



County of Los Angeles
CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA
Chief Executive Officer

May 17, 2011

To: All Department Heads

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

DEPARTMENT SELF-ASSESSMENT TOOL FOR LOSS CONTROL AND PREVENTION

The Board of Supervisors (Board) remains committed to reducing risk management costs in County departments. In part, this requires departments to have programs in place to identify, mitigate, or eliminate risk exposures that can lead to general and vehicle liability claims, workers' compensation claims, and property losses.

The Chief Executive Office (CEO) developed another *Departmental Self-Assessment Tool for Loss Control and Prevention* (see attached) to assist departments in assessing compliance with California Division of Occupational Safety and Health (known as Cal/OSHA) required programs and best practices in areas identified as cost drivers common to a majority of departments, or fundamental to a sound safety program. New subjects covered in this assessment include fire safety, bloodborne pathogens, confined space, respiratory protection, hearing conservation, and laboratory safety.

To further support the Board's emphasis on risk management, each department shall electronically submit a completed *Departmental Self-Assessment Tool for Loss Control and Prevention* to Steven NyBlom, Manager, CEO Risk Management Branch (RMB), by June 15, 2011. RMB will provide the electronic version of the document to each department's Risk Management Coordinator by May 20, 2011, and post a copy on the RMB Intranet site at: <http://riskmanagement.mylacounty.info/>. Departments are welcome to visit this site for model programs, safety bulletins, and other useful resource materials.

If your staff has any questions or needs assistance in completing the *Departmental Self-Assessment Tool for Loss Control and Prevention*, please have them contact Steven NyBlom at (213) 351-5346 or snyblom@ceo.lacounty.gov.

If you have any questions, please contact Ellen Sandt at (213) 974-1186 or esandt@ceo.lacounty.gov.

WTF:ES
LM:SEN:km

Attachment

i:/RMB Secs/WTF/M to All Dept Heads re Dept. Self-Assessment Tool for LCP 5-17-11.docx

"To Enrich Lives Through Effective And Caring Service"
**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**



County of Los Angeles
Department: _____

Rater: _____

Date: _____

DEPARTMENTAL SELF-ASSESSMENT TOOL FOR LOSS CONTROL AND PREVENTION

Fire Safety Program Title 8, California Code of Regulations, Section 6151 (T8 CCR §6151)		Yes	No	NA
1	Are portable fire extinguishers mounted and readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are portable fire extinguisher locations identified with labels or signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are portable fire extinguishers visually inspected every month to ensure they are in a fully charged and operable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are portable fire extinguishers serviced/maintained on an annual basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are employees trained to use fire extinguishers in their work area(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are hallways and doors used as emergency exits at least 24-inches wide and free of obstructions that would hinder egress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are exit and directional signs illuminated and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are exit and directional signs installed at every exit door, at the intersection of corridors, at exit stairways or ramps, and where necessary to inform occupants of exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are dead-end hallways, and doors that open to dead-ends, marked as "NOT AN EXIT"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10*	Do coffee pots, space heaters, and other heating devices have timers or tip switches to prevent them from becoming a fire hazard if left unattended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are evacuation diagrams posted throughout the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Is clearance maintained (18-inches) below and around sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloodborne Pathogens (BBP) Title 8, California Code of Regulations, Section 5193 (T8 CCR §5193)		Yes	No	NA
13	Do employees have occupational exposure to blood or other potentially infectious materials (OPIM)? If "No" please mark "NA" on all remaining questions in this section and proceed to the next section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Does the department have a written Exposure Control Plan which is designed to eliminate or minimize employee exposure to blood or OPIM in accordance with T8 CCR §5193 (c)(1)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Is the Exposure Control Plan reviewed and updated at least annually? What is the date of last revision? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Has an exposure determination been conducted to identify job classifications in which all employees have exposure to blood or OPIM and job classifications in which some employees have exposure to blood or OPIM (Specific tasks that generate exposure have to be identified on a separate list)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Recommended practice, policy, or guideline

Bloodborne Pathogen (continued)		Yes	No	NA
17	Has a Sharps Injury Log been developed to record each incident involving a sharp? If "No" please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Are Universal Precautions observed to prevent contact with blood or OPIM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Are engineering and work practice controls used to eliminate or minimize employee exposure to blood or OPIM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Is personal protective equipment (PPE) provided to employees where exposure to blood or OPIM exists after the institution of engineering and work practice controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Does the use of needles and sharps include engineered sharps injury protection? If "No" please explain on last page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Are prohibited practices established and communicated to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Are sharps containers easily accessible to personnel and located as close as possible to the immediate area where sharps are used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Are warning labels affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM, and all other containers used to store, transport, or ship blood or OPIM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Are hand-washing facilities readily accessible to employees? When not feasible, are antiseptic hand cleaners or antiseptic towelettes provided to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Within 10 days of initial assignment, is the hepatitis B vaccination series made available to employees who have exposure to blood or OPIM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Is annual training provided to employees who have occupational exposure to blood or OPIM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Are records established and retained for all BBP related training, hepatitis B vaccinations, and post exposure evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection Program Title 8, California Code of Regulations, Section 5144 (T8 CCR §5144)		Yes	No	NA
29	Do employees work in environments with hazardous levels of airborne contaminants? If "No" please mark "NA" on all questions remaining in this section and proceed to the next section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Are all feasible engineering controls utilized to minimize airborne contaminants and maintain exposures below Cal/OSHA Permissible Exposure Limits (PELs)? If "Yes" proceed to next section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Does your department have a written Respiratory Protection Program which addresses all nine elements required by Cal/OSHA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Does the program identify an administrator who is thoroughly familiar with Cal/OSHA's respiratory protection standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Are hazards evaluated to determine the type of respirator and filters/cartridges necessary to provide adequate respiratory protection to staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Has a replacement schedule been established to ensure filters/cartridges are replaced as necessary to maintain their effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Are employee medical evaluations provided as required by Cal/OSHA? For additional information, refer to page 4 of "Guidelines for Employee Medical Testing" at http://ceo.lacounty.gov/OHP/pdf/Guidelines%20Employee.pdf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Is the seal between the respirator and employee's face leak-tested annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Respiratory Protection Program (continued)		Yes	No	NA
37	Is respirator training provided to employees annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Are records of all respirator related training, medical evaluations, and fit testing retained as required by regulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	If your department is subject to the Aerosol Transmissible Disease (ATD) regulation, has the respiratory protection program been expanded to include applicable ATD requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Conservation Program (HCP) Title 8, California Code of Regulations, Sections 5095 – 5100 (T8 CCR §5095-5100)		Yes	No	NA
40	Are there any operations that produce background noise loud enough to require employees to shout over the noise to be understood by someone just an arm's length away? If "No" please mark "NA" on all remaining questions in this section and proceed to the next section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Have employee noise exposures ever been evaluated? If "No" skip to question 43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Are employees exposed to noise equal to or exceeding the action level as defined in the regulation (85 dBA-TWA or a dose of fifty percent)? If "No" mark "NA" on all remaining questions in this section and proceed to the next section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Does the department have a written HCP? If "No" please mark "NA" on questions 44-51.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Does the HCP include monitoring of employee's noise exposures by either area or personal monitoring that is representative of the employee's exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Are all employees who participate in the HCP trained initially when there is a noise exposure at the action level, and annually thereafter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Does the HCP include an audiometric testing program (which establishes a baseline audiogram) made available within 6 months of an employee's first exposure at or above the action level and at least an annual audiogram thereafter? Provide a list of classifications for which audiograms are required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Does the audiometric testing program meet the requirements of T8 CCR §5097(c)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Does the HCP include an evaluation of the annual audiogram (compared to the employee's baseline) to determine if a standard threshold shift exists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Are employee standard threshold shifts recorded on your Cal/OSHA Log Form 300 and 300A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	When the action level is reached during an operation, are engineering and administrative controls established to minimize/eliminate the noise exposure? If not feasible, is hearing protection provided to employees to attenuate the noise exposure to acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Are records established and maintained for exposure measurements, audiometric tests, training, and calibration of noise monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Safety Title 8, California Code of Regulations, Section 5191 (T8 CCR §5191)		Yes	No	NA
52	Are employees engaged in the use of hazardous chemicals in a laboratory? If "No" please mark "NA" on all remaining questions in this section and proceed to the next section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laboratory Safety (continued)		Yes	No	NA
53	Does your department have a written chemical hygiene plan or laboratory safety manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Has an inventory of hazardous chemicals used in laboratory been developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Is a material safety data sheet (MSDS) available for each material on the hazardous materials inventory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Are MSDSs accessible to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Are MSDSs for discontinued (no longer used) products maintained for at least 30 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Are hazardous substances stored in labeled containers (manufacturer or other internal label)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Are employees using Cal/OSHA regulated carcinogens, such as methylene chloride and formaldehyde, or other chemicals known to be carcinogens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Has employee exposure monitoring been conducted for Cal/OSHA regulated substances or other highly toxic chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Are employees trained in accordance with the requirements of the regulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Are employees provided an opportunity to receive medical attention or consultation when developing signs or symptoms associated with a hazardous chemical in the laboratory, when exposure monitoring reveals an exposure above the action level or exposure limit, or whenever an event takes place in the work area such as a spill, leak, or other occurrence resulting in the likelihood of a hazardous exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Does the department have a medical surveillance program to monitor employees' health where exposure levels exceed Cal/OSHA regulatory limits? Refer to Guidelines at http://ceo.lacounty.gov/OHP/pdf/Guidelines%20Employee.pdf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Are employee exposure and medical records maintained and preserved for at least the duration of employment, plus thirty (30) years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Are laboratory fume hoods available where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Is the performance of laboratory fume hoods tested annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67*	Is the quality and quantity of ventilation in the laboratory regularly evaluated or re-evaluated whenever a change in local ventilation system is made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Are emergency eyewashes and/or showers installed and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Are emergency eyewashes and/or showers inspected on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Is there a written spill control plan or policy which includes prevention, containment, cleanup, and reporting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Are spill control supplies readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Is there a hazardous waste disposal program in place to specify how waste is to be collected, segregated, stored, transported, and properly disposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Are chemically resistant trays used as secondary containment for storing chemicals in breakable containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Recommended practice, policy, or guideline

Laboratory Safety (continued)		Yes	No	NA
74	Are regular chemical hygiene and housekeeping inspections conducted? How often? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	Are flammable storage cabinets available to store flammable chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Spaces Title 8, California Code of Regulations, Section 5156 – 5158 (T8 CCR §5156-5158)		Yes	No	NA
76	Does your department have confined spaces? If “No” please mark “NA” on all remaining questions in this section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	Has an inventory of all the confined spaces been developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Do tasks require employees to enter confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Does your department have a written Confined Spaces Program? If “Yes” provide the date of last time it was revised? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Are employees trained in accordance with the requirements of the regulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Is air monitoring performed (using a four gas meter) before employees enter confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82	Have employees been trained on the use of air monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Is air monitoring equipment maintained per the manufacturer’s specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	Is air monitoring equipment bump tested before each use/or on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Are records of air monitoring readings recorded on a log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Are employees allowed to enter Permit-Required Confined Spaces? If you mark “Yes” please answer Question 89 through 95. If “No” please mark “NA” on all remaining questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Are appropriate signs posted in permit-required confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Does the department issue permits before entering permit-required confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Is continuous forced air ventilation used when entering permit-required confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Is a method of communication required and used by the entrants during entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Does one member of the rescue team hold current certification in first aid and CPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	Are retrieval systems available and in use by entrants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	Is training provided to the rescue team members once every 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Model safety and health programs, policies, procedures, guidelines, safety bulletins, and training information are available for download on the Chief Executive Office Risk Management Branch

Intranet site: http://riskmanagement.mylacounty.info/lcp_resource.asp.

****** Details and Comments on next page ******

* Recommended practice, policy, or guideline

