INTRODUCTION

The Siskiyou Joint Community College District has developed this formal Injury and Illness Prevention Program to ensure safe and healthful working conditions for all District employees. The Injury and Illness Prevention Program is intended to standardize various safety programs and procedures into one effective, uniform program and to ensure compliance with State and Federal safety regulations.

The Program has been designed with the major emphasis on the health and safety of all District employees while trying to remain viable and effective. The Program identifies the role and responsibilities of all District employees relative to the Plan. All District administrators, managers and employees are required to adhere to the policies and procedures set forth under this Program. However, all administrators, managers and employees are encouraged to provide constructive criticism of the Program in the interest of periodic modifications to ensure that the Program remains one that not only espouses injury prevention but also allows for efficient implementation of all program components to achieve the desired goal of employee health and safety.
INJURY AND ILLNESS PREVENTION POLICY

The Siskiyou Joint Community College District is committed to providing a safe and healthful workplace for all of its employees. To fulfill its obligation the District incorporates an Injury and Illness Prevention Program. The District, its Board and its management pledges to support this program to ensure that it remains a viable method of protecting all employees.

The District Policy will be to promote an active and aggressive Risk Control Program with the reduction and/or control of safety and health risks a priority in all District plans and budgets.
PROGRAM MANAGERS

The District hereby designates the following Program Managers responsible for implementing and maintaining its Injury and Illness Prevention Program:

Nancy Funk, Vice President, Administrative Services.

Eric Rulofson, Director of Facilities.

These assignments are effective February 29, 2016 and continue until another person is assigned the responsibility.

All administrators, directors and managers are responsible for ensuring that the District provides all employees with a safe and healthful workplace and that the District is in compliance with all CAL/OSHA and other applicable Federal, State and local safety and health standards.

In order that the Program Managers, Instruction Deans and Directors may fulfill their responsibilities, the District grants to those the appropriate authority so that all District and program obligations are met.

The District offers its full support to the Program Managers, Instruction Deans and Directors and pledges to provide these persons with the time and resources necessary to fulfill their responsibilities.
PLAN REVIEW

The District is aware that the work force, workplace and workplace safety regulations may change over time. It is important that the Injury and Illness Prevention Program remain viable in regards to any future changes. Therefore, the Safety Committee is responsible for reviewing the written Plan at least every other year.

The purpose of the review is to ensure that the written Plan is appropriate for the District at the time of review and to make any needed changes. The Safety Committee is required to provide written notice to the District Vice President for Administrative Services no later than December 31 of the designated year that the review was conducted.

The written notice indicates at least one of the following:

- The Plan was reviewed and is still appropriate for the District
- The Plan was reviewed, it appears the following changes should be made: (identify the proposed amendments)
The District is aware that Occupational Safety and Health regulations and workplace practices are designed to reduce or eliminate employee occupational injuries and illnesses. However, the regulations and work practices are only effective if all employees faithfully abide by them. Therefore, the District, through the Safety Committee, implements a system or systems to ensure that all employees comply with workplace safety and health practices.

The system or combinations of systems includes any one or combination of the following:

**TRAINING AND RETRAINING PROGRAMS:** These are fully addressed in this Plan beginning on page 17.

**EMPLOYEE RECOGNITION PROGRAM:** A program which recognizes outstanding employees may be developed. Recognition Programs must be approved by the Safety Committee and be incorporated as part of this Plan.

**DISCIPLINARY ACTION:** The District feels that positive incentives are a better way to support employee compliance with workplace practices than disciplinary action. However, there may be instances where employees are found to blatantly disregard known safety rules, regulations or workplace practices.

Employees found violating workplace safety practices or found jeopardizing the safety of any other employee, student or visitor are subject to disciplinary action in accordance with existing District policy. Disciplinary action is only taken for violations of known rules, regulations, work practices or policies. Any action taken cannot violate employee rights under CAL/OSHA regulations and must be enforced in a nondiscriminatory fashion.

**SUPERVISORY OBSERVATIONS:** Any environmental safety concerns should be referred to the Safety Committee. A representative of the Safety Committee will respond to the sender acknowledging receipt and the date the item will be discussed at the Safety Committee meeting. Noted safety concerns regarding employee behavior shall be reported to the appropriate supervisor for referral to Human Resources.
COMMUNICATION

Communication to employees and between employees and the District, on matters relating to Occupational Safety and Health is an important aspect of assuring the success of the District’s Injury and Illness Prevention Program. Therefore, through the Safety Committee, the District has implemented a system or combination of systems intended to accomplish the following:

- Provide a means for the District to readily communicate to employees, in a readily understandable form, on matters relating to Occupational Safety and Health through the use of such mediums as the Safety web page, campus-wide e-mail, handouts, training sessions and direct communication with the Safety Committee; and,

- Provide encouragement for employees to inform the District of workplace hazards without fear of reprisal.

The communication portion of this Program consists of any one or combination of the following:

TRAINING AND RETRAINING PROGRAMS: Training programs are considered a key component of the communication system. These programs are fully addressed in this Plan beginning on page 17.

MEETINGS: Meetings are a part of department safety functions. Each department head or manager documents the type and frequency of manager/supervisor and employee safety meetings. These meetings are intended as a brief session to discuss one or more safety items and encourage open discussions between employees and management.

Documentation is kept of each meeting. This documentation includes, at minimum, the following:

- Meeting topic(s)
- Any recommendations agreed upon during the meeting which may improve workplace safety
- List of attendees
- Date of meeting
- Time and length of meeting

Each manager/supervisor conducting meetings maintains a file of the meetings’ documentation, and forwards a copy of such documentation to the Human Resources Department.
SAFETY COMMITTEE: The District Safety Committee is considered an important part of the overall system of communication. The committee may include members as identified in Administrative Procedure 6800.

1. The committee meets regularly, but not less than quarterly.

2. Minutes or written records are prepared for each meeting showing the safety and health issues discussed. These records are made available to all affected employees through the use of web posting, newsletters or other appropriate written materials. Records of the meetings are kept on file in the Director of Facilities office for at least three (3) years.

3. Minutes or records of safety committee meetings are made available to the California Division of Industrial Safety should they be requested.

4. Review the results of all periodic scheduled workplace inspections.

5. Review reports of investigations of occupational accidents and causes of any incident resulting in injury, illness or exposure to hazardous substances. Where necessary or appropriate, the committee submits suggestions to management for the prevention of future incidents.

6. Review investigations of alleged hazardous conditions brought to the attention of any committee member.

7. When deemed necessary by the committee, conduct its own inspections and/or investigation to assist in remedial solutions for hazardous conditions made known to any committee member.

8. Submit to administration recommendations to assist in the evaluation of employee safety suggestions.

9. Communicate with the California State Division of Industrial Safety when requested by the Division to verify abatement action taken by the District pursuant to Division citations.

MISCELLANEOUS: When appropriate, the District or Safety Committee may use written, e-mail, or web page communications such as intra District memos, envelope stuffers, newsletters and workplace postings to supplement the previously described systems and further communicate to employees on matters relating to workplace safety and health.
IDENTIFICATION AND EVALUATION OF WORKPLACE HAZARDS

A major component in the effectiveness of the Injury and Illness Prevention Program depends on the ability to properly identify and evaluate workplace hazards. The main system for identifying and evaluating workplace hazards are scheduled periodic inspections of the workplace. The purpose of these inspections is to identify unsafe conditions and work practices.

Workplace inspections are scheduled to meet the following minimum requirements:

- An initial inspection when the program is first established;
- An inspection of affected areas whenever new substances, processes, procedures or equipment are introduced to the workplace and which represents a new occupational safety and/or health hazard; and
- An inspection of affected areas whenever the District is made aware of a new or previously unrecognized hazard.

BY DISTRICT PERSONNEL: Periodic workplace inspections are an important part of the overall inspection program. District personnel may have time and expertise limitations as regards monthly inspections; however, the District personnel bring a unique perspective to their workplace hazards. Therefore, inspections of the workplace will be conducted periodically by District personnel and concerns will be reported to the Safety Committee. These concerns will be evaluated by the Safety Committee and appropriate action taken by the District.

BY OUTSIDE SAFETY EXPERTS: Every two (2) years the District uses Keenan and Associates to conduct more comprehensive inspections. Outside safety experts must meet or adhere to the following:

- Provide evidence of being a safety expert such as being a professional member of the American Society of Safety Engineers (ASSE), being a registered Professional Engineer (PE), having the Certified Safety Professional (CSP) designation or other recognized achievements.
- Provide references showing experience with educational institutions.
- Provide proof of Professional Liability Insurance.
- Submit reports to the Vice President for Administrative Services.
- Agree to maintain copies of all submitted reports for at least three (3) years as a backup for District records.

Job safety analysis or ergonomic studies may be used to supplement the scheduled periodic workplace inspections.
CORRECTIONS OF UNSAFE OR UNHEALTHFUL CONDITIONS

The District’s Injury and Illness Prevention Program through the use of:

- Employee safety and health training.
- Workplace inspections
- Systems of communication.

is designed to identify unsafe or unhealthful conditions, procedures and work practices. Each identified unsafe or unhealthful condition, procedure or work practice is addressed in a timely manner.

The Safety Committee; Vice President for Administrative Services, Director of Facilities and the Executive Director of Human Resources work together to determine the appropriate corrective action to abate, eliminate or correct the identified condition.

Priorities for correction are based on the severity of the hazard when observed or discovered. Priorities are always given to safeguarding employees from serious injury and illness. If a hazard is discovered which poses an imminent danger to employees or building occupants and the hazard cannot be immediately abated, mitigated or corrected without endangering personnel and/or property, all exposed personnel must be evacuated from the area. Employees remaining to correct the identified hazardous condition may do so only if they are properly trained and safeguarded and are fully aware of the condition and precautions necessary to protect themselves. Outside experts will be called upon as necessary.

Managers and supervisors must notify the Director of Facilities as soon as possible after the discovery of a concealed hidden danger. If immediate corrective action cannot be implemented to abate, mitigate or correct the concealed danger, then notification about the hazard must be given to all employees having the potential for exposure to the concealed hazard.

All work orders generated to correct verified unsafe or unhealthful conditions are given the highest priority.
INVESTIGATIONS OF OCCUPATIONAL INJURY, ILLNESS OR EXPOSURE TO HAZARDOUS SUBSTANCES

Investigation of occupational injury, illness or exposure to hazardous substances may be necessary to meet the following:

- Legal obligations to the State or CAL/OSHA
- Requirements of the Workers Compensation Program
- Provide an effective technique for the prevention of recurring or future accidents

Procedures for investigations of occupational injury, illness or exposure to hazardous substances must cover the following:

- What should be reported
- Who does the initial investigation
- Who does the follow-up investigation
- Who receives copies of the report
- When legally required reports must be completed

The procedures are applied as necessary depending on the nature of the accident situation.

WHAT SHOULD BE REPORTED: Employees are required to report any accident or incident as soon as possible to their immediate supervisor and then the Company Nurse Injury Hotline. Reporting should be done regardless of the extent of injuries or even in the absence of injuries. “Near-accidents” should also be reported as they are an indication that something is wrong.

INITIAL INVESTIGATIONS: The immediate or department supervisor or department head is responsible for conducting the initial accident or incident investigation using the appropriate form.

FOLLOW-UP INVESTIGATION: The Vice President for Administrative Services or designee reviews all initial investigation reports and refers them to the Safety Committee, if deemed appropriate. The Safety Committee (or selected members) conducts follow-up investigations when the review suggests that one is appropriate. Follow-up investigations are required for any accident which requires reporting to CAL/OSHA.

COPIES OF INVESTIGATIVE REPORTS: The supervisor completing the report keeps a copy in his/her department files and provides a copy of the report to the Human Resources Office.
The Human Resources office will forward information about the incident to the Safety Committee. The format used will protect the anonymity of employees and others who experience accidents.

**LEGALLY REQUIRED REPORTS:** A serious injury or illness is any injury or illness that occurs in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours or in which an employee suffers a loss of any member of the body or suffers a serious degree of permanent disfigurement.

Any serious injury or illness, or death of an employee occurring in a District workplace or in connection with any District employment is to be reported to the nearest District office of the Division of Occupational Safety and Health as soon as practically possible but not longer than eight (8) hours after discovery. The report is to be made by telephone or fax and must include the following information:

- Time and date of accident
- Employer’s name, address and telephone number
- Name and title of person reporting the accident
- Address of the accident site
- Name of person to contact at the accident site
- Name and address of the injured employee(s)
- Nature of injury
- Location where the injured employee(s) was (were) moved to
- Identity of any law enforcement agencies present at the accident site
- Description of the accident and whether the accident scene has been altered

For any occupational injury or illness which results in lost work time of at least a full day or shift beyond the date of occurrence, or which requires medical treatment beyond first aid, the supervisor or the Human Resources Department completes the “Employer’s Report of Occupational Injury or Illness” Form 5020, Revision 5. This report is submitted to the Division of Labor Statistics and Research, Department of Industrial Relations within five (5) days after the occurrence has been reported to the District.

The Vice President for Administrative Services ensures that for any medical treatment provided for pesticide or suspected pesticide poisoning, the “Doctor’s First Report of Occupational Injury or Illness” is also submitted to the Division.

There are a number of accident situations which may require investigative action. Each situation may call for varying degrees of investigation procedures. Following are the most probable accident scenarios with the appropriate District procedures to implement.

**NEAR ACCIDENT:** There is no accident and no injuries; however, an accident nearly occurred. The following action is required:
The incident is reported to the supervisor
The supervisor conducts an initial investigation and distributes reports according to procedures
The supervisor conducts a short meeting with employees to review the investigation results and discuss preventive measures

ACCIDENT OCCURS – NO INJURIES: Although there are no injuries and no report is required to CAL/OSHA, an accident with the potential for injuries has occurred. Therefore, the same steps as listed for “Near-Accident” are to be taken.

ACCIDENT OCCURS – SLIGHT INJURIES: An accident occurs with slight injury to employee(s). The injured employee(s) required only first aid and then returned to work immediately. No report to CAL/OSHA is required; however, the following action is required:

The incident is reported to the supervisor and the Company Nurse Injury Hotline is called.
The supervisor conducts an initial investigation and distributes reports according to procedures.
The supervisor conducts a short meeting with employees to review the investigation results and discuss preventive measures.
The injured employee should be provided with an “Employee’s Claim for Workers’ Compensation Benefits” which are available in the Human Resources Department.
If first aid was provided by a physician, then the Human Resources Department and the supervisor should ensure that a “Doctor’s First Report of Occupational Injury or Illness” is completed.

ACCIDENT OCCURS – MODERATE INJURIES: The accident results in injuries which require medical attention beyond first aid or results in the employee(s) missing at least a full day of work beyond the date of occurrence. This is considered a recordable injury and the following action is required:

The incident is reported to the supervisor and the Company Nurse Injury Hotline is called.
Completion of “Employer’s Report of Occupational Injury or Illness” Form 5020, Revision 5 and submission of the completed report to the Division of Labor Statistics and Research within five (5) days of the occurrence.
If appropriate, completion of the “Doctor’s First Report of Occupational Injury or Illness” which can be obtained in the Human Resources Department.
The supervisor conducts an initial investigation and distribute reports according to procedures.
The supervisor conducts a short meeting with employees to review the investigation results and discuss preventive measures.
The injured employee is provided with an “Employee’s Claim for Workers’ Compensation Benefits”
ACCIDENT OCCURS – SERIOUS INJURY OR DEATH: The following action is required:

- The incident is reported to the supervisor and the Company Nurse Injury Hotline is called.
- CAL/OSHA must be notified immediately by telephone or fax
  - Redding Cal/OSHA Office (530) 224-4743
- Completion of “Employer’s Report of Occupational Injury or Illness” Form 5020, Revision 5 and submission of the completed report to the Division of Labor Statistics and Research within five (5) days of the occurrence
- Completion of the “Doctor’s First Report of Occupational Injury or Illness”
- The supervisor conducts an initial investigation and distributes reports according to procedures
- The supervisor conducts a short meeting with employees to review the investigation results and discuss preventive measures

DESCRIPTION

- Cal/OSHA regulations require that employers must report any **Serious Injury/Illness or Fatality** to the nearest Cal/OSHA District Office within **8 hours** of knowledge. If the employer can prove that extreme circumstances exist, the timeframe increases to 24 hours.
- A **Serious Injury/Illness** is defined as any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway. (CCR Title 8, Section 330). Section 385 of the Penal Code relates to serious injuries/accidents or fatalities due to high voltage electrical operations.
- The **8 hour** timeframe begins when the employer knows or “with diligent inquiry” would have known of the serious injury/illness or death. The employer means someone of management or supervisory capacity.
EMPLOYEE TRAINING

The District implements and maintains an Occupational Safety and Health Training Program for all employees. The training program is intended to train and instruct employees in general safety and health work practices and to provide instruction with regards to hazards specific or unique to each employee's job.

The Human Resources Department job descriptions identify for supervisors the safety and health hazards to which employees under their immediate direction and control may be exposed.

To ensure that all employees receive adequate training, the training program includes at a minimum the following elements:

- All employees must receive training and instruction when the Injury and Illness Prevention Program is first established.
- All new employees must receive appropriate training by their supervisor prior to assignment to jobs having hazards covered under the training program.
- All employees given new job assignments must receive training by their supervisor applicable to new exposures for which training had not been previously provided.
- All employees exposed to new hazards due to the introduction of new substances, processes, procedures or equipment to the workplace must receive training and instruction applicable to the new hazards.
- Employees must receive refresher training whenever the Safety Committee is made aware of new or previously unrecognized hazards and/or when the District feels it is appropriate.
- Documentation will be maintained by Human Resources.

Training and instruction are to be provided in any format or media approved by the Safety Committee and which is readily understandable to all employees. Training formats and/or media may include but not be limited to:

- Seminars
- Workshops
- Manuals
- Booklets
- Video, film or other visual media
- Meetings
Any supervisor who conducts training should send documentation to Human Resources e-mail. Employees attending or receiving training mandated by this program shall be required to sign an attendance sheet. Supervisors and employees who refuse or fail to attend or participate in the District sponsored training are subject to disciplinary procedures under existing District policy.

To ensure that employees receive complete training and instruction, general safety and health training are included but not necessarily limited to the following:

- General safe work practices
- Access to exposure and medical records
- Emergency action plan
- Fire prevention plan
- Portable fire extinguishers
- Employee/building occupant alarm systems

General safe work practices
At a minimum, all employees will be trained in the following:

- Fire safety, evacuation, fire extinguisher, and emergency procedures
- Hazard communication - right to understand GHS(global harmonized system) & SDS (safety data sheets)
- Blood-borne pathogens
- Injury and Illness Prevention Program
- Mandated Reporter
- AB 1825 sexual-harassment (only for supervisor, manager, and director employees)

Example of information and training which may cover hazards unique or specific to individual jobs may include but not be limited to the following:

- Standard operating procedures for specific equipment or jobs
- Servicing of single, split and multiples rims or wheels
- Personal safety devices and safeguards
- Industrial trucks including forklifts
- Power operated presses
- Gas systems for welding and cutting
- Noise – when noise levels are at or exceed 85dB over an eight (8) hour TWA
- Respiratory protective equipment
- Airborne contaminants
- Confined spaces
- Changing and charging storage batteries
- Occupational exposure to hazardous chemicals in laboratories
- Hazard communication
- Asbestos
- Regulated carcinogens
- Lead exposures
- Lockout/tag-out procedures
- Excavation and trenching
- Self-propelled aerial work platforms or devices

If deemed appropriate by the Safety Committee, the District may develop and implement programs to cover first aid and fire brigades. If either one or both of these programs are implemented, then employees participating receive appropriate training.
RECORD KEEPING

Record keeping of essential data is important as it documents critical activity taking place as part of the Injury and Illness Prevention Program. Record keeping is mandatory for the following:

- Workplace Inspections
- Employee Occupational Safety and Health Training
- Occupational Injuries and Illnesses
- Recognition and Disciplinary Actions
- Safety Communication

The Vice President for Administrative Services is responsible for ensuring that all relevant records are completed and kept as required by this program and/or CAL/OSHA. The record keeping activities may require the involvement of other departments such as the Human Resources Department.

Workplace inspection records are kept for all scheduled, periodic inspections. Records will include at least one of these items:
- Functional area inspection by individuals
- Safety Committee inspections
- SWACC inspection

These records must include at minimum:

- Date of inspection
- Work areas inspected
- Name of person(s) conducting the inspection
- The unsafe conditions and work practices which have been identified
- Action taken to correct the identified unsafe conditions

Records are kept for all Safety and Health Training provided to employees. These records are kept in the Human Resource Office for each employee and must include at minimum:

- Employee Name
- Date of training
- Type of training provided
- Training provider(s)
Records are maintained by the Human Resources Department of all recordable occupational injuries and illnesses for that site. Recordable losses are losses which result in lost work time of at least a full day or shift beyond the date of occurrence or which requires medical treatment beyond first aid. The records or log must meet the following requirements:

- Each recordable loss is entered as soon as possible, but in no case later than six (6) working days after discovery that a recordable loss has occurred
- Records are kept on a calendar year basis

A supplementary record for each occupational injury and illness is available at each site within six (6) working days after the District has received information of a recordable loss. Supplementary records may be kept with any of the following at the discretion of the Vice President, Administrative Services, as applicable:

- California Division of Labor Statistics and Research Form 5020, Revision 3, 4 or 5
- Federal OSHA Form 101, supplementary Record of Occupational Injuries and Illness
- Internal records such as a supervisor’s report of occupational injury, provided the report contains all of the information required on Federal OSHA Form 101

All records by this section are maintained by the District for at least five (5) years following the end of the year to which they relate. Should any employee work less than one (1) year for the District, the District may at its option provide records of training to that employee upon termination in lieu of maintaining records within the District as long as the transfer is documented.
Appendices
SAFETY COMMITTEE RESPONSIBILITIES

The District’s Safety Committee is responsible for implementing and maintaining all aspects of the District’s Injury and Illness Prevention Program including:

- Act as liaison between management and outside safety agencies;
- Establish minimum safety standards, rules and regulations, and ensure employees are aware of these regulations;
- Ensure that safe practices and conditions are established;
- Establish training programs for all employees and supervisors;
- Establish and preside over a safety committee comprised of department managers, and key employees;
- Verify and post emergency phone numbers for police, fire and medical;
- Develop an emergency evacuation and response plan for fire, earthquake or other disaster;
- Follow-up on the completion of safety recommendations of the safety consultant;
- Follow all OSHA record keeping and accident reporting requirements;
- Maintain web page and e-mail with required safety information such as Workers’ Compensation, reporting of accidents and how to get medical help.
VICE PRESIDENT FOR ADMINISTRATIVE SERVICES

- Review all supervisors reports of accidents, and see that recommendations are acted upon. Use these reports for analysis of accident trends.

- Coordinate all risk control activities.
MANAGERS AND SUPERVISORS

Department managers and supervisors are considered the key link between the Safety Program and District employees. The duties and actions of these managers and supervisors are critical in assuring that the overall Injury and Illness Prevention Program works. Each department manager and supervisor is responsible for employee health and safety in his/her department or section and thereby has the authority to enforce appropriate parts of the Injury and Illness Prevention Program.

The department managers’ and supervisors’ duties and responsibilities include:

- Instruction of employees in general safe work practices and on hazards unique to specific job assignments;

- Supervision of employees to ensure that safety policies, rules and regulations are not violated;

- Supervision to ensure that employees use appropriate personal protective and safety equipment when required and that such use is in accordance with operating instructions;

- Ensure that unsafe acts or conditions are brought to the attention of the immediate supervisor, area administrator or appropriate Vice President, and the Safety Committee;

- Attend specialized training program when offered by the District for supervisors and key employees;

- Complete the “Supervisor’s Report of Accident” as specified in Section 7 of this Plan, when necessary;

- Follow-up accident investigations by providing department employees with a synopsis of the accident and what precautions are necessary to prevent a recurrence;

- Conduct periodic inspections of the workplace when directed by the Safety Committee.

- Maintain adequate first aid supplies
EMPLOYEE RESPONSIBILITIES

The District is taking action to ensure a safe and healthful workplace and to ensure compliance with State, Federal and local safety regulations. To assure that the District’s program works, each employee should act in a manner which protects his/her health and welfare as well as that of co-workers, other District employees, students, visitors and the general public (when job duties extend beyond a District site).

Each District employee’s safety responsibilities include:

- Attending or participating in District provided training and information programs;
- Following all District safety rules and regulations and applying safe work practices to all jobs;
- Reporting safety hazards to his/her immediate supervisor, the appropriate administrator or the Safety Committee;
- When appropriate, providing recommendations on how to eliminate or reduce a discovered safety hazard.
NAME OF INJURED: _____________________________________________________________

JOB TITLE: ________________________________________________________________

TIME EMPLOYEE BEGAN WORK _________ TIME REPORTED _________________

DATE OF INCIDENT: ________________ TIME REPORTED _______________________

PHOTOS Y/N

DATE REPORTED: ___________________ HOUR: ______________________________

ACCIDENT LOCATION ADDRESS _____________________________________________

WITNESSES: NAMES AND CONTACT NUMBERS

1. ________________________________________________________________

2. ________________________________________________________________

TIME NOTIFIED BY EMPLOYEE __________ TIME ON SCENE _________________

SCENE __________

FIELD INVESTIGATION

EXACT LOCATION OF INCIDENT _____________________________________________

Completely describe location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident

Describe injuries / illnesses which you observed or which were described to you: __________

Describe demeanor of person involved and include statements made as “Excited Utterances”: _______________________

Describe shoes, physical appearance or any other characteristic that would contribute to understanding how the accident occurred: ____________________________
Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence: __________________________________________________________
______________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Steps taken to prevent similar incident: __________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Did employee leave work? (Check one) Yes_______ No______
Time left work ______ a.m./p.m.
Did employee return to work? (Check one) Yes_____ No_____ 
Time Returned to work __________ a.m./p.m.
Did employee seek medical care? (Check one) Yes_________ No_________
If yes, name of medical facility/Doctor: ________________________Date_________________
__________________________________________________________
Supervisor’s or Investigator’s Signature Date
Employee Incident Report

EMPLOYEE INFORMATION

Name: ________________________________  S #: S000 __________________
Job Title: ________________________________  Department: __________________
Work Phone #: ____________________________  Time you began work on the day of the incident: __________________
What hours do you normally work? (please indicate a time frame (i.e.: 8:00-4:30) __________________

INCIDENT INFORMATION

DATE OF INCIDENT: __________________ TIME OF INCIDENT: __________________
DATE REPORTED: __________________ TIME REPORTED: __________________
Incident initially reported to: __________________ Phone #: __________________
Were you performing your normal occupation at the time of the incident?  Yes  No
If no, please explain: __________________

Location where incident occurred (please include physical address): __________________

Were there any witnesses?  Yes  No
If yes, list names and contact numbers: __________________

Were there any safety hazards?  Yes  No  If yes, please explain: __________________

How did the incident happen? Describe specific activity you were performing at the time incident occurred, including, tools, equipment, or materials used: __________________

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

A-7
Describe the part of body affected & how affected (please be specific with how your injury is affecting you, i.e.: sprain, fracture, contusion, etc.)

Have you injured this part of your body previously?  
☐ Yes  ☐ No
If yes, please explain:

Did you leave work following the incident?  
☐ No  ☐ Yes
If yes, what date and time did you return?
Date: ___________ Time: ___________

Have you previously filed an injury claim?  
☐ No  ☐ Yes  Date/Details: ___________

IMPORTANT INFORMATION

Do you require medical attention now?  
☐ Yes  ☐ No

Please sign and date below and give this form to your Supervisor or site office immediately. Unless this is a true medical emergency, you may not seek treatment before consulting with the HR Department.

If medical attention is not needed now for this incident, but is necessary at a later date, you MUST contact Human Resources at 530-938-5317 prior to seeking or obtaining treatment.

Failure to report occupational injuries in a timely manner may result in a delay of any possible workers’ compensation benefits while College of the Siskiyous and the insurance carrier investigate your claim.

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

Employee  signature: ___________ Date signed: ___________

Name of person completing this form if employee is unable to do so:
Signature: ___________ Date signed: ___________
Job Title: ___________ Phone #: ___________
*If you are involved in a Motor Vehicle Accident you will also need to fill out an INS-8 form and return it with this form.
Please indicate if you have filled out the INS-8  □ Yes  □ N/A
form:

RETURN COMPLETED REPORT TO THE HUMAN RESOURCES OFFICE
OR
FAX THIS COMPLETED REPORT IMMEDIATELY TO 530-938-5380

DO NOT DELAY IN REPORTING INJURIES TO THE HUMAN RESOURCES DEPARTMENT

Interpreter or Witness (if any): ____________________________________________________________