

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)



San Miguel Joint Union School District
1601 L Street San Miguel
(805)467-3216

Updated DATE:9/4/2025

INJURY & ILLNESS PREVENTION PROGRAM

The San Miguel Joint Union School District, through its administration and management, is committed to the safety of all employees and recognizes the need to identify and prevent employee injuries, accidents and promote employee safety.

I. PROGRAM OBJECTIVES

The primary objective of the Injury and Illness Prevention Program (IIPP) is to reduce work-related employee injuries and accidents as follows:

1. Establish and maintain an effective Injury and Illness Prevention Program
2. Provide a safe working environment
3. Develop safety policies, committees, training, and communications to improve accident and injury prevention
4. Make available written records of safety issues discussed at the safety committee meetings for employees, union representatives, and governmental agencies

II. RESPONSIBLE PERSONS

The following individuals have the authority and responsibility for implementing and maintaining this program.

Superintendent: Karen Grandoli

Assistant Superintendent: NA

Safety Coordinator: Kevin Lee

IIPP Program Coordinator: Kevin Lee

Site administrators, managers, and supervisors are responsible for implementing and maintaining the IIPP in their work areas and answering worker questions about the IIPP. A copy of the IIPP is available from each site administrator.

III. COMMUNICATION

All managers and supervisors are responsible for communicating with all workers assigned to their area of responsibility about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication system may include the following items:

1. New workers complete an orientation to the organization, including discussing safety and health policies and procedures
2. Review of our IIPP Program
3. Training programs
4. Site or department staff attend regularly scheduled safety meetings
5. Safety information is posted or distributed
6. Newsletters and memorandums
7. A system for workers to anonymously inform management about workplace hazards

Ongoing communication is vital in relaying information about the hazards of the workplace. The District's Safety Committee meets at least quarterly, and departments and sites are encouraged to discuss safety at regular staff meetings. These meetings will be the primary means by which safety and health information is relayed to employees. The information shall be presented in a language or manner understandable to each employee. All Safety Committee meeting content will be documented, including, but not be limited to, signed attendance rosters, agenda for items discussed, and minutes of the meetings.

Any relevant safety information will be posted as needed in all employee break rooms, including general safety information or specific information related to an operation area in particular. Other written materials will be given to employees as needed, in a language understandable to them.

Communication is encouraged, and safety suggestions or information about hazards at the worksite may be submitted to any supervisor or administrator without fear of reprisal. The District has also made available a Safety Concern/Suggestion Form (**Appendix A**), which employees may use to submit safety suggestions or information about hazards. Employees can anonymously file a report by writing, calling, faxing, or emailing the IIPP coordinator at:

San Miguel Joint Union School District

Kevin Lee

1601 L Street

(805) 467-3216 ext. 2209

klee@saniguelschools.org

All suggestions or hazard information will be reviewed by the Program Coordinator and discussed at the next District Safety Committee meeting.

All supervisors will conduct ongoing supervision to ensure all employees comply with safe and healthy work practices. All workers, including managers and supervisors, are responsible for complying with the IIPP and safe and healthful work practices. Disregarding safety rules or the IIPP may result in disciplinary action, up to and including dismissal. Generally, the disciplinary action taken will follow the progressive evaluation system established within the District.

The District has a system for recognizing employees who follow safe and healthful work practices. All supervisors and employees are encouraged to notify their supervisor, a member of the District Safety Committee, or one of the IIPP Coordinators if they observe another employee following district procedures and safe and healthful practices. The employee will be recognized at a District Safety Committee meeting.

IV. HAZARD ASSESSMENT AND CONTROL

Facility and work area inspections will be conducted periodically by the appropriate staff for unsafe conditions, work practices, or both. If these conditions exist, they will be identified and documented. Inspections will be performed in the following conditions:

- When a new program is first established
- Whenever new substances, processes, procedures, or equipment that represent a new occupational safety and health hazard are introduced into the workplace
- Whenever an unknown or previously unrecognized risk is evident
- Whenever there is a report of an occupational injury or illness or a near-miss incident

Inspections will be documented using checklists and in-house forms (**Appendix B**). The date and name of the person conducting the inspections, including any defects, will be recorded. Defects will be listed on the in-housework order specifying the problem and indicate if it is a priority by writing the word "Safety" in red print on the top left-hand corner of the work order. Work orders will be reviewed to take the

appropriate actions to address each problem. Items will be handled promptly based on the severity of the hazard. Imminent hazards will be immediately abated, or the operation suspended until corrective measures can be taken.

Any employee may generate a work order as an unsafe or hazardous condition arises or becomes evident. The work orders may be turned into any supervisor.

V. INJURY INVESTIGATION

Reports of occupational injury, illness, or near misses will be investigated. The primary goal of accident investigation is the prevention of similar accidents using knowledge derived from the investigation. Administrative and supervisory personnel are responsible for accident investigation in their areas of responsibility. Supervisors will complete a Supervisor's Accident Investigation Report (**Appendix C**) within 24-hours of notification of the incident.

The report will summarize the incident in specific details, including what happened, where, and how. Also, an explanation of what corrective action should be taken to prevent the incident from reoccurring will be entered into the report.

Procedures for investigating workplace incidents include:

1. Interviewing the injured employee and any witnesses
2. Examining the workplace for factors associated with the incident
3. Determining the cause of the incident
4. Taking corrective action to prevent the incident from reoccurring
5. Recording the findings and action on the Supervisors Accident Investigation Report

VI. TRAINING

Proper employee training is crucial for maintaining safe operations. San Miguel Joint Union School District intends to fully train and inform our employees in all employment areas, including general safety and healthy work practices and hazards specific to their job assignment. Each department manager or site administrator is responsible for ensuring the training of its site employees. All training must be documented using a Training Sign-in Form (**Appendix D**), and individual training records will be placed in the employees' personnel file. All training records will be kept on file for a minimum of three (3) years.

In general, training will be provided when:

1. The program is first established
2. An employee is first hired
3. An employee is given a new job assignment for which training has not been previously given
4. A new substance, process, procedure, or equipment is introduced to the workplace and represents a new hazard
5. Supervisors need to be familiarized with the safety and health hazards to which their employees may be exposed

VII. LABOR/MANAGEMENT SAFETY & HEALTH COMMITTEE

A District Safety Committee has been formed to create and maintain an active interest in employee safety, reduce accidents and near misses, and address and investigate safety issues. This committee will be under the direction of the Program Coordinator. The committee will operate with close contact and communication with the program coordinators, administrators, and department managers. The District Safety Committee at a minimum will:

1. Conduct committee meetings a minimum of once per quarter
2. Prepare written records of safety and health issues discussed, make copies available to all affected employees, and maintain the records on file
3. Review investigations of occupational accidents or near misses and causes of incidents resulting in injury, illness, or exposure to hazardous substances and, where appropriate, submit suggestions to the Program Coordinator for aiding in the prevention of future incidents
4. Review the results of any periodic scheduled facility or site inspections
5. Review investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its inspection and investigation to assist in remedial solutions
6. When appropriate, submit recommendations to help in the evaluation of employee safety suggestions
7. Assist the Program Coordinator in promoting safety by communicating safety and health issues back to each site and department, coordinating training, developing incentive programs, or other special safety programs

VIII. RECORDKEEPING

Actions taken to implement and maintain the program will be documented and held in the District's Safety & Loss Control Manual. These records specifically include:

1. Documentation of scheduled and periodic inspections with the person's name(s) conducting the inspection and the date
2. Any unsafe conditions and work practices identified during the inspections and the action taken to correct the problem
3. Documentation of safety and health training for each employee with their name or other identifier, training dates, training types, and training providers

All the documentation mentioned above will be maintained for a minimum of three (3) years.

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Appendices:

- A. SAFETY CONCERN/SUGGESTION FORM
- B. INSPECTION HAZARD CHECKLIST FORM
- C. SUPERVISOR'S ACCIDENT INVESTIGATION REPORT
- D. TRAINING SIGN-IN FORM

(805)467-3216

APPENDIX A

San Miguel Joint Union School District SAFETY CONCERN/SUGGESTION

Please use this form to report unsafe or uncorrected conditions that could endanger employees or students or make safety or health-related suggestions to the District Safety Committee.

Do not use this form in place of a work order to the maintenance department. Report emergency conditions to your supervisor immediately.

Return this completed form to your supervisor or any member of the District Safety Committee. **You may also report conditions anonymously** by writing, calling, faxing, or emailing the Program Coordinator at:

San Miguel Joint Union School District
1601 L Street San Miguel, CA 93451
(805) 467-3216
klee@sanmiguelsschools.org

Site/School: _____

Today's date: _____ Date condition identified: _____

Your name (optional): _____

Work or office phone number (optional): _____

Has this condition been previously reported? Please circle your response

Yes

No

Unknown

To whom: _____



Nature of concern or suggestion: _____

If a safety concern, where exactly is the hazardous condition or concern:

APPENDIX B

Hazard Checklist / Inspection Form

SCHOOL GENERAL HEALTH & SAFETY INSPECTION CHECKLIST
Checklist for District Safety Committees or Self-Inspection

INSPECTED BY:		SITE:	ROOM:	DATE:
		 = NO HAZARD OBSERVED  = CORRECTIVE ACTION REQUIRED		
<input type="checkbox"/>	<input type="checkbox"/>	HOUSEKEEPING and a sanitary workplace is necessary. Aisles should be kept clean and unobstructed. Storage of supplies and/or equipment should be in a safe, neat, and organized manner to prevent fires, trips, slips, falls, or to prevent stored materials from falling. All work areas should be free from any condition that would create a fire, life safety, and/or emergency evacuation hazard.		
<input type="checkbox"/>	<input type="checkbox"/>	FIRE EXTINGUISHERS , where installed, must be mounted on the wall where all room occupants can find it in an emergency. The extinguisher must be in-service, fully charged, and not blocked. A 3 ft. clearance is required in front of and around all extinguishers. Do not hang items on fire extinguishers such as coats, hall passes, backpacks.		
<input type="checkbox"/>	<input type="checkbox"/>	FIRE ALARMS (ALARM PANELS & MANUAL PULL STATIONS) require at least 3 ft. of clearance in front of and around the devices. Do not paint, block, or cover alarm equipment with cloth or paper.		
<input type="checkbox"/>	<input type="checkbox"/>	DECORATIVE PAPER and student artwork must be limited to approximately 20% of the wall space in each room. Do not cover electrical outlets, switches, alarms, electrical panels, heating or ventilation systems, etc. Do not place or hang anything combustible on doors, windows, ceilings, light fixtures, or from wall-to-wall using wires, cables, or string.		
<input type="checkbox"/>	<input type="checkbox"/>	ELECTRICAL PANELS in classrooms and storage rooms require 3 ft. of clearance in front of and around the panel. Panel doors must remain closed, and do not cover panel doors with combustible materials, such as paper or cloth.		
<input type="checkbox"/>	<input type="checkbox"/>	OVERHEAD STORAGE of equipment and supplies can be a major hazard in the event of an earthquake. All overhead storage should be secured or removed. Shelving lips or railings may be installed to prevent items from falling.		
<input type="checkbox"/>	<input type="checkbox"/>	FILE CABINETS, BOOKCASES, AND OTHER furnishings should be secured to the wall or floor to prevent them from tipping over during an earthquake and injuring occupants and/or blocking access to exits.		
<input type="checkbox"/>	<input type="checkbox"/>	ACCESS TO EXITS must be maintained at all times. Do not block front or back doors of classrooms or offices. All students and staff must have free access to both exit doors in case of an emergency. The pathway to exit doors must be as wide, or wider, than the door itself. Carts, desks, cabinets, equipment, etc. should not impede the evacuation process in an emergency.		
<input type="checkbox"/>	<input type="checkbox"/>	EXTENSION CORDS may only be used for temporary power to approved curriculum devices such as overhead projectors. Extension cords must be unplugged after use and at night. Only use UL approved and grounded (3-prong) cords. Do not extend cords across walls, ceilings, walkways, or under rugs or carpeting.		
<input type="checkbox"/>	<input type="checkbox"/>	POWER BARS or SURGE PROTECTORS must have UL approval and grounded (3-prong cord). Extension cords or other power bars may not be plugged directly into another power bar. Turn off power bars at night or when not in use.		
<input type="checkbox"/>	<input type="checkbox"/>	TV's & AV CARTS must be in good operating condition and roll with ease. Equipment on the carts, such as TV's and other large objects, must be secured to the cart. TV's mounted to walls or ceilings must be secured to the mounting bracket and strapped to the bracket. TV's that are only strapped to the mounting bracket are unsafe.		
<input type="checkbox"/>	<input type="checkbox"/>	CHEMICAL SAFETY all hazardous or toxic chemicals must be stored out of the reach from children or in lockable cabinets. Employees are not permitted to bring any chemical to work without a copy of the Material Safety Data Sheet (MSDS) and prior approval from the site administrator or district safety coordinator. All containers (including water) must be properly labeled with chemical name.		
<input type="checkbox"/>	<input type="checkbox"/>	VENTILATION SYSTEMS & HEATERS work and shall not be covered or blocked. Do not cover or block heater access doors, air vents, air intakes, etc. Do not store anything within three feet (3') of a heater or ventilation system. Portable space heaters are not permitted in classrooms.		
<input type="checkbox"/>	<input type="checkbox"/>	KITCHEN APPLIANCES in classrooms are not recommended. However, they must be used as described by the manufacture and turned off at night and when not in use. Provide 3 ft. of clearance around the appliance and do not store combustible materials, such as paper on top or around cooking appliances. K-6 students should be a minimum of six feet (6') away of cooking demonstrations or hot appliances.		
<input type="checkbox"/>	<input type="checkbox"/>	STORAGE ROOMS such as electrical rooms, boiler rooms, kiln rooms, and heater rooms are not approved for storage of combustible materials. Do not block access to this equipment and maintain a 3 ft. clearance in front of and around the equipment at all times.		
<input type="checkbox"/>	<input type="checkbox"/>	CLASSROOM FURNISHINGS must meet or exceed State Fire Marshall requirements and may contain allergens, insects, pests, etc. Staff should not bring to work household furniture, curtains, partitions, etc.		
<input type="checkbox"/>	<input type="checkbox"/>	LADDERS or stepstools should be available for use. Staff should always use a ladder or a stepstool and never stand on desks, chairs, boxes, or other items.		
<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY PLANS AND EVACUATION routes should be posted in each room.		
<input type="checkbox"/>	<input type="checkbox"/>	OTHER ISSUES OR ADDITIONAL FINDINGS		
<input type="checkbox"/>	<input type="checkbox"/>	OTHER ISSUES OR ADDITIONAL FINDINGS		

APPENDIX C

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

The injured employee's **supervisor** shall complete the Accident Investigation Report immediately following an illness or injury.

Revised 08/2020

Provide as much detail as possible. PLEASE PRINT OR TYPE
PLEASE EMAIL OR MAIL A COPY OF THIS REPORT TO SIPE WITHIN 10 BUSINESS DAYS.

Save

GENERAL DATA

DATE OF REPORT _____

PAGE 1 OF 2

SCHOOL DISTRICT SMJUSD		SCHOOL SITE _____	SITE PHONE _____
EMPLOYEE NAME (PRINT) _____		YEAR OF BIRTH (YYYY) _____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
OCCUPATION (REGULAR JOB TITLE) _____		DATE EMPLOYER WAS NOTIFIED OF INCIDENT _____	DATE THE EMPLOYEE WAS PROVIDED WITH DWC-1 FORM _____
EMPLOYEE USUALLY WORKS ____ HRS/DAY ____ DAY/WEEK ____ TOTAL HRS/WEEK		EMPLOYMENT STATUS (CHECK APPLICABLE STATUS AT TIME OF INJURY) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL	
DATE OF INCIDENT _____	TIME OF INCIDENT ____ : ____ AM ____ : ____ PM	TIME EMPLOYEE BEGAN WORK ____ : ____ AM ____ : ____ PM	IF EMPLOYEE DIED, DATE OF DEATH _____
UNABLE TO WORK AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST DAY WORKED _____	DATE RETURNED TO WORK _____	IF STILL OFF WORK, EXPECTED RETURN DATE _____
IF THE PHYSICIAN IS NOT FROM THE RECOMMENDED MEDICAL CLINICS FOR WORKERS' COMPENSATION INJURIES, DOES THE EMPLOYEE HAVE A FORM ON FILE TO SEE A PERSONAL PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHO TRANSPORTED THE EMPLOYEE TO THE DOCTOR? _____		DID THE INJURY OCCUR ON SCHOOL DISTRICT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, LOCATION OF INCIDENT _____	
WAS THE INCIDENT SCENE VISITED AS PART OF THIS INVESTIGATION? IF YES, BY WHOM? <input type="checkbox"/> YES <input type="checkbox"/> NO _____		WERE PHOTOS TAKEN AT THE SITE OF THE INCIDENT? IF YES, INCLUDE WITH REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR _____			

INJURY/ILLNESS DATA

PLEASE CHECK ALL THAT APPLY

CLASS OF INJURY			
<input type="checkbox"/> FATALITY	<input type="checkbox"/> LOST WORKDAY	<input type="checkbox"/> RESTRICTED WORK	<input type="checkbox"/> MEDICAL ONLY
<input type="checkbox"/> FIRST AID	<input type="checkbox"/> FOR RECORD ONLY		
NATURE OF INJURY			
<input type="checkbox"/> ABRASIONS	<input type="checkbox"/> BURNS	<input type="checkbox"/> CRUSHING	<input type="checkbox"/> FRACTURE
<input type="checkbox"/> AMPUTATION	<input type="checkbox"/> CONCUSSION	<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> HEARING LOSS
<input type="checkbox"/> BITES/STINGS	<input type="checkbox"/> CONTUSION	<input type="checkbox"/> FOREIGN BODY	<input type="checkbox"/> HEAT EXHAUSTION/STROKE
<input type="checkbox"/> HERNIA	<input type="checkbox"/> INFECTIOUS DISEASE	<input type="checkbox"/> LACERATION	<input type="checkbox"/> PUNCTURE
<input type="checkbox"/> MENTAL DISORDER	<input type="checkbox"/> POISONING	<input type="checkbox"/> RASH	<input type="checkbox"/> STRAIN/SPRAIN
<input type="checkbox"/> REPETITIVE MOTION	<input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> OTHER _____	
PART OF BODY AFFECTED		SIDE OF BODY AFFECTED	
<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> ARM	<input type="checkbox"/> CHEST	<input type="checkbox"/> EYES
<input type="checkbox"/> ANKLE	<input type="checkbox"/> BACK	<input type="checkbox"/> ELBOW	<input type="checkbox"/> FINGER
<input type="checkbox"/> FOOT	<input type="checkbox"/> HEAD	<input type="checkbox"/> KNEE	<input type="checkbox"/> NECK
<input type="checkbox"/> HAND	<input type="checkbox"/> HIP	<input type="checkbox"/> LEG	<input type="checkbox"/> SHOULDER
<input type="checkbox"/> TEETH	<input type="checkbox"/> WRIST	<input type="checkbox"/> RIGHT	
<input type="checkbox"/> TOE	<input type="checkbox"/> FACE	<input type="checkbox"/> LEFT	
TYPE OF ACCIDENT			
<input type="checkbox"/> ASSAULT OR VIOLENCE	<input type="checkbox"/> CAUGHT IN, UNDER OR BETWEEN	<input type="checkbox"/> FALL FROM ELEVATION	<input type="checkbox"/> FIRE OR EXPLOSION
<input type="checkbox"/> BODILY REACTION	<input type="checkbox"/> EXPOSURE	<input type="checkbox"/> FALL TO FOOT LEVEL	<input type="checkbox"/> MOTOR VEHICLE
<input type="checkbox"/> OVEREXERTION	<input type="checkbox"/> STRUCK AGAINST	<input type="checkbox"/> TRIP	
<input type="checkbox"/> SLIP	<input type="checkbox"/> STRUCK BY	<input type="checkbox"/> OTHER _____	
SOURCE OF INJURY			
<input type="checkbox"/> AIR PRESSURE	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> HAND TOOL	<input type="checkbox"/> INSECT
<input type="checkbox"/> ANIMAL	<input type="checkbox"/> ENVIRONMENTAL	<input type="checkbox"/> HUMAN	<input type="checkbox"/> LADDER/SCAFFOLD
<input type="checkbox"/> CHEMICAL	<input type="checkbox"/> EXTREME TEMPERATURE	<input type="checkbox"/> INFECTIOUS AGENT	<input type="checkbox"/> LIFTING/CARRYING
<input type="checkbox"/> MACHINERY	<input type="checkbox"/> NEEDLESTICK	<input type="checkbox"/> NOISE	<input type="checkbox"/> PARTICULATES
<input type="checkbox"/> PARTS & MATERIALS	<input type="checkbox"/> POWER TOOL	<input type="checkbox"/> PUSHING OR PULLING	<input type="checkbox"/> STAIRS
<input type="checkbox"/> VEHICLE	<input type="checkbox"/> WORKING SURFACE	<input type="checkbox"/> OTHER _____	
UNSAFE CONDITIONS			
<input type="checkbox"/> DEFECTIVE TOOLS/EQUIPMENT	<input type="checkbox"/> HAZARDOUS WORKSURFACE	<input type="checkbox"/> IMPROPER WORKSPACE	<input type="checkbox"/> INADEQUATE VENTILATION
<input type="checkbox"/> ENVIRONMENTAL HAZARD	<input type="checkbox"/> IMPROPER DESIGN	<input type="checkbox"/> INADEQUATE GUARDING	<input type="checkbox"/> LACK OF MAINTENANCE
<input type="checkbox"/> EXCESSIVE NOISE	<input type="checkbox"/> IMPROPER USE OF TOOLS	<input type="checkbox"/> INADEQUATE ILLUMINATION	<input type="checkbox"/> LACK OF WARNING SIGNS
<input type="checkbox"/> POOR DESIGN	<input type="checkbox"/> POOR HOUSEKEEPING	<input type="checkbox"/> UNSUITABLE MATERIAL	<input type="checkbox"/> OTHER _____
UNSAFE ACT			
<input type="checkbox"/> CREATING ADDITIONAL HAZARDS	<input type="checkbox"/> FAILURE TO INSPECT EQUIPMENT	<input type="checkbox"/> IGNORED KNOWN HAZARD	<input type="checkbox"/> JUMP FROM ELEVATION
<input type="checkbox"/> FAILURE TO FOLLOW INSTRUCTIONS OR PROCEDURES	<input type="checkbox"/> FAILURE TO USE PPE	<input type="checkbox"/> IMPROPER LIFT/CARRY	<input type="checkbox"/> MISUSE OF TOOLS/EQUIPMENT
<input type="checkbox"/> FAILURE TO IDENTIFY A HAZARD	<input type="checkbox"/> HORSEPLAY	<input type="checkbox"/> INATTENTION TO FOOTING OR SURROUNDINGS	<input type="checkbox"/> REMOVING SAFETY DEVICES
<input type="checkbox"/> UNAUTHORIZED OPERATION	<input type="checkbox"/> UNSAFE BODILY POSITION	<input type="checkbox"/> WEARING IMPROPER ATTIRE	<input type="checkbox"/> NO UNSAFE ACT
<input type="checkbox"/> UNSAFE SPEED	<input type="checkbox"/> OTHER _____		

Email: SIPE@slosipe.org or Mail: 7455 Morro Road, Atascadero, CA 93422

PLEASE EMAIL OR MAIL A COPY OF THIS REPORT TO SIPE WITHIN 10 BUSINESS DAYS.

SUPERVISORY RESPONSIBILITY

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> FAILURE TO ENFORCE SAFETY RULES | <input type="checkbox"/> LACK OF EQUIPMENT | <input type="checkbox"/> LACK OF PROCEDURES | <input type="checkbox"/> IMPROPER MAINTENANCE | <input type="checkbox"/> NOT APPLICABLE |
| <input type="checkbox"/> FAILURE TO PROVIDE PROPER PPE | <input type="checkbox"/> LACK OF OVERSIGHT/SUPERVISION | <input type="checkbox"/> POOR COMMUNICATION | <input type="checkbox"/> INADEQUATE INSPECTIONS | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> FAILURE TO PROVIDE PROPER TOOLS | <input type="checkbox"/> LACK OF PLANNING | <input type="checkbox"/> WRONG PERSONNEL ASSIGNED | | |

DESCRIPTION OF ACCIDENT TO BE COMPLETED WITH INJURED EMPLOYEE (ATTACH A SEPARATE SHEET IF NECESSARY)

Describe in detail what happened:

Provide exact location where accident occurred and be specific:

Describe how the injury occurred:

Describe the activity, sequence of events, and conditions that led to this accident:

Could the accident have been prevented? ☐ YES ☐ NO Please explain:

Names and statements from witnesses:
(ATTACH STATEMENT ON A SEPARATE SHEET)

Name: _____

Name: _____

CORRECTIVE ACTION

What corrective action will be taken to prevent recurrence?

Who is responsible for corrective action and what is the expected completion date?

Name: _____ Date: _____ Name: _____ Date: _____

REQUIRED SIGNATURES

INVESTIGATED BY: _____

DATE: _____

REVIEWED BY DIRECTOR/SITE ADMINISTRATOR: _____

DATE: _____

REVIEWED BY DISTRICT SAFETY COORDINATOR: _____

DATE: _____

PRINT THE NAME OF THE PERSON FILLING OUT THIS REPORT: _____

DATE: _____

Email: SIPE@slosipe.org OR Mail: 7455 Morro Road, Atascadero, CA 93422
PLEASE EMAIL OR MAIL A COPY OF THIS REPORT TO SIPE WITHIN 10 BUSINESS DAYS.

Revised 8/2020

APPENDIX D

San Miguel Joint Union School District

TOPIC: _____ DATE(S): _____

LOCATION: _____ INSTRUCTOR: _____

LENGTH OF CLASS _____ HRS. _____ Initial _____ Refresher

TRAINING CLASS SIGN-IN

	NAME-PRINTED	SIGNATURE	DEPARTMENT/SITE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			