

# City of Ripon

## Administration

## Department

### Injury and Illness Prevention

### Plan (IIPP)

### Supplement

This Injury and Illness Prevention Program has been approved by



Kevin Werner  
City Administrator

Approval Date: November 26, 2013



Lisa Roos  
City Clerk/Finance Director

Approval Date: November 26, 2013

# **City of Ripon**

## **Administration Department**

### **IIPP Supplement**

#### **Responsibilities**

The City Clerk has the overall authority and responsibility for ensuring the department IIPP supplement is effectively implemented throughout departmental operations. Supervisors (including foreman, sergeants, field training officers, and any other position responsible for the actions of employees) have program oversight for operations under their direct supervision and control.

#### **Compliance**

The following department methods are used to reinforce employee compliance with safety work practices and procedures:

- Distribution of department policies and procedures
  - The IIPP plan will be available on The Ripon Intranet Cafe.
- Communicating IIPP responsibilities with all employees
- Employee training programs
- Recognizing employees who perform safe work practices
- Disciplinary process outlined in the City of Ripon Merit System Rules and Regulations.

#### **Communication**

Effective communications with employees have been established using the following methods:

Staff meetings  
Specific policies/procedures  
Department hazard assessment  
Employee safety training

Safety handouts and/or videos  
Employee safety recommendation recognition  
Material safety data sheets  
Posters and warning labels  
Equipment training

Employees are required to report any potential health and safety hazard that may exist in the workplace. The Hazardous/Unsafe Condition Report form (see Attachment A) is located on The Ripon Intranet Cafe or from the City Clerk.

Forms can be submitted to the City Clerk or Human Resources Department or placed anonymously in the Safety Suggestion Box located in the Break Room.

## **Hazard Assessment and Correction**

### Periodic Workplace Inspections

Inspections are conducted at the following department facilities or workplaces by the City Clerk or his/her designee:

<b>Facilities and Workplaces</b>	<b>Frequency</b>
Vehicles	Quarterly
City Hall	Annual

Department inspection forms (Attachment B) are located in the City Clerk's Office.

### Corrective Action

The City Clerk or his/her designee will document corrective actions needed, including projected and actual completion dates. If an imminent hazard exists, work in the area must cease, and the City Clerk must be contacted immediately. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to leave the area except those qualified and necessary to correct the condition. The City Clerk or his/her designee will determine the appropriate action for imminent hazards.

### **Accident Investigation**

Employees will immediately notify the City Clerk when an injury or illness occurs on the job. The City Clerk or his/her designee will promptly investigate all accidents, injuries, occupational illnesses, and near-miss incidents to determine the cause of the incident. Appropriate corrective actions will be implemented promptly to mitigate the hazards identified during the investigation.

The Accident Report for Workers' Compensation and the Supervisor's Report of Injury form will be completed and a copy retained. The forms are located on The Ripon Intranet Cafe or the City Clerk's office.

**Note:** Serious occupational injuries and illnesses must be reported to Cal/OSHA within eight hours after they have become known to the Supervisor. This includes, but is not limited to, permanent disfigurement or hospitalization. Cal/OSHA notification will be the responsibility of the City Clerk or her/his designee.

### **Training and Instruction**

Health and safety training, covering both general work practices and job-specific hazard training, is the responsibility of the City Clerk or his/her designee. General and department specific safety training requirements are located in the City Clerk's office at City Hall.

### **Record Keeping and Documentation**

The following documents are located at on the Ripon Intranet Cafe or City Clerk's office and will be maintained within the Department IIPP Records for at least the three years.

- Department Hazard Assessment
- Employee Hazard Report Forms

- Inspection Reports
- Accident Investigation Forms
- Hazard Correction Reports
- Employee Safety Training Requirements and Attendance Records

Attachment A

**City of Ripon**  
**Hazardous/Unsafe Condition Report Form**

Date: \_\_\_\_\_ Time \_\_\_\_\_ Department \_\_\_\_\_

Name of reporting party (optional) \_\_\_\_\_

Hazardous or Unsafe condition location \_\_\_\_\_

Description of Hazardous or Unsafe condition. \_\_\_\_\_

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

Date of Investigation \_\_\_\_\_ Time \_\_\_\_\_

Person conducting Investigation: \_\_\_\_\_

Were any unsafe conditions or work practices identified? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

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

What action(s) have been taken to correct the unsafe conditions or work practices identified?

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

Date correction Action was taken \_\_\_\_\_ Time \_\_\_\_\_

Hazardous or Unsafe condition correction verified by \_\_\_\_\_

Attachment B

City of Ripon

Workplace Inspection Form

Date \_\_\_\_\_ Time \_\_\_\_\_ Department \_\_\_\_\_

Area inspected \_\_\_\_\_

Were any unsafe workplace conditions identified?

Including tripping hazards

Including fire hazards

Including work space ergonomics

Other:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

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

Describe corrective action taken \_\_\_\_\_

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

Date correction action was taken \_\_\_\_\_ Time \_\_\_\_\_

Person conducting the inspection.

Name \_\_\_\_\_

Signature \_\_\_\_\_