COUNTY OF LOS ANGELES

PROBATION DEPARTMENT

DIRECTIVE

No.:	**1498**
Issued:	7/14/2023
Post Until:	8/14/2023

SUBJECT: Injury and Illness Prevention Program

The Probation Department is committed to providing a safe environment for its members and visitors and to minimizing the incidence of work-related illness and injury. The Department will establish and maintain an illness and injury prevention plan and will provide tools, training, and safeguards designed to reduce the potential for accidents, injuries, and illness. It is the intent of the Department to comply with all laws and regulations related to occupational safety. To achieve this goal, all levels of management and supervision are required to ensure the guidelines of this Injury and Illness Prevention Program (IIPP) are followed.

The IIPP is intended to provide guidance for complying with the safe work principles identified in the California Code of Regulation, Title 8, and Section 3203 (8 CCR §3203).

The IIPP pursues this objective through the following eight elements:

- Identify the person(s) with the authority and responsibility for implementing the program.
- Provide a method to ensure employee compliance with safe work practices.
- Provide a system for communicating health and safety information with employees.
- Provide a method for identifying and evaluating workplace hazards and ensuring that safety inspections are routinely conducted.
- Provide a procedure and protocol to investigate occupational injury or illness.
- Provide a procedure and protocol for correcting unsafe conditions and/or practices.
- Provide employees with health and safety training.
- Provide a method for record keeping and documentation.

This Directive applies to all personnel employed by Probation (i.e., temporary employees, part-time employees, and full-time employees). All personnel shall comply with the provisions outlined in this document.

This Directive is separated into eight major sections and includes attachments as outlined below:

- Section A – Responsibilities
- Section B – Employee Recognition and Performance Management

- Section C – Communication
- Section D – Hazard Assessment and Control
- Section E – Occupational Injury & Illness Investigation
- Section F – Hazard Correction
- Section G – Training
- Section H – Record Keeping

Section A – Responsibilities

General Responsibilities

The ultimate authority and responsibility for the safety and health program for all Probation employees' rests with the Department's Risk Manager.

The Safety Officer is assigned the responsibility of the health and safety of Probation employees, guests, vendors, agency partners and serves under the direction of the Risk Manager. All levels of management and supervision share equally in the responsibility for the development, implementation, and maintenance of the IIPP.

Probation Risk Manager

- Approve new or revised employee health and safety programs and policies; and
- Authorize allocation of physical and financial resources necessary to maintain an effective IIPP.

Probation Directors

- Provide support, leadership, and direction for the IIPP.
- Create and modify policy, as required, to maintain an effective IIPP.
- Delegate authority, responsibility, and accountability to appropriate individuals to effectively implement and maintain all IIPP systems for each work location.
- Ensure the IIPP and all other required written environmental health and safety programs have been implemented and are being followed wherever Probation duties are carried out.
- Request physical and financial resources necessary for the correction of environmental health and safety hazards.

- Through discussion with supervisors, evaluate the effectiveness of the IIPP and provide recommendations for improvement to the Safety Officer.

- Actively support the system implemented for communicating with employees on matters relating to employee health and safety.

- Assist supervisors in pursuing corrective performance measures for employees who deviate from environmental health and safety rules and guidelines.

Management/Supervisory Staff

- Ensure that the IIPP and other safety programs are implemented within their section.

- Remain familiar with the Department's work safety policies, procedures, and programs.

- Ensure that each employee is familiar with the department's general safety and health policies and procedures.

- Assist employees in identifying and correcting actual and potential safety and health concerns. All identified safety and health hazard must be reported to management on site and/or to the Safety Officer.

- Identify the physical and financial resources required for the correction of safety and health concerns and inform management of these requirements.

- Notify the Risk Manager and/or Safety Officer of any display of flagrant or consistent disregard for safety and health rules and guidelines by employee(s).

- Ensure employees are trained for the duties assigned to them.

- Conduct accident investigation, in accordance with section 8.2 of this program, complete the Supervisor Work Related Injury/Illness Incident Investigation Form (Appendix C) and Employer's Report of Occupational Injury or Illness, Form 5020, (Appendix D) and submit the completed forms to their assigned Disability Management & Compliance Coordinator.

- Coordinate and conduct periodic inspections of their worksites and forward a copy of the completed Worksite Inspection Form (Appendix F) to the site Director and Safety Officer.

- Maintain occupational safety and hazard information on employee bulletin boards.

- Communicate safety and hazard information to employees when new hazards are identified or when new operations, materials, procedures, or equipment are introduced into the workplace.

- Enforce all Code of Safe Practices.

- Ensure employees' compliance with required personal protective equipment, safety programs and procedures necessary for safe execution of job responsibilities.

Employee

- Follow the guidelines of Probation's IIPP and any other environmental health and safety programs implemented by the Department.

- Protect themselves from recognized and uncontrolled hazards.

- Responsible for conducting safe workplace practices.

- Wear appropriate personal protective equipment (i.e., gloves, respirators, goggles, ear plugs, etc.) as applicable to the circumstance.

- Maintain all equipment in good condition, ensuring all safety guards are in place when equipment is in operation, and report any defective equipment to their supervisor.

- Immediately report all injuries and known safety deficiencies or potentially hazardous conditions that may lead to injury or illness. If the employee's direct supervisor is not available, hazards are to be reported to the next available person in the employee's line of supervision.

- If injured, complete Employee Work Related Injury/Illness Incident Form (Appendix E) and submit completed form to the immediate supervisor.

- Refrain from performing work tasks for which they have not received specialized training (e.g., electrical work, office equipment repair, heavy lifting, building maintenance, etc.).

- Make suggestions for improving or correcting hazardous conditions. Suggestions may be made by informing their immediate supervisor or contacting the Safety Officer at (562) 940-2670.

- Not interfere with the use of any method or process adopted for the protection of any employee, including themself.

Safety Officer (Program Administrator)

The Safety Officer is designated as Probation's IIPP Administrator. The Safety Officer will:

- Initiate and manage the development of comprehensive, written safety and health programs and policies designed to assist employees in protecting themselves, and to comply with regulatory requirements.

- Ensure that Probation's IIPP is reviewed annually and revised if necessary.
- Ensure that all suspected, reported, or alleged safety and health hazards are documented and evaluated, and that all identified hazards are controlled.
- Maintain and review all records and reports pertinent to the program.
- Serve as the liaison between management, employee groups, and regulatory agencies for all Department safety and health issues and activities.
- Ensure safety inspections of work sites and equipment are conducted on a regular basis.
- Conduct periodic site inspections for each Probation site using the Periodic Worksite Inspection Form (Appendix F).
- Post occupational injury statistics (California Occupational Safety and Health Administration (Cal/OSHA) Form 300).

Disability Management & Compliance (DMC) Coordinators (Headquarters and On-site)

- Coordinate with the Risk Manager in all matters dealing with industrial injuries and potential injuries, including ergonomic concerns.
- Summarize monthly data of injuries and illnesses on the OSHA Log 300 (Appendix A). Prepare the OSHA Summary 300 A for posting and keep it posted where employees can see it for the designated period, February 1, through April 30th (Appendix B).

Section B – Employee Recognition and Performance Management

Employee Evaluations

- Supervisors are given the opportunity to evaluate their employees' work habits with respect to safety performance as part of the annual performance evaluation process.
- Supervisors are required to accurately reflect the employee's approach toward safety. Accurate completion of the performance evaluation assists the Department in providing recognition to those employees who perform their work assignment in a safe manner. The evaluation also assists by informing employees of opportunities to improve their work habits as they relate to safety.

Employee Recognition

Safety Certificate of Recognition – Employees who enhance Probation's IIPP through the development of specific safety procedures, or who participate in significant safety and

health activities, will be recognized by the Department for their efforts. The procedures for employee recognition are outlined below:

- An employee who witnesses or becomes aware of a co-worker's extraordinary efforts to improve safety through successfully raising the level of safety awareness in their work area may nominate (in writing) the individual for a Safety Certificate of Recognition (Appendix G). The nomination must be submitted to the recognized employee's supervisor or Safety Officer/Risk Management.

- The Office of Risk Management will review the nomination and determine if a Safety Certificate of Recognition shall be issued. The employee (who submitted the nomination) and the recognized employee's supervisor may be contacted if additional clarifying information is needed.

- If the decision to issue a Safety Certificate of Recognition is established, the Certificate will be routed for appropriate signatures.

- The Bureau Chief, Risk Manager and/or the designee will formally present the Safety Certificate of Recognition to the employee at a regularly scheduled Bureau meeting.

- A copy of the Safety Certificate of Recognition will be placed into the recognized employee's personnel file.

Performance Management

When a plausible allegation is made of an employee's noncompliance with safety rules, the employee's supervisor will carry out an investigation of the alleged compliance concerns. The supervisor shall determine the cause, and coordinate through the chain of command to determine if corrective performance management is appropriate.

Section C – Communication

Employee Bulletin Board Postings

Employee bulletin boards shall be located in visible areas at all work sites occupied by Probation employees. Many questions regarding employee rights and responsibilities can be answered by reviewing the materials posted on these bulletin boards. The following items must be posted on the Employee Bulletin Board:

- Cal/OSHA Poster, Safety and Health Protection on the Job.
- Cal/OSHA Access to Medical and Exposure Records notification, as required where employees may be exposed to any toxic substance or harmful physical agents.
- Cal/OSHA Form 300 A Summary of Occupational Injuries, and Illnesses, posted(February 1st through April 30th).

- Notification of new and/or modified safety procedures.
- Notice of Workers' Compensation Carrier.
- Pay Day Notice.
- Industrial Welfare Commission Orders Regulating Wages, Hours, and Working Conditions.
- Discrimination in Employment is Prohibited by Law poster.
- Notice to Employees of Unemployment and Disability Insurance.

Staff Meetings

Staff meetings with health and safety as an agenda item must allow employees time to discuss workplace health and safety concerns. Meeting minutes should be documented and submitted to the Health and Safety Unit. The meeting agenda may include:

- Status report of recent injuries or illnesses.
- Feedback on previous employee health and safety concerns.
- New safety and health procedures and methods.
- New employee safety and health concerns.
- Other safety and health related issues.

Reporting Unsafe Conditions/Hazards and Employee Safety Suggestions

All employees are encouraged and required to inform management of concerns they have regarding potential hazards of their workplace. The following provides procedures for reporting hazards and submitting suggestions to improve workplace safety.

- The Office of Risk Management/Safety Officer will acknowledge (unless submitted anonymously) receipt of all reports of unsafe conditions and indicate what actions or recommendations will be taken to address each concern. Safety concerns can be reported via telephone at (562) 940-2670 or email at losscontrol@probation.lacounty.gov.

- Supervisors are responsible for implementing corrective action(s) within their jurisdiction.

- The Safety Officer is responsible for facilitating the discussion of safety and health issues brought forth by an employee. The Safety Officer is also responsible for ensuring that all relevant materials/issues are presented to management, including recommendations on how the unsafe condition is to be handled/corrected.

- Employees are advised to immediately report serious hazards to management for immediate action.

Anonymous Hazard Notification by Employees

Open communication between employees and management is encouraged. To provide all employees with an opportunity to inform management of their workplace safety and health concerns without fear of reprisal, various methods of notification have been established. These methods are:

- Employees may discuss their safety concern or suggestion directly with their supervisor or manager. Supervisors or managers are to evaluate each concern or suggestion and discuss and resolve with the Safety Officer.

- Provide written notice of a safety concern to the Safety Officer at the Probation Department Headquarters (Office C01), 9150 Imperial Hwy. Downey, CA 90242, or voicemail at (562) 940-2670. The Safety Officer is to evaluate the safety concern and discuss at the Agency Safety Committee or the Department Risk Management Committee meeting.

- Anonymously inform Chief Executive Office, Risk Management Branch at (213) 351-6406 of the existence of a safety concern.

- Whether contacting the Chief Executive Office, Risk Management Branch or using the written notice/voicemail system, employee notification should indicate:

    - The nature of the concern;
    - The location;
    - The time the concern was first identified;
    - When appropriate, the names of the individual involved.
      Supervisors and managers are responsible for responding to any notices and, if possible, correcting the identified concerns.

Section D – Hazard Assessment and Control

Objectives

The specific objective of hazard assessment and control is to improve the effectiveness of the IIPP. This is accomplished by:

- Reviewing accidents and exposures to provide guidance on how to prevent future incidents, reduce injuries, and in so doing reduce associated workers' compensation costs.

- Evaluating the accuracy of safety and health record-keeping practices.

- Categorizing safety deficiencies for the purpose of identifying hazard occurrence trends so corrective actions can be taken.

- Evaluating the thoroughness and effectiveness of employee safety and health training.

- Conducting walk-through inspections for the purpose of:

    - Improving work-area housekeeping.
    - Identifying and eliminating work area hazards.
    - Complying with Federal, State, Local, and County laws and regulations.

- Document the effectiveness of each division's compliance with the IIPP by completing a written report that identifies areas needing improvement and provide suggestions on corrective actions to be taken.

Inspections

Identifying and evaluating workplace hazards includes periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazard when:

- The program is first established.
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard.
- Whenever the Department is made aware of a new or previously unrecognized hazard.

Periodic Inspections

Each site manager must coordinate and conduct periodic inspections for their respective worksites. A Work Site Inspection Form (Appendix F) must be completed and retained for each inspection.

- The manager must ensure that the Work Site Inspection Form is completed per the frequency noted in the preceding bullet points by either completing the checklist personally or by assigning the responsibility to an employee under his/her direction. The manager must forward a copy of the completed Work Site Inspection Form to the Safety Officer at LossControl@probation.lacounty.gov.

- Upon completion of the inspection, the manager ensures that all identified deficiencies are corrected timely (corrective action taken are to be noted on the Work Site Inspection Form).

Informal Identification and Correction of Safety Concerns

The informal identification and correction of safety concerns allows an employee who identifies a potentially hazardous situation the opportunity to report the hazardous condition to their supervisor and to correct the noted condition.

- Safety deficiencies that do not pose a substantive threat of injury or illness shall be addressed in a timely manner commensurate with the relative risk.

- The supervisor must ensure that known safety deficiencies are appropriately addressed.

Section E – Occupational Injury and Illness Investigation

Reporting Requirements

- Employees must immediately report all work-related injuries or illnesses to their supervisor unless the employee is unable to do so. In this case, the lead worker or coworker must make the notification.
- Upon becoming aware of an employee injury or illness, the supervisor will seek the assistance of emergency services if the injury or illness is of a serious or life-threatening nature.
- The supervisor will assess the need for medical attention if the injury or illness is not of a serious or life-threatening nature. If the supervisor determines that the employee should seek medical attention, the employee will be directed to the closest available medical clinic.
- The supervisor will immediately report any “serious” injury or illness, or death of an employee occurring in the workplace to the Office of Risk Management/Safety Office. The Risk Manager must report the serious injury or illness, or death, to the nearest District Office of Cal/OSHA within eight (8) hours of the occurrence of the incident.

“Serious injury or illness” is defined as: “Any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.”

Injury and Illness Investigation

- The supervisor must investigate each reported injury or illness to determine the cause and implement corrective actions needed to prevent recurrence within 24 hours of receiving the report. Suggested procedures for investigating workplace accidents and hazardous substances exposure include the following:
    - Visit the accident/incident scene as soon as possible.

- Interview injured employees and witnesses.
- Examine the workplace for factors associated with the accident/incident.
- Determine the root cause.
- Implement corrective actions to prevent reoccurrence.
- Record findings and corrective action.
- Take photos/videos of accident scene, if possible.
- Identify who, what, where, when, and why.

- The supervisor must complete a Supervisor Work Related Injury/Illness Incident Investigation Form (Appendix C) and Employer's Report of Occupational Injury or Illness, Form 5020, (Appendix D) clearly indicating the nature of the injury and illness, the cause, and corrective action taken within 24 hours of receiving report of the injury or illness.
- The employee must complete the Employee Work Related Injury/Illness Incident Form (Appendix E) and any corrective action taken and submit the form within 72 hours to the Safety Office at LossControl@probation.lacounty.gov.
- The Disability Management & Compliance Coordinator and Safety Officer will review all information related to the accident including the Supervisor Work Related Injury/Illness Incident Investigation Form and Employer's Report of Occupational Injury or Illness, Form 5020, photographs (if any), witness statement, etc. to assure appropriate recommendations have been made to preclude or minimize future recurrences of incidents with 5 working days of the occurrence. Additional recommendations will be implemented, as necessary.

Prevention Measures

- Prevention measures must be immediately implemented to ensure that similar accidents do not occur. Appropriate communication will be provided to employees regarding hazards for which prevention measures cannot be immediately implemented.
- When required, training and retraining will be provided to address both procedural and behavioral adjustments.

Section F – Hazard Correction

Objective

The objective of the Hazard Correction policy is to provide methods/procedures for correcting unsafe or unhealthy conditions, work practices, and work procedures in a timely manner based on the severity of the hazard.

Procedures

Staff are to identify, evaluate and resolve unsafe work conditions as soon as practical and to be actively involved in providing recommendations to ensure a safe workplace; Hazards are to be corrected when observed or discovered. Priority is to be given when an imminent hazard exists that cannot be abated without endangering employee(s) or property.

Section G – Training

Employees

The Department will provide all employees with basic training modules, new employee safety training/orientation, refresher training and training for new tasks.

- New Employee Safety Training/Orientation - New employees will receive an introduction to the Department's IIPP during an orientation session at the beginning of their service with Probation. This training will consist of, but will not be limited to, the elements listed below:

    - An introduction to the Department's IIPP.
    - Safety and health objectives, Department policy and procedures, and personal application of policy and procedures.
    - Hazard recognition and reporting procedures including Safety Officer contact information.
    - Emergency equipment and procedures.
    - Systems for ensuring safety and health compliance such as recognition, retraining and discipline.
    - Employee rights to a safe and healthy workplace and their responsibilities under IIPP.
    - Other safety and health programs, department policies and procedures.

- New Assignment Orientation - Employees will receive training when given a new assignment, when new material or operation is introduced into the workplace or when a previously unrecognized hazard has been identified. All training will be documented and will ensure the following:

    - Identification and explanation of hazards and consequences of exposure/injury.
    - Explanation of safe operation and/or use of equipment.
    - Specific information to aid employees in the recognition of warning signs or conditions that may result in a hazardous exposure.
    - Methods to avoid injury or exposure associated with the task of operation, if applicable.
    - Emergency procedures and rescue methods, if applicable.

- Reviewing Environmental Health and Safety Subjects - Review of subject material previously presented in comprehensive training will be accomplished through one or more of the following methods:

- Safety/Staff meetings.
- One-on-one supervisor and employee review, or one-on-one review with a member of the Health and Safety Office.
- Repeating comprehensive training session when determined appropriate by the supervisor. Some "appropriate" conditions for an employee to repeat comprehensive training are:
  - When it has been determined by the supervisor or the Safety Officer that the employee does not understand the material.
  - When the employee is due for retraining.

Specialized training may be required before performing certain jobs within Probation. Some of these jobs may include work where equipment service or repair requires that energy sources must be locked out or require the use of specialized tools and equipment. Employees must refrain from performing or participating in tasks that require specialized training (i.e., electrical, computer, or building repairs, etc.) unless they are assigned such tasks and have the requisite training and job duties. Employees who are uncertain if specialized training requirements or qualifications are needed to perform a particular job within the Department are required to discuss their concerns with their supervisor, or with the Safety Officer, Risk Management Branch, (whichever person is most available) before proceeding with the assignment.

Section H – Record Keeping

Training Records

- Directors/Supervisors maintain training records at their respective locations.
- Employees interested in obtaining training history, or a hard copy of a particular document, can request the information through their supervisor or Director.
- Copies of employee safety and health training records are maintained for no less than one (1) year.

Inspection Records

- Each Director must maintain the *Work Site Inspection Forms* for their Facility. Copies of these forms are forwarded to the Office of Risk Management/Safety Office for review.
- Inspection reports are to be maintained for no less than one (1) year.

Injury and Illness Records

- Copies of the *Employer's Report of Occupational Injury or Illness* are forwarded to the Workers' Compensation Third Party Administrator for review and opening of a

claim when the supervisor determines that a claim must be filed. The supervisor of the injured/ill employee must maintain a copy of the report.

- The Office of Human Resources/Disability Management and Compliance Coordinator must maintain the *Employer's Report of Occupational Injury or Illness* and the *OSHA Log 300 for five (5) years.*

Medical Examinations and Record

- All medical examination records and reports are maintained with Occupational Health Programs (OHP) in the Health, Safety and Disability Benefits Division.
- Employee medical information must be obtained for the length of employment plus 3 years.

Safety/Staff Meeting Agendas

- Safety/staff meeting agendas are to be maintained in the facility.
- Safety/staff meeting minutes must be maintained for one (1) year.

Questions or concerns related to this program may be addressed by contacting the Risk Management Office at (562) 940-2670.

Sheila Williams, Deputy Director
Administrative Services and Operational Support

7/14/23
Date

Appendix A

Cal/OSHA Form 300 (Rev. 7/2007) Appendix A

Log of Work-Related Injuries and Illnesses

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)

Year 20__

CAL OSHA

Department of Industrial Relations
Division of Occupational Safety and Health

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local Cal/OSHA office for help.

Establishment name

City State

Identify the person			**Describe the case**			**Classify the case**															
						Using these four categories, check ONLY the most serious result for each case:				**Enter the number of days the injured or ill worker was:**		**Check the "Injury" column or choose one type of illness:**									
						Death	**Days away from work**	**Remained at work**				(M)									
								Job transfer or restriction	Other record-able cases	Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(A) Case no.	(B) Employee's name	(C) Job title (e.g., *Welder*)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., *Loading dock north end*)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., *Second degree burns on right forearm from acetylene torch*)	(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
			month/day							days	days						
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Page totals ➤																	

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ___ of ___

MANUAL HOLDERS: CROSS-REFERENCE YOUR MANUALS TO THIS DIRECTIVE WHERE APPROPRIATE

Appendix B

Cal/OSHA Form 300A (Rev. 7/2007) ***Appendix B***

Annual Summary of Work-Related Injuries and Illnesses

Year 20 __

Department of Industrial Relations
Division of Occupational Safety & Health

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

Injury and Illness Types

Total number of . . .	(M)		
(1) Injuries		(4) Poisonings	
(2) Skin disorders		(5) Hearing loss	
(3) Respiratory conditions		(6) All other Illnesses	

Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.

Establishment information

Your establishment name _____

Street _____

City _____ State ____ ZIP _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

____ ____ ____ ____

Employment information

(If you don't have these figures, use the optional Worksheet to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____ _____

Company executive Title

_____ _____

Phone Date

Appendix C

COUNTY OF LOS ANGELES PROBATION DEPARTMENT
INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)
SUPERVISOR'S INVESTIGATIVE REPORT

PURPOSE: This report is the Department's opportunity to accurately report occurrence of an industrial injury/illness.

SUPERVISOR: Supervisors must investigate each occurrence of an industrial injury/illness. This investigation must include an on-site visit to the location of occurrence, as well as interviewing any witnesses, and referencing any other Departmental report that you are aware of that has a direct reference to the injury/illness. A thorough investigation assists the employee in getting timely medical care or treatment. **This report must be based upon your observations as well as witness statements.** This report should not simply reiterate what the injured employee told you. This report must be submitted to your respective Return-to-Work Coordinator for review and processing with the other completed Employee Injury/Illness Packet material.

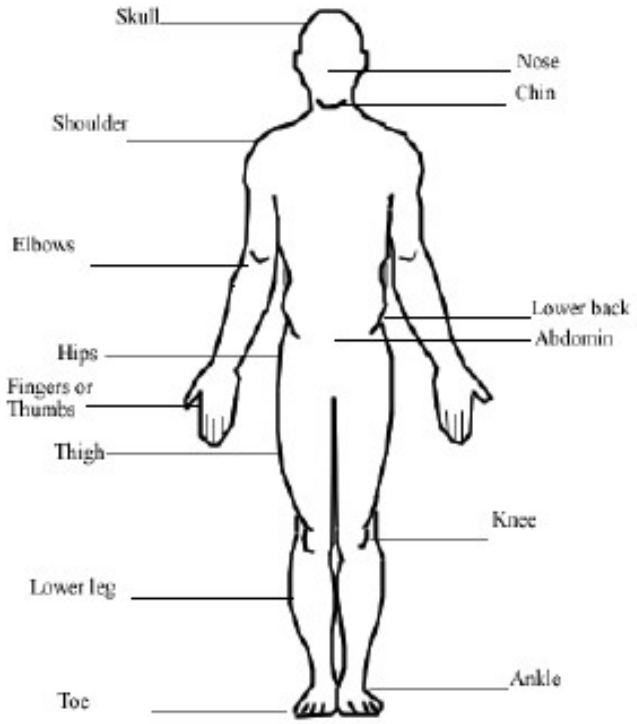
INJURED EMPLOYEE INFORMATION

DATE OF REPORT:	BUREAU/DIVISION:	
EMPLOYEE NAME (INJURED PERSON):		
EMPLOYEE #:	CHECK ONE ONLY: ☐ Peace Officer Status ☐ Civilian Status	ITEM/POSITION HELD:
OUTSIDE EMPLOYMENT STATUS AT TIME OF INCIDENT: ☐ No Outside Employment Reported ☐ Yes Outside Employment Reported (Refer to Employee Report of Accident)		

INCIDENT INFORMATION

DATE OF INCIDENT:	TIME OF INCIDENT:	DATE INJURY REPORTED:
FACILITY/OFFICE:	FACILTY/OFFICE PHONE NO.:	
INCIDENT EXACT LOCATION (i.e.-Administration Building, Unit, Field, Gym, Bathroom, Roof, etc.):		

DESCRIBE THE NATURE OF INJURY/ILLNESS & BODY PART(S) INVOLVED; AND CIRCLE RELATED BODY PART(S) ON THE DIAGRAM ON THE RIGHT (i.e.-lacerations on right hand, swollen left hand, etc.):



WAS THE INJURED EMPLOYEE OFFERED MEDICAL TREATMENT? ☐ Yes ☐ No
DID THE INJURED EMPLOYEE ACCEPT MEDICAL TREATMENT? ☐ Accepted ☐ Declined

HAZARDOUS MATERIALS/COMMUNICABLE DISEASE EXPOSURE:

- DID THE INCIDENT INVOLVE EXPOSURE TO A COMMUNICABLE DISEASE? ☐ Yes ☐ No ☐ Unknown
  - ✓ If yes, what is the name of the disease?
- DID THE INCIDENT INVOLVE EXPOSURE TO A POTENTIALLY HAZARDOUS MATERIAL? ☐ Yes ☐ No ☐ Unknown
  - ✓ If yes, what is the name of the material?
  - ✓ Contact Management Services Bureau staff for a copy of the Material Safety Data Sheet (MSDS) on the material
  - ✓ Attach a copy of the MSDS to this report

If yes to either of the above, notification was made to (check the appropriate box or boxes):

☐ Los Angeles County Department of Public Health-Hazardous Materials/Toxic Substance Unit at (888) 700-9995
☐ Los Angeles County Department of Public Health Department-Communicable Disease Unit at (888) 397-3993

Name of Contact Person: Date/Time:

SAFETY EQUIPMENT IN USE BY THE INJURED EMPLOYEE AT THE TIME OF THE INCIDENT (check all applicable):

☐ Gloves ☐ Goggles ☐ Face Shield ☐ Hard Hat ☐ Safety Shoes
☐ None ☐ Unknown ☐ Other (describe):

DID ANYONE WITNESS THE INCIDENT THAT CAUSED THE INJURY/ILLNESS? ☐ Yes ☐ No
(list witnesses below-attach their statements & findings)

Witness #1-Name (Last Name, First)	Witness #1-Employee No.:	Witness #1-Phone No.:
Witness #2-Name (Last Name, First)	Witness #2-Employee No.:	Witness #2-Phone No.:
Witness #3- Name (Last Name, First)	Witness #3- Employee No.:	Witness #3-Phone No.:

INVESTIGATION NARRATIVE (i.e.-employee's statement, witness statements, your observations, etc.):

Are photos of the scene of the incident attached? ☐ Yes ☐ No

If the injured employee granted permission (see employee's report) to take photos of the injury are the photos attached? ☐ Yes ☐ No

INVESTIGATION CONCLUSION:

☐ In my opinion no further investigation needed
☐ In my opinion there is sufficient information to warrant further investigation

Supervisor's Name (Print):	Signature:	Date:

Appendix D

State of California
EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Please complete in triplicate (type if possible) Mail two copies to:
Sedgwick-County of Los Angeles P.O Box 51350 Ontario, CA. 91761

OSHA CASE NO.

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: Los Angeles County Probation Department
1a. Policy Number
2. MAILING ADDRESS: (Number, Street, City, Zip)
2a. Phone Number
3. LOCATION if different from Mailing Address (Number, Street, City and Zip)
3a. Location Code
4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.: Probation
5. State unemployment insurance acct.no
6. TYPE OF EMPLOYER: ☐ Private ☐ State ☑ County ☐ City ☐ School District ☐ Other Gov't, Specify: _____

Please do not use this column
CASE NUMBER
OWNERSHIP
INDUSTRY
OCCUPATION
SEX
AGE
DAILY HOURS
DAYS PER WEEK
WEEKLY HOURS
WEEKLY WAGE
COUNTY
NATURE OF INJURY
PART OF BODY
SOURCE
EVENT
SECONDARY SOURCE
EXTENT OF INJURY

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)
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: ☐
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)
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
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.
23. Other Workers injured or ill in this event? ☐ Yes ☐ No
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.
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
27. Name and address of physician (number, street, city, zip)
27a. Phone Number
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

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*.

EMPLOYEE

30. EMPLOYEE NAME
31. SOCIAL SECURITY NUMBER
32. DATE OF BIRTH (mm/dd/yy)
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 WHERE WAGES ASSIGNED
38. GROSS WAGES/SALARY $ _____ per _____
39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? ☐ Yes ☐ No

Completed By (type or print)
Signature & Title
Date (mm/dd/yy)

* 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 (CCR 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

Appendix E

COUNTY OF LOS ANGELES PROBATION DEPARTMENT
EARLY RETURN TO WORK PROGRAM
EMPLOYEE'S REPORT OF ACCIDENT

INJURED EMPLOYEE: This report must be completed by the employee and submitted to his/her immediate supervisor as soon as practical.

INJURED EMPLOYEE INFORMATION

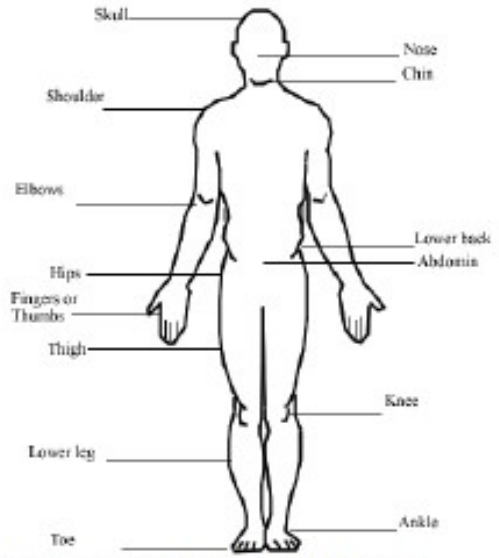
EMPLOYEE NAME (INJURED PERSON):		
EMPLOYEE #:	CHECK ONE ONLY: ☐ Peace Officer Status ☐ Civilian Status	ITEM/POSITION HELD:
DIVISION:	BUREAU:	

INCIDENT INFORMATION

DATE OF INCIDENT:	TIME OF INCIDENT:	DATE INJURY REPORTED:
FACILITY/OFFICE:	FACILTY/OFFICE PHONE NO.:	

INCIDENT EXACT LOCATION (i.e.-Administration Building, Unit, Field, Gym, Bathroom, Roof, etc.):

DESCRIBE THE NATURE OF INJURY/ILLNESS & BODY PART(S) INVOLVED; AND CIRCLE RELATED BODY PART(S) ON THE DIAGRAM ON THE RIGHT (i.e.-lacerations on right hand, swollen left hand, etc.):



DESCRIBE HOW THE INJURY OCCURRED & IF & HOW EQUIPMENT WAS INVOLVED (i.e.-struck by object, fell from chair, etc.):

DO YOU AGREE TO HAVE THE INJURY PHOTOGRAPHED? Yes, I agree____ No, I don't agree____

(Initial) (Initial)

DID ANYONE WITNESS THE INCIDENT THAT CAUSED THE INJURY/ILLNESS? ☐ Yes ☐ No
MUST ATTACH WRITTEN STATEMENTS FROM WITNESS(ES)

Witness #1-Name (Last Name, First)	Witness #1-Phone No.:
Witness #2-Name (Last Name, First)	Witness #2-Phone No.:
Witness #3- Name (Last Name, First)	Witness #3-Phone No.:

CURRENT OUTSIDE EMPLOYMENT

OUTSIDE EMPLOYMENT STATUS AT TIME OF INCIDENT:

☐ No Outside Employment Reported ☐ Yes Outside Employment Reported (Please complete below)

Position Title:	Company Name:	
Company Address:		
Supervisor's Name:	Telephone Number:	Job Category:

Hours worked per week: _____

Duties:

I _____ declare under penalty of perjury under the laws of the State of
Print Employee's Name

California that the above information is true and correct to the best of my knowledge.

Employee's Signature: Date:

Appendix F

LOS ANGELES COUNTY PROBATION DEPARTMENT
FACILITY INSPECTION CHECKLIST

Facility/Office:		
Facility Address:		
Inspector:	**Date of Inspection:**	**Time of Inspection:**

FACILITY INSPECTION CHECKLIST

A	Parking Lots and Exterior	Yes	No	NA
	Paved Areas			
1	Are concrete tire stops free from protruding metal anchor rods?	☐	☐	☐
2	Are parking areas free from potholes, depressions, displacements, cracks or other trip hazards including displacements greater than ½ inch?	☐	☐	☐
3	Are crosswalks and traffic lanes clearly marked?	☐	■	☐
	Landscaping			
4	Is vegetation (trees/shrubs) maintained in a manner to prevent fire hazards, pedestrian injury, and vermin/pest harborage?	☐	☐	☐
5	Are turf areas inspected for holes, exposed roots, etc.?	☐	☐	☐
6	Are sprinkler/standpipe connections clearly marked?	☐	☐	☐
	Facility Surfaces			
7	Is the building address or identification clearly visible?	☐	☐	☐
8	Is the exterior maintained to prevent flaking of paint, stucco, etc... / falling debris from overhead?	☐	☐	☐
9	Are exterior walls free from cracks or other damage?	☐	☐	☐
10	Are windows free from cracks or broken panes?	☐	☐	☐
	General			
11	Are walkways, sidewalks and parking areas adequately illuminated?	☐	☐	☐
12	Are walkways and sidewalks free from depressions, displacements, cracks or other trip hazards including displacements greater than ½ inch?	☐	☐	☐
13	Are walkways and sidewalks free of standing water?	☐	☐	☐
14	If the facility is open at night, is the exterior lighting sufficient?	☐	☐	☐
15	Are fire hydrants accessible and free from obstructions?	☐	☐	☐
16	Are shelves, cabinets, storage racks, etc.., over 5 feet secured from falling?	☐	☐	☐
17	Are pits and floor openings covered or otherwise guarded?	☐	☐	☐
18	Do doors have gaps greater than 1/4" at any openings (particularly along and beneath doors) that may allow vermin to entering?	☐	☐	☐

B	Electrical	Yes	No	NA
1	Are light fixtures in good condition?	☐	☐	☐
2	Are work areas free of overloading (i.e. electrical octopus)?	☐	☐	☐
3	Is clearance provided around electrical panels (36inches in front and minimum width of 30 inches)?	☐	☐	☐
4	Are electrical panels marked with voltage, current, wattage and other ratings?	☐	☐	☐
5	Is a directory provided which indicates the purpose of each circuit breaker?	☐	☐	☐
6	Are openings in the electrical panels guarded and closed?	☐	☐	☐
7	Are electrical panels cool to the touch?	☐	☐	☐
8	Are electrical panels free from evidence of burning?	☐	☐	☐
9	Are GFCI's installed around sinks and other wet locations?	☐	☐	☐
10	Is the use of extension cords prevented, discouraged or limited, and for temporary work only?	☐	☐	☐
11	Are electric cords, plugs, and switches in good repair?	☐	☐	☐
12	Are electrical rooms free from combustible storage?	☐	☐	☐

LOS ANGELES COUNTY PROBATION DEPARTMENT
FACILITY INSPECTION CHECKLIST

13	Are wall plates in place and in good condition?	☐	☐	☐
C	**Fire Protection**	**Yes**	**No**	**NA**
1	Are portable fire extinguishers mounted and readily accessible?	☐	☐	☐
2	Are portable fire extinguisher locations identified with labels or signs?	☐	☐	☐
3	Are fire extinguishers inspected monthly and recharged annually?	☐	☐	☐
4	Are fire doors in good operating condition?	☐	☐	☐
5	Is proper clearance (18 inches) maintained below sprinkler heads?	☐	☐	☐
6	If building is equipped with an automatic sprinkler system, is the main control valve accessible?	☐	☐	☐
7	Is the sprinkler system tested on a regular basis and documented?	☐	☐	☐
D	**Exiting or Egress**	**Yes**	**No**	**NA**
1	Are exit doors unlocked during business hours and kept free of obstructions?	☐	☐	☐
2	Are signs equipped with back-up battery operation for power-outages?	☐	☐	☐
3	Are doors or stairways that are neither exits nor access to exits and which could be mistaken for exits, marked "NOT AN EXIT" or in such a way that they will not be mistaken for exits?	☐	☐	☐
4	Where stairs or stairways exit directly into any area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?	☐	☐	☐
5	Are exit signs clear, lit and visible from a distance of 30 feet (5-inch height minimum for lettering)?	☐	☐	☐
6	Are evacuation diagrams posted throughout the building?	☐	☐	☐
7	Are emergency lights tested periodically and documented?	☐	☐	☐
E	**Walkways and Stairways**	**Yes**	**No**	**NA**
1	Are aisles and walkways at least 24 inches wide?	☐	☐	☐
2	Are aisles and walkways kept clear and free of obstructions?	☐	☐	☐
3	Are changes of direction or elevations readily identifiable?	☐	☐	☐
4	Are guardrails provided where surfaces are elevated more than 30 inches above any adjacent level or ground?	☐	☐	☐
5	Are steps on stairs and walkways designed and maintained with slip-resistant surfaces?	☐	☐	☐
6	Are handrails in place and properly secured?	☐	☐	☐
7	Are holes in the floor, sidewalk, or other walking surface repaired properly, covered, made safe?	☐	☐	☐
8	Are grates or similar covers over floor openings, such as floor drains, in good repair?	☐	☐	☐
F	**General Interior Work Environment**	**Yes**	**No**	**NA**
	Structures, Floor, Fixtures & Furnishings			
1	Are carpets/floors free of buckles, tears, cracks or trip hazards?	☐	☐	☐
2	Is ceiling free from leaks, loose tiles or others signs of damage?	☐	☐	☐
3	Are the walls free from cracks or other damages?	☐	☐	☐
4	Are shelves, cabinets, storage racks, etc. over 5 feet secured from falling?	☐	☐	☐
5	Are designated smoking areas properly identified?	☐	☐	☐
6	Are there any broken chairs, desks, file cabinets or other furniture?	☐	☐	☐
	Operations, Maintenance & Storage			
7	Are workstations / worksurfaces clean and orderly, with trash being removed from the building daily?	☐	☐	☐
8	If materials are stored on top of shelves, bookcases, etc., is it secured from falling?	☐	☐	☐
9	Are containers of hazardous materials/chemicals stored in designated areas (i.e. chemical cabinets)	☐	☐	☐
10	Are containers of hazardous materials/chemicals properly labeled?	☐	☐	☐

LOS ANGELES COUNTY PROBATION DEPARTMENT
FACILITY INSPECTION CHECKLIST

11	Are furnace/boiler rooms free from combustible storage?	☐	☐	☐
12	Are toilets, washrooms, restrooms facilities kept clean, sanitary and appropriately stocked?	☐	☐	☐
13	Are toilets, washrooms, restrooms facilities kept free of damages? (i.e. leaking pipes/toilets/showers)	☐	☐	☐
G	**Medical Services and First Aid**	**Yes**	**No**	**NA**
1	Are first aid kits accessible to each work area, with necessary supplies available, inspected monthly and replenished as needed?	☐	☐	☐
H	**Emergency Equipment**	**Yes**	**No**	**NA**
1	Is an emergency eyewash/shower provided for quick flushing/drenching of the eyes and body in areas where hazardous liquids and materials are handled?	☐	☐	☐
2	If provided, is the emergency eyewash/shower free of obstruction and inspected monthly?	☐	☐	☐
I	**Kitchen/Mess hall**	**Yes**	**No**	**NA**
	Ventilation Hoods			
1	Are the ventilation hoods, lights, and filters clean and free of grease?	☐	☐	☐
2	Is the ventilation and lights working properly?	☐	☐	☐
	General Safety			
3	Is there adequate lighting provided in all areas?	☐	☐	☐
4	Are the walk-in coolers kept in good working order?	☐	☐	☐
5	Is the bathroom(s) in clean condition?	☐	☐	☐
6	Is the food facility kept free of vermin (rats, mice, cockroaches, flies) by fully enclosing all access points to prevent vermin entry?	☐	☐	☐
7	Are the food preparation areas kept clean?	☐	☐	☐
8	Is all food waste and rubbish kept in leak proof and rodent proof containers?	☐	☐	☐
9	Are the exterior premises of each food facility kept clean and free of litter and rubbish?	☐	☐	☐
10	Is the garbage kept in refuse bins and the lids should be closed at all times?	☐	☐	☐
J	**Work/Maintenance Shop**	**Yes**	**No**	**NA**
1	Are PPEs (eye, face, hand, foot, hearing, respiratory protection) being used?	☐	☐	☐
2	Are the machine guards completely guarding the moving parts of the powered equipment?	☐	☐	☐
3	Are lockout/tagout procedures present?	☐	☐	☐
4	Are Safety signs posted? (Emergency contact #s)	☐	☐	☐
5	Is an emergency eyewash/shower provided for quick flushing/drenching of the eyes and body?	☐	☐	☐
6	If provided, is the emergency eyewash/shower free of obstruction and inspected monthly?	☐	☐	☐
7	Are ladders in good conditions; joints between steps and side rails tight, hardware and fitting securely attached, and moveable parts operating freely without binding or undue play?	☐	☐	☐
	Loading Dock			
8	For platforms over 30 inches, are the guardrails present?	☐	☐	☐
9	Is the loading dock free from debris?	☐	☐	☐
K	**Recreational**	**Yes**	**No**	**NA**
	Gymnasium			
1	Are aisles and walkways at least 24 inches wide?	☐	☐	☐
2	Is the gymnasium floor free of depressions, displacements, cracks or other trip hazards?	☐	☐	☐

LOS ANGELES COUNTY PROBATION DEPARTMENT
FACILITY INSPECTION CHECKLIST

3	Is there adequate lighting provided in all areas?	☐	☐	☐
	Swimming Pool			
4	Is Safety Equipment present? (17-inch life ring with attached throw rope, 12-inch rescue pole)	☐	☐	☐
5	Are Safety Signs posted? (No Lifeguard, Artificial Respiration & CPR sign, Emergency contact #s, Pool Capacity, No Diving, Caution sign, Diarrhea sign)	☐	☐	☐
6	Are chemical stored in a ventilated locked area?	☐	☐	☐
	Basketball/Volleyball Courts			
7	Are walkways and sidewalks free from depressions, displacements, cracks or other trip hazards?	☐	☐	☐
8	Are walkways and sidewalks free of standing water?	☐	☐	☐
9	Is court free from depressions, cracks or other trip hazards?	☐	☐	☐
L	**Other / Comments / Notes**			
1				
2				
3				
4				
5				
6				
7				

LOS ANGELES COUNTY PROBATION DEPARTMENT
FACILITY INSPECTION CHECKLIST

All conditions which result in a "No" answer, or for any reason need further clarification or comment, shall be documented in the "Details & Comments" Section located at end of the Inspection Checklist.

DETAILS & COMMENTS		
CATEGORY		
Letter	Number	***EXAMPLE***
A	**5**	***SAFETY ISSUE-Tree limbs are in contact with facility roof.***

Attach additional sheets as necessary

Appendix G

COUNTY OF LOS ANGELES – PROBATION DEPARTMENT

SAFETY CERTIFICATE OF RECOGNITION NOMINATION

I nominate the following employee for the Safety Certificate of Recognition:

EMPLOYEE NAME:_____TITLE:_____

EMPLOYEE PHONE NUMBER:_____ SHIFT:_____

FACILITY/BUILDING WHERE EMPLOYEE WORKS:_____

Choose the one (1) category that best describes the reason for the nomination, give details

( ) Employee documented and reported a serious safety hazard, or unsafe procedure.

( ) Employee submitted an effective safety suggestion, which was approved and implemented.

( ) Employee demonstrated emergency skills by applying First Aid, CPR in preventing serious injury or death to a fellow co-worker or visitor.

( ) Employee continually displays a commitment to health and safety.

( ) Other: _____

_____

Explain in Detail: _____
_____
_____
_____

Nominated By: _____ Title: _____ Phone #_____

Signature: _____ Date: _____

Submit Form To: Office of Risk Management/Safety Office
Probation Headquarters, Room C- 01