



**INJURY & ILLNESS
PREVENTION
PROGRAM**

TABLE OF CONTENTS

Introduction	Section XI
Section 1 Management Statement	Self-Inspection Check List
Section II Designated Responsible Person	Appendix
Section III Employee Compliance	Appendix A Participant Injury Prodedures Chart and Report Form
Section IV Communications	Appendix B Property Loss/Damage Report
Section V Facility Inspections For Hazards	Appendix C Motor Vehicle Accident Report
Section VI Investigations Of Accidents	Appendix D Employee Injury: Forms, Procedures and Guidelines
Section VII Correcting Workplace Hazards	Appendix E Employee Doctor Designation Form/Instructions
Section VIII Safety Training	Appendix F Inspection Report Forms
Section IX Records	Appendix G Employee Training Forms
Section X Safety Rules	Appendix H Feather River Recreation and Park District Ordinance #1

FEATHER RIVER RECREATION & PARK DISTRICT
1200 MYERS STREET, OROVILLE, CA 95965 533-2011

Wherever in this Injury and Illness Prevention Program the term "District Manager" is used, it shall mean Scott Wm. Lawrence, Manager of the Feather River Recreation & Park District and or his authorized designees.

Whenever the term "Safety Coordinator" is used, it shall mean Robert Sharkey, Superintendent of Parks of the Feather River Recreation and Park District.

The current list of supervisors for Feather River Recreation and Park District is as follows:

Parks Division	Robert Sharkey
Recreation Division	
Sports & Leisure Services	Jeff Zelsdorf
Aquatics	Jason Sehon
Accounting Department	Patricia Sciortino

The Feather River Recreation and Park District Safety Committee is currently comprised of the following members.

Robert Sharkey	District Safety Coordinator
Jeff Zelsdorf	Committee Chair
John Allen	Parks Division
Jason Sehon	Recreation Division

This Injury and Illness Prevention Program and the designated responsible persons was approved by the Feather River Recreation and Park District board of Directors on June 10, 1992, and signed and dated this 19th day of May, 2003.

Scott Wm. Lawrence
District General Manager

SECTION I

**MANAGEMENT
STATEMENT**

SECTION I MANAGEMENT STATEMENT

INTRODUCTION

The California Labor Code (Section 6401.7) requires the establishment of a written injury prevention program. The District is committed to protecting employees, consumers and visitors from injury while on District property, as well as protecting the environment. The District's safety and injury prevention program goes beyond mere compliance with the law and reflects the District's position as a leader in the industry and a concerned member of the community where we live and work.

This program is not optional. Good business practice, the law, and a concern for the well being of ourselves and our fellow human beings require we implement and maintain it.

SAFETY POLICY

It shall be District policy to conduct all operations safely by instituting the appropriate safety measures that will prevent injuries to persons and damage to property. When an employee begins work, that employee has a right to expect a safe place in which to work and to be provided with the proper machines, tools and equipment to do the job safely.

The District has a management commitment to promote safety, to operate in a safe manner and to always strive to improve the District's safety record.

In order to carry out these objectives the following procedures have been established:

1. The establishment of a safety committee comprised of employees and management personnel.
2. Scheduled periodic inspections will be conducted of all work areas to identify unsafe conditions and work practices.
3. Review all on-the-job accidents and occupational illnesses to determine their cause.
4. Unsafe conditions and work practices will be corrected as uncovered by periodic inspections and review of accidents and illnesses.
5. Scheduled instructional training will be conducted on the hazards unique to each employee's work assignment.
6. Employees will be trained in general safe work practices at the time of hire and trained specifically for his or her job before being assigned to the job or before being assigned to any new work assignment.
7. Safety awareness programs will be conducted to highlight the importance of safe work practices among all employees. The program may include a safety award program.

Safety is a vital consideration to the District. Safety and good housekeeping are necessary parts of everyone's daily activity. For the protection of employees, safety guards and safety equipment are provided. You must use this protective equipment and follow the directions of your supervisor regarding safety.

Accidents don't just happen, they are caused. Your safety is a matter of major concern to the District. Every reasonable precaution is taken to provide you with a safe place to work. However, without the sincere and faithful cooperation of all employees, safety programs alone are of little value in preventing accidents. Accident prevention is largely a responsibility of each individual.

The District feels that a clean, safe and healthy environment should be provided for all employees. Employees are expected to do their part to work safely, wear required safety equipment, observe all safety rules and regulations, and to keep their work area neat and clean. The District strives to abide by all regulations and requests that you report all injuries and any unsafe situations to your supervisor so that the situation can be corrected.

INJURY PREVENTION POLICY

The District is committed to providing safe working conditions for all its employees and to protect consumers, visitors or persons residing on or near District property from any unusual health or safety risk.

To accomplish this the district will:

1. Comply with all applicable current and future occupational health, safety and environmental regulations of the County, State and Federal authorities.
2. Provide the necessary funding to maintain an effective and comprehensive safety and health program at all levels of the organization under the direction of the District Manager.
3. Promulgate policies and practices that will reduce employee exposure to known and suspected occupation health and safety risks and take prompt advantage of new technology that enhances employee safety as quickly as is economically feasible.
4. Encourage all employees to participate in the District safety programs and hold each employee personally responsible for the safe use of all District property and for working in a safe manner, particularly in the use of required protective equipment.

The recognition and control of hazards and unsafe acts is the key to a safe work environment. there is no job so urgent that we can not take the time to perform it safely.

SECTION II

**DESIGNATED
RESPONSIBLE
PERSON**

SECTION II
DESIGNATED RESPONSIBLE PERSON

ASSIGNMENT OF INJURY PREVENTION RESPONSIBILITIES

The District has assigned the overall responsibilities to develop, implement, and review the District's Injury Prevention Program to the District Manager. The District Manager is responsible to insure that:

1. Safety Inspection Reports, Employer's Reports of Occupational Injury or Illness Reports, Employee's Claim for Workers' Compensation Benefits forms and Employee's Medical Documents are processed, analyzed and/or stored properly.
2. Inspect District facilities each quarter and prepare an inspection report.
3. Analyze each injury or illness report to determine cause of the injury or illness.
4. Direct appropriate personnel to correct safety hazards found during inspections or following review of an employee injury or illness report.
5. Develop and implement employee safety training.
6. Communicate with employees the District's safety policies and procedures.

SUPERVISOR'S RESPONSIBILITIES TO THE SAFETY PROGRAM

The effectiveness of any safety program rests ultimately, in the hands and actions of the supervisors. Management expects each supervisor to support the safety program by:

1. Enforcing the District safety policy and all safety procedures in the work areas for which he or she is responsible.
2. Cooperating with management and other supervisors in maintaining an active safety program.
3. Practicing safety personally, thus setting a good example for personnel under his or her supervision and delegating safety responsibilities to subordinate supervisors.
4. Remaining alert for unsafe conditions or practices and acting immediately to correct any hazards.
5. Investigating all on-the-job injuries under his or her supervision and completing the Injury and Illness Analysis Reports. Immediate action should be taken to eliminate the cause of the injury.
6. Encouraging two-way communication with employees to make them aware of the District's interest in safety practices. Every effort should be made to promote employee interest and participation in the safety program. Safety meetings, safety committees, tailgate safety meetings and committee safety inspections are types of communication which should be utilized. Reports of meetings and safety activities should be forwarded to the District Manager for review.
7. Forwarding copies of departmental safety meetings to the District Manager.
8. Informing the District Manager of safety problems.

EMPLOYEE RESPONSIBILITIES TO THE SAFETY PROGRAM

The District is responsible to insure that the work environment and the equipment are free of safety hazards. However, employees are responsible to work in a safe manner.

The District will not tolerate employees who do not observe safe work procedures or who violate District safety rules. The District will discipline employees on the same basis for safety violations as it disciplines employee under the conduct standards of the District.

Each employee is responsible for learning safe work procedures and for working without injury to themselves, others or damage to District property.

SECTION III

**EMPLOYEE
COMPLIANCE**

SECTION III EMPLOYEE COMPLIANCE

COMPLIANCE WITH DISTRICT'S INJURY PREVENTION PROGRAM

To insure that everyone in the District is encouraged to comply with the District's Injury Prevention Program, the District will:

1. Recognize the contributions of employees to the District's safety program when they make useful safety suggestions, show a concern for working safely, and maintain an accident free record.
2. Conduct routine safety awareness meetings. The meetings will cover safety subjects which relate to the type of hazards employees may experience on the job.
3. The District will not tolerate any employee's unsafe act or unsafe attitude. Employees who violate this principle will be disciplined in the same manner as the District disciplines employees who violate other District performance standards. There is no exact procedure for disciplining employees. Depending on the offense and the employee's work history, the District may give an employee a verbal warning, a written warning, or a suspension from work. When appropriate the employee may be discharged.

SAFETY AWARENESS

There is a right way and a wrong way of doing everything. The right way is invariably the safe way and the best way. District supervisors are constantly searching out hazards and every effort has been made to install any safety device or procedure that is needed. Protective equipment is furnished by the District on many jobs. However, each employee must assume the responsibility for the following safety advice and established safety procedures. Your supervisor will instruct you in the proper, safe practices to be followed on your specific assignment. If you have any questions about the safe way of doing your job, ask your supervisor and . . .

THINK . . .

1. A major portion of the accidents that occur are caused by the "careless act." Don't take chances. It isn't worth it!
2. Observe all warning signs, safety bulletins and posters.
3. Avoid all horseplay and never distract another worker.
4. Use protective clothing and equipment. Goggles, safety glasses, guards and other protective equipment are furnished by the District. It is mandatory that they be used.
5. CAREFULLY READ THE LABELS IN USING CHEMICALS, PESTICIDES, INSECTICIDES, AND HERBICIDES AND FOLLOW DIRECTIONS EXACTLY. Return all empty cans and bottles to the pesticide disposal facility to be destroyed. Don't ever re-use!!
It is the responsibility of each employee to immediately report to a supervisor any safety hazard which he/she sees.
- 6.

SECTION IV

COMMUNICATIONS

SECTION IV COMMUNICATIONS

DISTRICT EMPLOYEE COMMUNICATIONS

The District encourages all employees to report unsafe conditions. The District's policy prohibits any management person from retaliating against an employee who exercises this policy.

1. The District will conduct periodic meetings to discuss safety issues. Employees are encouraged to make comments, or suggestions regarding safety issues at these meetings or to the District Safety Committee.

DISTRICT SAFETY COMMITTEE

A safety committee has been established to ensure that there is adequate employee involvement, participation, and understanding of the District's Injury Prevention Program. The safety committee is appointed by the District Manager and is comprised of the District Safety Coordinator, one Recreation employee and one Park Maintenance employee. Employees wishing to be appointed to the safety committee should submit a written request to the District Manager.

The committee is empowered to:

1. Meet not less than quarterly. The time during which the committee members will meet will be considered as time worked.
2. Establish a schedule to inspect all District property or places of employment.
3. Make safety inspections of all District property or places of employment for safety hazards according to the safety inspection schedule and report findings to the District Manager.
4. Review all accident reports submitted by employees.
5. Recommend to the District Manager changes in procedures or facilities to correct safety hazards found during periodic inspections or review of accident reports.
6. In conjunction with the District's Workers' Compensation Insurance carrier recommend a periodic safety training program for employees.
7. Periodically review the effectiveness of the District's safety awareness program and to suggest changes or improvements to the program.

SAFETY SUGGESTIONS

Employees are encouraged to make suggestions which will decrease safety hazards. The safety committee will review all suggestions and make appropriate recommendations to the District Manager. Upon recommendation of the safety committee employees making suggestions which have outstanding merit will be recognized for their contribution.

SECTION V

**FACILITY
INSPECTIONS
FOR HAZARDS**

SECTION V
FACILITY INSPECTIONS FOR HAZARDS

IDENTIFICATION OF WORKPLACE HAZARDS

The methods to identify and correct workplace hazards are:

1. **EMPLOYEE ORIGINATED NOTIFICATION:** Employees are encouraged to notify their supervisor of unsafe conditions or practices whenever they are observed. This may be done in writing or by simply pointing out the hazard or unsafe practice verbally. Supervisors must promptly investigate such reports and take action to correct the situation.
2. **MANAGEMENT ORIGINATED NOTIFICATION:** Each time a supervisor or manager enters a work area they should be looking for unsafe conditions. Any unsafe conditions noted should be corrected as quickly as possible.
3. **QUARTERLY INSPECTIONS:** The District's Safety Committee will conduct a complete inspection of each facility quarterly. Following the inspection, the Safety Committee will provide the supervisor of the facility with an Inspection Report listing all deficiencies noted. Should an Imminent Danger situation be encountered during an inspection, work in the area will be suspended until the situation is corrected.

SECTION VI
INVESTIGATIONS
OF
ACCIDENTS

SECTION VI INVESTIGATIONS OF ACCIDENTS

INVESTIGATION OF ACCIDENTS

Immediately following a lost injury or illness the supervisor of the injured employee shall investigate the cause of the accident and fill out an occupational injury or illness report. The supervisor shall also report to the District Manager:

1. The probable cause of the injury or illness;
2. The steps taken to eliminate the hazard(s);
3. Recommendations for the training of employees in the effected area, and;
4. Other recommendations which will reduce the likelihood of another occurrence.

Following the supervisor's report, the District Manager shall review the injury or illness report with the supervisor. During the review, the District Manager will inspect the location where the accident occurred and analyze if the corrections are adequate to prevent another injury.

If the injured employee or another employee contributed to the accident as a result of not following the District's normal operating procedures or the District's safety rules the employee shall receive a safety disciplinary notice.

A "lost time injury" is an occupational injury or occupational illness which results in lost time beyond the date of such injury or illness or which requires medical treatment beyond first aid. A "lost time" means absence from work for a full day or shift beyond the date of the injury or illness and "first aid" is any one-time treatment of minor scratches, cuts, burns, splinters, and so forth, which do not require the services of a physician.

ACCIDENT INVESTIGATION PROCEDURES

The purpose of an investigation is to find the cause of an accident and prevent future occurrences, not to fix the blame. An unbiased approach is necessary to obtain objective findings.

The following procedures are to be used when investigating an accident:

1. Visit the scene as soon as possible -- while facts are fresh and before witnesses forget important details.
2. If possible interview the injured worker at the scene of the accident and "walk" with him or her through a re-enactment.
3. All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident, even if they did not actually witness it.
4. Consider taking signed statements in cases where facts are unclear or there is an element of controversy.
5. Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.
6. Focus on causes and hazards. Develop an analysis of what happened and how it could have been prevented. Determine what caused the accident itself, not just the injury.

7. Every investigation should include an action plan. How will you prevent such accidents in the future?
8. If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.

SECTION VII
CORRECTING
WORKPLACE
HAZARDS

SECTION VII
CORRECTING WORKPLACE HAZARDS

CORRECTING HAZARDS

Following an inspection which revealed a hazard or after reviewing a lost time accident report, the District Manager will take one of the following steps based on the District Manager's findings and the severity of the hazard(s):

1. If the accident was the result of a recognized hazard the District Manager will direct the appropriate personnel to correct the hazard. When an imminent hazard exists which cannot be immediately corrected without endangering employees and/or property, only personnel who are properly trained and equipped to make necessary repairs will be allowed to work in the affected area or work on affected equipment. No other employee will be allowed in the affected area or on the affected equipment until the hazard is corrected.
2. If the accident was the result of an improper work procedure the District Manager and the departmental supervisor will develop an alternative work procedure so as to reduce the likelihood of another accident occurring again.
3. If an accident was the result of human error or carelessness the departmental supervisor will conduct appropriate training of affected personnel and reprimand the appropriate personnel if warranted.

Documentation of corrective measures will be filed for three years in the District office.

SECTION VIII

SAFETY TRAINING

SECTION VIII SAFETY TRAINING

TRAINING OF EMPLOYEES

The District Manager will develop a safety training program for each job. All supervisors will familiarize themselves with the safety and health hazards to which employees in their department are exposed.

Supervisors are responsible to train the employees in their departments at the following times:

1. When new employees are hired;
2. When employees are given a new job assignment for which training has not previously been received;
3. Whenever new substances, processes, procedures or equipment are introduced into the work place and represent a new hazard;
4. Whenever the company is made aware of a new or previously unrecognized hazard.

Records of employee training will be filed in the District Office for three years. The training records for each employee will specify the employee's name, training dates, types of training, and person(s) providing the training.

NEW EMPLOYEE SAFETY INDOCTRINATION

All new employees will receive safety indoctrination pertaining to accident reporting, first aid, and medical facilities. In addition, they will be given information regarding District policies pertaining to safe working conditions and work habits at the District office when hired.

Safety indoctrination on the job is the responsibility of the Department Supervisor. Each new employee shall be made aware of job hazards, District policy concerning safety equipment and its use, how and to whom injury reports are made.

Supervisors are required to follow-up the safety indoctrination with periodic safety checks to ascertain that the employee is following the safe working practices required.

SECTION IX

RECORDS

SECTION IX RECORDS

RECORDS

The District Manager will ensure that all CAL/OSHA records/reports and District Injury Prevention records/reports are completed and maintained as required. The District Manager will also notify employees as to the location of such records/reports for the purpose of inspection. The following is a list of such records/reports.

1. CAL/OSHA Log 200 (Log and Summary of Occupational Injuries and Illnesses)
2. Materials Safety Data Sheets (MSDS).
3. Employee Medical and Exposure Records.
4. Employee Injury or Illness Reports.
5. Analysis of Injury of Illness Form.
6. Hazard Inspection Checklist.
7. Safety Training Curriculum for specific tasks.
8. Safety Training Logs.
9. Hazard Communication Program.
10. Worksite Injury Prevention Program.

SECTION X

SAFETY RULES

SECTION X SAFETY RULES

SAFETY RULES

The District has established specific safety rules which all employees must follow. The following list of safety rules is not a complete list. Your supervisor will provide you with additional information or training as necessary or deemed appropriate.

GENERAL RULES

1. If you are unsure of how to do a job, ask your supervisor.
 2. Do not take chances or work without the proper safeguards.
 3. Work at a speed that is safe for job conditions.
 4. Watch for hazardous conditions and report them immediately.
 5. Be sure to report all injuries, no matter how minor, to your supervisor.
- ### EMPLOYEE PERSONAL SAFETY
1. Be in good physical condition before starting work; get adequate sleep.
 2. Keep as clean as possible when handling chemicals, oil, cleaners or paint.
 3. Wash thoroughly before meals, especially after handling materials that may be hazardous to your health.
 4. Wear appropriate clothing for the job to be accomplished. Loose clothing, rings and jewelry may be dangerous around machinery when in operation.
 5. All employees should know the location of First Aid Kits and Fire Extinguisher and how to use them.
 6. Gloves shall be worn at all times when handling rough or caustic materials.

EQUIPMENT AND VEHICLE SAFETY

1. Safety chains shall be used at all times when towing equipment on the highway.
2. Employees shall exercise safety precautions at all times while operating vehicles and equipment.
3. There shall be no smoking when fueling vehicles or using combustible materials.
4. Vehicles shall be checked each morning as to condition of fuel, tires, oil, battery, turn signals, lights, brakes and safety equipment, windshield wipers and washers.
5. No vehicles shall be fueled while engine is running.
6. Smoking or open flame is prohibited within 25 feet of fueling operations.
7. Radiator pressure shall be released by loosening cap or cooling with water before the cap is completely removed.
8. Use your seat belts on the highway.
9. Check to rear of vehicles before getting in to back up.
10. Always drive defensively. Speed shall be safe for existing road conditions.
11. Road signs and vehicle code will be obeyed at all times.
12. Drivers will ensure that their vehicles are in good operating condition at all times. Operators will report any malfunctions to their supervisor.
13. Vehicles shall be adequately secured against accidental starting or movement when left unattended.
14. Keep all vehicles clear of trash and litter. All tools and equipment shall be properly guarded, stowed and securely fastened when transported with personnel.

HOUSEKEEPING

1. All work areas shall be cleared of unnecessary obstacles.
2. Ensure proper lighting when working.
3. Always return materials to their proper places. Ensure that your work area is clean and safe when you leave it.
4. Pick up objects and wipe up spills from the floor.
5. Do not carry loads over which you cannot see.
6. Use step ladders or step stools for high reaching.

MATERIAL HANDLING

1. Do not attempt to handle more than you can handle.
2. When lifting heavy or bulky items manually, keep your back straight and lift with leg muscles. Avoid twisting the body when carrying loads.
3. Avoid standing or passing under suspended loads.
4. Worn or frayed fiber or wire rope shall not be used for hoisting.
5. All materials stored in bags, containers, or bundles, stored in tiers shall be stacked, blocked, interlocked and limited in height so that it is stable and otherwise secured against sliding or collapse.
6. Flammable liquids and grease shall be stored separated from other stored materials.

TOOLS AND MACHINES

1. Use only hand tools which are safe. Worn or defective tools should always be replaced or repaired.
2. Always use the correct tool for the job you are doing. Think about doing things the safest way.
3. Keep tools clean and free from defects. Striking tools shall be free of mushroomed or burred heads.
4. Safety glasses, goggles or face shield shall be used while working with grinders, buffers, saws, hazardous chemicals or activities causing possible eye injury.
5. Adequate distance shall be maintained at all times between workers using picks, shovels, knives or similar tools.
6. Electric arc welding and cutting, hydrogen welding and similar operations shall require helmets or shields designed to protect the head and fitted with secure glasses or appropriate shield.
7. Pencil, pen points, scissors, etc., should be carried in such a manner that the sharp points cannot cause puncture wounds to yourself or others. Carry them point down in pocket and not between fingers with point in palm of hand.

PAINT

1. Packages containing paints, lacquers, varnishes, thinners or other volatile painting materials shall be kept tightly closed when not in actual use.
2. Sealed containers of paints, varnishes, lacquers, thinners and other flammable paint materials shall be kept in a well-ventilated location, free from excessive heat, smoke, sparks, flame or direct rays of the sun.
3. No smoking or open flame, exposed heating elements, or other sources of ignition of any kind shall be permitted in areas where spray painting is done.
4. The same precautions shall be taken in the storage of flammable paints as those taken in the storage of other flammable liquids.

LADDERS

1. Always use a ladder with the correct type of safety feet for the surface.
2. Check the ladder for weak or damaged rails and loose or broken rungs., Do not makeshift a ladder.
3. While climbing, face the ladder and use both hands.

4. Stay within safe limits of balance and never shift a ladder while your weight is on it.
5. Metal ladders shall not be used when working on or near electrical equipment.
6. Ensure that your hands and the bottoms of your shoes are free from dirt and grease before climbing a ladder.
7. Wooden ladders shall not be painted.

ELECTRICAL SAFETY

1. Take utmost precaution when working with electricity.
 - a. Always seek help if you are unsure of what you are doing.
 - b. Remember that most of the electrical switch boxes are high in volts. Carelessness can result in death from electrical shock.
2. Electrical tools shall not be operated where danger of flammable vapors, gasses and liquids exist, or where dust or water is present.
3. Electrical equipment repairs shall be made only by qualified personnel.
4. Use only properly grounded electrical tools.
5. Metal ladders shall not be used in the vicinity of electrical circuits in places where they may come into contact with them.
6. Report short circuits and damaged cords immediately.

FIRE PREVENTION.

1. Observe "No Smoking" regulations where posted.
2. Flame welding operations such as blow torches, welders, cutting equipment or any other source of ignition shall not be used within 25 feet of vapors, gasses, or liquids which may ignite.
3. Fire extinguishers are posted conspicuously in building areas. Always be aware of the types of fire fighting equipment around you and learn to use them.
4. Fire exits shall be kept clean and ready for immediate use.
5. Use First Aid equipment. Quick first aid, properly applied, reduces suffering and may save a lift.

REPORTABILITY

1. Report all accidents to your supervisor.
2. Report all unsafe or broken tools or equipment to your Supervisor.

SECTION XI

SELF-INSPECTION CHECK LISTS

SECTION XI
SELF-INSPECTION CHECK LISTS

EMPLOYER POSTING

- Is the CAL/OSHA Poster "Safety and Health Protection on the Job" displayed in a prominent location where all employees are likely to see it?
 - Are emergency telephone numbers posted where they can be readily found in case of emergency?
 - Where employees may be exposed to any toxic substances or harmful physical agents, has appropriate information concerning employee access to medical and exposure records, and "Material Safety Data Sheets", etc., been posted or otherwise made readily available to affected employees?
 - Are signs concerning "Exiting from buildings", room capacities, floor loading, exposures to x-ray, microwave, or other harmful radiation or substances posted where appropriate?
 - Are other California posters properly displayed, such as:
Industrial Welfare Commission orders regulating wage, hours, and working conditions?
 - Discrimination in employment prohibited by law?
 - Notice to employees of unemployment and disability insurance?
Payday Notice?
- Summary of occupational injuries and illnesses posted in the month of February?

RECORDKEEPING

- Are all occupational injury or illnesses, except minor injuries requiring only first aid, being recorded as required on the Cal/OSHA Form 200?
- Are employee medical records and records of employee exposure to hazardous substances or harmful physical agents up-to-date?
- Have arrangements been made to maintain required records for the legal period of time for each specific type record? (Some records must be maintained for at least 40 years.)
- Are operating permits and records up-to-date for such items as elevators, air pressure tanks, liquefied petroleum gas tank, etc.?

SAFETY AND HEALTH PROGRAM

- Do you have an active safety and health program in operation?
- Is one person clearly responsible for the overall activities of the safety and health program?
- Do you have a safety committee or group made up of management and labor representatives that meet regularly and report in writing on its activities?
- Do you have a working procedure for handling in-house employee complaints regarding safety and health?
- Are you keeping your employees advised of the successful effort and accomplishments you and/or your safety committee have made in assuring they will have a workplace that is safety and healthful?

MEDICAL SERVICES AND FIRST AID

- Do you require each employee to have a pre-employment physical examination?
- Is there a hospital, clinic, or infirmary for medical care in proximity of your workplace?
- If medical and first aid facilities are not in proximity of your workplace, is at least one employee on each shift currently qualified to render first aid?

Worksite Injury Prevention Program

- Are medical personnel readily available for advice and consultation on matters of employees' health?
- Are emergency phone numbers posted?
- Are first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed?
- Have first aid kit supplies been approved by a physician, indicating that they are adequate for a particular area or operation?
- Are means provided for quick drenching or flushing of the eyes and body in areas where corrosive liquids or materials are handled?

FIRE PROTECTION

- Is your local fire department well acquainted with your facilities, its location and specific hazards?
- If you have a fire alarm system is it certified as required?
- If you have a fire alarm system, is it tested at least annually?
- If you have interior stand pipes and valves, are they inspected regularly?
- If you have outside private fire hydrants, are they flushed at least once a year and on a routine preventive maintenance schedule?
- Are fire doors and shutters in good operating condition?
- Are fire doors and shutters unobstructed and protected against obstructions, including their counterweights?
- Are fire doors and shutter fusible links in place?
- Are automatic sprinkler system water control valves, air and water pressures checked weekly/periodically as required?
- Is the maintenance of automatic sprinkler systems assigned to responsible person or to a sprinkler contractor?
- Are sprinkler heads protected by metal guards, when exposed to physical damage?
- Is proper clearance maintained below sprinkler heads?
- Are portable fire extinguishers provided in adequate number and type?
- Are fire extinguishers mounted in readily accessible locations?
- Are fire extinguishers recharged regularly and noted on the inspection tag?
- Are employees periodically instructed in the use of extinguishers and fire protection procedures?

PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING

- Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials?
- Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?
- Are employees who need corrective lenses (glasses or contacts) in working environments having harmful exposures, required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures?
- Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids and chemicals?
- Are hard hats provided and worn where danger of falling objects exists?
- Are hard hats inspected periodically for damage to the shell and suspension system?
- Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, poisonous substances, falling objects, crushing or penetrating actions?
- Are approved respirators provided for regular or emergency use where needed?
- Is all protective equipment maintained in a sanitary condition and ready for use?
- Do you have eye wash facilities and a quick Drench Shower within the work area where employees are exposed to injurious corrosive materials?
- Where special equipment is needed for electrical workers, is it available?
- When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?
- Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the Cal/OSHA noise standard?

Worksite Injury Prevention Program

- Are manhole covers, trench covers and similar covers, plus their supports designed to carry a truck rear axle load of at least 20,000 pounds when located in roadways and subject to vehicle traffic?
- Are floor or wall openings in fire resistive construction provided with doors or covers compatible with the fire rating of the structure and provided with self closing feature when appropriate?

STAIRS AND STAIRWAYS

- Are standard stair rails or handrails on all stairways having four or more risers?
- Are all stairways at least 22 inches wide?
- Do stairs have at least a 6'6" overhead clearance?
- Do stairs angle no more than 50 and no less than 30 degrees?
- Are stairs of hollow-pan type treads and landings filled to noising level with solid material?
- Are step risers on stairs uniform from top to bottom, with no riser spacing greater than 7-1/2 inches?
- Are Steps on stairs and stairways designed or provided with a surface that renders them slip resistant?
- Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?
- Do stairway handrails have at least 1-1/2 inches of clearance between the handrails and the wall or surface they are mounted on?
- Are Stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?
- Where stairs or stairways exit directly into any area where vehicles may be operated, are adequate barriers and warning provided to prevent employees stepping into the path of traffic?
- Do stairway landings have a dimension measured in the direction of travel, at least equal to the width of the stairway?
- Is the vertical distance between stairway landings limited to 12 feet or less?
- Is a stairway provided to the roof of each building four or more stories in height, provided the roof slope is 4 in 12 or less?

ELEVATED SURFACE

- Are signs posted, when appropriate, showing the elevated surface load capacity?
- Are surfaces elevated more than 30 inches above the floor or ground provided with standard guardrails?
- Are all elevated surfaces (beneath which people or machinery could be exposed to falling objects) provided with standard 4-inch toeboards?
- Is a permanent means of access and egress provided to elevated storage and work surfaces?
- Is required headroom provided where necessary?
- Is material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading?
- Are dock boards or bridge plates used when transferring materials between docks and trucks or rail cars?

EXITING OR EGRESS

- Are all exits marked with an exit sign and illuminated by a reliable light source?
- Are the directions to exits, when not immediately apparent, marked with visible signs?
- Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AN EXIT", "TO BASEMENT", "STOREROOM", etc.?
- Are exit signs provided with the word "EXIT" in lettering at least 5 inches high and the stroke of the lettering at least 1/2 inch wide?
- Are exit doors side-hinged?
- Are all exits kept free of obstructions?
- Are at least two means of egress provided from elevated platforms, pits or rooms where the absence of a second exit would increase the risk of injury from hot, poisonous, corrosive, suffocating, flammable, or explosive substances?
- Are there sufficient exits to permit prompt escape in case of emergency?

Worksite Injury Prevention Program

- Are the rungs of ladders uniformly spaced at 12 inches center to center?

HAND TOOLS AND EQUIPMENT

- Are all tools and equipment (both company and employee-owned) used by employees at their workplace in good condition?
- Are hand tools such as chisels, punches, etc. which develop mushroomed heads during use, reconditioned or replaced as necessary?
- Are broken or fractured handles on hammers, axes and similar equipment replaced promptly?
- Are worn or bent wrenches replaced regularly?
- Are appropriate handles used on files and similar tools?
- Are employees made aware of the hazards caused by faulty or improperly used hand tools?
- Are appropriate safety glasses, face shields, etc. used while using hand tools or equipment which might produce flying materials or be subject to breakage?
- Are jacks checked periodically to assure they are in good operating condition?
- Are tool handles wedged tightly in the head of all tools?
- Are tool cutting edges kept sharp so the tool will move smoothly without binding or skipping?
- Are tools stored in dry, secure location where they won't be tampered with?
- Is eye and face protection used when driving hardened or tempered spuds or nails?

PORTABLE (POWER OPERATED) TOOLS AND EQUIPMENT

- Are grinders, saws and similar equipment provided with appropriate safety guards?
- Are power tools used with the correct shield, guard, or attachment, recommended by the manufacturer?
- Are portable circular saws equipped with guards above and below the base shoe?
- Are circular saw guards checked to assure they are not wedged up, thus leaving the lower portion of the blade unguarded?
- Are rotating or moving parts of equipment guarded to prevent physical contact?
- Are all cord-connected, electrically-operated tools and equipment effectively grounded or of the approved double insulated type?
- Are effective guards in place over belts, pulleys, chains, sprockets, or equipment such as concrete mixers, air compressors, etc.?
- Are portable fans provided with full guards or screens having openings 1/2 inch or less?
- Is hoisting equipment available and used for lifting heavy objects, and are hoist rating and characteristics appropriate for the task?
- Are ground-fault circuit interrupters provided on all temporary electrical 15 and 20 ampere circuits, used during periods of construction?
- Are pneumatic and hydraulic hoses on power-operated tools checked regularly for deterioration or damage?

ABRASIVE WHEEL EQUIPMENT--GRINDERS

- Is the work rest used and kept adjusted to within 1/8 inc of the wheel?
- Is the adjustable tongue on the top side of the grinder used and kept adjusted to within 1/4 inch of the wheel?
- Do side guards cover the spindle, nut, and flange and 75 percent of the wheel diameter?
- Are bench and pedestal grinders permanently mounted?
- Are goggles or face shields always worn when grinding?
- Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the grinder motor?
- Are fixed or permanently mounted grinders connected to their electrical supply system with metallic conduit or other permanent wiring method?
- Does each grinder have an individual on and off control switch?
- Is each electrically operated grinder effectively grounded?

Worksite Injury Prevention Program

- Are saws used for ripping, equipped with anti-kick back devices and spreaders?
- Are radial arm saws so arranged that the cutting head will gently return to the back of the table when released?

LOCKOUT BLOCKOUT PROCEDURES

- Is all machinery or equipment capable of movement, required to be de-energized or disengaged and blocked or locked-out during cleaning, servicing, adjusting or setting up operations, whenever required?
- Where the power disconnecting means for equipment does not also disconnect the electrical control circuit:
- Are the appropriate electrical enclosures identified?
- Is means provided to assure the control circuit can also be disconnected and locked-out??
- Is the locking-out of control circuits in lieu of locking-out main power disconnects prohibited?
- Are all equipment control valve handles provided with a means for locking-out?
- Does the lock-out procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked-out for repairs?
- Are appropriate employees provided with individually keyed personal safety locks?
- Are employees required to keep personal control of their key(s) while they have safety locks in use?
- Is it required that only the employee exposed to the hazard, place or remove the safety lock?
- Is it required that employees check the safety of the lock-out by attempting a start up after making sure no one is exposed?
- Are employees instructed to always push the control circuit stop button prior to re-energizing the main power switch?
- Is there a means provided to identify any or all employees who are working on locked-out equipment by their locks or accompanying tags?
- Are a sufficient number of accident preventive signs or tags and safety padlocks provided for any reasonably foreseeable repair emergency?
- When machine operations, configuration or size requires the operator to leave his or her control station to install tools or perform other operations, and that part of the machine could move if accidentally activated, is such element required to be separately locked or blocked out?
- In the event that equipment or lines cannot be shut down, locked-out and tagged, is a safety job procedure established and rigidly flowed?

WELDING, CUTTING AND BRAZING

- Are only authorized and trained personnel permitted to use welding, cutting or brazing equipment?
- Does each operator have a copy of the appropriate operating instructions and are they directed to follow them?
- Are compressed gas cylinders regularly examined for obvious signs of defects, deep rusting; or leakage?
- Is care used in handling and storage of cylinders, safety valves, relief valves, etc., to prevent damage?
- Are precautions taken to prevent the mixture of air or oxygen with flammable gases, except at a burner or in a standard torch?
- Are only approved apparatus (torches, regulators, pressure-reducing valves, acetylene generators, manifolds) used?
- Are cylinders kept away from sources of heat?
- Are the cylinders kept away from elevators, stairs, or gangways?
- Is it prohibited to use cylinders as rollers or supports?
- Are empty cylinders appropriately marked and their valves closed?
- Are signs reading: DANGER--NO SMOKING, MATCHES, OR OPEN LIGHTS, or the equivalent, posted?
- Are cylinders, cylinder valves, couplings, regulators, hoses, and apparatus kept free of oily or greasy substances?
- Is care taken not to drop or strike cylinders?
- Unless secured on special trucks, are regulators removed and valve-protection caps put in place before moving cylinders?
- Do cylinders without fixed hand wheels have keys, handles, or non-adjustable wrenches on stem valves when in service?
- Are liquefied gases stored and shipped valve-end up with valve covers in place?

Worksite Injury Prevention Program

- When compressed air is used to inflate auto tires, is a clip-on chuck and an inline regulator preset to 40 psi required?
- Is it prohibited to use compressed air to clean up or move combustible dust if such action could cause the dust to be suspended in the air and cause a fire or explosion hazard?

COMPRESSED AIR RECEIVERS

- Is every receiver equipped with a pressure gauge and with one or more automatic, spring-loaded safety valves?
- Is the total relieving capacity of the safety valve capable of preventing pressure in the receiver from exceeding the maximum allowable working pressure of the receiver by more than 10%?
- Is every air receiver provided with a drain pipe and valve at the lowest point for the removal of accumulated oil and water?
- Are compressed air receivers periodically drained of moisture and oil?
- Are all safety valves tested frequently and at regular intervals to determine whether they are in good operating condition?
- Is there a current operating permit issued by the Division of Occupational Safety and Health?
- Is the inlet of air receivers and piping systems kept free of accumulated oil and carbonaceous materials?

COMPRESSED GAS CYLINDERS

- Are cylinders with a water weight capacity over 30 pounds, equipped with means for connecting a valve protector device, or with a collar or recess to protect the valve?
- Are cylinders legibly marked to clearly identify the gas contained?
- Are compressed gas cylinders stored in areas which are protected from external heat sources such as flame impingement, intense radiant heat, electric arcs, or high temperature lines?
- Are cylinders located or stored in areas where they will not be damaged by passing or falling objects or subject to tampering by unauthorized persons?
- Are cylinders stored or transported in a manner to prevent them creating a hazard by tipping, falling or rolling?
- Are cylinders containing liquefied fuel gas, stored or transported in a position so that the safety relief device is always in direct contact with the vapor space in the cylinder?
- Are valve protectors always placed on cylinders when the cylinders are not in use or connected for use?
- Are all valves closed off before a cylinder is moved, when the cylinder is empty, and at the completion of each job?
- Are low pressure fuel-gas cylinders checked periodically for corrosion, general distortion, cracks, or any other defect that might indicate a weakness or render it unfit for service?
- Does the periodic check of low pressure fuel-gas cylinders include a close inspection of the cylinders' bottom?

HOIST AND AUXILIARY EQUIPMENT

- Is each overhead electric hoist equipped with a limit device to stop the hook travel at its highest and lowest point of safe travel?
- Will each hoist automatically stop and hold any load up to 125 percent of its rated load, if its cutting force is removed?
- Is the rated load of each hoist legibly marked and visible to the operator?
- Are stops provided at the safe limit of travel for trolley hoist?
- Are the controls of hoist plainly marked to indicate the direction of travel or motion?
- Is each cage-controlled hoist equipped with an effective warning device?
- Are close-fitting guards or other suitable devices installed on hoist to assure hoist ropes will be maintained in the sheave grooves?
- Are all hoist chains or ropes of sufficient length to handle the full range of movement for the application while still maintaining two full wraps on the drum at all times?
- Are nip points or contact points between hoist ropes and sheaves which are permanently located within seven feet of the floor, ground or working platform, guarded?

ENTERING CONFINED SPACES

- Are confined spaces thoroughly emptied of any corrosive or hazardous substances, such as acids or caustics, before entry?
- Are all lines to a confined space, containing inert, toxic, flammable, or corrosive materials valved off and blanked or disconnected and separated before entry?
- Is it required that all impellers, agitators, or other moving equipment inside confined spaces be locked-out if they present a hazard?
- Is either natural or mechanical ventilation provided prior to confined space entry?
- Are appropriate atmospheric tests performed to check for: oxygen deficiency, toxic substance and explosive concentrations in the confined space before entry?
- Is adequate illumination provided for the work to be performed in the confined space?
- Is the atmosphere inside the confined space frequently tested or continuously monitored during conduct of work?
- Is there an assigned safety standby employee outside of the confined space, when required, whose sole responsibility is to watch the work in progress, sound an alarm if necessary, and render assistance?
- Is the standby employee appropriately trained and equipped to handle an emergency?
- Is the standby employee or other employees prohibited from entering the confined space without lifelines and respiratory equipment if there is any question as to the cause of an emergency?
- Is approved respiratory equipment required if the atmosphere inside the confined space cannot be made acceptable?
- Is all portable electrical equipment used inside confined spaces either grounded and insulated, or equipped with ground fault protection?
- Before gas welding or burning is started in a confined space, are hoses checked for leaks, compressed gas bottles forbidden inside of the confined space, torches lighted only outside of the confined area and the confined area tested for an explosive atmosphere each time before a lighted torch is to be taken into the confined space?
- If employees will be using oxygen consuming equipment such as salamanders, torches, furnaces, etc., in a confined space, is sufficient air provided to assure combustion without reducing the oxygen concentration of the atmosphere below 19.5 percent by volume?
- Whenever combustion type equipment is used in a confined space, are provisions made to ensure the exhaust gases are vented outside of the enclosure?
- Is each confined space checked for decaying vegetation or animal matter which may produce methane?
- Is the confined space checked for possible industrial waste which could contain toxic properties?
- If the confined space is below the ground and near areas where motor vehicles will be operating, is it possible for vehicle exhaust or carbon monoxide to enter the space?

ENVIRONMENTAL CONTROLS

- Are all work areas properly illuminated?
- Are employees instructed in proper first aid and other emergency procedures?
- Are hazardous substances identified which may cause harm by inhalation, ingestion, skin absorption or contact?
- Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics, etc?
- Is employee exposure to chemicals in the workplace kept within acceptable levels?
- Can a less harmful method or product be used?
- Is the work area's ventilation system appropriate for the work being performed?
- Are spray painting operations done in spray rooms or booths equipped with appropriate exhaust system?
- Is employee exposure to welding fumes controlled by ventilation, use of respirators, exposure time, or other means?
- Are welders and other workers nearby provided with flash shields during welding operations?
- If forklifts and to other vehicles are used in buildings or other enclosed areas, are the carbon monoxide levels kept below maximum acceptable concentration?
- Has there been a determination that noise levels in the facilities are within acceptable levels?
- Are steps being taken to use engineering controls to reduce excessive noise levels?
- Are proper precautions being taken when handling asbestos and other fibrous materials?
- Are caution labels and signs used to warn of asbestos?

Worksite Injury Prevention Program

- Where sprinkler systems are permanently installed, are the nozzle heads so directed or arranged that water will not be sprayed into operating electrical switch boards and equipment?
- Are "NO SMOKING" signs posted where appropriate in areas where flammable or combustible materials are used or stored?
- Are safety cans used for dispensing flammable or combustible liquids at a point of use?
- Are all spills of flammable or combustible liquids cleaned up promptly?
- Are storage tanks adequately vented to prevent the development of excessive vacuum or pressure as a result of filling, emptying, or atmosphere temperature changes?
- Are storage tanks equipped with emergency venting that will relieve excessive internal pressure caused by fire exposure?
- Are "NO SMOKING" rules enforced in areas involving storage and use of hazardous materials?

HAZARDOUS CHEMICAL EXPOSURES

- Are employees trained in the safe handling practices of hazardous chemicals such as acids, caustics, etc.?
- Are employees aware of the potential hazards involving various chemicals stored or used in the workplace such as acids, bases, caustics, epoxies, phenols, etc.?
- Is employee exposure to chemicals kept within acceptable levels?
- Are eye wash fountains and safety showers provided in areas where corrosive chemicals are handled?
- Are all containers, such as vats, storage tanks, etc. labeled as to their contents, e.g. "CAUSTICS"?
- Are all employees required to use personal protective clothing and equipment when handling chemicals (gloves, eye protection, respirators, etc.)?
- Are flammable or toxic chemicals kept in closed containers when not in use?
- Are chemical piping systems clearly marked as to their contents?
- Where corrosive liquids are frequently handled in open containers or drawn from storage vessels or pipe lines, is adequate means readily available for neutralizing or disposing of spills or overflows properly and safely?
- Have standard operating procedures been established and are they being followed when cleaning up chemical spills?
- Where needed for emergency use, are respirators stored in a convenient, clean and sanitary location?
- Are respirators intended for emergency use adequate for the various uses for which they may be needed?
- Are employees prohibited from eating in areas where hazardous chemicals are present?
- Is personal protective equipment provided, used and maintained whenever necessary?
- Are there written standard operating procedures for the selection and use of respirators where needed?
- If you have a respirator protection program, are your employees instructed on the correct usage and limitations of the respirators? Are the respirators NIOSH approved for this particular application? Are they regularly inspected and cleaned, sanitized and maintained?
- If hazardous substances are used in your processes, do you have a medical or biological monitoring system in operation?
- Are you familiar with the Threshold Limit Values or Permissible Exposure Limits of airborne contaminants and physical agents used in your workplace?
- Have control procedures been instituted for hazardous materials, where appropriate, such as respirators, ventilation systems, handling practices, etc.?
- Whenever possible are hazardous substances handled in properly designed and exhausted booths or similar locations?
- Do you use general dilution or local exhaust ventilation systems to control dusts, vapors, gases, fumes, smoke, solvents or mists which may be generated in your workplace?
- Is ventilation equipment provided for removal of contaminants from such operations as: production grinding, buffing, spray painting, and/or vapor degreasing, and is it operating properly?
- Do employees complain about dizziness, headaches, nausea, irritation, or other factors of discomfort when they use solvents or other chemicals?
- Is there a dermatitis problem? Do employees complain about dryness, irritation, or sensitization of the skin?
- Have you considered the use of an industrial hygienist or environmental health specialist to evaluate your operation?
- If internal combustion engines are used, is carbon monoxide kept within acceptable levels?
- Is vacuuming used, rather than blowing or sweeping dusts whenever possible for clean-up?

Worksite Injury Prevention Program

- Are all unused openings (including conduit knockouts) in electrical enclosures and fittings closed with appropriate covers, plugs or plates?
- Are disconnecting switches for electrical motors in excess of two horsepower, capable of opening the circuit when the motor is in a stalled condition, without exploding? (Switches must be horsepower rated equal to or in excess the of the motor hp rating.)
- Is low voltage protection provided in the control device of motors driving machines or equipment which could cause probable injury from inadvertent starting?
- Is each motor disconnecting switch or circuit breaker located within sight of the motor control device?
- Is each motor located within sight of its controller or the controller disconnecting means capable of being locked in the open position or is a separate disconnecting means installed in the circuit within sight of the motor?
- Is the controller for each motor in excess of two horsepower, rated in horsepower equal to or in excess of the rating of the motor it serves?
- Are employees who regularly work on or around energized electrical equipment or line instructed in the cardio-pulmonary resuscitation (CPR) methods?
- Are employees prohibited from working alone on energized lines or equipment over 600 volts?

NOISE

- Are there areas in the workplace where continuous noise levels exceed 85dBA?
(To determine maximum allowable levels for intermittent or impact noise, see Title 8 CAC Section 5097).
- Is there an ongoing preventive health program to educate employees in: safe levels of noise exposures; effects of noise on their health; and the use of personal protection?
- Have work areas where noise levels make voice communication between employees difficult been identified and posted?
- Are noise levels being measured using a sound level meter or an octave band analyzer and records being kept?
- Have engineering controls been used to reduce excessive noise levels? Where engineering controls are determined to not be feasible, are administrative controls (i.e. worker rotation) being used to minimize individual employee exposure to noise?
- Is approved hearing protective equipment (noise attenuating devices) available to every employee working in noisy areas?
- Have you tried isolating noisy machinery from the rest of your operation?
- If you use ear protectors, are employees properly fitted and instructed in their use?
- Are employees in high noise areas given periodic audiometric testing to ensure that you have an effective hearing protection system?

FUELING

- Is it prohibited to fuel an internal combustion engine with a flammable liquid while the engine is running?
- Are fueling operations done in such a manner that likelihood of spillage will be minimal?
- When spillage occurs during fueling operations, is the spilled fuel washed away completely, evaporated, or other measures taken to control vapors before restarting the engine?
- Are fuel tank caps replaced and secured before starting the engine?
- In fueling operations is there always metal contact between the container and the fuel tank?
- Are fueling hoses of a type designed to handle the specific type of fuel?
- Is it prohibited to handle or transfer gasoline in open containers?
- Are open lights, open flames, or sparking, or arcing equipment prohibited near fueling or transfer of fuel operations?
- Is smoking prohibited in the vicinity of fueling operations?
- Are fueling operations prohibited in building or other enclosed areas that are not specifically ventilated for this purpose?
- Where fueling or transfer of fuel is done through a gravity flow system, are the nozzles of the self-closing type?

Worksite Injury Prevention Program

- Are employees transport vehicles equipped at all times with at least two reflective type flares?
- Is a full charged fire extinguisher, in good condition, with at least 4B:C rating maintained in each employee transport vehicle?
- When cutting tools or tools with sharp edges are carried in passenger compartments of employee transport vehicles, are they placed in closed boxes or containers which are secured in place?
- Are employees prohibited from riding on top of any load which can shift, topple, or otherwise become unstable?

CONTROL OF HARMFUL SUBSTANCES BY VENTILATION

- Is the volume and velocity of air in each exhaust system sufficient to gather the dusts, fumes, mists, vapors or gases to be controlled, and to convey them to a suitable point of disposal?
- Are exhaust inlets, ducts and plenums designed, constructed, and supported to prevent collapse or failure of any part of the system?
- Are clean-out ports or doors provided at intervals not to exceed 12 feet in all horizontal runs of exhaust ducts?
- Where two or more different type of operations are being controlled through the same exhaust system, will the combination of substances being controlled, constitute a fire, explosion or chemical reaction hazard in the ducts?
- Is adequate makeup air provided to areas where exhaust systems are operating?
- Is the source point for makeup air located so that only clean, fresh air, which is free of contaminants, will enter the work environment?
- Where two or more ventilation systems are serving a work area, is their operation such that one will not offset the functions of the other?

SANITIZING EQUIPMENT AND CLOTHING

- Is personal protective clothing or equipment that employees are required to wear or use, of a type capable of being cleaned easily and disinfected?
- Are employees prohibited from interchanging personal protective clothing or equipment, unless it has been properly cleaned?
- Are machines and equipment, which processes, handles or applies materials which could be injurious to employees, cleaned and/or decontaminated before being overhauled or placed in storage?
- Are employees prohibited from smoking or eating in any area where contaminants that could be injurious if ingested are present?
- When employees are required to change from street clothing into protective clothing, is a clean change room with separate storage facility for street and protective clothing provided?
- Are employees required to shower and wash their hair as soon as possible after a known contacts has occurred with a carcinogen?
- When equipment, materials, or other items are taken into or removed from a carcinogen regulated area, is it done in a manner that will not contaminate non-regulated areas or the external environment?

TIRE INFLATION

- Where tires are mounted and/or on drop center wheels, is a safe practice procedure posted and enforced?
- Where tires are mounted and/or inflated on wheels with split rims and/or retainer rings, is a safe practice procedure posted and enforced?
- Does each tire inflation hose have a clip-on chuck with at least 24 inches of hose between the chuck and an in-line hand valve and gauge?
- Does the tire inflation control valve automatically shutoff the air flow when the valve is released?
- Is a tire restraining device such as a cage, rack or other effective means used while inflating tires mounted on split rims, or rims using retainer rings?
- Are employees strictly forbidden from taking a position directly over or in front of a tire while it's being inflated?

APPENDIX

APPENDIX A

**PARTICIPANT INJURY
PROCEDURES CHART
AND
REPORT FORM**

A. PARTICIPANT INJURY PROCEDURES

As required by District policy, on duty District employees will implement IMMEDIATE first aid measures in case of accident or injury.

The following procedures should be followed:

1. Dial 911 for emergency assistance in any case severe bleeding, loss of consciousness, chest pain or any bleeding from the ears, nose (severe) or mouth and a head injury. Injured persons often cannot judge the extent of their own injury.
 - a. After 911 is called, immediately notify:
 - o Your supervisor
 - o District Park Superintendent(Safety Coordinator)
 - o District Manager
2. First aid should be rendered within the ability of the employee. Never leave the injured. Send someone else for help.
3. As soon as the situation has stabilized, record the name, address and date of birth of the injured person. Write down a full objective description (use the words of the injured, if possible) of what happened and how. Obtain parents/guardians names and phone numbers. Record names, addresses and phone numbers of witnesses and write down their account of the incident.
4. District employees are NOT to transport the injured. Contact a relative or allow the responding Emergency Medical to personnel arrange for transportation. If it is absolutely necessary for a District employee to transport the injured, District authorization must be obtained.
5. DO NOT respond to questions or accusations concerning liability. Concentrate your efforts on care of the injured person and gathering information.
6. Prepare a Participant Report of Accident before completion of duty and leave with your supervisor or area coordinator.

If the seriousness of the accident is not readily known, ALWAYS treat the situation as if it were a serious injury. NEVER allow the seriously injured person to re-enter the game. The game becomes secondary to the care and well-being of the injured. Games can be re-scheduled. Medical emergencies cannot!

Every District employee MUST know and follow the proper procedures when a program participant is injured during a District provided or sponsored program. Therefore, it must be the employee's responsibility to adhere to these procedures.



PARTICIPANT REPORT OF ACCIDENT
(CONFIDENTIAL)

Name of Injured _____ Address _____ Sex: M F
 Home Phone _____ City _____ Age _____
 Date of Injury _____ Time Occurred _____ District Activity (When Injured) _____
 Parent/Guardian _____ Facility where Injury Occurred _____ Emergency
 Yes No

Description of Accident
 How did Accident Happen? Be specific! Use quotes.

Location

- Playground
- Park Tent
- Pool
- Ball Field
- Rec Bldg
- Gym
- Mount Yard
- Other: _____

Description

- Abrasion
- Bleb
- Cut
- Bruise
- Dislocation
- Sling
- Puncture
- Sprain
- Strain
- Swelling
- Fracture
- Other: _____

Names, Addresses and Phone Numbers of Witnesses

Report completed by: _____

Part Injured

- Ankle
- Arm
- Back
- Chest
- Chin
- Ear
- Finger
- Foot
- Hand
- Head
- Knee
- Leg
- Lip
- Mouth
- Neck
- Nose
- Shoulder
- Teeth
- Wrist
- Other: _____

IMMEDIATE ACTION TAKEN

No Action required

First Aid Given _____ What? _____

Taken to Hospital _____ by: _____

Taken to Doctor _____ by: _____ Hospital Taken To: _____

Taken Home _____ by: _____ Doctor seen: _____

Secondary Insurance Requested On: _____ Processed By: _____

Date Report Received _____ Safety Officer _____

ORIGINAL to District Safety Officer COPY to CAPRI

Participant Injury Follow-Up Report



**Feather River
Recreation & Park District**
1200 Myers Street, Oroville, California 95965

Contact Made by _____ Date _____

Summary of Contact _____

Contact Made by _____ Date _____

Summary of Contact _____

Aquatic Injury Follow-Up

Water Temperature at time of Accident: _____ pH of Water: _____ Turbidity of Water: _____

Witness' Comments:

1. When did you first see the accident victim? _____

2. Did you see the lifeguards respond and what did they do? _____

3. How far were you from the accident victim at the time of the emergency? _____
4. Other observations of the witness(es): _____

5. Names and addresses of witness(es): _____

APPENDIX B

PROPERTY LOSS/ DAMAGE REPORT

PROPERTY LOSS/ DAMAGE REPORT



**Feather River
Recreation & Park District**
1200 Myers Street, Oroville, California 95965

(CONFIDENTIAL)

Name of Offender _____ Address _____

Home Phone _____ City _____ Age _____ Sex M F

Date of Incident _____ Time of Injury _____ Day of Week _____ Fixed Assets: Item & #

KCSO Case # _____ Where Incident Occurred _____

Location _____
DESCRIPTION OF INCIDENT (LOSS/DAMAGE)

- Playground
- Park Turf
- Pool
- Ball Field
- Rest Room
- Gym
- Maint. Yard
- Other: _____

Type of Damage/
Loss _____
ACTION TO PREVENT RECURRENCE

Repair or
Replacement Cost _____

WITNESS (S)
1. _____ 2. _____ 3. _____

REPORT SUBMITTED BY _____ TITLE/POSITION _____ DATE _____

ACTION TAKEN _____ By: _____

Supervisor _____ Safety Officer _____

APPENDIX C

MOTOR VEHICLE ACCIDENT REPORT



**Feather River
Recreation & Park District**
1200 Myers Street, Oroville, California 95965

MOTOR VEHICLE ACCIDENT REPORT

TIME AND PLACE OF ACCIDENT

Time	Date	Place of Accident
City	State	Zip

DISTRICT DRIVER

Employee Name			
Home Address			
How long employed by District	Age	Position	
Supervisor	Driver's License Number	State	
Date License Expires	Was Employee Injured		
Nature of Injury			
Treating Facility	Transported By		

DISTRICT VEHICLE

License Number	Make	Model	Year
Other District Employees in Vehicle	Yes/No		

Names of Passengers (List Below)

DISTRICT DRIVER

Describe Damage	
Estimated Cost of Repairs	

OTHER DRIVER

Name [Redacted]
Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted]
Driver's License Number [Redacted] State [Redacted] Expiration Date [Redacted]
Insurance Carrier (Name, Address and Policy Number) [Redacted]
[Redacted]
[Redacted]
[Redacted]

DAMAGE TO OTHER VEHICLE OR PROPERTY

Vehicle or Property Damaged (Describe)
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Estimate of Repairs [Redacted]
Name of Vehicle or Property Owner [Redacted]
Vehicle License Number [Redacted] Make [Redacted] Year [Redacted] Model [Redacted]
Number of Occupants in Other Vehicle [Redacted] Property Location [Redacted]

OTHERS INJURED

Name [Redacted] Sex [Redacted] M/F [Redacted] Age [Redacted]
Address [Redacted]
City [Redacted] State [Redacted] Zip [Redacted]
Nature of Injury [Redacted]
Treating Facility [Redacted] Method or Person Transporting Injured [Redacted]

Name [Redacted] Sex [Redacted] M/F [Redacted] Age [Redacted]
Address [Redacted]
City [Redacted] State [Redacted] Zip [Redacted]
Nature of Injury [Redacted]
Treating Facility [Redacted] Method or Person Transporting Injured [Redacted]

Report ALL injuries and property damages: If more than two persons sustained or claimed injury or if more than two vehicles were involved in this accident, attach additional sheets to this form providing the necessary information (as included above) for each person and/or vehicle.

NEVER ADMIT FAULT

WITNESSES

Name Phone
Address City State Zip

FRRPD Employee Yes/No
Name Phone
Address City State Zip

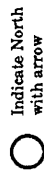
FRRPD Employee Yes/No
Name Phone
Address City State Zip

FRRPD Employee Yes/No

DISTRICT EMPLOYEE STATEMENT - HOW DID ACCIDENT OCCUR?

INDICATE ON THE DIAGRAM BELOW "WHAT, HOW, AND WHERE" THE ACCIDENT HAPPENED

- Instructions
1. Follow dotted lines to show outline of roadway at place of accident;
 2. Number each vehicle and show direction of travel by arrow;
 3. Use solid line to show path before accident and dotted line after accident;
 4. Show pedestrian with a "circle";
 5. Show railroad by _____ ;
 6. Show distance and direction to landmarks; identify landmarks by name and number.



On diagram District vehicle is car #1; other vehicle #2

Sature of District Employee _____ Date _____

Accident reviewed by District Safety Committee Yes/No

Recommendation(s) of Safety Committee

APPENDIX D

**EMPLOYEE INJURY:
FORMS, PROCEDURES
AND
GUIDELINES**



**Feather River
Recreation & Park District**
1200 Myers Street, Oroville, California 95965

SUPERVISOR'S REPORT OF EMPLOYEE ACCIDENT

(Use ballpoint pen and PRINT)

Name _____ S/S Number _____ Date of Injury _____
 Home Address _____ Time of Day _____
 Sex M/F Occupation _____ Home Phone _____ Day of Week _____
 Department/Regularly Employed _____ Date of Birth _____ Date Reported _____
 Wages _____ Is Employee Fulltime Y/N Date of Hire _____ Injured on Employer's Premises Y/N

CHECK APPROPRIATE BOXES:

LOCATION

MUNICIPAL AUDITORIUM
 NELSON RECREATION CENTER
 NELSON COMPLEX
 RIVER PARKWAY
 BEDROCK TENNIS COURTS
 FLATOWN USA
 MAINTENANCE SHOP
 RIVER BEND PARK
 MARTIN LUTHER KING, JR. PARK
 WYANDOTTE PARK
 PALERMO PARK
 PALERMO POOL
 NELSON POOL
 FOREBETOWN
 MITCHELL COMPLEX
 OTHER _____

DESCRIPTION OF INJURY

ABRASION PUNCTURE
 BITE SPRAIN
 BRUISE CUT
 STRAIN FRACTURE
 DISLOCATION NONE VISIBLE
 OTHER _____

PART OF BODY INJURED

ANKLE HIP
 ARM KNEE
 BACK LEG
 CHEST L/P
 CHIN MOUTH
 EAR NECK
 EYE NOSE
 FINGER SHOULDER
 FOOT TOOTH
 HAND WRIST
 HEAD OTHER _____

Sent to Physician By _____ Name of Physician _____
 Sent to Hospital By _____ Name of Hospital _____
 First Aid Only _____
 Sent Home _____

DESCRIPTION OF THE ACCIDENT (Be Specific)

How did accident happen? What was employee going?
 Where was employee? Specify machine or equipment involved.

NAMES, ADDRESSES AND PHONE NUMBERS OF WITNESSES

SAFETY OFFICER USE ONLY

DATE RECEIVED _____
 BY _____
 REMARKS _____

Employee's Signature _____ Date _____
 Supervisor's Signature _____ Date _____

(TYPE OR PRESS FIRMLY WITH BALLPOINT PEN)

EMPLOYEE INJURY: INSTRUCTION/PROCEDURES

Supervisor or designated District employee providing the "Employee's Claim for Worker's Compensation Benefits" form (DWC Form 1) to an injured District employee or volunteer, must complete Part I of these instructions within 24 hours of District notice of injury. Part II must be submitted (by supervisor) within one day of supervisor notification.

Part I

The following may be completed by any District employee present at the scene or informed of an employee or volunteer injury/illness:

1. "Employees Claim for Worker's Compensation Benefits" (DWC Form 1)
 - a. Complete lines 9 and 10
 - b. Give the form to the injured worker along with the Worker's Compensation Information Sheet.
2. District Receipt Form
 - a. Fill in injured worker's name.
 - b. Fill in date and time of injury.
 - c. Fill in date and time the District was first notified of the injury/illness.
 - d. Indicate First Aid ONLY or Medical Treatment (Medical Treatment is if the injured worker will be treated by a physician or medical facility.)
 - e. Fill in date and time "DWC form 1" was given to injured worker.
 - f. Sign the receipt.
 - g. Ask the injured worker to initial and date by his/her name.
(WARNING: The injured worker is not required to initial and sign this form. If he or she refuses, okay.)
 - h. Deliver this receipt to the District Office the same day of injury (after hours, put it under the front door at the District Office.)

Part II

The following forms are to be completed by the injured/fill employee's IMMEDIATE supervisor:

3. Supervisor's Report of Employee Accident (SREA):
 - a. The supervisor must complete this form. It is NOT to be completed by the injured/fill worker. Deliver this form to the District Office within 24 hours of your notice of injury/illness.
 - b. When describing the accident, ask the employee to describe to you what happened and write that account as closely as possible in the employee's own words. Do not attempt to interpret their words. Accuracy and completeness are essential.
 - c. Indicate exactly what was done for the injured/fill worker in the appropriate space at the bottom left of the form. **PLEASE PRINT CLEARLY.**
 - d. DO NOT hold this report for lack of employee description or signature. If the employee was seriously injured and unable to provide the requested information, complete this form as accurately as you can and submit it in the time period requested. Indicate that the employee was "Unable to provide an account of the injury at this time." Additional information can be obtained later. This report is vital and "time sensitive" for ALL medical injuries (a medical injury is: the injured either seeks or is sent for immediate medical treatment).
4. Supervisor's Accident Investigation Report (SAIR):
 - a. This report is to be completed and submitted to the Safety Officer within three days and after:
 - 1) Talking in depth with the injured worker,
 - 2) Visiting and evaluating the accident scene (look for any element that contributed to the accident).

Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

If you are injured or become ill because of your job, you are entitled to workers' compensation benefits.

Complete the "Employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may contact the State's Office of Benefit Assistance and Enforcement at 1-800-736-7401 if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the reverse of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

EMPLOYEE:

1. Name _____	Today's Date _____
2. Home Address _____	
3. City _____	State _____ Zip _____
4. Date of Injury _____	Time of Injury _____ a.m. _____ p.m.
5. Address/Place where injury happened _____	
6. Describe injury and part of body affected _____	
7. Signature of employee _____	

EMPLOYER: COMPLETE THIS SECTION AND GIVE THE EMPLOYEE A COPY IMMEDIATELY AS A RECEIPT.

8. Name and address of employer _____	
9. Date employer first knew of injury _____	
10. Date claim form was provided to employee _____	
11. Date employer received claim form _____	
12. Name and address of insurance carrier or adjusting agency _____	
13. Signature of Employer Representative _____	
14. Title _____	15. Telephone _____

EMPLOYER: You are required to date this form and provide copies to your insurer and to the employee, dependent or representative who filed the claim within one working day of receipt of completed form from employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

DWC Form 1 (1/1/90)

January 1, 1990, state law requires that every employee injured or ill while in performance of their normal and customary job duties, must receive this form within 24 hours of employer's first notification of injury/illness. "First Notice of Injury" is the time/date another District employee is aware of the injury. District supervisor's are required to provide this form to the injured/ill worker they supervise. Along with this form, the supervisor must complete other injury reporting documents.

WORKER'S COMPENSATION BENEFITS

MEDICAL CARE. Your employer will arrange for medical care, and all costs are paid directly by your employer's insurance company, so you should never see a bill. All medical treatment to cure or relieve your condition will be provided without a deductible or dollar limit.

PAYMENT FOR LOST WAGES. If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Temporary disability payments are two-thirds of your average weekly pay, up to a maximum set by state law. (Some employees are entitled to receive full salary in lieu of temporary disability payments.) Payments are not made for the first three days you are disabled unless you are hospitalized as an inpatient or unable to work for more than 14 days.

REHABILITATION. If the injury or illness prevents you from returning to the same job, you may qualify for vocational rehabilitation benefits, with all costs paid by your employer's insurance company.

PAYMENT FOR PERMANENT DISABILITY. If the injury or illness results in a permanent handicap, permanent disability payments will be necessary after recovery.

DEATH BENEFITS. If the injury results in death, a benefit will be paid to surviving dependents.

If you need assistance completing this form, or have a question regarding your benefits, please contact the State Office of Benefit Assistance and Enforcement by calling toll-free, 1-800-736-7401. This service is provided to you at no cost. You also have the right to consult an attorney.

This information is on the reverse side of the 'DWC Form 1' (Worker's Compensation Claim Form). It provides the injured worker additional information relative to their rights as an injured worker" and provides the means to file a formal claim. Filing of this form is the sole responsibility of the injured worker.

ACCIDENT INFORMATION

As required by District policy, on-duty District employees will implement IMMEDIATE First Aid measures in case of accident or injury. The following procedures should be followed:

1. For Emergency care, dial 911. Emergency care is required for; severe bleeding, loss of consciousness, chest pain, or a head injury with severe bleeding from the ears, nose or mouth. Injured persons often cannot judge the extent of their own injury.

a. Immediately after calling 911 notify:

- * Your supervisor
- * District Safety Officer (533-2011)

2. First aid should be rendered within the ability of the employee present. Never leave the injured alone, send someone else for help.

MEDICAL FACILITIES IN CASE OF DISTRICT EMPLOYEE/VOLUNTEER INJURY/ILLNESS

Oroville Hospital/Premier Health clinic
1940 Feather River BLVD.
Oroville, CA 95965
532-8824

WORKER'S COMPENSATION ADMINISTRATOR

Keenan and Associates, 2002 North Gateway Blvd., Suite 109, Fresno, CA 93272, (209) 251-4249

Every work related employee or volunteer injury must be reported to the District within "24 hours".

VEHICLE ACCIDENT: Stop and give medical assistance, if needed. Call 911 (if medical help is needed), then call the District Office (533-2011). If after hours, call District Safety Officer. (ALWAYS insist that a police report be taken). Complete your "Vehicle Accident Report Kit".

EMPLOYEE ACCIDENT: Seek medical treatment as needed. Contact your supervisor immediately or the District Office (533-2011). If after hours and you are unable to contact your supervisor, contact the District Safety Officer. Complete Part 1 of the "Employee/Volunteer Injury Kit."

PARTICIPANT ACCIDENT: Provide emergency assistance as needed. In an emergency, notify the District Office (533-2011), or if after hours, call the District Safety Officer. Complete the "Participant Report of Accident".

LIABILITY: NEVER admit liability or fault for an accident or injury and NEVER promise that medical or hospital bills will be paid by the District. Remember, you are an extension of the District, guilt or fault will be determined by others at a later date.

The procedures described above are provided to ensure that each District employee is aware of the appropriate actions required of them in case of accident or injury. These guidelines reference all District accidents and injuries that may occur at work or during a District function.

District Receipt

for
"Employee's Claim Form for Workers' Compensation Benefits (DWC Form 1)"

Employee's Name: _____

Date/Time of Injury _____

Date/Time District Notified of Injury _____

Treatment: Check One: First Aid Only Medical Treatment

District Supervisor Issuing "DWC Form 1": _____

This Worker's Compensation Claim Form "receipt" is received by the District from EVERY employee/volunteer when the injured worker notifies the District of an injury/illness occurring on the job and after the worker's compensation claim form is given to the injured worker. The injured worker's immediate supervisor has this primary reporting responsibility.



**Feather River
Recreation & Park District**
1200 Myers Street, Oroville, California 95965

DO NOT WRITE IN BOX BELOW
INCIDENT CLASSIFICATION

- OSHA Recordable
- Lost Time
- Non-Recordable
- First Aid ONLY
- Property Damage

SUPERVISOR'S INCIDENT REPORT OF ACCIDENT

Employee Name _____	Date/Incident _____	
Division _____	Supervisor _____	Department _____
TYPE OF INCIDENT (Circle Letter) A. Struck Against F. Exposed to B. Struck by G. Fall C. Contact with H. Slip D. Caught in/on I. Damage between J. Other E. Overexertion _____ Strain _____		
PHYSICAL CONDITIONS (Circle Choices) Weather Visibility Lighting Rain Bright Bright Dry Hazy Dim Hot Dusk None Cold Dark Indoor Windy Indoor Outdoor Temp PHOTOS Yes/No		
Was Employee Sent To Doctor? Yes/No If yes, by Who? _____		
Tool, Machine, Substance, etc. that Caused the Incident _____ _____		
Damage to Equipment/Property? Yes/No If yes, what? _____ _____ _____		
Your Recommendations to Prevent a Recurrence of this Incident: _____ _____ _____ _____ _____		
Signature of Supervisor _____ Position/Title _____ Date _____ Signature of Employee _____ Position/Title _____ Date _____		
SAFETY COMMITTEE INVESTIGATIONS/RECOMMENDATIONS: _____ _____ _____		
Employee's Supervisor _____ District Manager: _____ Safety Officer: _____		

(Use Reverse Side for Explanation of Codes)

CAUSE OF INCIDENT	
<input type="checkbox"/> A	Safety Procedure
<input type="checkbox"/> B	Equipment
<input type="checkbox"/> C	Equipment Guarding
<input type="checkbox"/> D	Unsafe Dress or Apparel
<input type="checkbox"/> E	Poor Housekeeping
<input type="checkbox"/> F	Caused by Another Person
<input type="checkbox"/> G	Other

COPY TO: SAFETY AND PERSONNEL

This form will be completed by the Supervisor of an employee involved in either an employee related injury/illness or property damage incident. This form will follow the initial report and, as its name implies, will surfix as the supervisor's investigation of an incident involving an employee's supervisor.

**(PLEASE CIRCLE YOUR RESPONSE TO EACH OF THE CATEGORIES LISTED BELOW
AND RECORD THEM ON THE REVERSE SIDE OF THIS FORM)**

CAUSE OF ACCIDENT	DEFINITION OF CAUSE	CORRECTIVE MEASURES
A. SAFETY PROCEDURE	<ol style="list-style-type: none">1. District Employee failed to follow written safety procedures	<ol style="list-style-type: none">1. Job Analysis2. Revise Safety Procedure3. Disciplinary Action
B. EQUIPMENT	Equipment, machine, tool, etc., failed or was improperly used.	<ol style="list-style-type: none">1. Routine Inspection2. Maintenance3. Discipline
C. EQUIPMENT GUARDING	<ol style="list-style-type: none">1. Guards missing or malfunctioning2. Safety guards removed or circumvented by employee	<ol style="list-style-type: none">1. Repair2. Design new guards3. Discipline
D. UNSAFE DRESS OR APPAREL	<ol style="list-style-type: none">1. Employee failed to wear required or provided safety protective equipment2. Safety protective equipment failed.	<ol style="list-style-type: none">1. Evaluate or revise safety protective equipment2. Training3. Job Analysis4. Discipline
E. POOR HOUSEKEEPING	Proper storage procedures for tools, solvents, or equipment not followed by employee	<ol style="list-style-type: none">1. Routine Inspection2. Training3. Discipline
F. CAUSED BY ANOTHER PERSON	<ol style="list-style-type: none">1. Lack of skill or poor attitude of another employee2. Unsafe working condition caused by another employee.3. "HORSEPLAY", ETC.	<ol style="list-style-type: none">1. Training2. Discipline
G. OTHER	Cause of accident other than one indicated in A-G above. Please specify cause.	

The information on this page is located on the reverse side of the "Supervisor's Incident Investigation Report." From the criteria listed, the supervisor will complete their investigation of the incident, attempting to pinpoint the cause or contributing causes of the incident. This report will be reviewed by the Safety Committee

APPENDIX E

EMPLOYEE DOCTOR DESIGNATION FORM/ INSTRUCTIONS



Feather River Recreation & Park District

1200 Myers Street, Oroville, California 95965

Worker's Compensation Designated Doctors Program

Current Law (Labor Code Section 4600) allows employers to designate a treating physician for the first treatment of all work related injuries or illnesses. Individual employees are given an opportunity to pre-designate their own physicians.

IMPORTANT NOTICE: READ CAREFULLY!!

In an attempt to provide better service to employees who are injured at work and in attempts to control the high cost of work related injuries, the District is changing procedures for the treatment of injuries.

The District is permitted by statute (Labor Code 4600) to control medical treatment of work-related injuries for the first thirty (30) days from when the injury was reported, and has designated treatment centers for the convenience of the employee. After thirty (30) days from the time the injury is reported, any employee may request and be treated by another physician.

EMPLOYEES, HOWEVER, WHO HAVE NOTIFIED THE DISTRICT IN WRITING PRIOR TO THE DATE OF INJURY, of the desire to be treated by a personal physician may be immediately treated by their own physician. (Labor Code Section 4600 defines personal physician). Medical treatment rendered for a job related injury/illness must have prior District authorization before the employee is treated. In an emergency, when life-saving treatment is required and administered in a hospital's emergency room (for a job related injury/illness), authorization is deemed given. Continued and additional medical follow-up treatment will be reviewed and authorized by the District through it's third party worker's compensation administrator.

Employees may be treated at the following District authorized treatment centers:

Authorized medical care may be provided, if injuries occur at times other than the above normal office hours, at Memorial Hospital's emergency room for treatment of a work related injury. **DOCTORS AT EACH OF THE ABOVE FACILITIES SPECIALIZE IN THE TREATMENT OF INDUSTRIAL INJURIES.**

IMPORTANT: UNLESS AN EMPLOYEE HAS ON FILE A REQUEST TO BE TREATED BY THEIR OWN PHYSICIAN, PAYMENT WILL NOT BE MADE OTHER THAN TO APPROVED PROVIDERS.

The District appreciates your comments and evaluation of the care received in order to provide better service to District employees. Please use the attached form if you wish to designate a physician.

The State of California Labor Codes provide a provision whereby an employee may pre-designate a physician of preference to treat them should they suffer a work related injury/illness. The above guidelines are provided by the District to properly inform each District employee/volunteer of this provision.



**Feather River
Recreation & Park District**
1200 Myers Street, Oroville, California 95965

EMPLOYEE DOCTOR DESIGNATION FORM

TO: Feather River Recreation & Park District

FROM: _____ (Employee Name) _____ (Position)

SUBJECT: Personal Physician Designation Form

DATE: _____
(Date Form Submitted to District)

I hereby request that I be treated by my personal physician in the event of any "on-the-job" work injury.

Physician's Name

Physician's Address

Physician's Phone Number

Employee Signature

The above form, when completed, complies with the State of California Labor Codes provision for employee/volunteer pre-designation of a physician of preference to treat them should they suffer a work related injury/illness.

APPENDIX F

INSPECTION REPORT

FORMS

**FEATHER RIVER RECREATION AND PARK DISTRICT
FACILITY SAFETY "QUICK" CHECK
NEIGHBORHOOD PARKS**

PROCEDURES FOR USE:

FACILITY: _____

INSPECTED BY: _____

DATE: _____

1. Keep a supply of these forms in each Park Maintenance Vehicle.
2. Regular maintenance personnel should use this form frequently to augment Quarterly Facility Inspections by The Safety Committee.
3. Place a check mark () by each item signifying whether it is ok, or not ok. Signify corrective action taken.
4. Include inspection items not listed, in the blank spaces provided.
5. Make comments in space provided at the bottom of this page.
6. Special note should be given to hazardous conditions NOT corrected.
7. Fill in the name of the facility, employee name, and date of inspection and submit to supervisor.
8. Supervisor use completed form to direct corrective action to hazardous conditions. Keep on file for one year from date of inspection.
9. Hazardous conditions too extensive for immediate action by supervisor shall be brought to the attention of the Safety Committee.

INSPECTION ITEMS	OK	NOT OK	ACTION TAKEN	INSPECTION ITEMS	OK	NOT OK	ACTION TAKEN
A. Parking Area:				F. Ballfields:			
1. Broken Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Backstops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chuck Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Dugouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Bleachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Restrooms:				4. Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Plumb & Fix.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Doors & Part.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Park (General):			
3. Paper Disp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Holes In Turf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Soggy Spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Broken Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Playgrounds:				4. Broken Trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Broken Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Swing Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Drink Foun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chains & Clev.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Water Faucets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Slides/Climbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Park Benches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Sec. Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Picnic Areas:				10. Elec. Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Tables & Benches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Gar. Recpt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. BarBQs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cover Struct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Elec. Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Multi Use Slabs				H. Other Features:			
1. Broken Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Horseshoe Pits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Basketball Sta.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Gazebo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tennis Nets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Stor. Bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				5. _____			
				6. _____			

COMMENTS:

Supervisor Signature _____

Date _____

FEATHER RIVER RECREATION AND PARK DISTRICT
1200 Myers Street - Oroville, CA 95965
Phone - 533-2011

FACILITY SAFETY INSPECTION
Hazard Checklist

BUILDINGS/STRUCTURES

This checklist is intended only as a guide. Look for and note unsafe conditions on the attached comment sheet. Any hazardous condition which cannot be corrected or removed from service immediately, must be reported to your supervisor or the District Safety Committee so corrective action can be taken.

CHECKLIST:

1. Floor surfaces clean and free of hazards.
2. Aisles and exits clean and clearly marked.
3. Waste receptacles provided.
4. Steps, stairs, and bannisters in good repair.
5. Baseboard moldings secure and free of splinters.
6. Doors, latches and panic hardware work properly.
7. Windows free of broken glass and in good repair.
8. Furniture in good condition.
9. Toilets and sinks clean and in good working order.
10. Sink drains work properly.
11. Exhaust fans clean, free of excessive grease and work properly.
12. Blow driers secure to wall and work properly.
13. Stoves, refrigerators and other appliances clean and in good repair
14. Switches and outlets covered and in good repair.
15. Electrical panels properly enclsd with a min. of 30" clr. access in front
16. Breaker switches properly labeled.
17. Light fixtures free of loose wires, broken covers and hazardous cond.
18. Heaters and air conditioners in good repair, free of excessive dust;
19. Pilot light and thermostats work properly.
20. Fire extinguishers clearly marked; Serviced within past year.
21. Emergency exits clearly marked; Lighted exit signs where applicable
22. Maximum occupancy signs posted.
23. No Smoking signs in flammable storage areas and where otherwise req.
24. Combustibles properly stored.
25. Telephones working with emergency numbers posted.
26. Fire hoses and sprinkler systems serviced and in good repair.
27. Fixed hood fire extinguisher operable and serviced within past 6 mo.
28. Emergency lights in service and working properly.

ITEM CHECKED

FEATHER RIVER RECREATION AND PARK DISTRICT
1200 Myers Street - Oroville, CA 95965
Phone - 533-2011

FACILITY SAFETY INSPECTION
Hazard Checklist

ATHLETIC FIELDS/STADIUM

This checklist is intended only as a guide. Look for and note unsafe conditions on the attached Comment Sheet. Any hazardous condition which cannot be corrected or removed from service immediately, must be reported to your supervisor or the District Safety Committee so corrective action can be taken.

CHECKLIST:

ITEM CHECKED

- 1 Fields and grounds clean, free of broken glass and hazardous objects.
 - 2 Pitcher's mound, homeplate and bases properly prepared.
 - 3 Playing areas free of holes, bumps or other hazardous conditions.
 - 4 Field lines properly installed and visible.
 - 5 Sprinkler and valve box covers in place and flush with surface
 - 6 Outfield fences free of holes and securely attached to top and btm rails.
 - 7 Gates in place and lockable.
 - 8 Dugouts clean and free of hazardous debris; Safety screen in place and benches in good repair.
 - 9 Backstop screens free of holes and other defects.
 - 10 Backboards and support structure in good repair.
 - 11 Bleacher boards secure, free of splits, splinters and sharp edges.
 - 12 Steps, safety rails and ramps free of hazardous conditions.
 - 13 Concrete walkways, steps and ramps free of hazardous conditions
 - 14 Track surface level free of rocks, holes and other hazardous conditions.
 - 15 Artificial runways in good repair, free of torn spots, turned up edges.
 - 16 Take-off boards securely in place and in good repair.
 - 17 Landing pits have adequate sand and are free of hazardous debris.
 - 18 Shot Put and Discus areas in good condition.
 - 19 Goal posts in good repair.
 - 20 Restrooms and teamrooms clean and free of hazardous conditions
 - 21 Toilets and other plumbing working properly; partitions in good repair
 - 22 Dispensers stocked and garbage cans--in place.
 - 23 Scorekeeper's/Announcer's booths in good repair; Doors, windows and screens secure.
 - 24 P.A. System, scoreboard panel and lights work where applicable.
 - 25 Emergency phone available and in working order.
 - 26 Snack bars secure and in good repair.
- (Use Snack Bar Inspection Report for more thorough inspection.)

FEATHER RIVER RECREATION & PARK DISTRICT
 1200 Myers Street, Oroville, Ca 95965
 533-2011

FACILITY SAFETY INSPECTION

HAZARD CHECKLIST

PART A

PLAYGROUND EQUIPMENT

This checklist is intended only as a guide. Look for and note unsafe conditions on the attached comment sheet (Part B). Any hazardous condition which cannot be corrected or removed from service immediately, should be reported to your supervisor or the District Safety Committee so corrective action can be taken.

CHECK LIST	ITEM CHECKED
* Visible cracks, bending, warping, rusting, or breakage of any component.	<input type="checkbox"/>
* Deformation of open hooks, shackles, rings, links, etc.	<input type="checkbox"/>
* Worn swing hangers and chains	<input type="checkbox"/>
* Missing, damaged, or loose swing seats; heavy seats with sharp edges or corners.	<input type="checkbox"/>
* Broken supports and anchors.	<input type="checkbox"/>
* Footings exposed, cracked, loose in ground.	<input type="checkbox"/>
* Accessible sharp edges or points.	<input type="checkbox"/>
* Exposed ends of tubing that should be covered by plugs or caps.	<input type="checkbox"/>
* Protruding bolt ends that do not have smooth finished caps and covers.	<input type="checkbox"/>
* Loose, bolts, nuts, etc.	<input type="checkbox"/>
* Splintered, cracked or otherwise deteriorated wood.	<input type="checkbox"/>
* Lack of lubrication on moving parts.	<input type="checkbox"/>
* Worn bearings.	<input type="checkbox"/>
* Broken or missing rails, steps, rungs, seats.	<input type="checkbox"/>
* Surfacing material worn or scattered (in landing pits, etc.)	<input type="checkbox"/>
* Hard surfaces, especially under swings, slides, etc.	<input type="checkbox"/>
* Chipped or peeling paint.	<input type="checkbox"/>
* Vandalism (broken glass, trash, etc.)	<input type="checkbox"/>
* Pinch or crush points (exposed mechanisms, junctures of moving components, e.g., axis of seesaw)	<input type="checkbox"/>
* Poor drainage areas.	<input type="checkbox"/>

Feather River Recreation And Park District
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WEEKEND POOL CHECK

(X) Check

- _____ Check for chlorine leaks
- _____ Check filter guages
(back wash if pressure difference is too much)
- _____ Check chemtrol & soda ash units
- _____ Check scales for chlorine weight
(call for tank change if less than 100 lbs)
- _____ Check pool level (add water if necessary)
- _____ Clean restrooms & deck if necessary
- _____ Check pool for broken glass & other
hazardous debris and remove if necessary
- _____ Check soda ash tank & fill if less than
50 gal. (1 lb soda ash & 1/2 lb bicarb of
soda per 1 gal H2O)
- _____ Take chlorine & ph test

_____ Chlorine

_____ Ph

- over -

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WEEKEND POOL CHECK

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50 gal. (1 lb soda ash & 1/2 lb bicarb of
soda per 1 gal H2O)
- _____ Take chlorine & ph test

_____ Chlorine

_____ Ph

- over -

APPENDIX G

EMPLOYEE TRAINING FORMS

INITIAL SAFETY TRAINING LOG

New Employee Name _____ Date _____

Position _____ Supervisor _____

I, certify that the new employee noted above received a thorough safety orientation by me. Below are the subjects covered during the orientation.

The following subjects were reviewed:

- Personal clothing; shoes, etc. Housekeeping
- Lifting Procedures Fire prevention
- Reporting Injuries or Illnesses Agricultural chemicals

The following are the job or task specific subjects reviewed with the new employee:

The new employee was shown the following audio video programs or given the safety materials noted below:

Signed _____ Date _____
(Company representative)

Signed _____ Date _____
(New employee)

SAFETY (TAILGATE) MEETING REPORT

AREA: _____ DATE: _____

SUPERVISOR _____

MEETING CONDUCTED BY _____

SUPERVISOR _____

GUEST SPEAKER _____

BRIEF OUTLINE OF INFORMATION COVERED: _____

LENGTH OF MEETING _____ MINUTES

PERSONS ATTENDING:

1. _____ 11. _____
2. _____ 12. _____
3. _____ 13. _____
4. _____ 14. _____
5. _____ 15. _____
6. _____ 16. _____
7. _____ 17. _____
8. _____ 18. _____
9. _____ 19. _____
10. _____ 20. _____

(Additional attendees should be listed on the reverse.)

EMPLOYEE FEEDBACK: _____

COMMENTS: _____

PESTICIDE SAFETY TRAINING RECORD

Name of employee _____ Employee's signature _____

Name of employer _____ Employer's signature _____

Trainer's signature _____

	Trainer's Initials	Employee's Initials	Date	
Assigned job duties:				
<input type="checkbox"/> Mixer/Loader				
<input type="checkbox"/> Applicator				
<input type="checkbox"/> Flagger				
<input type="checkbox"/> Other				
READ THE LABEL: Signal word(s), precautionary statements and first aid instructions, application rate, mixing and application instructions.				
SAFE HANDLING PROCEDURES: Opening, lifting, pouring, operating equipment.				
PROTECTIVE CLOTHING AND EQUIPMENT: Coveralls, gloves, goggles, boots, apron, etc.				
RESPIRATORY EQUIPMENT: Use and maintenance.				
SYMPTOMS OF PESTICIDE POISONING: Report symptoms immediately.				
IF PERSONAL CONTAMINATION OCCURS: Remove contaminated clothes immediately and wash well with water and soap. In case of eye contamination start rinsing the affected eye immediately.				
THOROUGHLY WASH HANDS AND ARMS WITH SOAP AND WATER: Before eating, drinking, smoking or using the bathroom.				
IMMEDIATE AND LONG-TERM HAZARDS				
WEAR CLEAN WORK CLOTHES DAILY.				
EMERGENCY MEDICAL INFORMATION: Name, address, and telephone number of the clinic, physician, or hospital emergency room and where information is posted.				
MEDICAL SUPERVISION: Required when working more than 6 days in 30 days with N-methyl carbamate or organophosphate pesticides with "Danger" or "Warning" on the label.				
CONTAINERS SHOULD BE TRIPLE-RINSED AS SOON AS THEY ARE EMPTIED.				
DRIFT: Confine the spray to the target area. Watch out for people, animals, waterways, or any special hazards. Do not apply pesticides when it is windy.				
PESTICIDE STORAGE: Store pesticide containers in a locked and posted area. When not they are not locked up, an authorized person should watch the containers.				
CLOSED SYSTEM: A closed system must be used to transfer Category I liquids into the application tank unless only one original container of one gallon or less is used by employee per day.				
PESTICIDE SAFETY INFORMATION SERIES				
APPLICABLE LAWS AND REGULATIONS				
I've been told that the Use Reports and MSDS for this pesticide are available for my review and know where to find them.				

APPENDIX H

FEATHER RIVER RECREATION & PARK DISTRICT ORDINANCE #1

FEATHER RIVER RECREATION AND PARK DISTRICT

ORDINANCE NO. 1

AN ORDINANCE REGULATING AND CONTROLLING THE USE OF DISTRICT FACILITIES AND PROHIBITING CERTAIN PROSCRIBED USES THEREIN

The Board of Directors of the Feather River Recreation and Park District do hereby ordain as follows:

The Feather River Recreation and Park District Code is hereby enacted as follows:

Section 1. GAMES INJURIOUS TO PROPERTY PROHIBITED: No person shall engage in any game, activity, or conduct which causes or is likely to cause injury or damage to any tree, shrub, ornamental plant, building or equipment located on or within the facility owned or operated by the District.

Section 2. DISORDERLY CONDUCT PROHIBITED:

- (a) No person shall unlawfully fight within the facility owned or operated by the District or challenge another person to fight in such District place.
- (b) No person shall maliciously and willfully disturb another person by loud and unreasonable noise within the facility owned or operated by the District.
- (c) No person shall use offensive words or gestures within the facility owned or operated by the District.
- (d) No person shall solicit anyone to engage in or engage in lewd, dissolute, lascivious or unlawful conduct within any of the facilities owned or operated by the District.
- (e) No person shall accost another or beg or solicit without permission of the District in any place within any of the facilities owned or operated by the District.
- (f) No person shall loiter, remain or sleep in or upon any facility owned or operated by the District at any time during such hours that the facility is deemed closed.
- (g) No person shall, within any facility owned or operated by the District, be under the influence of alcohol or any substance as defined by California Penal Code Sections 647f and Health & Safety Code.
- (h) No person shall interfere with or obstruct or prevent the use of any facility owned or operated by the District.
- (i) No person shall throw or propel in any way any object in a willful and malicious manner that causes or could cause injury to another.
- (j) No person, while in or upon a facility owned or operated by the District, shall have in his possession a firearm or other device which is capable of being used as a weapon.

(k) No person shall fail to cooperate in maintaining restrooms, dressing rooms and washrooms in a neat and sanitary condition. Further, no person shall loiter in or about such facilities, nor shall any person use such facilities for purposes other than those intended.

Section 3. PAYMENT OF FEES: When using District facilities or participating in District programs where a prescribed fee exists, no person shall participate prior to paying the prescribed fee unless otherwise authorized by the District.

Section 4. CARE OF PUBLIC PROPERTY: No person shall mark, deface, disfigure, damage or vandalize any property or equipment owned or operated by the District nor shall any person move or remove any equipment or property from a District facility.

Section 5. REFUSE, TRASH AND LITTER CONTROL: The possession of glass containers in parks or District facilities is prohibited. No other person shall dump or leave any bottles, broken glass, ashes, paper, cans, dirt, rubbish, garbage or other refuse except in receptacles provided.

Section 6. CONTROL OF AUTOMOBILES AND OTHER CONVEYANCES: No person shall operate any vehicle, trailer, motorcycle, motor scooter, bicycle or other means of conveyance including horses within a facility of the District except in designated areas, nor shall any vehicle be operated in a reckless or dangerous manner. Washing or repairing vehicles or other conveyances is strictly prohibited.

Section 7. ALCOHOLIC BEVERAGES: No person shall sell, possess or consume alcoholic beverages of any kind whatsoever within any Feather River Recreation and Park District facility except in those areas and for those functions approved by the District. Written permission (permit) to possess alcoholic beverages may be issued to groups which have been granted exclusive use of all or part of a District owned or operated facility.

Section 8. AFTER HOURS PARKING PROHIBITED: No person shall cause or permit any vehicle or means of conveyance to remain within a District facility except for organized functions or as may be designated at the entrance.

Section 9. SWIMMING POOLS AND SWIMMING AREAS:

(a) Proper Swimming Attire: Proper swimming attire shall only be swim trunks or hemmed cutoffs that do not extend below the knee for male swimmers and one-piece or two-piece swimsuits or top and hemmed cutoffs for female swimmers.

(b) Children Under 7 Years of Age: Children under seven (7) years of age shall not be permitted in any District swimming pool area unless accompanied by a responsible person fourteen (14) years of age or older.

(c) Loitering or Playing on Spillway: No person shall loiter, play, sit, dive or jump from any spillway facility located at or near a District owned or operated swimming area.

Section 10. ANIMALS AND PETS: No animals, except seeing eye dogs or police officer's dogs under their owner's control are permitted in any District facility.

Section 11. PICNICKING: Picnicking shall be permitted in established picnic areas only.

Section 12. HOURS OF OPERATION: The hours of operation for the District owned and operated facilities shall be:

from April 1 to October 31

8:00 a.m. to 8:30 p.m.

from November 1 to March 31

8:00 a.m. to 5:00 p.m.

No person shall be permitted in or upon District owned and operated facilities except during hours of operation unless permit is issued stating otherwise.

Anyone using District owned or operated facilities during hours other than listed above, shall be in violation of the provisions of this ordinance and subject to prosecution as defined in Section 13 of this Ordinance. The only exceptions shall be made for District functions or with prior written approval from the District Manager or his designated authorized agent.

Section 13. VIOLATION OF DISTRICT ORDINANCE: Violation of any of the provisions of this ordinance shall, pursuant to Section 5782.21 of the Public Resources Code, be a misdemeanor or punishable by a fine or by imprisonment in the County Jail or both as prescribed by law.

In addition to the above, the violator shall be subject to removal from the park, facility, swimming pool or other area owned or maintained by the District wherein such violation occurred, by the order of any on-duty lifeguard, the District Manager or any other authorized employee of the District. It shall be unlawful for any person to fail or refuse to remove himself upon such order.

Section 14. SEPARABILITY AND VALIDATION CLAUSE: The District Board of Directors hereby declare and provide that, if any Section or portion of this Ordinance is held unconstitutional or void for any reason, such decision shall not affect the validity of the remaining portions thereof, and in said event, the District Board declares it would have passed and enacted each and every other remaining valid Sections herein separately and without respect to the portion or portions held to be void, unconstitutional or unenforceable.

**THIS ORDINANCE (ORDINANCE 1) WAS APPROVED BY THE BOARD OF DIRECTORS ON
AUGUST 14, 1991.**

FEATHER RIVER RECREATION & PARK DISTRICT
1200 Myers Street, Oroville, CA 95965
533-2011

RECEIPT FOR DISTRICT INJURY AND
ILLNESS PREVENTION PROGRAM

This is to acknowledge that I have received a copy of the District's Injury and Illness Prevention Program.

I also acknowledge that it is my responsibility to read this program thoroughly and to secure the assistance of my supervisor or the District Manager should I not understand anything stated herein.

The District reserves the right to modify, alter or discontinue any safety practices included herein which, in the District's judgment, no longer serve to protect the safety of employees.

I understand that a violation of any rules or standards described in this Program, as well as those which may be stated as additions in the future, could be reason for disciplinary action.

Signature

Date

Note: A copy of this receipt will be retained in the employee's personnel file.