



# Injury & Illness Prevention Program

**Adopted by:**

**FRRPD Board of Directors August 22, 2007**

**Resolution No. 960-07**

**Updated: 01/02/2024**

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# Introduction

## FEATHER RIVER RECREATION & PARK DISTRICT

1875 FEATHER RIVER BLVD, OROVILLE, CA 95965, (530) 533-2011

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

Whenever the term "Safety Coordinator" is used, it shall mean Joe Velasquez, Supervisor 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
  - Joe Velasquez
- Recreation Division
  - Brian Wilson
- Accounting Division
  - Ayla Singleterry
- Executive Administrator
  - Kendyle Lowe
- Youth Activities Division
  - Estela Valencia

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

- Brian Wilson
- Joe Velasquez
- Eric Danner

This Injury and Illness Prevention Program and the designated responsible persons were approved by the Feather River Recreation and Park District Board of Directors on 1/02/2024 and signed and dated this 3-18-24

X   
District Board Member

# Section 1: 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 for 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 do not 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 modern 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 cannot take the time to perform it safely.

# Section 2: 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 the 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 on 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's 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 for working 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 employees 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 3: Employee Compliance

## **Compliance With Districts Injury Prevention Program**

To ensure 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." Do not take chances. It is not 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. Do not ever re-use!!!

6. It is the responsibility of each employee to immediately report to a supervisor any safety hazard which he/she sees.

# Section 4: 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 5: Facility Inspection 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 6: Investigations of Accidents

## **Investigation of Workplace Hazards**

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 affected area.
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 Procedure**

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 vital 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 7: 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 professionally 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 8: 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 workplace 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 9: Records

## **Records**

The District Manager will ensure that all CAUOSHA 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. Safety Data Sheets (SDS).
3. Employee Medical and Exposure Records.
4. Employee Injury or Illness Reports.
5. Analysis of Injury or 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 10: 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 the engine is running.

6. Smoking or open flame is prohibited within twenty-five feet of fueling operations.
7. Radiator pressure shall be released by loosening the cap or cooling with water before the cap is completely removed.
8. Use your seat belts on the highway.
9. Check the 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 codes 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 separately 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.

## **Electric 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 electrical switch boxes are high in volts. Carelessness can result in death from electrical shock.
2. Electrical tools shall not be operated where the danger of flammable vapors, gases 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 twenty-five feet of vapors, gases, or liquids which may ignite.
3. Fire extinguishers are posted conspicuously in building areas. Always be aware of the types of firefighting equipment around you and learn to use it.
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 life.

## **Reportability**

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

# Section 11: Self- Inspection Checklist

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## **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 is 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 the required records for the legal period of time for each specific type of 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 tanks, 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 safe and healthy?

### **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 to your workplace?
- If medical and first aid facilities are not in proximity to your workplace, is at least one employee on each shift currently qualified to render first aid?
- 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 evaluated at least annually?
- If you have interior standpipes 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 the 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?
- 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**

- Do standard stair rails or handrails on all stairways have four or more risers?
- Are all stairways at least twenty-two inches wide?
- Do stairs have at least a 6'6" overhead clearance?
- Do stairs angle no more than fifty and no less than 30 degrees?
- Are stairs of hollow-pan type treads and landings filled to noisy 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 two hundred 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 twelve 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 thirty 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 toe boards?
- 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, which 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 five inches high and the stroke of the lettering at least one-half 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?
- 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?
- Is tool cutting edges kept sharp so the tool will move smoothly without binding or skipping?
- Are tools stored in dry, secure locations where they will not 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 one-half 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 inches of the wheel?
- Is the adjustable tongue on the top side of the grinder used and kept adjusted to within one-fourth 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?
- Are saws used for ripping, equipped with anti-kickback devices and spreaders?
- Are radial arm saws so arranged at the cutting head will gently return to the back of the table when released?

### **Lockout Tagout Procedures**

- Is all machinery or equipment capable of movement, required to be de-energized or disengaged and blocked or locked out during clearing, 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?
  - Are the means provided to ensure the control circuit can also be disconnected and locked-out?
- Is locking-out of control circuits in lieu of locking-out main power disconnect 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 followed?

### **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?
- ❑ Is 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?
- ❑ 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 drainpipe 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 evaluated 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 wight 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 hot 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 groves?
- Are all hoist chains or ropes of sufficient length to manage 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 in 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 evaluated 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 manage 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 evaluated 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 systems?
- 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 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 managing asbestos and other fibrous materials?
- Are caution labels and signs used to warn of asbestos?
- 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 the 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 (cloves, 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 pipelines, 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 in trusted 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 managed in properly designed exhaust booths or similar locations?
- Do you use general dilution or local exhaust ventilation systems to control dusts vapors, gases, fumes, smoke, solvents, or mist 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 -digressing, 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 dust whenever possible for clean-up?
- Are all unused openings (including conduit knockouts) in electrical enclosures and fittings closed with appropriate covers, plugs, or plates?
- Are disconnecting switches for electric.al 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 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 control 1ler or the controller disconnecting means capable of being locked in the open position or is a separate disconnecting means installed in the circuit with.in 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 constantly 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 six hundred 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 the 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 manage the specific type of fuel?
- Is it prohibited to manage 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?
- Are employee transport vehicles equipped at all times with at least two reflective type flares?
- Is a fully 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 twelve feet in all horizontal runs of exhaust ducts?
- Where two or more diverse types 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 contaminations, 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 thoroughly cleaned?
- Are machines and equipment, which processes, manages 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 contact 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**

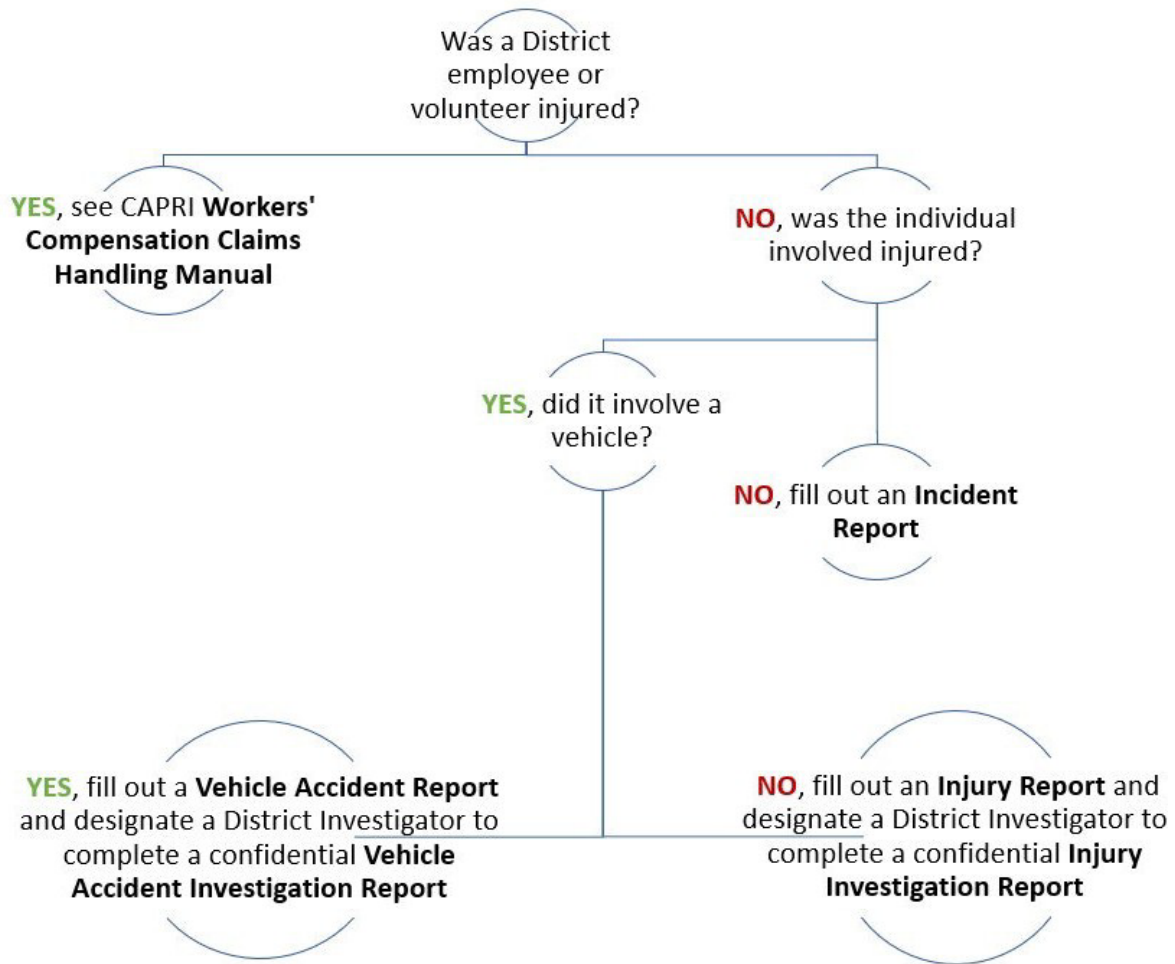
- Where tires are mounted and/or on drop center wheels, is a safe practice procedure posted and enforced?
- Where tires are mounted and/or inflated on wheels with split rims and/or retainer rings, is a safe practice procedure posted and enforced?
- Does each tire inflation hose have a clip-on chuck with at least twenty-four inches of hose between the chuck and an in-line hand valve and gauge?
- Does the tire inflation control valve automatically shut off 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 is being inflated?

# Appendix



# Appendix A

## Participant Injury Procedures Chart and Report Form



## **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 people often cannot judge the extent of their own injury.
  - a. After 911 is called, immediately notify:
    - i. Your supervisor
    - ii. District Park Supervisor (Safety Coordinator)
    - iii. 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 taking 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 severe 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 procedure 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.



## INJURY REPORT

Please fill out this form to report ALL injuries or significant medical events for *non-employees*. Any injury involving a crime should be reported to your local law enforcement agency.

1075 Creekside Ridge Drive  
Suite 240  
Roseville, CA 95678  
Phone: (916) 722-5550  
Website: [capriportal.org](http://capriportal.org)

District Staff (not the injured individual) should complete this form and provide to the District Investigator for review.

**Completed forms should be sent to [incidents@capri-ipa.org](mailto:incidents@capri-ipa.org) within 72 hours of the injury.**

**DO NOT USE THIS FORM FOR EMPLOYEE INJURIES. PLEASE CONSULT CAPRI'S WORKERS' COMPENSATION CLAIMS MANUAL FOR INFORMATION ON RESPONDING TO AN EMPLOYEE INJURY.**

DISTRICT NAME: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Who, What, When, Where & How?

INJURED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_

NATURE & LOCATION OF INJURY (i.e. laceration to right hand): \_\_\_\_\_

INCIDENT LOCATION: \_\_\_\_\_

INCIDENT DESCRIPTION (Please detail what happened. Be specific, but do not speculate on fault.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO WAS NOTIFIED?: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

FIRST AID PROVIDED? (Y/N): \_\_\_\_\_ IF YES, BY WHOM?: \_\_\_\_\_

WAS 911 CALLED? (Y/N): \_\_\_\_\_ IF YES, BY WHOM?: \_\_\_\_\_

LAST KNOWN STATUS OF INJURED: Hospital \_\_\_\_\_ Home \_\_\_\_\_ Returned to Activity: \_\_\_\_\_

**Witness Information (Use reverse if more space is needed.)**

NAME: \_\_\_\_\_ RELATIONSHIP TO INJURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO INJURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO INJURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO INJURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

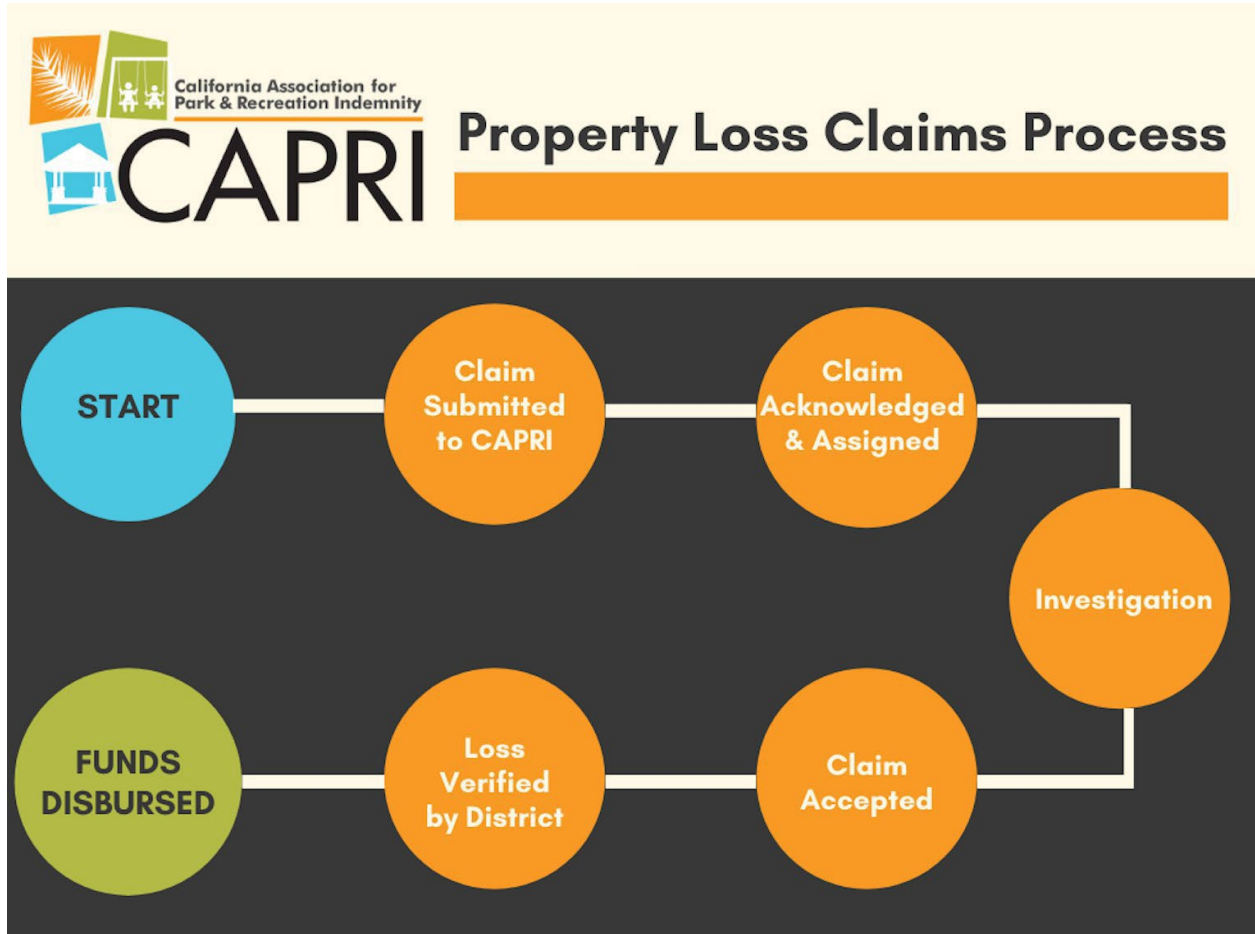
COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Appendix B

## Property Loss/Damage report





1075 Creekside Ridge Drive  
Suite 240  
Roseville, CA 95678  
Phone: (916) 722-5550  
Website: [capriportal.org](http://capriportal.org)

## **PROPERTY LOSS NOTICE**

If a property, auto physical damage, or boiler and machinery loss exceeds your \$2,000 District deductible, please complete this form and email to CAPRI as soon as possible.

Please include any photos, Incident, Police or Fire Dept. reports, and/or any repair estimates related to the loss.

**Members should not complete any repairs related to a claimed loss without express authorization from CAPRI.**

DISTRICT NAME: \_\_\_\_\_

DISTRICT CONTACT: \_\_\_\_\_

CONTACT PHONE #: (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

### **When & Where?**

DATE OF LOSS: \_\_\_\_\_ TIME OF LOSS: \_\_\_\_\_

LOSS LOCATION: \_\_\_\_\_

### **What, Why, & How?**

TYPE OF LOSS: Theft \_\_\_\_ Vandalism \_\_\_\_ Fire/Wind/Rain \_\_\_\_ Boiler \_\_\_\_ Other \_\_\_\_\_

Auto \_\_\_\_\_ *If damage to district vehicle(s) is expected to exceed the \$2,000 district deductible, please also complete the CAPRI Vehicle Accident Investigation form.*

LOSS DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

CAUSE OF THE LOSS? \_\_\_\_\_

ESTIMATED LOSS: \$ \_\_\_\_\_ HAS PROPERTY BEEN REPAIRED/REPLACED?: (Y/N) \_\_\_\_\_

POLICE OR FIRE REPORT (Y/N): \_\_\_\_\_ REPORT NUMBER: \_\_\_\_\_

### **Witness Contact Information (Use reverse if more space is needed.)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, ZIP, STATE: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

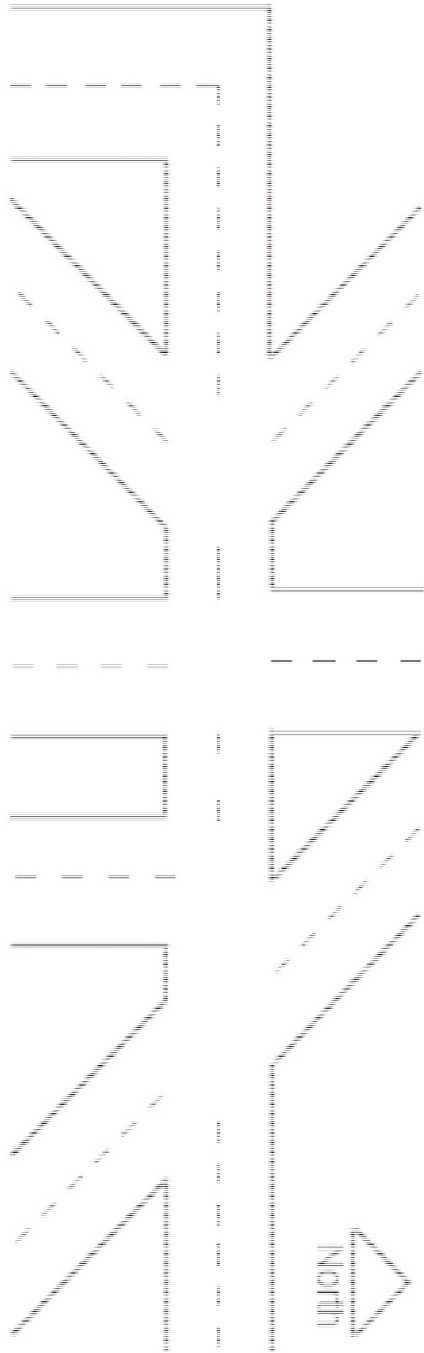
### **Form Completed By:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Appendix C

## **Motor Vehicle Accident Report**



### In the Event of an Accident:

- **Stop** and turn off your vehicle and turn on your emergency flashers. Stay calm. If involved in a minor accident, move your vehicle out of the traffic lane.
- **Assist** anyone with injuries. If someone is injured seek medical assistance and notify the police by calling 911.
- **Obtain** information regarding the other parties, their vehicle identification, their insurance information, and witnesses.
- **Take** photos of the damages to the vehicles involved in the accident.
- **Sketch** the accident scene.
- **Do NOT admit fault to anyone.** Do not discuss specifics except with an officer of the law, your employer, or a representative of CAPRI.
- **Immediately report** the accident to your employer.
- **Complete the CAPRI Vehicle Accident Report.** Within 72 hours of the accident, submit a completed report along with photographs of the scene and damage to CAPRI.
- **Report** the traffic accident to the DMV using an SR-1 form within 10 days if there was an injury, death, or property damage in excess of \$1,000.

# Driver's Report of Accident



1075 Creekside Ridge Drive  
Suite 240  
Roseville, CA 95678  
(916) 722-5550

Self-Insured Public Agency  
Per Government Code 990.4



**ACCIDENT INFORMATION**

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

Street: \_\_\_\_\_

Cross Street: \_\_\_\_\_

Weather Conditions:

Clear  Fog  Rain  Snow  Other

Lighting Conditions:

Daylight  Dark  Dawn  Dusk  Other

Traffic Conditions:

None  Light  Heavy  Stopped  Other

**OTHER PARTY**

Vehicle  Pedestrian  Bicyclist  Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DL #: \_\_\_\_\_

DL State: \_\_\_\_\_ DL Expiration: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

**OTHER VEHICLE**

Moving  Stopped  Parked  Other

Registered Owner: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_

**POLICE INFORMATION**

Police Dept: \_\_\_\_\_

Report number: \_\_\_\_\_

Officer's Name: \_\_\_\_\_

Badge #: \_\_\_\_\_

**WITNESSES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**WITNESSES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTES**

(Do not Speculate on Fault)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



1075 Creekside Ridge Drive  
Suite 240  
Roseville, CA 95678  
Phone: (916) 722-5550  
Website: [capriportal.org](http://capriportal.org)

## VEHICLE ACCIDENT INVESTIGATION REPORT

This form is to be completed by the District Vehicle Accident Investigator in response to ALL vehicular accidents involving District Staff or District vehicles that resulted in damage to ANY property or person.

**This report, along with the Vehicle Accident Report and any photographs or documentation related to the accident, should be submitted to [incidents@capri-jpa.org](mailto:incidents@capri-jpa.org) within 72 hours of the accident.**

**THIS REPORT IS PREPARED IN ANTICIPATION OF LITIGATION AND CONTAINS INFORMATION THAT IS CONFIDENTIAL IN NATURE. DO NOT RETAIN FOLLOWING SUBMISSION TO CAPRI.**

DISTRICT NAME: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_

ACCIDENT LOCATION: \_\_\_\_\_

### Investigation Summary

HAS THE VEHICLE ACCIDENT REPORT BEEN COMPLETED IN ITS ENTIRETY? (Y/N) If no, why not?: \_\_\_\_\_

\_\_\_\_\_

DID THE DISTRICT DRIVER VIOLATE ANY DISTRICT RULES? (Y/N) If yes, how?: \_\_\_\_\_

\_\_\_\_\_

ACTION TAKEN BY DISTRICT (Describe the District's IMMEDIATE action taken in response, if any.):

\_\_\_\_\_

\_\_\_\_\_

WAS THE VEHICLE INVOLVED INSPECTED IMMEDIATELY AFTERWARD? (Y/N): \_\_\_\_\_

If yes, please describe the evaluation & whether any damage was sustained or repairs required.

\_\_\_\_\_

\_\_\_\_\_

IS THE VEHICLE INVOLVED SUBJECT TO REGULAR INSPECTIONS? (Y/N) \_\_\_\_\_

If no, why not? \_\_\_\_\_

**Witness Information (Use additional sheets if more space is needed.)**

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

DISTRICT EMPLOYEE? (Y/N): \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

DISTRICT EMPLOYEE? (Y/N): \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

DISTRICT EMPLOYEE? (Y/N): \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Conclusions**

WHAT DO YOU THINK CAUSED THE VEHICLE ACCIDENT? (i.e. condition of property, failure to act, acts of a third party, etc. Please Include details uncovered by interviews and your investigation):

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DO YOU THINK THE DISTRICT DRIVER CAUSED OR CONTRIBUTED TO THE INJURY? (Y/N): \_\_\_\_\_

WHY? \_\_\_\_\_

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DO YOU THINK THE DISTRICT IS RESPONSIBLE FOR THE VEHICLE ACCIDENT? (Y/N): \_\_\_\_\_

WHY? \_\_\_\_\_

---

DO YOU THINK A CLAIM WILL BE FILED AGAINST THE DISTRICT? (Y/N): \_\_\_\_\_

WILL THIS ACCIDENT BE REVIEWED BY YOUR SAFETY COMMITTEE AT ITS NEXT MEETING? (Y/N): \_\_\_\_\_

INVESTIGATOR'S CLOSING REMARKS (i.e remedial action contemplated to avoid recurrence):

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Thank you for your time and attention to this matter. If you have any questions about the investigation, please contact CAPRI's Executive Director, Matthew Duarte, at 916-722-5550 or [mduarte@capri-jpa.org](mailto:mduarte@capri-jpa.org).



## VEHICLE ACCIDENT REPORT

Please fill out this form to report ALL *vehicular* accidents involving District Staff or District vehicles that resulted in damage to ANY property or person.

1075 Creekside Ridge Drive  
Suite 240  
Roseville, CA 95678  
Phone: (916) 722-5550  
Website: [capriportal.org](http://capriportal.org)

District Staff should complete this form and provide to the District Vehicle Accident Investigator for review.

**Completed forms should be sent to [incidents@capri-ipa.org](mailto:incidents@capri-ipa.org) within 72 hours of the accident.**

**THE CAPRI "DRIVER'S REPORT OF ACCIDENT" TRI-FOLD PACKETS SHOULD BE KEPT IN EACH DISTRICT-OWNED VEHICLE AND WILL FACILITATE THE COLLECTION OF THE BELOW INFORMATION IMMEDIATELY FOLLOWING AN ACCIDENT. DOWNLOAD THE TRI-FOLD AT [CAPRIportal.org](http://CAPRIportal.org).**

DISTRICT NAME: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_

ACCIDENT LOCATION: \_\_\_\_\_

### District Driver

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_ EXPIRATION: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DRIVING ON DISTRICT BUSINESS? (Y/N): \_\_\_\_\_

WAS DRIVER INJURED? (Y/N) (If yes, please also consult CAPRI Workers' Comp Manual.): \_\_\_\_\_

### District Vehicle

VEHICLE LICENSE #: \_\_\_\_\_ VIN #: \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

DESCRIBE DAMAGE TO VEHICLE (If District is also making a property loss claim, please also complete the CAPRI Property Loss Notice Form and return to CAPRI.):

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**Other Party**

Moving     Stopped in Traffic     Parked     Pedestrian     Bicyclist     Other

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_ EXPIRATION: \_\_\_\_\_

INSURANCE CO. NAME: \_\_\_\_\_ INS. CO. PHONE: (\_\_\_\_) \_\_\_\_\_

POLICY HOLDER NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

WAS DRIVER INJURED? (Y/N) (If yes, describe injury.): \_\_\_\_\_

**Other Vehicle**

REGISTERED OWNER: \_\_\_\_\_ REGISTERED STATE: \_\_\_\_\_

VEHICLE LICENSE #: \_\_\_\_\_ DRIVING FOR EMPLOYER? (Y/N): \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

DESCRIBE DAMAGE TO VEHICLE: \_\_\_\_\_

**Other Party (if necessary)**

Moving     Stopped in Traffic     Parked     Pedestrian     Bicyclist     Other

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_ EXPIRATION: \_\_\_\_\_

INSURANCE CO. NAME: \_\_\_\_\_ INS. CO. PHONE: (\_\_\_\_) \_\_\_\_\_

POLICY HOLDER NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

WAS DRIVER INJURED? (Y/N) (If yes, describe injury.): \_\_\_\_\_

**Other Vehicle (if necessary)**

REGISTERED OWNER: \_\_\_\_\_ REGISTERED STATE: \_\_\_\_\_

VEHICLE LICENSE #: \_\_\_\_\_ DRIVING FOR EMPLOYER? (Y/N): \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

DESCRIBE DAMAGE TO VEHICLE: \_\_\_\_\_

**Witness/Passenger Information (Use additional sheets if more space is needed.)**

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Accident Description**

POLICE REPORT MADE (Y/N?): \_\_\_\_\_ POLICE DEPT.: \_\_\_\_\_ REPORT #: \_\_\_\_\_

Weather Conditions:  Clear  Fog  Rain  Snow  Other

Lighting Conditions:  Daylight  Dark  Dawn  Dusk  Other

Traffic Conditions:  None  Light  Heavy  Stopped  Other

DISTRICT VEHICLE DIRECTION OF TRAVEL: \_\_\_\_\_

DISTRICT VEHICLE SPEED: \_\_\_\_\_ RELEVANT SPEED LIMIT (If known): \_\_\_\_\_

OTHER VEHICLE DIRECTION OF TRAVEL: \_\_\_\_\_

OTHER VEHICLE SPEED: \_\_\_\_\_ RELEVANT SPEED LIMIT (If known): \_\_\_\_\_

ACCIDENT DESCRIPTION (Please detail what happened. Be specific, but do not speculate on fault.):

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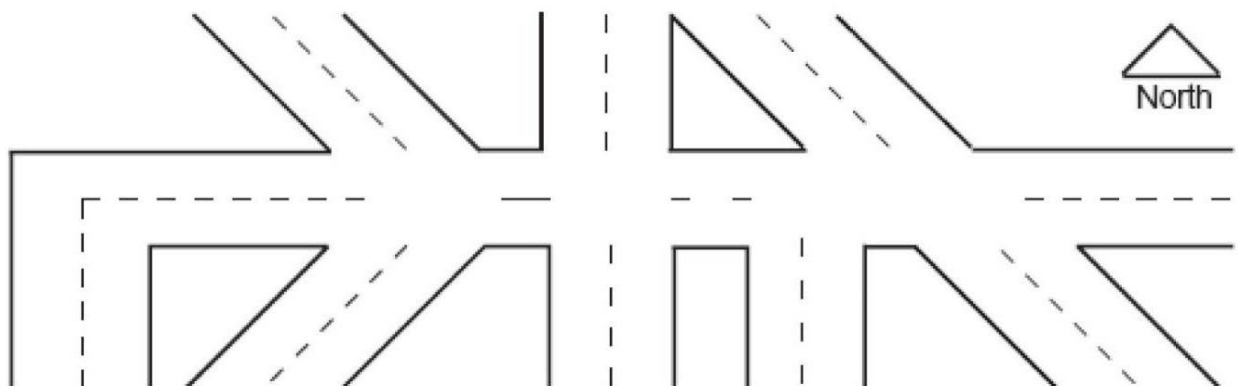
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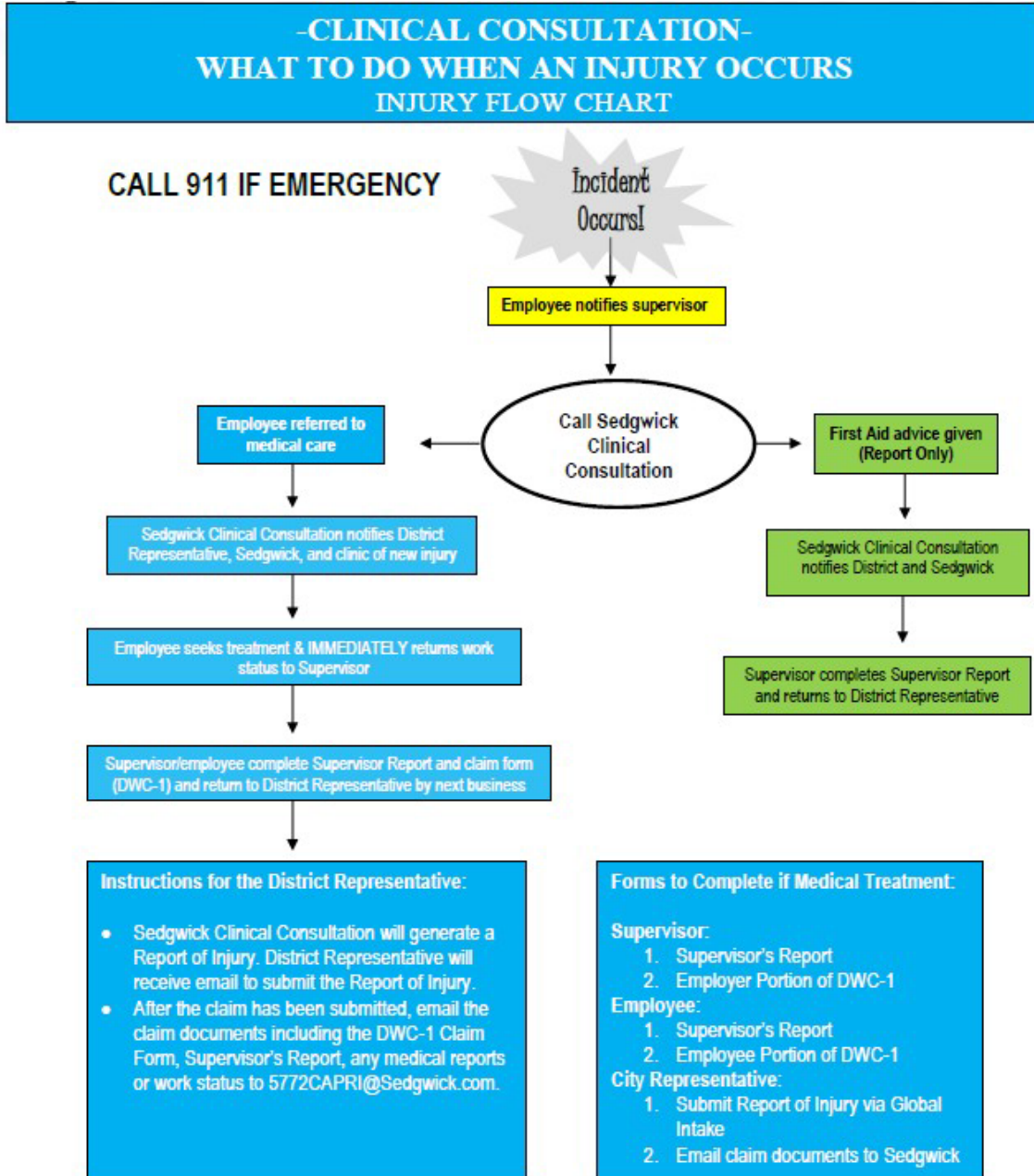
COMPLETE THE BELOW DIAGRAM (Please select the diagram configuration that best fits the accident scene. Include the direction of travel for all vehicles and pedestrians involved.)





# Appendix D

## Employee Injury: Forms, Procedures, and Guidelines



## **Employee 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 people often cannot judge the extent of their own injury.
  - a. After 911 is called, immediately notify:
    - i. Your supervisor
    - ii. District Park Supervisor (Safety Coordinator)
    - iii. District Manager
2. First aid should be rendered within the ability of the employee. Never leave the injured. Send someone else for help.
3. DO NOT respond to questions or accusations concerning liability. Concentrate your efforts on taking care of the injured person and gathering information.

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

Every District employee MUST know and follow the proper procedure when a district employee is injured during their scheduled shift. Therefore, it must be the employee's responsibility to adhere to these procedures.

Feather River Recreation & Park District

# Accident/Incident Report

Date of Report:  Date of Accident/Incident:  Time of Incident/Accident:

Contact Name:  Contact Phone Number:

Facility:

Activity Center  Location:   
Park  Location:   
Other  Location:

Personal Data: (Person involved in Accident/Incident)

Name:  DOB:  Gender (Male/Female):   
Address:  City/State/Zip:   
Home Phone:  Work/Cell Phone:

Person Refused to give information OR information was not available

Parent/Guardian contact (if incident/accident involves a minor)

Name:  Phone:

Was the individual participating in a FRRPD activity?  Yes  No Name of Activity:

Accident/Incident Data: Please include facts regarding the Accident/Incident. Be as specific as possible. If bodily injury has occurred, please note exact location of injury.

Action Taken at Scene:

First Aid provided:

Called EMS/Police:   
(please identify assistance called. Provide case # if police called)

Called Supervisor:

Other:

If injured left the scene, please note where the person was taken and who was providing assistance.

---

Witness Information

Name:

Address:  City/State/Zip:

Home Phone:  Work/Cell Phone:

Name:

Address:  City/State/Zip:

Home Phone:  Work/Cell Phone:

---

Report Prepared By:

Name:  Job Title:

Home Phone:  Cell Phone:

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Report Reviewed By:

Name:  Job Title:

Signature:  Date:

---

Follow Up Report:

Signature:  Date:



## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

**Medical Care:** Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

### **Switching to a Different Doctor as Your PTP:**

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

**Atención Médica:** Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

**El Médico Primario que le Atiende (Primary Treating Physician- PTP)** es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

### **Cambiando a otro Médico Primario o PTP:**

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Problems with Medical Care and Medical Reports:** At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Stay at Work or Return to Work:** Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

**Payment for Permanent Disability:** If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

**Death Benefits:** If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

**Divulgación de Expedientes Médicos:** Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

**Problemas con la Atención Médica y los Informes Médicos:** En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarte instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

**Pago por Incapacidad Temporal (Sueldos Perdidos):** Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

**Permanezca en el Trabajo o Regreso al Trabajo:** Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Resolving Problems or Disputes:** You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at [www.edd.ca.gov](http://www.edd.ca.gov).

**You Can Contact an Information & Assistance (I&A) Officer:** State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://www.dwc.ca.gov). At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

**Pago por Incapacidad Permanente:** Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

**Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDB):** Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

**Es ilegal que su empleador** le castigue o despida por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

**Resolviendo problemas o disputas:** Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance-SDI*) o beneficios del desempleo (*Unemployment Insurance-UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en [www.edd.ca.gov](http://www.edd.ca.gov).

**Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A):** Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a [www.dwc.ca.gov](http://www.dwc.ca.gov) o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

**Ud. puede consultar con un abogado.** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Aprenda Más Sobre la Compensación de Trabajadores:** Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a [www.dwc.ca.gov](http://www.dwc.ca.gov). En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**PETITION DEL EMPLEADO PARA DE COMPENSACION DEL TRABAJADOR (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

**Employee—complete this section and see note above**

**Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_

2. Home Address. *Dirección Residencial.* \_\_\_\_\_

3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_

4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_

7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_

8.  Check if you agree to receive notices about your claim by email only.  *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. \_\_\_\_\_ *Correo electrónico del empleado.* \_\_\_\_\_

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*

9. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below. Empleado—complete esta sección y note la notación abajo.**

10. Name of employer. *Nombre del empleador.* \_\_\_\_\_

11. Address. *Dirección.* \_\_\_\_\_

12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_

13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_

14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_

15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_

16. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_

17. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_

18. Title. *Título.* \_\_\_\_\_ 19. Telephone. *Teléfono.* \_\_\_\_\_

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

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

**Empleado:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador  Employee copy/Copia del Empleado  Claims Administrator/Administrador de Reclamos  Temporary Receipt/Recibo del Empleado



# Appendix E

## **Employee Doctor Designation Form/Instructions**

**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 its 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.

**PREDESIGNATION OF PERSONAL PHYSICIAN**

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your “personal physician” may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

**NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN**

**Employee: Complete this section.**

To: \_\_\_\_\_ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
 (name of doctor)(M.D., D.O., or medical group) \_\_\_\_\_ (street address, city, state, ZIP)  
 \_\_\_\_\_ (telephone number)

Employee Name (please print): \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Physician: I agree to this Predesignation:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

# Appendix F

## **Inspection Report Forms**



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: \_\_\_\_\_








Date and Time





**Check vehicle thoroughly as instructed by your Supervisor. Note any abnormalities in the remarks section and notify your Supervisor**

## OUTSIDE

Body (any damage)

Pass

Flag

Fail

Bumpers

Pass

Flag

Fail

Rack

Pass

Flag

Fail

Toolbox

Pass

Flag

Fail

Mirrors

Pass

Flag

Fail

Tires

Pass	Flag	Fail
------	------	------

Tow Hitch

Pass	Flag	Fail
------	------	------

Windows

Pass	Flag	Fail
------	------	------

Battery

Pass	Flag	Fail
------	------	------

## INSIDE

A/C Heater, Defroster

Pass	Flag	Fail
------	------	------

Alternator-charging

Pass	Flag	Fail
------	------	------

Brakes

Pass	Flag	Fail
------	------	------

Clutch - if applicable

<b>Pass</b>	<b>Flag</b>	<b>Fail</b>
-------------	-------------	-------------

Headlights

<b>Pass</b>	<b>Flag</b>	<b>Fail</b>
-------------	-------------	-------------

Tailights

<b>Pass</b>	<b>Flag</b>	<b>Fail</b>
-------------	-------------	-------------

Blinkers

<b>Pass</b>	<b>Flag</b>	<b>Fail</b>
-------------	-------------	-------------

Horn

<b>Pass</b>	<b>Flag</b>	<b>Fail</b>
-------------	-------------	-------------

Cab Light

<b>Pass</b>	<b>Flag</b>	<b>Fail</b>
-------------	-------------	-------------

## FLUIDS

Engine Oil

<b>Pass</b>	<b>Flag</b>	<b>Fail</b>
-------------	-------------	-------------

Brake fluid

Pass	Flag	Fail
------	------	------

Power steering fluid R

Pass	Flag	Fail
------	------	------

Transmission fluid

Pass	Flag	Fail
------	------	------

Windshield Wiper/Washer Fluid

Pass	Flag	Fail
------	------	------

Radiator fluid

Pass	Flag	Fail
------	------	------

Belts

Pass	Flag	Fail
------	------	------

Air Filter

Pass	Flag	Fail
------	------	------

## Extras Misc.

Fire Extinguisher

Pass

Flag

Fail

First aid kit

Pass

Flag

Fail

Safety cones (1)

Pass

Flag

Fail

Cation tape

Pass

Flag

Fail

Insurance and registration

Pass

Flag

Fail

Date of Inspection



Inspector

Site

Signs and or labels are existing and legible




There are no exposed footings




The geotextile fabric under the loose fill surfacing is not exposed




The Poured in Place surfacing is in good condition

The Engineered wood fiber is level with the markers on the bottom of all posts

There are no foreign objects in the playground

Guardrails/Barriers are not loose, missing or damaged

Platform surfacing is not damaged

Play Panels do not have loose, missing or damaged parts

Slides are not damaged

There are no missing clamps or hardware

S-Hooks and other connectors are properly closed and do not show wear

Swing hanger brushings are in good condition

Pass

Flag

Fail

Swing seats are not cut or show significant wear

Pass

Flag

Fail

There are no sharp points or sharp edges

Pass

Flag

Fail

The ends of all tubing are provided with caps or plugs

Pass

Flag

Fail

Rope, cable or chain is fixed at both ends and not be capable of being looped back on itself

Pass

Flag

Fail

There are no broken or raised sections of walkways

Pass

Flag

Fail

Vandalism/graffitti present

Pass

Flag

Fail



Date



1. Cashier cages

2. First Aid Kit & Supplies

3. Men's restroom/Shower/roof

4. Women's restroom/shower/roof

5. Benches

6. Drinking fountain

7. Steps, handrails & ladders

Pass

Flag

Fail

8. Lifeguard stand & equipment (rescue pole, back board, safety rop \*

Pass

Flag

Fail

Slide

Pass

Flag

Fail

10. Gutters, skimmer covers/baskets depth markers, main drain grate

Pass

Flag

Fail

11. Deck - pool surface

Pass

Flag

Fail

12. Starting blocks

Pass

Flag

Fail

13. Electrical panels

Pass

Flag

Fail

14. Electrical outlets

Pass

Flag

Fail

15. Area lights

16. Pool lights

17. Pump

18. Chlorine, acid &amp; equipment room

19. Filter &amp; pump area, roof

20. Chemical storage area

21. Maintenance log area

22. Fences

23. "Rules" signs

Pass

Flag

Fail

24. Fire extinguishers

Pass

Flag

Fail

25. Lifeguard & swim team rooms

Pass

Flag

Fail

26. Waste Receptacles

Pass

Flag

Fail

Splash Pad

Pass

Flag

Fail

Splash pad pump, filter, chlorine areas

Pass

Flag

Fail

Splash pad reservoir tank

Pass

Flag

Fail

INSPECTED BY:

Date



1. Parking lots & areas

Pass

Flag

Fail

2. Park Signs

Pass

Flag

Fail

3. Restroom/roof/maintenance/storage

Pass

Flag

Fail

4 Walkways/steps

Pass

Flag

Fail

5. Turf area

Pass

Flag

Fail

6. Picnic area

Pass

Flag

Fail

7. Park benches

Pass

Flag

Fail

8. Tot lot

Pass

Flag

Fail

9. Drinking fountains

Pass

Flag

Fail

10. Group picnic area

Pass

Flag

Fail

11 Kiosk

Pass

Flag

Fail

12 Fence

Pass

Flag

Fail

13 Area Lights

Pass

Flag

Fail

16 Electrical panels

Pass

Flag

Fail

17 Electrical Outlets.

Pass

Flag

Fail

18. Trees

Pass

Flag

Fail

19. Waste receptacles

Pass

Flag

Fail

20. Amphitheatre

Pass

Flag

Fail

21. Eagle Point Pavilion

Pass

Flag

Fail

22. Salmon Pavilion

Pass

Flag

Fail

23. Little Bear Pavilion

Pass

Flag

Fail

24. Bear Rock Pavilion

Pass

Flag

Fail

25. Sandbox

Pass

Flag

Fail

26. Fitness Stations

Pass

Flag

Fail

27. Soccer fields

Pass

Flag

Fail

28. Beach

Pass

Flag

Fail

29. Disc Golf Course

Pass

Flag

Fail

INSPECTED BY:



# Appendix G

## **Feather River Recreation & Park District Ordinances**



**FEATHER RIVER RECREATION AND PARK DISTRICT  
ORDINANCE NO. 1 PARK AND FACILITY RULES AND REGULATIONS POLICY**

**SECTION 1 – GENERAL CONDITIONS**

**1.1 LEGISLATIVE AUTHORITY**

The Feather River Recreation and Park District Board of Directors hereby adopts these PARK AND FACILITY RULES AND REGULATIONS according to the California Public Resource Code Section 5782.21.

Section 5782.21 provides, in part, as follows:

Districts may adopt and enforce all rules, regulations, ordinances, and bylaws necessary for the administration of government, and protection of the property, improvements, and facilities under the management or belonging to the district.

**1.2 RULES AND REGULATIONS**

This ordinance shall govern all persons entering upon and/or using parks, playgrounds, structures or facilities of the FEATHER RIVER RECREATION AND PARK DISTRICT (FRRPD).

**1.3 AUTHORITY: ENFORCEMENT**

FRRPD adopts the following rules and regulations which shall apply to all parks, playgrounds and other facilities owned and or maintained by FRRPD. Regulations shall govern all persons using any facilities. The privilege of any person to use any facility is hereby expressly conditioned upon compliance by that person with all applicable federal, state, or local laws, ordinances, rules and regulations, including these regulations. In addition to other penalties prescribed by law, violation of any applicable law, ordinance, rule or regulation of any federal, state or local governing entity or any of these regulations shall subject violator to ejection from the facility in which violation occurs. Nothing contained herein shall be construed to authorize or to prohibit any acts which are expressly prohibited tor authorized by law of the United States, Statute of the State of California or by ordinance of a governmental subdivision thereof with concurrent jurisdiction over any facility or facilities. These regulations shall not apply to or restrict any OFFICER, EMPLOYEE OF FRRPD, FRRPD OF OROVILLE, COUNTY OF BUTTE OR ANY OTHER GOVERNMENTAL AGENCY while acting in the performance of any lawful duty imposed upon such officer or agent by any lawful authority. District staff shall be responsible for administering regulations set forth by the Board of Directors. Any person who interferes with any FRRPD employee in the performance of his/her duties or who by his/her conduct interferes with the use of any facility by any other person or who has committed any public offense within any facility shall leave the facility immediately upon request by any FRRPD employee. FRRPD employees may exclude members of the general public or individuals or groups from facilities or portions thereof where such exclusion is necessary to protect public property or the public health, safety or welfare. A person who has been requested to leave a facility pursuant to this section shall not return or reenter the facility within seventy-two hours.



#### **1.4 ENFORCEMENT**

In addition to FRRPD employees, park rangers and/or officers of the law also have authorization to enforce these regulations. No person shall resist, delay, or obstruct a FRRPD employee, ranger or law enforcement official in the discharge or attempt to discharge any duty of the office or when active within the scope of employment in any facility.

#### **1.5 VIOLATIONS**

A violation of any of these regulations shall be an infraction punishable by a fine in the manner provided for by section 12.32.180 VIOLATIONS of the Charter of the FRRPD of Oroville and Public Resource Code sections 5786.17 (a) and (b). Any violation of the FRRPD of Oroville Municipal Code for which there is a corresponding regulation occurring at or in a facility shall constitute a violation of the corresponding regulation.

### **SECTION 2 –RULES AND REGULATIONS FOR FRRPD PARKS AND FACILITIES**

#### **2.1 ALCOHOLIC BEVERAGES**

No person shall make or unless expressly allowed to do so by permitted written agreement with FRRPD sell or distribute alcoholic beverages of any kind or variety in/on any facility. Possession or Consumption of alcohol shall be in strict compliance with all federal, state, and local laws and ordinances applicable thereto. No intoxicated person shall enter, be or remain in any park or facility and any such person shall be either arrested and/or ejected from site. It is unlawful to possess or consume alcohol in any FRRPD Park or Facility unless authorized by A FRRPD permitted written agreement.

#### **2.2 VEHICLES**

Vehicles Excluded - No person shall ride or drive in a vehicle within any FRRPD park or facility except in areas designated for vehicles.

Control of Automobiles and Other Conveyances - No person shall operate or drive an automobile, bicycle, truck, trailer, wagon, motor scooter, skateboard or other conveyance on other than roads, parking lots or paths designated for such purpose. Bicyclists are required to wheel or push a bicycle by hand. Automobiles and all other abovementioned conveyances shall be operated with regard to the safety of others. In no event shall the maximum speed of any motorized vehicle exceed that speed so posted at such facilities.

Washing or Repairing Automobiles or Other Conveyances is Prohibited. No person shall wash or repair in any manner any automobile or other conveyance within any area of any FRRPD park or park facility.

Overnight Parking is Prohibited. No person shall park, abandon or otherwise allow to remain within any park or park facility any automobiles or other conveyances when parks are closed.



### **2.3 SKATEBOARDING**

Skateboard use shall be permitted in designated skateboard areas only. Skateboarding is not allowed on narrow walkways, rails, curbs, benches, walls or playground areas.

### **2.4 GOLF**

Playing or Practicing Golf is Restricted. No person shall drive, putt or in any other fashion play or practice golf or use golf balls and golf clubs within any FRRPD park or facility except in areas so designated.

### **2.5 MODEL CRAFTS**

Model Crafts are Restricted. No person shall fly model airplanes or operate model automobiles, boats or other craft of any kind or description in any FRRPD park or facility except in areas so designated.

### **2.6 DOGS**

Any dog brought to a facility must be licensed by the jurisdiction in which the owner resides and be fully inoculated. At all times while in permitted facility dog owners or handlers shall comply with all federal, state and local laws and regulations, applicable to ownership and control their dogs. Unless occurring within a designated dog park or allowed prior written agreement no person shall take or allow any dog into any facility/park unless the dog is kept and maintained on a leash not exceeding six feet in length under effective control of its owner or handler. This privilege shall not apply in areas posted with signs prohibiting dogs or in areas that dogs are otherwise prohibited. A dog may be off leash in designated dog park areas or exercise areas as long as the dog is under effective control.

### **2.7 DOG EXCEPTIONS**

With written permission special use dog handlers shall be permitted to conduct off leash training of special use dogs in any facility where dogs are not prohibited so long as dogs are under effective control. During off leash training dog handlers and their dogs shall wear visible identification indicating that the dog is being trained as a special dog. No dogs shall be allowed in any swimming pool or restroom facility with the exception of special use dogs.

### **2.8 ABANDONMENT OF ANIMALS**

Abandonment of Dogs, Cats or Other Animals is Prohibited. Persons shall not leave or deposit dogs, cats or other animals, fish or fowl, or any parts thereof whether dead or alive, in any park or park facility.



## **2.9 LANDSCAPE/VANDALISM**

Care of Public Property. No person shall mark, deface, disfigure, injure, tamper with, move or displace any park structures, equipment, facilities or appurtenances whatsoever, either real or personal.

No person shall destroy, injure, cut or take any natural condition or part of the landscape including but not limited to flowers, shrubbery, plants, vines, trees, grass, wood, rocks or pick flowers or seeds of any tree or plant or attach any rope, wire or other object to any tree or plant in a FRRPD park or facility.

Climbing of Trees and Other Objects is Prohibited. No person shall climb any tree, or walk, stand or sit upon monuments, fountains, railings, fences, buildings or any other property not designated or customarily used for such purposes.

## **2.10 GLASS**

No person shall possess any glass beverage container in any facility/park unless permitted by FRRPD written agreement.

## **2.11 EQUESTRIAN USE**

Equestrian use of facility/ parks shall only be in designated areas unless permitted by FRRPD written agreement.

## **2.12 CAMPING/PARKING**

No person or group of persons shall camp overnight or remain or stay overnight within any facility/park including overnight vehicles unless permitted by FRRPD written agreement. Parking and driving are only permitted in designated areas.

## **2.13 CAMPFIRES AND GRILLS**

Campfires are prohibited at all FRRPD facility/parks. Charcoal grilling may only occur at designate park/facility grills. Propane grilling devices may be used with FRRPD written agreement.

## **2.14 GARBAGE, LITTER AND POLLUTION**

No person shall throw, dump or otherwise place or cause to be placed or leave either directly or indirectly any rubbish, garbage, sewage, or waste matter or any trash or refuse of any kind in any facility other than in receptacles established and maintained for such purposes.

Water pollution is prohibited. No person shall pollute in any manner any water in any park or facility, and further, no person shall deposit or cause to be deposited any foreign material such as glass, paper, garbage or rubbish of any kind in such waters.



### **2.15 FEEDING OF ANIMALS**

No person shall leave food or containers for food for the purpose of feeding any animals within facility.

### **2.16 UNREASONABLE NOISES**

No person shall cause a loud or excessive noise within a facility which exceeds the decibel level allowed under local ordinance or otherwise unreasonable disturbs the peace and quiet of any neighborhood, the quiet enjoyment of property, or any reasonable person of normal sensitivity residing or working in the area, unless such noise is emanating from an event permitted by written agreement with the District, in which case the conditions of such permit as to noise shall apply.

### **2.17 DISTURBING THE PEACE**

Rude or boisterous conduct is prohibited. No person shall, in any FRRPD park or facility, conduct him or herself in a boisterous, threatening, abusive, insulting or indecent manner so as to annoy the public, or engage in any disorderly conduct or behavior tending to be a breach of the public peace and enjoyment of the park facility.

### **2.18 SIGNS AND ADVERTISING**

Advertising matter is prohibited. No person shall distribute, circulate, give away, throw or deposit in or on any FRRPD park or park facility any handbill, circular, pamphlet, paper or advertisement, or post, or fix same to any tree, fence or structure within any FRRPD park or park facility.

No person shall post a sign in a facility or leave a sign unattended in a facility unless the sign is posted or place in facility as part of an event permitted by written FRRPD agreement or on a designated community bulletin board.

### **2.19 SOLICITING**

No person shall solicit, sell, hawk, or peddle any goods, wares, merchandise, services, liquids, or edibles for human consumption or distribute circulars in any unit, except as permitted by the Department.

### **2.20 HUNTING**

No person shall hunt or take any wildlife including but not limited to wild game, animals, birds, and eggs in any facility except with written permission of FRRPD, which permission shall be given solely for the protection of life or property or the preservation of wildlife. All applicable federal, state or municipal statutes, regulations, or ordinances including but not limited to any regulation now or hereafter adopted by FRRPD shall have full force and effect in facilities.



## **2.21 FIREARMS/WEAPONS**

Firearms/Weapons include pistol, revolver, rifle, gun, flare gun, paint ball gun, zip gun, spring gun, air gun, BB gun, pellet gun, rocket, rocket launcher, rocket propelled, projectile launcher, slingshot, wrist rocket, bow and arrow, crossbow, compound bow, large knife. The mere possession of such firearm or device, whether loaded or unloaded, or shooting into parks or park facilities from adjacent boundaries is prohibited. No person shall take or discharge any firearm or other projectile weapon upon through, across or within any facility unless permitted by written agreement with or allowed in a program sponsored by FRRPD. All Applicable federal, state or municipal statutes, regulations or ordinances related to firearms or other projectile weapons including but not limited to any regulation now or hereafter adopted by FRRPD shall have full force and effect in all facilities.

## **2.22 SMOKING**

No person shall smoke cigars, pipes, cigarettes or any other smoking device or lighted cigars, pipes, cigarettes or other lighted flammable material in facility/park.

## **2.23 FIREWORKS**

No person shall possess, sell or discharge any fireworks at facility unless with written FRRPD permission.

## **2.24 TEMPORARY CLOSING OF FACILITY/PARK**

When conditions so require for the preservation and protection of a facility or a portion thereof the safety of person using facility a facility may be closed by FRRPD by posting signage indicating that the facility is closed. No person shall enter into or use such facility or the affected portion thereof so long as it is closed.

## **2.25 HOURS OF OPERATION**

Facility/park will post hours of operations at site. Park hours are dawn to dusk whether enclosed with fencing and gate or not. No person shall enter or remain in a facility after dusk unless given written FRRPD permission. Community centers and sports facilities shall be open during FRRPD activities or Special Events.

## **2.26 USE OF FACILITIES**

Use of facilities are first come first serve basis with the exception of rental facilities. Rental facilities when reserved will host signage noting that facility has been reserved. Exclusive use of a facility shall be with written FRRPD permit. Reservation of facilities may be permitted by written FRRPD agreement.

Reservation and use shall be in strict compliance with all rules and regulations adopted from time to time by and the written agreement therefore entered with FRRPD. Such



reservation and use shall be conditioned upon satisfaction of all requirements set forth in a rental agreement for the reserved facility authorized by FRRPD. FRRPD will take every effort to provide a clean and safe facility. Any damage to FRRPD facility sites due to use will be repaired at reserves expense. Reserves are responsible for cleanup at conclusion of reserved time. Reservation Cleanup must be included within your reserved time.

### **2.27 BOOTHS**

Construction of platforms, booths or structures is prohibited. No person shall construct platforms, display booths or any edifice on or in any FRRPD park or park facility, nor shall such platforms, booths or structures be placed in any park or park facility except as so designated by the District.

### **2.28 RESTROOMS**

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.

### **2.29 SUBLEASING**

Subleasing of sites is not permitted.

### **2.30 REVOCAION OF USE**

FRRPD may revoke use of a facility at any time upon determining that violation of the terms and conditions of use, or persons using facility have violated or threatened to violate any applicable law or regulation.

### **2.31 COMPLIANCE**

Permission granted by FRRPD to use a facility shall not release applicant from the obligation of complying with all federal, state, or local law ordinances applicable to the use.



# Appendix H

## **Receipt for District Injury and Illness Prevention Program**

**FEATHER RIVER RECREATION & PARK DISTRICT**  
**1875 FEATHER RIVER BLVD, OROVILLE, CA 95965, (530) 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.

X

\_\_\_\_\_  
Signature

X

\_\_\_\_\_  
DATE

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

