TOWN OF WINDSOR

INJURY & ILLNESS PREVENTION PROGRAM (IIPP) MANUAL

UPDATED MAY 2018

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TOWN MANAGER'S STATEMENT

NOTICE TO ALL EMPLOYEES

It is my desire that the Town of Windsor provide a place of employment free from recognized hazards with the safest possible working conditions. Accidents cause untold suffering and financial losses to our employees, their families and Windsor residents. Accidents also cause an unnecessary drain on tax dollars that are used to pay medical expenses as well as in lost time from the job.

In fulfilling this goal, the Town established a Safety Program through the Safety Officer (Administrative Services Director), whose responsibility it is to implement a comprehensive safety and loss prevention program for all employees in our organization. The Town recommends, formulates and manages those programs and activities that will minimize or eliminate unsafe conditions in the workplace. The Town also provides training in all aspects of the work environment, which promotes accident prevention, enhances safety awareness and increased productivity.

It is the desire and intent of Town management that the Safety Program be an integral part of our operational procedures, and the emphasis it places upon controlling losses is nothing more than an emphasis on good management practices. We want all employees to know that every reasonable step has been taken to reduce the potential of accident or injury related to their employment. We encourage the support of every employee to that end.

Sincerely,

Linda Kelly
Town Manager

SAFETY POLICY STATEMENT

At the Town of Windsor, we are serious when it comes to health and safety. We want to provide a safe and healthful workplace for our employees and citizens, and avoid the needless pain and suffering associated with accidents. We are committed to a successful accident prevention program that includes the identification and correction of hazards and training of employees in safe work practices. We strive to comply with all safety and health standards and we expect the full cooperation of our employees so that we can be proud of our safety record.

The Town of Windsor has developed a comprehensive Injury and Illness Prevention Program. The goal of this program is to minimize the frequency and severity of employee accidents and to comply with the laws and regulations that pertain to our operations. This program has been designed to reduce or eliminate physical hazards from the work environment, improve communication about safety, and to train employees in safe work practices.

Accident prevention is an integral part of any successful organization. We recognize that accidents not only cause physical and mental pain to employees, but are also costly in terms of dollars and lost work time. Effective accident prevention can be directly related to better utilization of taxpayers' money.

Although the ultimate responsibility for the safety program lies with the Town's managers and supervisors, the program cannot succeed without the cooperation of all our employees. Everyone must be fully safety conscious in everything he or she does while on the job. We are confident that with a sincere and concentrated effort from everyone, our safety goals can be achieved.

Code of Safe Work Practices

The Town shall maintain an updated Code of Safe Work Practices for the purpose of ensuring that employees have the appropriate health and safety training and to ensure that unsafe conditions and hazards are identified and corrected.

RESPONSIBILITIES

DESIGNATION OF RESPONSIBILITY

The Safety Officer and/or his/her designee have been assigned the responsibility and authority to manage the Injury and Illness Prevention Program (IIPP) for the Town of Windsor. We realize that the ultimate responsibility for safety and health in the workplace still rests with:

ALL EMPLOYEES ... must be familiar with the provisions of the IIPP and are responsible for the timely reporting of safety hazards in the workplace. Employees are also responsible for following general safe work practices, as well as the safe work practices specific to their jobs.

Employees shall bring safety concerns to the attention of their Supervisors, Managers and Department Heads so that efforts can be made to address issues in a timely manner within the departments. The Safety Officer and Workplace Safety Committee are resources that are subsequently available, if needed.

SUPERVISORS/MANAGERS ... are responsible for implementing and maintaining the IIPP in their work areas and for answering workers' questions about the IIPP.

DEPARTMENT HEADS ... have the ongoing responsibility to ensure departmental implementation of the IIPP and to ensure the health and safety of our workers. This is accomplished by communicating the Town's emphasis on health and safety, correcting work procedures that have been identified as hazards, ensuring regular workplace safety inspections, providing health and safety training, and encouraging prompt employee reporting of health and safety concerns without fear of reprisal.

WORKPLACE SAFETY COMMITTEE ... shall track timely correction of workplace hazards that have not been resolved by the employees, Supervisors/Managers and/or Department Heads, and receive and review reports of unsafe conditions, workplace inspection reports, safety training plans, and accident and injury/illness reports.

Specifically, *THE WORKPLACE SAFETY COMMITTEE* shall:

- Meet on a regular basis, but no less often than quarterly.
- Prepare a written record of issues discussed at its meetings and maintain the record for review.
- Review the results of periodic, scheduled workplace inspections to identify any needed safety procedures or programs and to track specific corrective actions.
- Review supervisors' investigations of accidents and injuries to ensure that all causes have been identified and corrected.

- Where appropriate, submit suggestions to department management for the prevention of future incidents.
- Review alleged hazardous conditions brought to the attention of any committee member, determine necessary corrective actions, and review those actions with responsible parties to ensure corrections are made within appropriate deadlines.
- When determined to be necessary by the Safety Officer, in areas where the Committee has been trained and/or has the appropriate experience, the Committee may conduct its own investigation of accidents and/or alleged hazards to assist in establishing corrective actions.
- Implement the Workplace Safety Suggestion Process to encourage employees to submit safety-related suggestions and/or call to the Committee's attention to safety issues.

The Town's Workplace Safety Committee has the ongoing responsibility to provide recommendations in order to maintain and update the IIPP, to assist in the assessment of departmental compliance with applicable regulations and Town policies, to evaluate reports of unsafe conditions, and to assist in the coordination of any necessary corrective actions. This Committee may use sub-committees to assist in these responsibilities.

Appointment of Workplace Safety Committee Members

To carry out the safety program, a Workplace Safety Committee has been established. The Committee is composed of:

- The Town's Safety Officer or designee. (The Town's safety officer is the Administrative Services Director.)

- At least one employee from each Town Department shall serve at the appointment of his/her Department Head for a one-year term. A Committee member may be reappointed at the discretion of the Department Head. Appointments shall be staggered so as to retain continuity on the Committee.

ENSURING COMPLIANCE

The Town will provide employees with a safe and healthy place to work. Employees are expected to comply with and follow the Town's rules and regulations and adopted policies.

The Town will ensure compliance with Section 3203 of the California Code of Regulations (CCR) by implementing effective training programs, establishing safe and healthful work practices, following policies on discipline as outlined in the Town's Personnel Policies and Procedures Manual and through recognizing employees who follow safe work practices.

The Town's implementation of the IIPP is supported by Section 3203(2) of California Code of Regulations, Title 8, Cal/OSHA Standards which states: "...compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices."

EMPLOYEE HEALTH AND SAFETY TRAINING

Employee safety training essential to an employee's job is provided at no cost to the employee. Safety training shall be presented by a knowledgeable Supervisor/Manager, qualified outside consultant, other department personnel, or by representatives from other relevant Town departments. Regardless of the instructor, all safety training shall be documented using the **"Safety Training Record" [IIPP Form 3]** or an equivalent record that includes all the information required on **IIPP Form 3**. The Administrative Services Department shall maintain this document for a period of at least five (5) years.

Initial IIPP Training

When the IIPP is first implemented, all department personnel shall be trained on the structure of the IIPP, including individual responsibilities under the program, and the availability of the written program. Training shall also be provided on how to report unsafe conditions, how to access the Workplace Safety Committee, and where to obtain information on workplace safety and health issues.

Personnel hired after the initial training session shall be oriented on this material as soon as possible by the Administrative Services staff or the appropriate Supervisor/Manager. These individual-training sessions shall be documented using **"Employee Safety Orientation" [IIPP Form 1]**, or the equivalent. This document shall be maintained in the employee's personnel file.

Training on Specific Hazards

Supervisors/Managers are required to be trained on the hazards to which the employees under their immediate supervision may be exposed. This training aids a manager/supervisor in understanding and enforcing proper protective measures.

All Supervisors/Managers must ensure that the personnel they supervise receive appropriate training on the specific hazards of work they perform, and on the proper precautions for protection against those hazards. Training is particularly important for new employees and whenever a new hazard is introduced into the workplace. Such hazards may include new equipment, new hazardous materials, or new procedures. Health and safety training is also required when employees are given new job assignments on which they have not previously been trained and whenever a Supervisor/Manager is made aware of a new or previously unrecognized hazard. This training can be documented, and facilitated using **"Job Safe Practice Orientation" [IIPP Form 2]**. All safety & health training must be documented to include the employee name, training date(s), type(s) of training and training provider.

IDENTIFYING UNSAFE CONDITIONS

SYSTEM FOR IDENTIFYING UNSAFE CONDITIONS AND PRACTICES

Identification of unsafe conditions and practices may include, but not be limited to a review of pertinent safety policies and procedures, safety inspections/audits, review of accident statistics, and information obtained from qualified outside sources. Written documentation from these sources shall be used to document compliance with CCR Standard 3203 requirements.

CONDUCTING A JOB SAFETY ANALYSIS (JSA)

The following guidelines shall be used by Supervisors/Managers to conduct a Job Safety Analysis and the finished product may be used as a training tool. See the Job Safety Analysis form [IIPP Form 5].

Select the Tasks

Initially select those tasks with the worst safety records. Review workers' compensation statistics and OSHA Form 300 (Log of Work-Related Injuries and Illnesses) to determine which tasks have the highest incident rates. Examples could include:

- Handling of chemicals.
- Servicing of lawnmower.
- Stacking boxes.
- Lifting heavy objects.
- Shoveling.
- Driving Town vehicles.
- Working in traffic.

Define the Scope

Carefully determine the scope of the task. The task should be a specific job, not necessarily all the elements of an employee's job description.

Identify Steps

Organize the task into a sequence of logical steps.

Select and Brief the Employee

Select an employee to perform the task. The employee should be experienced in the job and willing to share his or her ideas. Tell the employee that he or she was selected on the basis of experience and capability. Explain to the employee that the task is being evaluated, not the employee, and that the goal of the analysis is to make the job safer.

Identify Hazards

Observe the employee performing the task. Identify all real and potential environmental and physical hazards. These may include:

- Being struck by an object.
- Getting caught on, in, or between objects.
- Slipping or falling from one level to another.
- Causing a strain due to pushing, pulling, or lifting.
- Being exposed to environmental hazards, e.g., gases, vapors, mists, fumes, dust, heat, cold or radiation.

Repeat the job observation until all hazards and potential accidents have been identified. Check with the observed employee to see if anything has been missed or overlooked.

Develop Solutions

After determining the environmental and physical hazards of a job, develop solutions to minimize or eliminate the hazards. The priority for correcting hazards should be engineering controls, administrative controls and lastly PPE (Personal Protective Equipment). The principal means of eliminating hazards include:

- Finding a new way to do the job.
- Changing the physical conditions that create the hazards.
- Changing the job procedure to eliminate hazards.
- Questioning the necessity for, or frequency of, doing a hazardous task.

Prepare Procedures

When writing procedures, be specific and concrete. Do not say, "be careful" or "use caution." State exactly what needs to be done to eliminate accident potential. State specifically what to do and how to perform the procedure, e.g.:

> "Place socket over spark plug. Exert slight pressure to ensure grip. Brace yourself against the body of the engine or take a stable stance with your feet to prevent loss of balance if the socket slips."

Review Procedures

Review the new procedures with workers. This review helps ensure that the proposed procedures are practical and usable.

Update Job Safety Analysis
Redo the job safety analysis when work procedures change, when "close calls" are reported or when injury rates increase.

PERIODIC SAFETY INSPECTIONS

Inspection frequency (i.e., daily, weekly, monthly or annually) will depend on the type of inspection to be completed. The following shall be used as a guideline:

Daily/Prior to Use
High hazard or frequently changing operations or equipment (forklifts, confined space equipment, trenching equipment)

Weekly
High hazard areas (flammable storage areas and construction sites)

Monthly
Workshops, maintenance buildings, fleet services offices, grounds, parking lots

Annually
Comprehensive, inclusive inspections (refer to **"Safety Inspection Checklist" [IIPP Form 6]**), including:

- ✓ Buildings and structures.
- ✓ Physical layout.
- ✓ Employee health.
- ✓ Storage facilities.
- ✓ Working surfaces.
- ✓ Housekeeping.
- ✓ Walkways and roadways.
- ✓ Equipment.

Annual checklists shall be sent to Administrative Services for review, monitoring and filing.

Inspection records must be maintained for at least one (1) year.

CORRECTING HAZARDS

Hazards discovered either as a result of a scheduled periodic inspection or during normal operations must be corrected by the Supervisor/Manager in control of the work area, or by cooperation between the department in control of the work area and the manager/supervisor of the employees working in that area. Supervisors/Managers of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard.

Specific procedures that can be used to correct hazards include but are not limited to the following:

- Locking out and tagging unsafe equipment "Do Not Use Until Repaired," and providing a list of alternatives for employees to use until the item is repaired.
- Stopping unsafe work practices and providing retraining and documentation on proper procedures before work resumes.
- Reinforcing and explaining the need for proper personal protective equipment and ensuring its availability.
- Barricading areas that have chemical spills or other hazards and making arrangements to have the chemical spill or other hazard mitigated.

If necessary, Supervisors/Managers/ and employees can seek assistance in developing appropriate corrective actions by submitting a **"Report of Unsafe Condition"** [**IIPP Form 7**] to the Safety Officer and Workplace Safety Committee. Supervisors/Managers should use the **"Management/Workplace Safety Committee Investigation of Employee Report of Unsafe Condition or Hazard"** [**IIPP Form 8**] to document corrective actions, including projected and actual completion dates.

IMMINENT HAZARDS

If a problem that poses an immediate danger of serious harm or bodily injury cannot be corrected immediately, the operation shall be stopped until the necessary repairs can be made. Equipment may be physically locked or tagged out in an obvious way and affected employees and Supervisors/Managers should be notified of the situation.

If an imminent hazard exists, work in the area should cease, and the appropriate Supervisor/Manager must be contacted immediately. Any employee has the authority to stop work when an imminent hazard exists. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to be removed from the area except those qualified and necessary to correct the condition. These qualified individuals shall be equipped with necessary safeguards before addressing the situation.

INVESTIGATING INJURIES & ILLNESSES

INJURY REPORTING

Employees who are injured at work should report the injury immediately, but no later than the end of their shifts to their Supervisors/Managers. If immediate medical treatment beyond first aid is needed, such as for loss of consciousness, serious bleeding, broken bones or suspected spinal or head injuries, call **911**. The injured party shall be taken to the appropriate hospital or medical center. If non-emergency medical treatment for work-related injuries or illnesses is needed, the employee will have the option of calling Kaiser Occupational Health Center at 1-888-565-9675 or the employee's designated physician.

The manager/supervisor of the injured employee shall work with Human Resources to ensure that the **"Employer's Report of Occupational Injury or Illness"** form [**IIPP Form 11**], an **"Employee's Claim for Workers' Compensation Benefits" form** [**IIPP Form 12], and an "Employee's Report of Injury/Illness" form [IIPP Form 9**] are completed promptly and properly and submitted to Administrative Services.

CalOSHA requires employers to immediately report any serious injury, illness or death of an employee by telephone or facsimile to the nearest District Office. The telephone number of the Santa Rosa CalOSHA District Office is (707) 576-2388. The fax number is (707) 576-2598.

If the injured employee sees a physician, the Supervisor/Manager shall obtain a physician's medical release form from the employee before allowing the employee to return to work. The form will then be submitted to Human Resources by the Supervisor/Manager for the employee's personnel file. The health care provider may stipulate work tasks that must be avoided or work conditions that must be altered before the employee resumes his or her full duties.

INJURY INVESTIGATION

The employee's Supervisor/Manager, in conjunction with Human Resources is responsible for performing an investigation to determine and correct the cause(s) of the injury or illness. The investigation shall be completed within 24 hours of the occurrence or the next business day if the injury occurs during a weekend or holiday. Specific procedures to be used to investigate workplace accidents and hazardous substance exposures include:

- Interviewing injured personnel using the **Employee's Report of Injury/Illness form [IIPP Form 9]**
- Interviewing all witnesses.
- Examining the injured employee's work location for causative factors
- Reviewing established procedures to ensure they are adequate and were followed
- Reviewing training records of affected employee(s)
- Determining all contributing causes to the accident [equipment, material, people]
- Taking corrective actions to prevent the accident/exposure from recurring
- Recording all findings and actions taken

The Supervisor's/Manager's findings and corrective actions should be documented and presented to the Safety Officer and Workplace Safety Committee using the **"Immediate Supervisor's Report of Employee Injury" [IIPP Form 10].** If the Supervisor/Manager is unable to determine the cause(s) and appropriate corrective actions, other resources should be sought. Available resources include the Workplace Safety Committee and Administrative Services

Using the **"Immediate Supervisor's Report of Employee Injury" [IIPP Form 10]**, the Workplace Safety Committee will review accident or injury reports referred to it by the Safety Officer to ensure that all corrective actions are completed. Investigations and/or corrective actions that are found to be incomplete shall be routed back to the manager/supervisor for further follow-up, with specific recommendations noted by the Workplace Safety Committee. Corrective actions that are not implemented in a reasonable period of time shall be brought to the attention first of the Department Head and, if not resolved, then to the Safety Officer and the Town Manager, by the Workplace Safety Committee.

COMMUNICATING WITH EMPLOYEES

Supervisors/Managers are responsible for communicating with all workers about safety and health issues in a form readily understandable by all workers. All department personnel are encouraged to communicate safety concerns to their Supervisors/Managers without fear of reprisal. Supervisors/Managers may use the **Safety Meeting Report [IIPP Form 4].**

The Workplace Safety Committee is another resource for communication regarding health and safety issues for employees. All employees are represented on the Workplace Safety Committee and will be informed of hazardous corrections and committee activities.

Workplace Safety Committee minutes and other safety-related items are e-mailed and posted on department bulletin boards. Employees will also be informed about safety matters by e-mail, voice mail, or by distribution of written memoranda. Occasionally, the Workplace Safety Committee will also sponsor seminars or speakers or coordinate other means to communicate with employees regarding health and safety matters.

Supervisors/Managers are responsible for ensuring that employees are supplied access to hazard information pertinent to their work assignments. Information concerning the health and safety hazards of tasks performed by department staff is available from a number of sources. These sources include, but are not limited to, Material Safety Data Sheets (MSDS), equipment operating manuals, My Safety Officer, container labels and work area postings. For additional information on these sources, contact your Supervisor/Manager.

MATERIAL SAFETY DATA SHEETS

Material Safety Data Sheets (MSDS) provide information on the potential hazards of products or chemicals. Hard copies of MSDS for the chemicals used in the department are available in that department in a designated place. If an MSDS is found to be missing, a new one can be obtained by faxing a written request to the manufacturer. A copy of this request should be kept until the MSDS arrives. It is the responsibility of all Town employees to request and obtain MSDSs when purchasing chemical products.

For further information, contact your Supervisor/Manager for a fact sheet explaining how to use MSDS. Videos and training on how to read and understand the information presented on an MSDS are also available from Administrative Services.

RECORD KEEPING

Documents related to the IIPP shall be maintained by the Safety Officer or his/her designee. These records include, but may not be limited to:

- Records of scheduled and periodic workplace inspections, including the persons conducting the inspection, any identified unsafe conditions or work practices, and corrective actions [IIPP Forms 6, 7, 8].
- Employee safety training records, including the names of all attendees and instructors, the training date, and the type of training including the material covered [IIPP Forms 3, 4].
- Reports of Unsafe Conditions or Hazards [IIPP Form 7].
- Safety Meeting Documentation [IIPP Form 4].
- Hazard Correction Reports [IIPP Form 8].
- Accident, Injury or Illness Investigation Reports [IIPP Forms 9, 10].

MISCELLANEOUS

THE FOLLOWING SPECIFIC PROGRAMS ARE PART OF THE OVERALL INJURY AND ILLNESS PREVENTION EFFORT. EACH HAS ITS OWN WRITTEN PROGRAM OR POLICY AND FALLS UNDER THIS INJURY AND ILLNESS PREVENTION PROGRAM:

- BLOODBORN PATHOGENS & EXPOSURE CONTROL PLAN
- CONFINED SPACE ENTRY
- CONFINED SPACE RESCUE
- CONTROLLED SUBSTANCE AND ALCOHOL MISUSE FOR CLASS A/B DRIVERS
- EMERGENCY ACTION PLANS, INCLUDING BUILDING EVACUATION PLANS
- ERGONOMIC EVALUATION PROGRAM
- FALL PROTECTION
- FIRST AID / CPR
- FORKLIFT OPERATIONS
- HAZARD COMMUNICATION
- HAZARDOUS MATERIALS BUSINESS PLANS
- HEARING CONSERVATION
- HEAVY EQUIPMENT OPERATOR
- LOCKOUT/TAGOUT
- RESPIRATORY PROTECTION
- TRAFFIC CONTROL AND FLAGGER SAFETY
- TRENCHING AND EXCAVATION SAFETY
- TRENCH RESCUE
- PERSONNEL POLICIES AND PROCEDURES

THIS IIPP PROGRAM IS HEREBY APPROVED AND MADE EFFECTIVE ON THE

_____ DAY OF _____ , 2014, BY:

_____
TOWN MANAGER

_____
TOWN ATTORNEY

_____
ADMINISTRATIVE SERVICES DIRECTOR/SAFETY OFFICER

_____
PRESIDENT, TOWN OF WINDSOR EMPLOYEE ASSOCIATION (WEA)

_____
PRESIDENT, TOWN OF WINDSOR SUPERVISOR EMPLOYEE GROUP (SEG)

_____
PRESIDENT, MANAGEMENT EMPLOYEES GROUP (MEG)

FORM 1 – EMPLOYEE SAFETY ORIENTATION

NAME: _____ DATE EMPLOYED: _____

DEPARTMENT/DIVISION ASSIGNED: _____

JOB ASSIGNMENT: _____

The following items shall be discussed during orientation:

_____ Town safety policies and programs - employee to be given a copy of the Injury and Illness Prevention Program and be required to read it.

_____ Safety rules, both general and specific to job assignment.

_____ Safety rule enforcement (disciplinary procedures).

_____ Where, when and how to report injuries.

_____ Where, when and how to report unsafe conditions.

_____ Review of fire and emergency evacuation plan.

_____ Location and use of fire extinguishers.

_____ Requirements for safe work clothing and footwear.

_____ Importance of housekeeping (spills, orderliness, etc.)

_____ Special job hazards (chemicals, special precautions, etc.)

_____ Assignment and use of personal protective equipment

_____ Proper lifting procedures (include demonstration)

_____ Proper Use of Town Vehicles, if applicable (include demonstration)

ADDITIONAL TRAINING REQUIREMENTS:

_____

_____

_____

IMPORTANT: If employee is transferred to another job, a new safety orientation form shall be completed.

SIGNED: _____ DATE: _____
Employee

SIGNED: _____ DATE: _____
Supervisor/Manager

ORIGINAL: Employee Personnel File

FORM 2 - JOB SAFE PRACTICE ORIENTATION

PRINT ALL INFORMATION

Employee Name _____

Job Title _____ ☐ New Hire ☐ Transfer/ Change

Department/Division Name _____

Date Orientation Started _____ Supervisor/ Manager _____

SECTION I - FACILITY DISCUSSION

1.	Safety Bulletin Boards/Posters.....	☐	7.	Storage of Supplies/Materials.....	☐
2.	Exits, Stairs and Signs.....	☐	8.	Disposal of Hazardous Materials.....	☐
3.	Fire Extinguishing Equipment/Alarm.....	☐	9.	Disposal of Trash/Waste.....	☐
4.	First Aid Supplies/Room.....	☐	10.	High Risk, Hazardous, Dangerous Areas.....	☐
5.	Emergency Evacuation Procedures.....	☐	11.	Location of MSDS Binders....	☐
6.	Storage of Hazardous Materials.....	☐			

Date Completed _____ Supervisor's Signature _____

SECTION II - PERSONAL SAFETY DISCUSSION

1.	Eye Glasses, Goggles, Face Shields.....	☐	5.	Hard Hats / Caps.....	☐
2.	Shoes, Boots.....	☐	6.	Protective Leggings, Aprons, Clothing.....	☐
3.	Gloves.....	☐	7.	Respirators, Masks.....	☐
4.	Ear Plugs, Muffs.....	☐	8.	Decontamination Procedures.....	☐

Date Completed _____ Supervisor's Signature _____

SECTION III - TOOLS, MACHINES AND EQUIPMENT INDOCTRINATION

In addition to a thorough discussion of safety rules, regulations and practices, Supervisors/Managers are required to conduct "hands on" demonstrations on the safe use of all power tools, machines and equipment to be used by the employee. Special instruction and emphasis will be given on guards and safety devices and mandatory use of them by the employee.

	TOOL, MACHINE OR EQUIPMENT NAME	NUMBER/ I.D.	DATE	SUPERVISOR'S MANAGER'S INITIALS
1.				
2.				
3.				
4.				
5.				
6.				

Date Completed _____ Supervisor's/Manager's Signature _____

I have received demonstrations on the safe use of the tools, machines and equipment listed above and am aware that use of guards and safety devices is mandatory.

I understand that I will be subject to discipline if I operate any tool, machine or equipment with guards or safety devices removed, disconnected or otherwise made inoperable. Also, I understand that I will be subject to discipline if I attempt to operate any tool, machine or equipment that is locked-out, tagged-out, being repaired or is otherwise designated as "out-of-service."

Employee's Signature _____ Date _____

ORIGINAL: Employee Personnel File

FORM 3 - SAFETY TRAINING RECORD

DEPARTMENT (Check one)

☐ Administrative Services ☐ Public Works
☐ Parks & Recreation ☐ Town Manager
☐ Community Development ☐ Other _____

DATE OF TRAINING: _____

LOCATION OF TRAINING: _____

TRAINING TOPIC: _____

CONTENTS OR SUMMARY OF TRAINING:

_____

_____

NAME(S) AND QUALIFICATIONS OF PERSON(S) CONDUCTING TRAINING:

Name	Qualifications/Title

TRAINING SESSION ATTENDEES:

Name	Job Title	Signature

Original: Risk Manager
Copy: Department/Division File

FORM 4 - SAFETY MEETING REPORT

Date: _____

Department: _____

Division: _____

Manager/Supervisor: _____

Safety Subject: _____

Names of Employees Present:

_____

_____

_____

_____

_____

Injuries reviewed:

_____

_____

Vehicle collisions reviewed:

_____

_____

Suggestions/recommendations:

_____

_____

_____

Action taken/Supervisor's/Manager's comments:

_____

_____

Supervisor's/Manager's signature:

_____

Instructions to Supervisor/Manager: Keep this form on file in your office for two years as evidence of an ongoing Safety Program.

FORM 5 - JOB SAFETY ANALYSIS (JSA) FORM

JOB/PROCEDURE:_____
DEPARTMENT/DIVISION: _____ DATE: _____
ANALYSIS BY: _____
REVIEWED BY (Supervisor/Manager): _____
APPROVED BY (Department Head): _____
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT (State whether required or recommended.):

_____
_____
_____
_____

TASK STEP (Sequence)	POTENTIAL HAZARDS (Job task difficulties: Environmental/Physical)	SAFE TASK PROCEDURE (Recommendations: Eng, Admin, PPE)

ORIGINAL: RISK MANAGER

For Use With IIPP Form 5

CONDUCTING A JOB SAFETY ANALYSIS

Select the Tasks

Initially select those tasks with the worst safety records. Review workers' compensation statistics and OSHA 300 logs to determine which tasks have the highest incident rates. Examples could include:

- Servicing of lawnmower
- Stacking boxes
- Working in Traffic

Define the Scope

Carefully determine the scope of the task. The task should be a specific jobs, not necessarily all the elements of an employee's job description.

Identify Steps

Organize the task into a sequence of logical steps.

Select and Brief the Employee

Select an employee to perform the task. The employee should be experienced in the job and willing to share his or her ideas. Tell the employee that he or she was selected on the basis of experience and capability. Explain to the employee that the task is being evaluated, not the employee; and the goal of the analysis is to make the job safer.

Identify Hazards

Observe the employee performing the task. Identify all real and potential environmental and physical hazards. These may include:

- Being struck by an object.
- Getting caught on, in, or between objects.
- Slipping or falling from one level to another.
- Causing a strain due to pushing, pulling, or lifting.
- Being exposed to environmental hazards, e.g., gases, vapors, mists, fumes, dust, heat, cold, or radiation.

Repeat the job observation until all hazards and potential accidents have been identified. Check with the observed employee to see if anything has been missed or overlooked.

Develop Solutions

After determining the environmental and physical hazards of a job, develop solutions to the hazards. The priority for correcting hazards should be engineering controls, administrative controls and lastly Personal Protective Equipment (PPE). The principal means of eliminating hazards include:

- Finding a new way to do the job.
- Changing the physical conditions that create the hazards.
- Changing the job procedure to eliminate hazards.
- Questioning the necessity for or frequency of doing a hazardous task.

Prepare Procedures

When writing procedures, be specific and concrete. Do not say, "be careful" or "use caution." State exactly what needs to be done to eliminate accident potential. State specifically what to do and how to perform the procedure, e.g.: "Place socket over spark plug. Exert slight pressure to ensure grip. Brace yourself against the body of the mower or take a stable stance with your feet to prevent loss of balance if the socket slips."

Review Procedures

Review the new procedures with workers. This review helps ensure that the proposed procedures are practical and usable.

Update Job Safety Analysis

Redo the job safety analysis when work procedures change, when close calls are reported or when injury rates increase.

FORM 6 - SAFETY INSPECTION CHECKLIST

Safety Inspection Checklist

Instructions: Safety inspections are to be completed by authorized personnel on a regular basis. A copy of the completed inspection checklist must then be forwarded to the Risk Manager and shall be maintained for a period of one (1) year. All safety hazards discovered during the inspection must be reported immediately to your Safety Committee representative

Complete portions of Check-List that pertain to area being inspected:

Area Inspected: **Inspector:**

Check Appropriate Box **S**: satisfactory UN: Unsatisfactory NA: Not Applicable

Building/Structures				**Storage Facilities**							
FLOORS				BINS							
ROOFS				RACKS							
CEILING				CABINETS							
FENCING				SHELFS							
WALLS				CLOSETS							

Physical Layout				**Working Surfaces**				**Structural Openings**			
AISLE MARKINGS				LADDERS				WINDOWS			
BLIND CORNERS				FLOORS				DOORS			
AREA MARKINGS				PLATFORMS				STAIRWAYS			
UTILITY COLOR CODING								FLOOR OPENINGS			
Fire Protection				**Housekeeping**				**Electrical Equipment:**			
ALARMS/ DETECTORS				FLOORS				SWITCHES/ BREAKERS			
FIRE DOORS				WINDOWS/SCREENS				OUTLETS			
EXTINGUISHERS				DOORS				CABELS			
EXTINGUISHER TRAINING				RAILING/STEPS				EXTENSION CORDS			
CLEAR AISLES				WORK STATIONS				FIXTURE CORDS			
MARKED EXITS				WASTE DUST/DIRT				TEMPORARY WIRING			
EGRESS MAPS				BATHROOMS/ LOCKERS				LO/TO TOOLS & PROCEDURES			
EMERGENCY EVACUATION PLANS				STORAGE				ELECTRICAL PANEL CLEARANCE			
Janitor Closets				**Walkways & Roadways**				**Personal Service, 1st Aid**			
CHEMICAL STORAGE				RAMPS				DRINKING FOUNTAINS			
CHEMICAL LABELS				SIDEWALKS				WASH BASINS			
MSDS				WALKWAYS				SOAP DISPENSERS			
SPILL CLEAN-UP				AISLES				FIRST AID SUPPLIES			
PERSONAL PROTECTIVE EQUIPMENT				VEHICLE WAYS				OSHA POSTER			
Employee Health				**Material Handling**				**Copy Rooms**			
NOISE				DOLLIES				TONER STORAGE			
LIGHTING				CARTS				OVERHEAD STORAGE			
DUST								SHREDDERS			
VENTILATION								PAPER CUTTERS			
ERGONOMICS								PINCH HAZARDS			

Comments or Misc. items:

Inspectors Signature: **Date/Time:**

FORM 7 - EMPLOYEE REPORT OF UNSAFE CONDITION OR HAZARD

I. Employee Report of Unsafe Condition or Hazard

Town employees may use this form to report any unsafe condition or hazard to the Town. The Town will investigate the safety issue to determine if mitigations are needed. Form can be submitted anonymously if desired. Employees are advised that it would be illegal for an employer to take any action against an employee in reprisal for exercising their rights to report safety issues.

Name: (optional) _____

Department/Division: _____

Job Title: _____

Location of condition believed to be unsafe/hazardous:

_____

_____

Date/time condition or hazard was observed: _____

Description of unsafe condition or hazard:

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

_____

Employee Signature: (optional) _____

Date: _____

ORIGINAL: Manager/Supervisor
COPY: Human Resources/Workplace Safety Committee

FORM 8 - MANAGEMENT/WORKPLACE SAFETY COMMITTEE INVESTIGATION

II. Management/Workplace Safety Committee Investigation

OF

Employee Report of Unsafe Condition or Hazard

Name of person investigating unsafe condition or hazard: _____

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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Proposed action to be taken to correct hazard or unsafe condition:

_____
_____
_____
_____
_____
_____
_____

Signature of Investigating Party: _____

Date: _____

ORIGINAL: Human Resources/Workplace Safety Committee

COPY OF COMPLETED FORM SHALL BE PROVIDED TO EMPLOYEE REPORTING UNSAFE CONDITION OR HAZARD.

FORM 9 - EMPLOYEE'S REPORT OF INJURY / ILLNESS

Employee's Report of Injury / Illness
(Complete within 24 hours of injury/illness)

Name: _____ Dept/Position: _____
Date of Birth:_____ Home address: _____
Phone Number: _____
Date of injury/illness:_____ Time of day:_____ Did it occur on employer's premises? ☐ yes ☐ no
Location where injury/illness occurred (address):_____
_____
Describe injury or illness:_____ Body part(s) affected:_____
Did you see a physician? ☐ YES ☐ NO Were you hospitalized? ☐ YES ☐ NO
Name/address of physician:_____
Name/address of hospital: _____
Name(s) of witness(es):_____
_____
How did this injury/illness occur?_____
_____
_____
What factors do you think could have contributed to your injury/illness? Mark ALL that apply:

PROCEDURES
- ☐ None developed
- ☐ Developed but not understood
- ☐ Developed but not trained
- ☐ Developed but not accurate
- ☐ Developed but unable to follow

COMMUNICATION
- ☐ Insufficient planning
- ☐ Breakdown in communication between workers
- ☐ Breakdown between workers and manager/supervisor
- ☐ Breakdown between work teams
- ☐ Confusion after communication

PUBLIC SAFETY ONLY
- ☐ Due to high risk nature of activity (explain): _____
  _____

HAZARDS
- ☐ Created by man
- ☐ Created by external factors
- ☐ Documented but not repaired
- ☐ Unidentified
- ☐ Identified but accepted
- ☐ Repaired but deficient repair
- ☐ Conditions changed
- ☐ Improper communication
- ☐ Lack of communication

IN A HURRY
- ☐ Insufficient planning
- ☐ Employee perceived need
- ☐ Friendly competition
- ☐ Due to external factors
- ☐ Workload too heavy
- ☐ Lack of teamwork
- ☐ Taking shortcuts

TRAINING
- ☐ Insufficient training
- ☐ Circumstances not addressed in training
- ☐ Tool used incorrectly

FACILITIES/EQUIP
- ☐ Faulty equipment
- ☐ Poor design
- ☐ Corrosion or wear
- ☐ Ergonomic Factors

OTHER FACTORS
- ☐ Weather or temperature
- ☐ Working long hours
- ☐ Physical overexertion
- ☐ Personal protective equipment
- ☐ Improper body position

How do you think this injury/illness could have been prevented? _____
_____
_____
_____

Employee Signature: _____ Date: _____

ORIGINAL: Employee Personnel File
COPY: Manager/Supervisor

FORM 10 - IMMEDIATE SUPERVISOR'S REPORT OF EMPLOYEE INJURY

FORWARD TO PERSON RESPONSIBLE FOR FILING FIRST REPORT OF INJURY - PERSONNEL DEPARTMENT

Department	**IMMEDIATE SUPERVISOR'S REPORT OF EMPLOYEE INJURY** (Please Complete In Detail)		
Name of Injured	Age	Married?	Male ☐ Female ☐
Date of Accident	Hour a.m. p.m.	Job Title	
Nature of Injury			
Who gave First Aid, if any?	Names of Witnesses		
Name & address of physician	Was injured acting in regular line of duty?		

Did injured leave work?	Date	Time	a.m. p.m.
Did injured return to work?	Date	Time	a.m. p.m.

Describe the accident and where it occurred

IMMEDIATE SUPERSIVOR'S EVALUATION

Analysis of Accident Please mark the reasons that, in your opinion, caused the accident. In most cases there will be several reasons under both unsafe conditions and unsafe acts contributing to the accident. Fill out in detail.

AN UNSAFE **CONDITION** EXISTED (Check all that apply)

- ☐ Defective equipment – tools
- ☐ Equipment not properly guarded
- ☐ Poor working conditions (light, ventilation)
- ☐ Other (specify)
- ☐ Slippery or uneven walking surfaces
- ☐ Faulty layout of facilities
- ☐ Poor housekeeping

What have you done to eliminate this condition?

AN UNSAFE **ACT** RESULTED FROM (Check all that apply)

- ☐ Lack of training
- ☐ Not following rules
- ☐ Haste; chance taking
- ☐ Other (specify)
- ☐ Not using personal safety devices
- ☐ Physical or mental handicap
- ☐ Boredom; inattention
- ☐ Horseplay
- ☐ Improper work method
- ☐ Improper body position

What have you done to correct this act?

Date injured worker given claim form	Time
Supervisor's signature	Dept. Head signature
Date of report	Dept. Safety Officer

R.E.M.I.F. - P.O. Box 885 - Sonoma, Ca. 95476 (707) 938-2388 1985

FORM 11 - EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

P.O. Box 885
Sonoma, CA 95476
(707) 938-2388

Fatality ☐

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

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

EMPLOYER

1. FIRM NAME
1A. POLICY NUMBER
Please do not use this column
2. MAILING ADDRESS (Number, Street, City, Zip)
2A. PHONE NUMBER
CASE NUMBER
3. LOCATION if different from Mailing Address (Number, Street, City and Zip)
3A. LOCATION CODE
OWNERSHIP
4. NATURE OF BUSINESS; e.g. Painting contractor, wholesale grocer, sawmill, hotel, etc.
5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.
INDUSTRY
6. TYPE OF EMPLOYER ☐ Private ☐ State ☐ County ☐ City ☐ School District ☐ OTHER GOVERNMENT - SPECIFY
OCCUPATION

INJURY OR ILLNESS

7. DATE OF INJURY / ONSET OF ILLNESS (mm / dd / yy)
8. TIME INJURY/ILLNESS OCCURRED ____ AM ____ PM
9. TIME EMPLOYEE BEGAN WORK ____ AM ____ PM
10. IF EMPLOYEE DIED, DATE OF DEATH (mm / dd/ yy)
SEX
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY ☐ YES ☐ NO
12. DATE LAST WORKED (mm / dd / yy)
13. DATE RETURNED TO WORK (mm / dd / yy)
14. IF STILL OFF WORK, CHECK THIS BOX ☐
AGE
15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? ☐ YES ☐ NO
16. SALARY BEING CONTINUED? ☐ YES ☐ NO
17. DATE OF EMPLOYER'S KNOWLEDGE NOTICE OF INJURY/ILLNESS (mm / dd / yy)
18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm / dd / yy)
DAILY HOURS
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip
20a. COUNTY
21. ON EMPLOYER'S PREMISES? ☐ YES ☐ NO
DAYS PER WEEK
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.
23. Other Workers Injured/Ill in this event? ☐ YES ☐ NO
WEEKLY HOURS
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold.
WEEKLY WAGE
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck
COUNTY
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.
NATURE OF INJURY
27. NAME AND ADDRESS OF PHYSICIAN (Number, Street, City, Zip)
27a. Phone Number
PART OF BODY
28. HOSPITALIZED AS AN INPATIENT OVERNIGHT? ☐ NO ☐ YES If yes then, NAME AND ADDRESS OF HOSPITAL (Number, Street, City, Zip)
28a. Phone Number
29. Employee treated in Emergency Room? ☐ YES ☐ NO
SOURCE

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

EVENT

EMPLOYEE

30. EMPLOYEE NAME
31. SOCIAL SECURITY NUMBER
32. DATE OF BIRTH (mm / dd / yy)
SECONDARY SOURCE
33. HOME ADDRESS (Number, Street, City, Zip)
33a. PHONE NUMBER
34. SEX ☐ MALE ☐ FEMALE
35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)
36. DATE OF HIRE (mm / dd / yy)
37. EMPLOYEE USUALLY WORKS ____ hours per day, ____ days per week, ____ total weekly hours
37a. EMPLOYMENT STATUS ☐ regular, full-time ☐ part-time ☐ temporary ☐ seasonal
37b. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED?
EXTENT OF INJURY
38. GROSS WAGES/SALARY $ ____ per ____
39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY ☐ YES ☐ NO (e.g., tips, meals, overtime, bonuses, etc.)?
Date (mm / dd / yy)

Completed By (type or print)
Signature & Title

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

FORM 5020 (Rev7) JUNE 2002

FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

FORM 12 - EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

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

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

EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

If you are injured or become ill because of your job, you may be entitled to workers' compensation benefits.

Complete the "**Employee**" section and give the form to your employer. Keep the copy marked "**Employee's Temporary Receipt**" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation at **1-800-736-7401** if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the back of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

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

PETICION DEL EMPLEADO PARA BENEFICIOS DE COMPENSACIÓN DEL TRABAJADOR

Si Ud. se ha lesionado o se ha enfermado a causa de su trabajo, Ud. tiene derecho a recibir beneficios de compensación al trabajador.
*Complete la sección "**Empleado**" y entregue la forma a su empleador. Quédese con la copia designada "**Recibo Temporal del Empleado**" hasta que Ud. reciba la copia fechada de su empleador. Si Ud. necesita ayuda para completar esta forma o para obtener sus beneficios, Ud. puede hablar con la Division de Compensación al Trabajador llamando al **1-800-736-7401**. En la parte de atrás de esta forma se encuentra una explicación de los beneficios de compensación al trabajador.*

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

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

Employee: ***Empleado:***

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión(accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____a.m._____p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde occurió el accidente.* _____
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and give the employee a copy immediately as a receipt.
Empleador—complete esta sección y déle inmediatamente una copia al empleado como recibo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.*
REMIF, P.O. Box 885, Sonoma, CA 95476
15. Insurance Policy Number. *El número de la póliza del Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

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

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

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

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Original (Employer's Copy)

Original (Copia del Empleador)