection - Cal/OSHA Standard 3383

Careful consideration will be given to the comfort and fit of PPE in order to ensure that it will be used. Protective devices are generally available in a variety of sizes. Care should be taken to ensure that the right size is selected.

C. Eye and Face Protection

Prevention of eye injuries requires that all persons, who may be in eye hazard areas, shall wear protective eyewear. This includes employees and other persons visiting the hazardous area.

Suitable eye protectors shall be used when employees are exposed to hazards from flying particles, molten metal, acids or caustic liquids, chemical liquids, gases, vapors, aerosols, or potentially injurious light radiation.

1. Employees who wear contact lenses or prescription glasses must wear appropriate eye and face protection devices in a hazardous environment.
2. Side shields shall be used when there is a hazard from flying objects.
3. Goggles and chemical splash face shields shall be used when there is a hazard from chemical splash.
4. Face shields shall only be worn over primary eye protection (safety glasses or goggles).

D. Voluntary Respirator Use

The City may, upon request from an employee and depending on specific workplace conditions, provide a filtering facepiece-type respirator (dust mask) to the employee for voluntary use. The Safety Officer will provide all employees who voluntarily choose to wear a respirator with a copy of Appendix D of the Cal/OSHA standard http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9784

E. Emergency Eyewash and Safety Shower Facilities

Emergency eyewash (including bottled eye wash) and safety shower facilities meeting the requirements of ANSI Z358. l shall be provided in all areas where the eyes and body of any employee may be exposed to chemicals. All such emergency facilities will be located where they are easily accessible in an emergency. Permanent emergency eyewash and safety shower facilities must be flushed at least monthly and the inspection noted on a laminated "inspection tag" attached to the eyewash or safety shower.

F. Head Protection

Head protection shall be provided to and worn by any employee including part-time employees, community service workers and volunteers that may be exposed to falling, flying, or fixed objects that may fall, or to electrical shock.

G. Hand Protection

Suitable gloves shall be worn when hazards from chemicals, cuts, lacerations, abrasions, punctures, burns, biologicals, and harmful temperature extremes are present. Glove selection shall be based on performance characteristics of the gloves, conditions, duration of use, and hazards present. One type of glove will not work in all situations.

The first consideration in the selection of gloves for use against chemicals is to determine, if possible, the exact nature of the substances to be encountered. Read instructions and warnings on chemical container labels and SDSs before working with any chemical. Recommended glove types are often listed in the section for personal protective equipment.

All glove materials are eventually permeated by chemicals. However, they can be used safely for limited time periods if specific use and other characteristics (i.e., thickness and permeation rate and time) are known. The Safety Officer can assist in determining the specific type of glove material that should be worn for a particular chemical.

H. Foot Protection (Revised 05-17-17)

All safety footwear shall comply with ASTM F2413-18, "American Society for Testing Materials." Safety shoes or boots with impact protection are required to be worn in work areas when carrying or handling materials such as packages, objects, parts and/or heavy tools, which could be dropped; and for other activities where objects might fall onto the feet. Safety shoes or boots with compression protection are required for work activities in which materials could potentially roll over an employee's feet. Safety shoes or boots with puncture protection are required where sharp objects such as nails, wire, tacks, screws, large staples, scrap metal, etc., could be stepped on by employees causing a foot injury.

It is the responsibility of the employee, either full time or part time status, to purchase and wear safety shoes or boots when required by their position. Procedure to complete the reimbursement for the purchase of safety shoes will be in accordance with the following terms and conditions:

a. Employees are required to wear safety shoes/boots at work. If proper shoes/boots are not worn, the employee will be reassigned to other duties or sent home to don the proper shoes/boots.

b. Reimbursement Limit – The City of Kerman will reimburse up to a maximum of $250.00 within a 12-month period for the purchase or replacement of protective footwear for permanent part time and full time employees.

c. Frequency of Reimbursement – Reimbursement for protective footwear will be provided as needed (based on the condition of existing protective footwear) but no more frequently than once in a twelve-month period of time. If an employee wears out his or her footwear in less than 12 months, he or she will be expected to show their Department Head so that the Department Head can determine if the boots will be replaced and notify Human Resources to notify Red Wing Shoes.

d. To qualify for reimbursement, protective footwear must be deemed appropriate by the respective Department Head for the work environment and functions of the respective employee. The basic requirement for protective footwear will be that is must meet or exceed an ASTM F2413-18rating.

e. Employees will be trained on the proper cleaning and maintenance procedures for their protective footwear and will be expected to follow those procedures on a regular basis, to ensure safety and to prolong the life of the footwear.

f. Employees will take their personal protective footwear home with them and will wear them to work as appropriate.

g. In the event of an on-the-job incident where an employee damages his or her footwear, the City may reimburse for the replacement of the boots even if it has been less than 12 months since the last purchase. The decision as to whether or not the City will replace the damaged boots will be made by the respective Department Head and the Finance Director and will depend on the circumstances of the incident and whether or not the employee was following city policies and procedures.

I. Body Protection

Employees will be provided with appropriate body protection whenever their job tasks expose parts of their body (otherwise not protected) to hazardous or flying substances or objects. Loose sleeves, tails, ties, lapels, cuffs, or

other loose clothing that can be entangled in moving machinery shall not be worn. All clothing saturated or impregnated with flammable liquids, corrosive substances, irritants or oxidizing agents shall be removed and shall not be worn until properly cleaned. Personal protection clothing will protect the body, back (lumbar support) and legs (chain saw chaps).

J. Life Rings and Personal Flotation Devices

At least one U.S. Coast Guard approved 30-inch life ring with not less than 90 feet of 600 pound capacity line attached shall be kept in a conveniently accessible place where employees work exposes them to the hazard of drowning. Each employee shall wear a U.S. Coast Guard approved personal flotation device when using a boat.

K. Cleaning and Maintenance

It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. PPE shall be inspected, cleaned, and maintained at regular intervals by the employee the PPE is assigned to so that the PPE provides the requisite protection. Personal protective equipment shall not be shared between employees until it has been properly cleaned and sanitized.

PPE will be distributed for individual use whenever possible.

L. Signage

Safety signage shall be posted wherever PPE is required. Signage is not required at temporary job sites; however, the job site hazards and personal protective equipment required shall be discussed at a daily tailgate meeting. Signage shall have clear and concise wording like "Safety Glasses Required in This Area" or "Head Protection Required." Signs shall be purchased and posted by the respective department.

M. Training

Any employee required to wear PPE shall receive training in the proper use and care of the PPE. Periodic re-training shall be offered by the City to both employees and supervisors, as needed. The training shall include, but not necessarily be limited to, the following subjects:

1. When PPE is necessary to be worn
2. How to properly don, take off, adjust, and wear PPE.
3. The limitations of PPE.
4. The proper care, maintenance, useful life and disposal of the PPE.

N. Recordkeeping

The Safety Officer shall maintain the *Hazard Assessment Certification* form for each permanent work site evaluated for at least three (3) years or as required by Cal/OSHA. Training records shall be maintained by the respective Department and Safety Officer for a period of three (3) years.

VI. PERSONAL PROTECTIVE EQUIPMENT POLICY FORMS

1. Hazard Assessment Certification Form

Job/operation Title:	Department:
Job Site:	Job:
Equipment Used: (See Equipment Code below)	Supervisor:

Task No.	Describe Each Task or Activity	Hazard Associated with Task or Activity	Control Measures
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Hazard Assessment: Part of Body and Type of Protection Required (Check all that Apply)

Areas of Impact	Protective Devices	
Body ❒ **Ears** ❒ **Eyes** ❒ **Face** ❒ **Foot** ❒ **Hands** ❒ **Head** ❒	**Body** Cut Resistant Chaps ❒ | Lumbar Support ❒ **Ear Muffs/Plugs** ❒ **Face Protection**: Face Shield ❒ Safety Spectacles❒ | Goggles❒ | Welding Shield ❒ **Gloves**: Chemical Resistant ❒ | Cut Resistant ❒ Leather ❒ Rubber ❒ | Temperature Resistant ❒ Other as Required by Product ❒	***Hard Hat** –❒ **Respirator/Mask** ❒ **Safety Shoes**: Metatarsal Guards ❒ Toe Guards ❒ Safety-toe shoes ❒ Cement Boots ❒ **Flotation Device** ❒ **Other** ❒

*** City Purchases Type 1 Class E, G & C with regular brim and full brim which is equal to a Class B hat.**

Equipment Code

1	Axe	7	Compress/Air Gas Operation	13	Grader	20	Knife	26	Pavement Crack Sealer	32	Scissor Lift	38	Welder
2	Backhoe	8	Drills	14	Hand Hammer	21	Ladder	27	Propane Gas Tank	33	Shovel	39	
3	Battery Charger	9	Edger	15	Hand Pruning Shears	22	Lawn Mower	28	Rake	34	Street Grinder	40	
4	Bucket Lift	10	Electrical Tools	16	Hedger	23	Leaf Blower	29	Riding Mower	35	Stump Grinder	41	
5	Chainsaw	11	Floor Jack	17	Hoe	24	Lift Jack	30	Sander	36	Trailer	42	
6	Clippers	12	Forklift	19	Jack Hammer	25	Paint Sprayer	31	Saw	37	Weed Eater	43	

Person Certifying Assessment

Print Name _____ Signature _____ Date _____

2. Personal Protective Equipment Issuance Form

(Please Complete for each Employee)

Name: _____ Department: _____

Classification: _____ Date: _____

Type of PPE Provided:

Protective Devices	Date Provided
Body Cut Resistant Chaps ❒| Lumbar Support ❒	
Ear Muffs/Plugs ❒	
Face Protection – Face Shield ❒ | Safety Spectacles❒ |Goggles❒ | Welding Shield ❒	
Gloves – Chemical Resistant ❒ | Cut Resistant ❒ Leather ❒ | Rubber ❒ | Temperature Resistant ❒ Other as Required by Product ❒	
***Hard Hat** ❒	
Respirator/Mask ❒	
Safety Shoes – Metatarsal Guards ❒|Toe Guards ❒ | Safety-toe shoes ❒ Cement Boots ❒	
Flotation Device ❒	
Other:	

I acknowledge that while I am working for City of Kerman, I am expected to wear and take proper care of the Personal Protection Equipment issued to me (checked above). I understand that upon termination, I am expected to return all issued equipment.

_____ _____

Employee Name (Please Print) Employee Signature

_____ _____

Supervisor Name (Please Print) Supervisor Signature

*** City Purchases Type 1 Class E, G & C with regular brim and full brim which is equal to a Class B hard hat.**

EMPLOYEE ACKNOWLEDGEMENT FORM

Injury and Illness Prevention Program (IIPP)

Employee Last Name: _____

Employee First Name: _____

City Department: _____

Employee Position/Title: _____

Employee Phone Number: _____

I certify that I have received, reviewed, and read a copy of the City of Kerman “Injury and Illness Prevention Program" (IIPP) and fully understand my responsibilities with respect to the policy and procedures as outlined. I further agree to comply with safe work practice information received in this basic safety orientation and IIPP review.

Signature: _____ Date: _____

SIGNS FOR POSTING

Keep Us Safe

If an employee wishes to report a hazard, safety suggestion,
Or other safety problem anonymously,
He or she can report it anonymously on the

City of Kerman Safety Tipline

(877) 312-6149

After Calling 911

For Any Hazardous
Material Spills Pesticide Exposures
Or Accidents Involving Bodily Fluids

Please Call:
Fresno County
Emergency Response Team
At

559-600-3271
Mon – Fri (8:00 Am – 5:00 Pm)

After Hours
559-600-3111

STATE OF CALIFORNIA
CAL OSHA
DEPARTMENT OF INDUSTRIAL RELATIONS

EMERGENCY

AMBULANCE: 911

FIRE – RESCUE: 911

HOSPITAL: FRESNO COMMUNITY – 559-459-6000
SAINT AGNES MEDICAL CENTER 559-449-5000

PHYSICIAN: WORKER'S COMP

CONCENTRA

- NORTH FRESNO - 7265 N. 1ST STREET, #105; PHONE 431-8181
- SOUTH FRESNO - 2555 S. EAST AVENUE; PHONE 499-2400
- MADERA - 509 S. "I" STREET IN MADERA; PHONE 673-9020

APOLLO

- FRESNO - 6042 N FRESNO ST, STE 104; PHONE 515-6841

POLICE: 911

CAL/OSHA: 559-445-5302

POSTING IS REQUIRED BY TITLE 8 SECTION 1512 (E), CALIFORNIA CODE OF REGULATIONS

STATE OF CALIFORNIA