

# City of Ripon

## Public Works

## 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



Ted Johnston  
Public Works Director

Approval Date: November 26, 2013

# **City of Ripon**

## **Public Works Department**

### **IIPP Supplement**

#### **Responsibilities**

The Public Works Director 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 located in the Public Works Office and in the Public Works Break Room.
- 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:

Supervisor meeting once a week  
Staff meetings every other week  
Specific policies/procedures  
Department hazard assessment  
Employee safety training

Safety handouts  
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 in the Public Works Office and the Public Works Break Room.

Forms may be submitted to the Public Works Director or placed anonymously in the Safety Suggestion Box located in the Public Work Break Room.

## **Hazard Assessment and Correction**

### Periodic Workplace Inspections

Inspections are conducted at the following department facilities or workplaces by the Public Works Director or his/her designee:

<b>Facilities and Workplaces</b>	<b>Frequency</b>
Vehicle Maintenance Shop Building ( <i>old shop</i> )	Monthly
Maintenance Storage Building ( <i>new shop</i> )	Monthly
Gas Shed	Monthly
All Well Sites	Quarterly
All Water Storage Facilities	Bi-Annual
Wastewater Facility	Bi-Annual
Wastewater Lift Station	Quarterly
Parks Maintenance Buildings	Quarterly
Fueling Stations	Quarterly
Park Fountain Equipment Vaults	Quarterly
Recycling Facility	Quarterly
Public Building ( <i>Library, Senior Center, Community Center etc.</i> )	Bi-Annual

Department inspection forms (Attachment B) are located in the Public Works Office.

### Corrective Action

The Public Works Director or his/her designee will document corrective actions, including projected and actual completion dates. If an imminent hazard exists, work in the area must cease, and the manager 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 Public Works Director or his/her designee will determine the appropriate action for imminent hazards.

### **Accident Investigation**

Employees will immediately notify their Supervisor when an injury or illness occurs on the job. Supervisors 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 at the Public Works Maintenance 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 City Clerk or his/her designee.

### **Training and Instruction**

Health and safety training, covering both general work practices and job-specific hazard training, is the responsibility of the Supervisors. General and department specific safety training requirements are located at the Public Works Office at City Hall.

### **Record Keeping and Documentation**

The following documents are located at Public Works Office at City Hall 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? ☐ Yes ☐ No

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

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

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

Person conducting the inspection.

Name \_\_\_\_\_

Signature \_\_\_\_\_