

# Tulare County Office of Education

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*Tim A. Hire, County Superintendent of Schools*

## **INJURY & ILLNESS PREVENTION PROGRAM (IIPP)**

A copy of this Injury and Illness Prevention Program shall be available on TCOE Webpage.

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## **INTRODUCTION**

In order to maintain a safe and healthful work environment the Tulare County Office of Education has developed this Injury and Illness Prevention Program (IIPP) for all employees to follow. This document describes the goals, statutory authority, and the responsibilities of all employees under the Program. By making employee safety a high priority for every employee we can reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at Tulare County Office of Education.

Diligent implementation of this program shall reap many benefits for Tulare County Office of Education. Most notably it shall:

1. Protect the health and safety of employees, student, and visitors.
2. Decrease the potential risk of disease, illness, injury, and harmful exposures to Office personnel.
3. Reduce workers' compensation claims and costs.
4. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees.
5. Improve employee morale and efficiency as employees see that their safety is important to management.
6. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes.

## **SECTION 1: RESPONSIBILITY**

The safety, health, and welfare of all employees is a basic part of this Injury and Illness Prevention Program (IIPP). Management personnel carry a primary responsibility for the safety of employees under their direction. Promoting safe practices through consistent education and modeling safe practices by management personnel are key to maintaining a safe workplace. The personnel listed below shall have the authority and responsibility for monitoring and improving workplace safety in the Tulare County Office of Education.

Workplace Safety Coordinator's Responsibilities: Director of General Services/Director of Human Resources & Risk Management

- Communicate regularly with consultants to improve workplace safety;
- Implement and maintain the IIPP;
- Provide workplace safety training for all managers/supervisors/site-leaders to give to employees;
- Schedule routine hazard assessments and ensure that concerns are resolved in a timely manner;
- Review current safety information that relates to the operation of a COE;
- Have in place emergency action plans;
- Have in place provisions for medical services and first aid including emergency procedures (In coordination with School Health Services);
- Ensure hazards are corrected in a timely manner (In coordination with Maintenance & Operations);
- Recognize employees who perform safe and healthful work practices;

### Workplace Safety Team Members' Responsibilities: Site / Department Leaders

- Submit documentation of employee training, safety meetings, and hazard assessments to HR;
- Reviews IIPP annually and promote / model safe habits in the workplace;
- Provide regularly scheduled training received from HR;
- Schedule monthly safety meetings (with site or department);
- Post distributed safety information;
- Communicate the system to anonymously inform management about workplace hazards;
- Conduct MONTHLY inspections to identify hazards and submit works orders to correct them;
- Evaluate the safety performance of all workers and communicate with each;
- Recognize employees who perform safe and healthful work practices;
- Investigate accidents and prepare all necessary documentation;

### Human Resource's Responsibilities:

- Inform workers of the provisions of the IIPP;
- Recognize employees who perform safe and healthful work practices;
- Provide training to workers whose safety performance is deficient;
- Investigate accidents and prepare all necessary documentation;
- Address employees who fail to comply with safe and healthful work practices;
- Provide new worker orientation;
- Provide yearly training: 1) Hazard Communication, 2) Blood borne Pathogens / Universal Precautions, 3) Safety Data Sheets, and 4) Slips, Trips and Falls;

### Maintenance & Operations' Responsibilities:

- Conduct QUARTERLY inspections of TCOE sites to identify hazards and correct them;
- Recognize employees who perform safe and healthful work practices;
- Investigate site conditions of all accidents and correct any hazards;
- Receive all school and district work orders and schedule jobs to be completed;

### Employee's Responsibilities:

- Follow district safety rules and regulations;
- Participate in regularly scheduled workplace safety training;
- Report hazardous conditions or unsafe actions of others to a supervisor;
- Report all accidents and injuries to a supervisor immediately;
- Seek first aid immediately following injury and comply with "Workers' Compensation" expectations (below);
- Keep work areas clean and free of unnecessary clutter that might create an unsafe condition;
- Operate equipment strictly in accordance with safety instruction;
- Wear appropriate footwear for your assigned position / conditions in which you work. For example, high-heeled shoes, open-toed shoes or shoes without a back strap should not be worn when conditions may lead to an injury (i.e., slick / wet hallways or sidewalks, uneven surfaces such as playgrounds, cluttered areas, etc.);
- Special Day Class teachers shall not wear jewelry that may put them in jeopardy of injury from tugging / pulling by a student; if a lanyard is used for keys or items it must be a "breakaway" lanyard (District shall provide upon request); Kevlar sleeves shall be provided and used when working with students who have a history of biting;

- Exercise proper housekeeping (aisles clear; work areas neat and orderly; spills cleaned up promptly);
- Store items in a stable manner (nothing against doors, exits, fire extinguishers and electrical panels);
- Do not participate in horseplay, scuffling, or any other act that tends to adversely influence safety.

All of these practices shall apply whenever staff members are working (i.e., District-sponsored events, on Saturdays when a site is opened, or in the evenings). Employees shall not be dismissed or discriminated against for informing supervisors/site-leaders about work site hazards. If in doubt about a health or safety matter, employees have a duty to talk it over promptly with their site-leader or direct supervisor. In the event the matter is not attended to in a timely manner, the employee is directed to refer it to the next higher level of management, to an Assistant Superintendent or the Coordinator.

#### Disciplinary Actions:

- Employees who fail to comply with safety rules and regulations shall be told of their failure to comply and be given specific directives for corrective action, including possible retraining in proper safe practices;
- A second failure to comply with safety rules and regulations may result in a verbal or written warning;
- Repeated failures to comply with safety rules and regulations may result in a written reprimand, suspension without pay or termination.

#### Employee's Responsibilities: Workers' Compensation

- Report any and all hazards in and around their immediate workplace and school grounds to a supervisor;
- If interested, complete physician pre-designation form prior to an accident (otherwise, the employee shall be directed to the designated medical facility for treatment);
- After an injury, and if beyond first aid, thoroughly complete the appropriate section of the Employee Claim Form;
- Adhere to the treating physician's orders and comply with the treatment plan, including keeping appointments;
- Immediately after Workers' Compensation medical appointments, submit all doctors' notes pertaining to work status to HR;
- Upon physician's recommendation, return to the workplace and adhere to the work restrictions;
- Make an effort to schedule medical appointments, including physical therapy, before or after the work shift.

## **SECTION 2: COMPLIANCE**

Compliance with this Injury and Illness Prevention Program shall be achieved in the following manner:

1. A TCOE Safety Committee consisting of Administration, department heads and classified personnel shall meet quarterly.
2. Administrators, Supervisors, and Managers shall set positive examples for working safely and require that all staff under their direction work safely.
2. Administrators, Supervisors, and Managers shall use all disciplinary procedures available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action are available.
3. Administrators, Supervisors, and Managers shall identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.

4. Administrators, Supervisors, and Managers shall establish appropriate means of recognition for employees who demonstrate safe work practices.

### **SECTION 3: COMMUNICATION**

Effective two-way communication, which involves employee input on matters of workplace safety, is essential to maintaining an effective Injury and Illness Prevention Program. To foster better safety communication the following guidelines shall be implemented:

A system for ensuring awareness:

1. All TCOE employees shall be aware that the Injury Illness Prevention Plan exists by using the following means
  - a. The IIPP shall be updated annually and posted on the TCOE website.
  - b. The IIPP is incorporated in the new hire onboarding process.
  - c. Annual review at the beginning of the year with all Administrator, Supervisor, and Manager.
  - d. Each department shall establish a yearly staff development time dedicated to IIPP review.

Agenda time shall be dedicated for this review.
  - e. Employees can often benefit by information posted in the work area. This includes safety posters, instructional visual aids, warning signs, and other media directed at employee health and safety.

A system for employees to report unsafe conditions:

1. Employees are encouraged to bring to TCOE's attention any potential health or safety hazard that may exist in the work area. The attached Employee Safety Recommendation form (Appendix B) can be used for this purpose.
2. Safety related items may be reported to M&O for repair via Web Help Desk.
  - a. <https://webhelpdesk.tcoe.org/helpdesk/WebObjects/Helpdesk.woa>
3. A "Suggestion Box" shall be made available in the work area for employees' to anonymously contribute to the two-way communication in efforts to reinforce the safety program.
4. [Employees may anonymously identify health and safety issues via the TCOE online reporting tool.](https://forms.gle/KZVHQyYude2VQMPD6)  
<https://forms.gle/KZVHQyYude2VQMPD6>

### **SECTION 4: HAZARD ASSESSMENT**

A health and safety inspection program is essential in order to reduce unsafe conditions, which may expose employees to incidents that could result in personal injuries or property damage. Quarterly inspections shall be performed by the Staff Administrator, Department Head, or his/her qualified designee.

#### ***Scheduled Safety Inspections***

Upon initial implementation of this Program, inspections of all work areas shall be conducted. All inspections shall be documented using the attached forms (or equivalent) with appropriate abatement of any hazards detected.

Thereafter, safety inspections shall be conducted at the frequency described below:

1. Annual inspections of all sites shall be conducted to detect and eliminate any hazardous conditions that may exist.

2. Quarterly inspections of all potentially hazardous areas (shops, cafeterias, warehouses, gymnasiums, sheds, etc.) shall be conducted to detect and eliminate any hazardous conditions that may exist.

### ***Unscheduled Safety Inspections***

1. Additional safety inspections shall be conducted whenever new equipment, substances, or changes in procedures are introduced into the workplace that presents new hazards; and whenever the employer is made aware of a new hazard or previously unrecognized hazard.
2. The Site Staff Administrator, Department Head or his/her qualified designee shall conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.
3. Safety reviews shall be conducted by the Site Staff Administrator, Department Head or his/her qualified designee when occupational accidents occur to identify and correct hazards or behaviors that may have contributed to the accident.

## **SECTION 5: ACCIDENT/EXPOSURE INVESTIGATIONS**

The Senior Site Staff Administrator, Department Head or his/her qualified designee shall investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the root cause. Appropriate repairs or procedural changes shall be implemented promptly to correct the hazards or behaviors implicated in these events.

To ensure timely accounting for Workers' Compensation the following procedures should be followed:

1. Injured employee notifies supervisor.
2. Supervisor/Injured worker immediately calls **Company Nurse Injury Hotline at 1-877-518-6702 with search code TUJ42.**
3. Company nurse gathers information over the phone and helps injured worker access appropriate medical treatment; Nurse provides medical expertise at time of injury, so employee is channeled to appropriate care. ***If referred to medical facility, continue to step 4***
4. Employee given additional paperwork from HR including the DWC 1 (Employee's claim for Workers' Compensation Benefits) Form. Additional treatment paperwork is provided to the employee, and they are sent to medical facility for care.
5. Updates provided by medical facility to Human Resources and then passed along to supervisor.

Following an injury, the department supervisor completes the [\*Injury Incident Investigation Report\*](#) available on the TCOE Human Resources webpage or by contacting the Human Resources Office.

### **Steps to Investigation:**

**The Injury Incident Investigation Report should be initiated by the department supervisor and completed form returned to HR within 5 days of the incident.**

1. Describe accident. What happened?
  - a. What was source?
  - b. How was person injured?
  - c. What was the unsafe condition?
  - d. What was the unsafe act?
  - e. Why did accident occur to this person?

2. Describe causes. Why did it happen?
  - a. What caused the accident to occur?
  - b. Who was involved?
  - c. Was the employee qualified to perform the functions involved in the accident?
  - d. Was the employee properly trained?
  - e. Were proper operating procedures established for the task involved, and if not, why?
  - f. Could this situation exist elsewhere?
3. Determine if basic failure of people, equipment, material, or environment occurred and corrective action needed
  - a. How did water get on the floor?
  - b. What kind of shoes was the employee wearing? c. Why did the employee fail to notice the water?
  - d. Warning signs placed?

Investigation reports should be sent to Human Resources within 5 days of the initial incident. HR shall file investigation report with appropriate worker comp documents. All Injury Incident Investigation Reports which cause time off work shall be reviewed within the Safety Committee Meeting quarterly.

## **SECTION 6: HAZARD CORRECTION**

All hazards identified shall be promptly investigated with corrective procedures implemented as necessary. TCOE recognizes that hazards range from imminent dangers to hazards of relatively low risk. Corrective actions or plans, including suitable timetables for completion, are the responsibility of the Site Staff Administrator, Department Head or his/her qualified designee.

## **SECTION 7: TRAINING**

All employees must be trained in general safe work practices. All employees shall receive training on the IIPP when the program is first established, when it is modified and during time of hire. In addition, specific instruction with respect to hazards unique to each employee's job assignment shall be provided.

Areas of training include General Safe Work Practices and Specific Safe Work Practices. Details for both are included below:

### **General Safe Work Practices**

All employees shall be trained in the following:

1. The Fire Safety, Evacuation, and Emergency Procedures
2. Bloodborne Pathogens
3. Injury and Illness Prevention Program

### **Specific Safe Work Practices**

In addition to this general training, each employee shall be instructed how to protect themselves from the hazards specific to their individual job duties. At a minimum this entails how to use workplace equipment, safe handling of hazardous materials and use of personal protective equipment. Training must be completed before beginning to work on assigned equipment, and whenever new hazards or changes in procedures are implemented.



It is the responsibility of each Administrator, Supervisor, and Manager to know the hazards related to his/her employee's job tasks, and ensure they receive appropriate training. Supervisors shall ensure that all employees receive general and job-specific training prior to initial or new job assignments and whenever new substances, procedures or equipment are introduced to the workplace, which may create new hazards. Training attendance sign in sheets shall be maintained by the direct supervisor.

## **SECTION 8: DOCUMENTATION**

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections, and other activities relevant to occupational health and safety. To comply with these regulations, TCOE shall keep written records of the steps taken to implement and maintain our Injury and Illness Prevention Program. We shall keep records of work-related injuries and the subsequent investigations to determine the root cause of those injuries and to train staff to assure no one else is injured in the same manner. The records shall be retained by the department for 5 years from the date TCOE learns an injury has occurred. All injury and investigations shall be reviewed by TCOE Safety Committee quarterly.

In addition, all specific work training records, agendas and sign in sheets shall be kept by the department for three years. These documents may include, but not limited to, training related to new equipment procedures, safety, inspections, and records pertaining to unsafe work practices or conditions.

### ***EMPLOYEE ACCESS TO THE IIPP***

TCOE employees – or their designated representatives - have the right to examine and receive a copy of the IIPP. The COE shall accomplish this by:

1. Providing access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.
  - a. Whenever an employee or designated representative requests a copy of the Program, we shall provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
  - b. One printed copy of the Program shall be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, we may charge reasonable, non-discriminatory reproduction costs for the additional copies.
2. Providing unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

Any copy provided to an employee or their designated representative need not include any of the records of the steps taken to implement and maintain the written IIP Program.

An employee must provide written authorization in order to make someone their “designated representative.” A recognized or certified collective bargaining agent shall be treated automatically as a designated representative for the purpose of access to the IIPP. The written authorization must include the following information:

- The name and signature of the employee authorizing the designated representative.
- The date of the request.
- The name of the designated representative.
- The date upon which the written authorization shall expire (if less than 1 year).

### ***RECORDKEEPING***

We are a local governmental entity (county, city, district, or and any public or quasi-public corporation or public agency) and we are not required to keep written records of the steps taken to implement and maintain our IIP Program. Public agencies including County Office of Education are not required to maintain OSHA 300 logs as long as an alternative method is available to review injury history, upon request. That resource is available from the District upon request.

## Injury Incident Investigation Report

### To be completed by Employee and Supervisor

Employee Name ( <i>First, Middle, Last</i> )		Emp I.D.#	Job Title	Work Site of Employee	Hrs per Day
Date of Accident	Location Where Injury Incident Occurred (Site Name)		Work Start Time	Time of Accident	Lost Time Beyond First Day Yes <input type="checkbox"/> No <input type="checkbox"/>
Witnesses - Yes <input type="checkbox"/> No <input type="checkbox"/> Statement(s) Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Witness Name - #1	Witness Name - #2		Secondary Job Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>INCIDENT TYPE</b> (Select the most appropriate response)					
<input type="checkbox"/> Struck Against <input type="checkbox"/> Struck By <input type="checkbox"/> Caught In or Between <input type="checkbox"/> Fall on Same Level <input type="checkbox"/> Skin Exposure <input type="checkbox"/> Eye Exposure		<input type="checkbox"/> Fall to Different Level <input type="checkbox"/> Slip or Twist (not Fall) <input type="checkbox"/> Exposure to Temp. Extreme <input type="checkbox"/> Exposure to Physical Agents (Noise/Radiation)		<input type="checkbox"/> Contact Electrical Current <input type="checkbox"/> Muscular Strain <input type="checkbox"/> Respiratory Exposure <input type="checkbox"/> Other: (Describe) _____ _____	
<b>INCIDENT REVIEW</b>					
1. Describe the Injury and Body Part Affected (i.e., Left or right; Upper, Lower Extremities):					
_____					
_____					
2. Describe How Injury Occurred and Type of Injury (i.e., burn, laceration, fracture, etc.):					
_____					
<b>SPECIFIC CAUSE ANALYSIS:</b> (Use the listing below as an aid in identifying the factors that contributed to the accident.)					
<b>(Check all that apply)</b>					
<input type="checkbox"/> Employee in a hurry (short cut) - perceived need <input type="checkbox"/> Equipment not used, i.e., tools, ladder, material, etc. <input type="checkbox"/> Proper Protection Equipment not used, i.e., eye protection, gloves, safety helmet, etc. <input type="checkbox"/> Improper or unsafe tool or equipment used <input type="checkbox"/> Horseplay or practical joking <input type="checkbox"/> Instructions or rules disregarded <input type="checkbox"/> Illness		<input type="checkbox"/> Inattention <input type="checkbox"/> Inexperience <input type="checkbox"/> Physical overexertion <input type="checkbox"/> Improper body position or method of doing the work <input type="checkbox"/> Act of fellow employee <input type="checkbox"/> Improper clothing <input type="checkbox"/> Other: _____ _____ _____			
<b>MITIGATING FACTORS</b> (Use the listing below as an aid in identifying the factors that contributed to the accident.)					
<b>(Check all that apply)</b>					
<input type="checkbox"/> Insufficient instruction or job training <input type="checkbox"/> Insufficient or poor job planning <input type="checkbox"/> Rules or instruction not followed <input type="checkbox"/> Confusion after communication between supervisor and employee <input type="checkbox"/> Proper tools or safety gear not provided <input type="checkbox"/> Inadequate inspection of tools, equipment or job <input type="checkbox"/> Tools used incorrectly or improper method of doing work <input type="checkbox"/> Inadequate job training by supervisor <input type="checkbox"/> Circumstances not addressed in training		<input type="checkbox"/> Working longer hours <input type="checkbox"/> Workload too heavy <input type="checkbox"/> Rushing to meet deadlines <input type="checkbox"/> Friendly competition <input type="checkbox"/> Lack of teamwork <input type="checkbox"/> Due to external factors <input type="checkbox"/> Lack of help or assistance <input type="checkbox"/> Procedures not developed <input type="checkbox"/> Procedures not accurate <input type="checkbox"/> Other: _____ _____ _____			

**UNSAFE CONDITIONS** (Use the listing below as an aid in identifying the factors that contributed to the accident.

**(Check all that apply)**

**FACILITIES/EQUIPMENT**

- Faulty equipment
- Equipment failure
- Defective material
- Poor design
- Corrosion/Wear
- Ergonomic factors
- Facility layout
- New equipment
- Unguarded equipment

**OTHER FACTORS**

- Weather/temperature
  - Improper storage or stacking
  - Poor Housekeeping
  - Personal protective equipment
  - Known Hazard but not documented or locked
  - Documented Hazard but not repaired
  - Unsafe Conditions caused by others
  - Conditions changed without proper communication
  - Other: \_\_\_\_\_
- Poor Lighting or Visibility
  - High Noise Level
  - Slippery Floors or surfaces
  - Radiation
  - Poor Ventilation
  - Physical overexertion
  - Exposure to chemical(s)
  - Change in procedures or materials

**ROOT CAUSE OF INJURY OR INCIDENT – PROVIDE DETAILED INFORMATION FOR FOLLOWING:**

1. What was the unsafe condition (if any)?

\_\_\_\_\_

2. Why did it exist?

\_\_\_\_\_

3. Was a District Safety Policy/rule overlooked/ignored or unknown at the time of the incident (please describe in detail)?

\_\_\_\_\_

4. What was the unsafe act?

\_\_\_\_\_

5. Why was the unsafe act performed?

\_\_\_\_\_

**CORRECTIVE ACTION – PROVIDE DETAILED INFORMATION FOR FOLLOWING:**

1. Explain how to eliminate the hazard.

\_\_\_\_\_

2. What type of training is needed?

\_\_\_\_\_

3. To prevent a reoccurrence, what preventive measures have been taken?

\_\_\_\_\_

Print Employee Name

Signature

Date

Print Name of Person Completing this Report

Signature

Date



**TULARE COUNTY OFFICE OF EDUCATION  
EMPLOYEE SAFETY RECOMMENDATION FORM**

**LOCATION:**

**SITE:**

**SUPERVISOR:**

**DATE:**

**IDENTIFICATION OF SAFETY OR HEALTH HAZARD:** *(If additional space is needed, please attach page)*

**SUGGESTION FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD:**

**DO NOT WRITE BELOW THIS LINE**

**DATE COMPLAINT WAS INVESTIGATED:**

**INVESTIGATED BY:**

**ACTION TAKEN:**

**DATE ACTION WAS REPORTED TO EMPLOYEE:**

**COMMENTS:**

# TULARE COUNTY OFFICE OF EDUCATION OFFICE SAFETY INSPECTION CHECKLIST

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Inspector: \_\_\_\_\_ Job Title: \_\_\_\_\_

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Yes	No	N/A	ADMINISTRATION AND TRAINING
			Does the Department have a written Injury & Illness Prevention Plan? Are all Departmental safety records maintained in a centralized file for easy access? Is it current?
			Have all of the employees attended an IIPP training class? If not, what percentage has received training?
			Does the department have a completed Emergency Action Plan? Percentage completed? Is training being provided to employees on its contents?
			Are chemical products used in TCOE? (Are Material Safety Data Sheets maintained?)
			Are the Cal/OSHA Information Poster, Workers' Compensation Bulletin, Annual Accident Summaries (must be posted during February, at a minimum) and Emergency Response Guide flipchart posted? Is the Safety Briefs newsletter being sent to the area?
			Are annual workplace inspections being performed? Are records being maintained?
			Has there been any employee accidents from this Department? Are there Accident Investigation Reports completed for each accident?
Yes	No	N/A	GENERAL SAFETY
			Are all exits, fire alarms, pillboxes, extinguishers, sprinklers, and fire notification devices clearly marked and unobstructed?
			Are all aisles/corridors unobstructed to allow unimpeded evacuations?
			Is a clearly identified, charged, currently inspected and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas? (No empty wall hooks, charge needles in the red, missing plastic pin tabs or extinguishers on the floor.)
			Are ergonomic issues being addressed for administrative personnel using computers?
			Is a fully stocked first-aid kit available? Do all employees in the area know its location?
			Are all cabinets, shelves, or furniture above 5 feet in height secured to prevent toppling during an earthquake?

**TULARE COUNTY OFFICE OF EDUCATION  
OFFICE SAFETY INSPECTION CHECKLIST**

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			Are all books and supplies stored so as not to fall during an earthquake? (Store heavy items low to the floor, shelf lips on shelves above work areas.)
			Is TCOE kept clean of trash and other recyclable materials removed promptly?
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>ELECTRICAL/MECHANICAL SAFETY</b>
			Are all plugs, cords, electrical panels, and receptacles in good condition (no exposed conductors or broken insulation)?
			Are all circuit breaker panels accessible with each breaker appropriately labeled?
			Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?
			Is lighting adequate throughout the work environment?
			Are extension cords being used correctly? (They must not be run through walls, doors, ceilings; not represent a trip hazard running across aisleways; not to be used as a permanent source of electrical supply--use fused outlet strips or have additional outlets installed; not to be linked together. No "thin" zip cords.)
			Are portable electric heaters being used? (If so, use fused power strips and locate away from combustible materials.)
<b>COMMENTS:</b>			