

Inyo County Injury and Illness Prevention Program



Updated January 2025

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INTRODUCTION

Inyo County provides a safe and healthful workplace for all employees and approved volunteers. This document describes the County's effective injury and illness prevention program (IIPP) and its ongoing implementation in full compliance with California Code of Regulation 3203.

RESPONSIBILITY

The County Administrative Officer (CAO) is ultimately responsible for the safe and effective operation of county processes, employment practices, and the overall County workplace environment. The CAO has delegated to the Risk Manager the authority and responsibility for development, implementation support, and continuous improvement of the IIPP. The Risk Manager may be reached at risk@inyocounty.us or at 760.872.2908. Department Heads and their designees have the authority and responsibility for implementing the provisions of this program. Employees with responsibility to direct other workers are effectively trained and are expected to be competent in recognition, evaluation, and control of hazards that persons under their direction may be exposed.

COMPLIANCE

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Department Heads ensure that all safety and health policies and procedures are clearly communicated and understood by their employees. Supervisors and lead personnel enforce the rules fairly and uniformly. Department Heads and supervisors have access to support and services available from Risk Management. Employees report unsafe conditions, work practices or accidents to their supervisors immediately, and they use appropriate personal protective equipment (PPE) as instructed by their supervisors.

Our system for ensuring that all workers comply with these practices include the following:

- Informing workers of the provisions of this IIPP.
- Evaluating the safety performance of all workers with safety audits, performance evaluations, and informal check-ins.
- Recognizing employees who perform safe and healthful work practices.
- Providing training to workers whose safety performance is deficient.
- Disciplining workers for failure to comply with safe and healthful work practices in the manner as specified in the County's written Personnel Rules.

COMMUNICATION

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

County policy requires open communication between management and staff on matters pertaining to safety. All input regarding safety is considered important, and employees are encouraged to actively participate in the safety program.

Employees should feel free to express any safety concerns during safety meetings and individually to supervisors and county leadership. Anonymous hazard report tool is at <https://www.inyocounty.us/iipp/anonymous-hazard-report-tool>.

All safety suggestions are seriously considered and provided a response. In turn, the County provides current safety news and activities, additional safety policies and procedural documents and training, safety reading materials, signs, posters, and bulletin boards for easy access to information. Also, all employees have an opportunity to receive safety training and voice personal opinions regarding safety and health matters at the regular meetings of the Labor/Management Health and Safety Committee.

The Labor/Management Health and Safety Committee (“Safety Committee”) complies with all requirements of T8CCR 3203 (7)(c) to satisfy the communication requirements of 3203. These requirements are:

- Meets regularly, but not less than quarterly.
- Retains agendas and minutes as written records of the safety and health issues discussed at the committee meetings for three years.
- Reviews results of annual safety audits.
- Reviews statistics and investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for prevention of future incidents.
- Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions.
- Submits recommendations to assist in the evaluation of employee safety suggestions.
- Upon request from the Division of Occupational Safety and Health (Cal/OSHA), verifies abatement action taken by the County to abate citations issued by the Division.

In addition to the Labor/Management Safety Committee, our communication system includes:

- New worker orientation, including a discussion of site-specific safety and health policies and procedures.
- Follow-through by supervision to ensure IIPP effectiveness.
- Workplace and site-specific safety and health training.
- Tailgate safety chats between supervisor and their personnel regularly and as needed for higher hazard job classifications.
- Onsite and in person meetings in response to creation of hazards or occurrence of injuries and illnesses.
- Posted and distributed safety information, including flyers and other signage.
- Anonymous workplace hazard reporting accommodated by an online portal.
- Codes of safe work practices, customized to each work type and location by the Department Head or designee, and explained to staff by supervisors.

HAZARD ASSESSMENT

Risk Management conducts periodic inspections to identify and evaluate workplace hazards according to the following schedule and purpose:

- At least annually for all locations where employees are regularly assigned to work.
- When new substances, processes, procedures or equipment that present potential new hazards are introduced into our workplace.
- When new or previously unidentified hazards are reported or recognized.
- When occupational injuries and illnesses occur and/or appear to repeat themselves.
- When we hire and/or reassign permanent or intermittent workers to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
- Whenever workplace conditions warrant an inspection.

Annual safety audits consist of a robust systematic approach to identification and evaluation of workplace hazards and improvements across most county facilities utilizing a standardized and frequently updated documentation system. Risk Management provides assessment reports based on documented evidence to Department Heads or their designees who are expected to respond within the time frame specified in the reports. An annual Safety Award may be given at the discretion of Risk Management based on annual inspection results. Risk Management keeps inspection records for three years.

ACCIDENT/EXPOSURE INVESTIGATIONS

Risk Management investigates workplace accidents, hazardous substance exposures, and near-accidents with full cooperation throughout the organization. Supervisors complete an initial incident investigation report (see exhibits). Procedures for investigating workplace accidents and hazardous substance exposures include visiting the scene as soon as possible, interviewing affected workers and witnesses, examining the workplace for factors associated with the incident, determining the cause/s of the accident/exposure, taking /directing/advising corrective action to prevent reoccurrence, and documenting findings and corrective actions.

HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected and documented in a timely manner, which is generally within 30 days or 3 days, depending on severity of the hazards. Corrections are done when observed or discovered and to reduce anticipated future accidents. In addition, when an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, exposed workers are removed from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection.

TRAINING AND INSTRUCTION

Inyo County provides effective training to increase employee and supervisor awareness and understanding of workplace hazards of and improvements for safe and healthful work practices. All workers, including managers and supervisors, get training and instruction on general and activity -specific safety and health practices.

Each department keeps training records for one year and sends copies to Risk Management; however, records in Vector Solutions should not be copied or sent to Risk Management.

Training and instruction are provided as follows:

- To all new workers. Training may include training related to safety programs and plans related to the IIPP, when applicable to the employee's assigned duties and tasks, such as ergonomics, PPE, hazard communications, emergency action plan, medical emergencies, food safety for prevention of cross contamination, and respiratory viruses.
- To workers given new job assignments for which training was not previously provided.
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.
- Whenever a new or previously unrecognized hazard is observed or reported.
- When the IIPP is substantially updated or modified.
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
- To all workers with respect to hazards specific to each employee's job assignment.
- To specific workers whenever retraining is determined to be necessary.

This training will include (but is not limited to):

- Explanation of our IIPP, emergency action plan and fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
- Availability/location of toilet, handwashing, and drinking water facilities.
- Provisions for medical services and first aid, including emergency procedures.
- Proper housekeeping, such as keeping stairways and isles clear, work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling, or other acts that tend to be distracting and tend to adversely influence safety.
- Proper storage to prevent stacking goods in an unstable manner and storing materials and goods against doors, exits, for extinguishing equipment and electrical panels.
- Proper reporting of hazards and accidents to supervisors.
- Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
- Proper storage and handling of toxic and hazardous substances, including prohibiting eating or storing food and beverages in areas where they can become contaminated.

EMPLOYEE ACCESS TO THE IIPP

All employees and their designated representatives have a right to examine and receive a copy of this IIPP. New employees are provided a printed copy of the IIPP at new employee orientation, and Risk Management sends an electronic copy to all employees whenever the IIPP is updated substantially. A free printed copy may be obtained by request during business hours within five business days from a Department Head, Risk Management, or Personnel. A free electronic copy is available anytime at <http://inyocounty.us/iipp>. A copy of the IIPP does not include any of the records or steps taken to implement and maintain the IIPP.

WELLNESS AND WORKPLACE SAFETY

It is the intent of the County to support the well-being of employees by promoting mental, physical, nutritional, and emotional health, with options and flexibility to encourage physical activity as part of each employee's individualized health and wellness choices. Employees are advised to use their breaks as breaks. Wellness activities done while working can adversely influence safety. The Wellness Bonus may provide reimbursement for, among other things, physical fitness products and equipment; however, athletic equipment such as treadmills, ball chairs, and pedaling machines, regardless of funding source, may not be used while at work. Requests for reasonable accommodations regarding physical activity for wellness while working should be directed to the ADA Coordinator and follow the interactive process.

RECORDKEEPING

As a local government entity, the County is not required to keep records regarding the steps taken to implement and maintain the IIPP, including inspection and training records, per California Code of Regulation 3203(b)(exception 4). Risk Manager may retain such records electronically for up to three years.

RELATED DOCUMENTS

The following programs, found on the Safety page of the Intranet and from a Department Head or Personnel Office with a five business day notice, are under the umbrella of the IIPP: Aerosol Transmissible Disease Exposure Control Plan, Automated External Defibrillator Policy and Procedures, Bloodborne Pathogens Exposure Control Plan, COVID-19 Prevention Procedures, Driver and Vehicle Safety Policy and Operations Procedures, Emergency Action Guide (various topics), Employee Medical Services and First Aid Policies and Procedures, Fall Prevention Program, Hazard Communications Program, Hearing Conservation Plan, Heat Illness Prevention Program, Opioid Overdose Reversal Agent Policy and Procedures, Personal Protection Equipment (PPE) Policy and Procedures, Powered Industrial Truck Rules, Respiratory Protection Program, Safety Committee Statement of Purpose and Description, Wildfire Smoke Awareness, Workplace Violence Prevention Plan, and Workstation Ergonomics Program.

EXHIBITS

The most used reference documents and forms are attached in the following order. For other forms, see your supervisor or call Risk.

- A. Employee Work Related Injury Illness Process (1 page)
- B. Supervisor Incident Investigation Report (1 page)
- C. Non-Employee Incident Report (1 page)
- D. Routine Inspection Form (2 pages)
- E. Employee Vehicle Accident Report and Auto Coverage Certificate notice (3 pages)
- F. Job Classes Required to Wear Safety Shoes (1 pages)
- G. Hazard Assessment and Correction Record (1 page)
- H. Worker Training and Instruction Record (1 page)

IN THE EVENT OF A WORK-RELATED INJURY:



Inyo County Employee/Volunteer Injury & Illness Process

CALL: 1-877-215-7285

► **AVAILABLE 24 HOURS A DAY**

You'll Need This: "Inyo County QS947"

PROCESS:

1. *Injured Worker notifies Supervisor.*
2. *Injured Worker immediately calls hotline.*
Supervisor may call on behalf of worker if necessary.
HOWEVER - DIAL 911 if life or limb is threatened!!!
3. *Hotline Nurse gathers information by phone and helps Injured Worker access appropriate medical treatment.*
4. *Supervisor provides claim form to Injured Worker*
5. *Supervisor completes Supervisor Incident Investigation Report and submits to Risk.*
6. *Risk follows-up directly with injured worker.*

Program Benefits

- ⇒ **Get the right treatment faster**
- ⇒ **Accelerates claim reporting**
- ⇒ **Expedites benefits determination**
- ⇒ **Speak with a medical professional**

877-215-7285

Dial 911 or go to nearest hospital if life or limb is threatened!

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call the Inyo County Employee Injury Reporting Hotline prior to seeking treatment. Minor injuries should be reported prior to leaving the job site. Registered Volunteers should use the same hotline.

SUPERVISOR INCIDENT INVESTIGATION REPORT

Required per Inyo County IIPP and California Code of Regulations, Title 8, Section 3203(a)(5)

Inyo County requires the supervisor of an employee who sustained an injury or illness at work to do the following: (a) Direct employee to call Injury Hotline at 877.215.7285 for reporting and medical triage [In an emergency, skip Hotline and dial 911 or help employee to nearest hospital]; (b) Provide "Employee's Claim for Workers' Compensation Benefits" (DWC-1) form to employee within 24 hours; (c) Complete Supervisor Incident Investigation Report and scan to Risk (risk@inyocounty.us); and (d) Once/if employee completes EMPLOYEE section of DWC-1, scan to Risk ASAP and send hardcopy via interoffice mail. DWC-1 is only required if injured working seeks medical treatment.

Injured Worker's Name, Title, Department: _____

Date & Time of Incident: _____ Location of Incident: _____

Event Type (check one box): ☐ First Aid Only ☐ Near Miss (no injury) ☐ Medical Treatment and/or Lost Time

Was DWC-1 provided to Worker? ☐ YES ☐ NO If yes, how & when was DWC-1 provided? _____

Ask injured worker for suggestions on preventing similar incidents, and write what they say here: _____

Describe property damage (if any): _____

Supervisor: Describe incident in your own words. Include consideration of direct, indirect, and root cause:

Who witnessed the incident (name, address, phone)? _____

Supervisor: Based on your review, what equipment, material, or chemical changes could prevent reoccurrence? _____

Supervisor: Based on your review, what task/procedural change/s could prevent reoccurrence? _____

Supervisor Corrective Actions. What actions have you taken as the result of this incident? _____

PRINT YOUR NAME: _____ PHONE #: _____

SIGN: _____ DATE: _____

NONEMPLOYEE INCIDENT REPORT

Complete in compliance with County policies and procedures regarding such incidents. Email Risk at risk@inyocounty.us.

Complete this form in the event a member of the public sustains property damage or personal injury while on County property or while engaging in a Inyo County event/activity to document the incident and alert Risk for review. Scan to [Risk@inyocounty.us](https://risk@inyocounty.us) and attach photos of the scene (not the person). Deliver originals to Risk Manager.

Name of Injured Person: _____ Their Phone #: _____

Person's Address: _____

Date & Time of Incident: _____ Location of Incident: _____

Weather: _____ Terrain: _____

What event and what was this person's role there? _____

Injury Type (check one box): Near Miss (no injury) ☐ First Aid Only ☐ Doctor/Clinic ☐ Emergency Room ☐

Describe Incident in your own words: _____

What suggestions, if any, did the injured person have for preventing similar incidents? _____

Describe assistance provided by County Employee/s (if any): _____

Describe property damage (if any): _____

Witnesses (name, address, phone): _____

What changes could be made in equipment, materials, and/or chemicals to prevent this in future? _____

What changes could be made to the specific activity to prevent this in future? _____

Actions Taken to Prevent Recurrence (include dates and names of those responsible): _____

PRINT YOUR NAME: _____ PHONE #: _____

SIGN: _____ DATE: _____

Location/s inspected:				Date:	2022
Inspector name & initials:				Escort:	
Signage and Recordkeeping (1-7)				Yes	No
				N/A	Corrective Actions
1	Signage in parking lot indicates that parking is at owner's risk.				
2	Safety posters specific to site hazards prominently present.				
3	Is record of last 3 yrs of inspections available?				
4	Evidence to document periodic safety training as appropriate?				
5	Evidence to document new employees safety training?				
6	Occupancy limits: No room with 1 door has >49 chairs in it.				
7	Elevators have current and posted inspection notice.				
Emergency Preparedness & Fire Prevention (8-20)				Yes	No
				N/A	Corrective Actions
8	Shade & Water (4oz/hr/EE) available for outdoor employees.				
9	Toilet and wash areas are clean and sanitary.				
10	Evacuation procedures, routes, & contact information are posted.				
11	Fire extinguishers: (a) w/in 75' of occupants, (b) have pin, (c) mounted, inspected within 12 months, (d) free from obstruction.				
12	Exits >=36" wide, w/o obstruction, with illuminated signs.				
13	Necessarily locked exits have interior emergency open feature.				
14	Fire doors are unlocked, closed, and not blocked open.				
15	A fire/evacuation drill occurred within 1 year.				
16	First Aid Kit: sanitary, orderly, filled, with locator signage.				
17	Is cash handling procedure acceptable??				
18	Pest & rodent controls in place and appear effective.				
19	Beacon or cell phones available @ unpowered locations.				
20	Brush/wild fire prevention measures good? Powerlines clear?				
Furniture, Storage, Hanging Objects (21-30)				Yes	No
				N/A	Corrective Actions
21	Furniture, tables, desks, and chairs in good condition.				
22	Blade secured on paper trimmers.				
23	Step stools available where needed. No standing on chairs, tables, etc.				
24	Suspended lights & decorations are secured to ceiling or wall.				
25	Wall shelves are not overloaded.				
26	Bookcases & cabinets over 5½ feet are secured to wall.				
27	File drawers are closed when not in use.				
28	No storage under desks which could create a trip hazard.				
29	Materials stored to minimize unnecessary climbing, reaching and bending.				
30	No storage within 18" of sprinkler heads or 24" from ceiling.				
Machinery, Tools, Equipment (31-39)				Yes	No
				N/A	Corrective Actions
31	Saws & other machines have appropriate labels & guards.				
32	Grinders: mounted, work rest@1/8", & tongue guard @1/4".				
33	Ladders have legible safety and compliance stickers.				
34	Noncompliant energy items locked out by LOBOTO trained EE				
35	Operating permits for all compressors are current & posted.				
36	Lock Out Tag Out is available to trained person on site.				
37	Tools secured to prevent breakage or falling on someone.				
38	Portable equipment inspected prior to use.				
39	Welding area ventilated & rigs have backflow regulators.				
PERSONAL PROTECTIVE EQUIPMENT - PPE (40-44)				Yes	No
				N/A	Corrective Actions
40	PPE signage is present where hazmat are used/stored.				
41	PPE is available as appropriate for hazards.				
42	Is PPE maintained in sanitary condition and ready to use?				
43	Is PPE use enforced when warranted?				
44	Does the AED (if present) meet the requirements?				

Walking/Working Surfaces (45-58)		Yes	No	N/A	Corrective Actions
45	Are all floor holes & floor openings guarded?				
46	Safe walking clearance where motorized equipment is used?				
47	Is ventilation adequate?				
48	Are employees advised of safe lifting practices?				
49	Entrances, aisles & corridors (>=32"), & stairways, are clear with adequate and consistent headroom?				
50	Carpets and rugs are in good condition, flat, and secure.				
51	Floors are in good condition, flat, and dry.				
52	Stairways, ramps (with non-slip surface), and corridors are illuminated with handrails (@>3 risers)/guardrails (@>30" rise) & stair treads in good condition.				
53	Ergonomic conditions adequate for workstations & processes?				
54	Work surfaces are clean, orderly, and unobstructed.				
55	Loose broken floor tiles are removed and open space covered.				
56	Exterior walk paths sufficiently flat (<1/4" lift), unobstructed, & lit.				
57	Work areas sufficiently illuminated (Ofc>500 lux, Shop>750 lux).				
58	Absence of tree/shrub intrusion to pathways or structures?				
Electrical Hazards - base on a random sampling of your area (59-66)		Yes	No	N/A	Corrective Actions
59	Cords and plugs are in good condition.				
60	Space heaters are absent and discouraged.				
61	Surge protectors used for IT equipment & not piggybacked.				
62	Extension cords not used as permanent wiring or piggybacked.				
63	Wall plates are in place over outlets and switches.				
64	Breakers or fuse switches are clearly labeled.				
65	Light fixtures are covered for breakage and operational.				
66	Electrical panels have 36" of unobstructed access.				
Hazard Communications & Hazardous Materials (raw, waste, dust)		Yes	No	N/A	Corrective Actions
67	Is a list onsite of all HazMat present?				
68	SDS binder/information is current, complete, and easy to locate.				
69	HazCom program in place (Right to Know, labeling, & training).				
70	All containers are labeled to identify contents and hazards.				
71	Flammables are stored in approved containers and cabinets.				
72	Compressed gas cylinders are labeled, capped, secured, and upright in ventilated areas.				
73	Spill kits are available in hazardous materials storage areas.				
74	Absence of observed leak/spill of hazardous material?				
75	Hazardous waste containers closed and labeled with contents, hazard/s, and accumulation date within 6 months.				
76	U-waste containers labeled with contents, hazard, & accumulation date within 12 months.				
77	Work areas near chemicals are free of open beverages & food.				
78	Eyewash stations inspected and tagged within 12 months.				
79	Combustible debris stored safely and removed promptly.				
80	Any interiors with dust accumulation?				
Vehicle-Related Safety (81-83)		Yes	No	N/A	Corrective Actions
81	Structural measures in place to prevent vehicular intrusion.				
82	Are employees instructed to perform pretrip inspections?				
83	Do powered industrial trucks have posted safety guides?				
COMMENTS					

EMPLOYEE VEHICLE ACCIDENT REPORT

In the event of a motor vehicle accident, get out of on-coming traffic for your safety, call 911 if someone was injured, call Dispatch if on a public roadway, inform your supervisor, and text Risk Manager (760.937.7378). Do not leave the scene until police release you. Do not discuss the event with anyone other than the police. Do not admit liability. Do not admit fault. Do not provide assurances to anyone about what the County will or will not do. Do not sign anything. Take photos, complete this two-page report, and email to risk@inyocounty.us within 24 hours if bodily injury or serious property damage occurred, or within 48 hours for non-serious incidents.

Date and Time of Accident: _____

Location (be specific): _____

Did police arrive and take a report (circle): **YES NO UNKNOWN**. Report Number? _____

Describe Road and Weather Conditions: _____

County Vehicle Number: _____

(if not county vehicle, list vehicle make, model, year, and license plate number)

Name of County Driver and Department: _____

County Driver's Mobile Number: _____

Was any driver injured? **YES NO** If yes, describe who and what was injured: _____

If an employee was injured, call Injury Hotline at (877) 215.7285 and inform Supervisor promptly.

Names of Other Occupants: _____

Were They Injured? **YES NO** If yes, describe: _____

Where did this vehicle go after incident (circle): **TOWED DRIVEN AWAY** _____

Traffic controls present (circle): **CAUTION SIGN STOP SIGN TRAFFIC SIGNAL OTHER NONE**

What Happened? _____

What could have been done to avoid this accident? _____

PRINT YOUR NAME: _____ DATE: _____ SIGN: _____

EMPLOYEE VEHICLE ACCIDENT REPORT

INFORMATION ON OTHER PEOPLE AND VEHICLES

How many other vehicles were involved? _____

Names of Witnesses: _____

Driver of Other Vehicle #1: _____

Driver's License Number and State: _____

Car Insurance Company and Policy Number: _____

Make, Model, Year, and License Plate #: _____

Describe Any Damage to Vehicle #1: _____

Number of other occupants to Vehicle #1: _____

Any Reported Injuries? YES NO If yes, describe: _____

Driver of Other Vehicle #2: _____

Driver's License Number and State: _____

Car Insurance Company and Policy Number: _____

Describe Vehicle: _____

(make, model, year, license plate number)

Describe Any Damage to Vehicle #2: _____

Number of other occupants to Vehicle #2: _____

Any Reported Injuries? YES NO If yes, describe: _____

Pedestrian/bicyclist (names and telephone numbers): _____

Any pedestrian/bicyclist injuries? YES NO If yes, describe: _____

ANYTHING ELSE TO REPORT? _____

PRINT YOUR NAME: _____ DATE: _____ SIGN: _____



NOTICE: Auto Coverage Certificates

In California, drivers must carry proof of personal auto insurance in their personal vehicles. However, per California Vehicle section 16020(b), drivers of vehicles owned/leased by public entities (including the County of Inyo) are not required to provide proof of insurance or otherwise carry auto coverage certificates. Please provide the bottom half of this page to another driver upon request.

County employees:

- Do not admit responsibility.
- Discuss details on scene only with Law Enforcement.
- Do not interfere with Law Enforcement.
- Obtain the following: Name, address, phone number, insurance company, and policy number.
- Take cellphone pictures (if safe to do so) of the other driver's license, insurance card, close-ups and wide-shots of all vehicles involved (before vehicles are moved), and road conditions. Email to risk@inyocounty.us. Do not photograph injuries or graphic scenes.
- Report the incident immediately to your supervisor, Department Head, and Risk Management. Please use "Employee Vehicle Accident Report" form.

CALIFORNIA INSURANCE IDENTIFICATION CARD

(THIS CARD MAY BE PRESENTED TO THE OTHER DRIVER UPON REQUEST)

Insured: County of Inyo

PLEASE DIRECT QUESTIONS/CLAIMS TO:

County of Inyo Risk Management
1360 N Main St, Bishop, CA 93514
Phone: 760.872.2908
risk@inyocounty.us

**This vehicle is owned/leased by a public entity
(Cal. Vehicle Code Sec. 16020(b))**

JOB CLASSES Requiring Safety Shoes/Boots

- Agricultural Biologist Supervisor
- Agricultural Biologist/Weights & Measures Specialist
- Agricultural Cannabis Inspector
- Agricultural Commissioner Deputy
- Airport Operations Supervisor
- Airport Technician
- Building & Maintenance Water Supervisor
- Building & Maintenance Worker
- Campground Attendant/Helper/Specialist/Lead
- Code Compliance Inspector
- Custodian
- Engineering Assistant
- Equipment Mechanic Heavy
- Equipment Mechanic Trainee
- Equipment Mechanic/Operator
- Equipment Operator Heavy
- Equipment Operator Lead
- Facilities Operations Supervisor
- Field Assistant
- Field Technician
- Field Technician Lead
- Food Cook/Supervisor
- Gate Attendant
- Mitigation Project Manager
- Park Helper
- Park Manager
- Park Specialist
- Park Specialist Lead
- Planning Associate – Mine Inspector
- Research Assistant
- Road Maintenance Supervisor
- Road Maintenance Worker
- Road Shop Supervisor
- Road Shop Supervisor
- Salt Cedar Manager
- Solid Waste Foreman

HAZARD CORRECTION TRACKING FORM

TOOL 3

1



Safety/Health Problem	Date Reported	Action Needed	Who is Responsible	Anticipated Completion Date	Date Action Completed	Follow-Up Needed

EMPLOYEE TRAINING RECORD



EMPLOYEE TRAINING RECORD

Employee's Name	Training Dates	Type of Training	Trainers