

RESOLUTION NO. 15-24

**A RESOLUTION OF THE BOARD OF DIRECTORS OF
TEHACHAPI-CUMMINGS COUNTY WATER DISTRICT
AMENDING THE INJURY AND ILLNESS PREVENTION PROGRAM**

A. Recitals.

1. The California Occupational Safety and Health Act of 1973 required employers establish a safe and healthful workplace for employees and by Resolution No. 15-86, Tehachapi-Cummings County Water District formalized a Safety Education Program and;

2. The Board of Directors, at the December 21, 2011, Regular Board Meeting, adopted an Injury and Illness Prevention Program per California Code of Regulations (CCR) 3203 and;

3. The Board of Directors desires to amend the Injury and Illness Prevention Program.

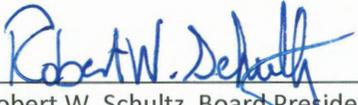
B. Resolutions.

NOW, THEREFORE, BE IT FOUND, DETERMINED, AND RESOLVED by the Board of Directors of TEHACHAPI-CUMMINGS COUNTY WATER DISTRICT as follows:

1. Each of the above recitals is true and correct and the Board so finds and determines.

2. The Board of Directors of the Tehachapi-Cummings County Water District hereby amends the Injury and Illness Prevention Program in the form attached as **Exhibit A**.

PASSED, APPROVED, AND ADOPTED by the Board of Directors of TEHACHAPI-CUMMINGS COUNTY WATER DISTRICT this 21st day of August 2024.



Robert W. Schultz, Board President

ATTEST:



Catherine Adams, Board Secretary

SECRETARY'S CERTIFICATE

I, CATHERINE ADAMS, Secretary of the Board of Directors of Tehachapi-Cummings County Water District, hereby certify as follows:

The foregoing is a full, true, and correct copy of Resolution No. 15-24 duly adopted at a regular meeting of the Board of Directors of the District duly and legally held at the regular meeting place thereof on August 21, 2024. All of the members of the Board of Directors received due notice of the meeting and a majority thereof was present. At the meeting, the resolution was adopted by the following vote:

AYES: Ables, Sasia, Schultz, Zanutto

NOES: None

ABSTAIN: None

ABSENT: Hall

ATTEST: 
Catherine Adams, Board Secretary

(SEAL)

EXHIBIT A

TEHACHAPI-CUMMINGS COUNTY WATER DISTRICT INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)



AUGUST 2024

TEHACHAPI-CUMMINGS COUNTY WATER DISTRICT INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)

RESPONSIBILITY

The Injury and Illness Prevention Program (IIP Program) administrator, the General Manager, has the authority and responsibility for implementing the provisions of this program for the Tehachapi-Cummings County Water District (TCCWD).

All managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program.

COMPLIANCE

Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

All employees are responsible for using safe work practices, for following all directives, policies, and procedures, and for assisting in maintaining a safe work environment.

Our system of ensuring that all workers comply with the rules and maintain a safe work environment include:

1. Informing workers of the provisions of our IIP Program.
2. Evaluating the safety performance of all workers.
3. Recognizing employees who perform safe and healthy work practices.
4. Providing training to workers whose safety performance is deficient.
5. Disciplining workers for failure to comply with safe and healthy work practices.

COMMUNICATION

We recognize that open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable and consists of one or more of the following checked items:

- New worker orientation includes a discussion of safety and health policies and procedures.
- Review of our IIP Program.
- Workplace safety and health training programs.
- Regularly scheduled safety meetings.
- Effective communication of safety and health concerns between workers and supervisors, including translation where appropriate.
- Posted or distributed safety information.
- A system for workers to anonymously inform management about workplace hazards.

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by the following competent observer(s) in the following areas of our workplace:

Competent Observer	Area
Administration Manager	District Office
Assistant General Manager-Operations	District Office and District Yard
Pipeline Supervisor	District Yard and Pipeline Facilities
Pumping System Supervisor	District Yard and Pumping Facilities

Periodic inspections are performed according to the following schedule:

1. Quarterly visual inspections.
2. When we initially established our IIP Program.
3. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace.
4. When new, previously unidentified hazards are recognized.
5. When occupational injuries and illnesses occur.
6. 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.
7. Whenever workplace conditions warrant an inspection.

Quarterly inspections consist of identification and evaluation of workplace hazards utilizing applicable Hazard Assessment Checklists and any other effective methods to identify and evaluate workplace hazards.

ACCIDENT/EXPOSURE REPORTING and INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Employees should report accidents/exposures immediately to a supervisor/manager.
2. Investigations should begin immediately if an injury occurs or in the same working day if no injury occurs.
3. Interviewing injured workers and witnesses.
4. Visiting and examining the work area for factors associated with accident/exposure.
5. Determining the cause of the accident/exposure.

6. Taking corrective action to prevent the accident/exposure from reoccurring.
7. Recording the findings and corrective actions taken.

HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

1. When observed or discovered.
2. When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers 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.
3. All such actions taken and the dates they are completed shall be documented on the appropriate forms.

TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction shall be provided as follows:

1. When the IIP Program is first established.
2. To all new employees.
3. To all workers given new job assignments for which training has not previously provided.
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
5. Whenever the employer is made aware of a new or previously unrecognized hazard.
6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
7. To all workers with respect to hazards specific to each employee's job assignment.

Workplace safety and health practices for all industries include, but are not limited to, the following:

1. Explanation of the employer's IIP Program and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
2. Use of appropriate clothing, including gloves, footwear, and personal protective equipment.
3. Information about chemical hazards to which employees could be exposed and other hazard communication program information.
4. Availability of toilet, handwashing and drinking water facilities.
5. Provisions for medical services and first aid including emergency procedures.

In addition, we provide specific instructions to all workers regarding hazards unique to their job assignment, to the extent that such information was not already covered in other training.

EMPLOYEE ACCESS TO THE IIPP

Our employees have the right to examine and receive a copy of our IIPP.

- When the IIPP is established, employees will receive a copy of the IIPP and any associated updates to the IIPP free of charge.
- Employees are encouraged to request any additional copies from their respective supervisor/manager.

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

RECORDKEEPING

Our establishment is on a designated high hazard industry list. We have taken the following steps to implement and maintain our IIP Program:

1. Records of hazard assessment inspections, including the person(s) or persons conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form; and
2. Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers are recorded on a worker training and instruction form. We also include the records relating to worker training provided by a construction industry occupational safety and health program approved by Cal/OSHA.

Inspection records and training documentation will be maintained for one year, except for training records of employees who have worked for less than one year.

LIST OF TRAINING SUBJECTS

We train our employees about the following checked training topics:

- The employer's Code of Safe Practices.
- Confined spaces.
- Good housekeeping, fire prevention, safe practices for operating any construction equipment.
- Safe procedures for cleaning, repairing, servicing and adjusting equipment and machinery.
- Safe access to working areas.
- Protection from falls.
- Electrical hazards, including working around high voltage lines.
- Heavy Equipment/Crane operations.
- Trenching and excavation work.
- Proper use of powered tools.
- Guarding of belts and pulleys, gears and sprockets, and conveyor nip points.
- Machine, machine parts, and prime movers guarding.
- Lock-out/tag-out procedures.
- Materials handling.
- Chainsaw and other power tool operation.
- Fall protection from elevated locations.
- Driver safety.
- Slips, falls, and back injuries.
- Ergonomic hazards, including proper lifting techniques and working on ladders or in a stooped posture for prolonged periods at one time.
- Personal protective equipment.
- Respiratory Equipment.
- Hazardous chemical exposures.
- Hazard communication.
- Physical hazards, such as heat/cold stress, noise, and ionizing and non-ionizing radiation.
- Bloodborne pathogens and other biological hazards.
- COVID-19
- Workplace Violence Prevention
- CPR/AED/First Aid
- Forklift Safety
- Valley Fever
- Animals/pests
- Compressed air/gas safety
- Welding/cutting safety
- Accident reporting
- Stop Work Authority

HAZARD ASSESSMENT CHECKLISTS

The following pages contain Hazard Assessment Checklists for the following TCCWD facilities:

- Pumping Plants
- Shop/Warehouse
- District Office
- District Yard/Well Sites



Pumping Plants Inspection Checklist

Date:	Location:	Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____
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All No answers need corrective actions identified and completed

	Hazard	Yes	No	NA	Target Date for Completion	Date Completed	Corrective Action Needed
1	Are fire extinguishers in the appropriate places and in good order?						
2	Are means of egress kept unblocked, well lighted, and unlocked during working hours?						
3	Are combustibles kept free from heat sources and electrical panels?						
4	Are cords, hoses and cables secured to prevent tripping hazards?						
5	Are Aisles and hallways kept clear of tripping hazards at all times? Are temporary obstructions clearly identified and barricaded?						
6	Is electrical machinery in good condition and properly grounded?						
7	Is deck grating secure and in place to prevent trips/falls?						
8	Are stairways equipped with non-slip treads and handrails?						
9	Are all employees trained on emergency procedures and evacuation?						
10	Overhead crane in good working order and free of obstructions?						
11	Are all spilled materials or liquids cleaned up immediately?						
12	Are all toilets and washing facilities clean and sanitary?						

<h1>Hazard</h1>		Yes	No	NA	Target Date for Completion	Date Completed	Action Needed
13	Are first aid kits inspected regularly?						
14	Is required personal protective equipment available to employees?						
15	Is the HVAC system inspected at least annually and problems corrected?						
16	Employees given proper instruction on use of equipment and tools?						
17	Exits are adequately marked and kept clear?						
18	Storage and equipment rooms are clean and orderly?						
Person conducting Inspection: _____ Date: _____							

Shop/Warehouse Inspection Checklist

Date:				Location:			Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____		
All No answers need corrective actions identified and completed									
Hazard		Yes	No	NA	Target Date for Completion	Date Completed	Corrective Action Needed		
1	Are all exits clear?								
2	Is all exit signage in place?								
3	Are fire extinguishers in the appropriate places and in good order?								
4	Electrical panels closed and properly labeled?								
5	Do all electrical outlets have covers in good condition?								
6	Is electrical machinery in good condition and properly grounded?								
7	All walkways (min. 24") are clear of debris and tripping hazards?								
8	Are storage shelves secure to prevent tipping?								
9	Is there appropriate lighting for work tasks and is it regularly maintained?								
10	Is there effective ventilation for work tasks?								
11	Are tools properly placed, secured, and maintained?								
12	Are electrical ground plugs in place?								
13	Is required personal protective equipment available to employees?								
14	Are guards in place and properly secured?								

Hazard		Yes	No	NA	Target Date for Completion	Date Completed	Action Needed
15	Are chemicals stored according to SDS?						
16	Are compressed gas cylinders secured and stored properly?						
17	Are chemical containers labeled and legible?						
18	Are flammable materials stored in accordance with Cal/OSHA standards §5531 to §5543?						
19	Are SDSs available for all chemicals stored in buildings?						
20	Is chemical waste properly disposed of?						
21	Is there appropriate security lighting?						
22	Is the facility secure and locked to prevent unwanted entry?						
23	Are outside walking surfaces free of trip hazards?						
Person Conducting Inspection: _____		Date: _____					

Office Inspection Checklist

District: _____	Location: _____	Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____
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All No answers need corrective actions identified and completed

	Hazard	Yes	No	NA	Target Date for Completion	Date Completed	Corrective Action Needed
1	Are all exits clear and properly marked?						
2	Exit illuminated for buildings with occupant load over 50 (§3216) Exit Signs?						
3	Are all exits clear and accessible?						
4	Fire extinguishers in appropriate places and inspected monthly?						
5	Electrical panels closed and properly labeled?						
6	All electrical outlets have covers in good condition?						
7	All walkways (min. 24") are clear of debris and tripping hazards?						
8	Storage shelves secure to prevent tipping?						
9	Appropriate lighting for work tasks and regularly maintained?						
10	Effective ventilation for work tasks?						
11	Electrical ground plugs in place?						
12	Appropriate security lighting?						
13	Facility is secure and locked to prevent unwanted entry?						
14	Outside walking surfaces free of trip hazards?						
15	All required posters are displayed?						

	Hazard	Yes	No	NA	Target Date for Completion	Date Completed	Action Needed
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
Person Conducting Inspection: _____		Date: _____					



District Yard/ Well Site Inspection Checklist

District: _____	Location: _____	Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____
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All “No” answers need corrective actions identified and completed

	Hazard	Yes	No	NA	Target Date for Completion	Date Completed	Corrective Action Needed
1	Are the appropriate “No Trespassing” and “High Voltage” signs posted as needed?						
2	Are fire extinguishers in the appropriate places and in good order?						
3	Are electrical panels closed, secure, and properly labeled?						
4	Are electrical connections secure and the conduit free of damage?						
5	Are guards and screens in place?						
6	Is electrical machinery in good condition and properly grounded?						
7	Are all walkways clear of debris and tripping hazards?						
8	Are storage shelves secure to prevent tipping?						
9	Is there appropriate lighting for work tasks and regularly maintained?						
10	Is there appropriate security lighting?						
11	Are tools and equipment properly placed, secured, and maintained?						
12	Are drive aisles clear and provide for safe movement?						
13	Is required personal protective equipment available to employees?						
14	Are chemicals stored according to SDS?						

Hazard		Yes	No	NA	Target Date for Completion	Date Completed	Action Needed
15	Are chemical containers labeled and legible?						
16	Are flammable materials stored in accordance with Cal/OSHA standards §5531 to §5543?						
17	Are SDSs available for all chemicals stored on-site?						
18	Are chemical waste and containers properly disposed of?						
19	Are ladder doors locked in place?						
20	Is the facility secure and locked to prevent unwanted entry?						
21	Are outside walking surfaces free of trip hazards?						
22	Are weeds abated to prevent grass fires?						
23							
24							
Person Conducting Inspection: _____		Date: _____					

HAZARD ASSESSMENT AND CORRECTION RECORD

Date of Inspection: [Enter date]

Person Conducting Inspection: [Enter name]

Unsafe Condition or Work Practice: [Provide details, including root causes]

Corrective Action Taken: [Provide details, including solutions to root causes]

Date of Inspection: [Enter date]

Person Conducting Inspection: [Enter name]

Unsafe Condition or Work Practice: [Provide details, including root causes]

Corrective Action Taken: [Provide details, including solutions to root causes]

Date of Inspection: [Enter date]

Person Conducting Inspection: [Enter name]

Unsafe Condition or Work Practice: [Provide details, including root causes]

Corrective Action Taken: [Provide details, including solutions to root causes]

Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

Supervisor's Accident Investigation Form

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

(Circle one) Male Female

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

Names of all witnesses:

Date of Event _____ Time of Event _____

Exact location of event: _____

What caused the event? _____

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? Doctor's Name _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence.

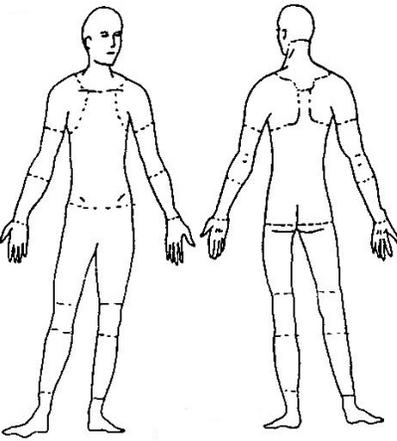
Supervisor Signature

Date

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.
 (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

Step 1: Injured employee (complete this part for each injured employee)		
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) <div style="text-align: center;">  </div>	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Months with this employer Months doing this job:

Step 2: Describe the incident	
Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any):	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: <input type="checkbox"/>			

Step 3: Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)
- Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
- Routinely inspect for the hazard Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Department:

Date:

Names of investigation team members:

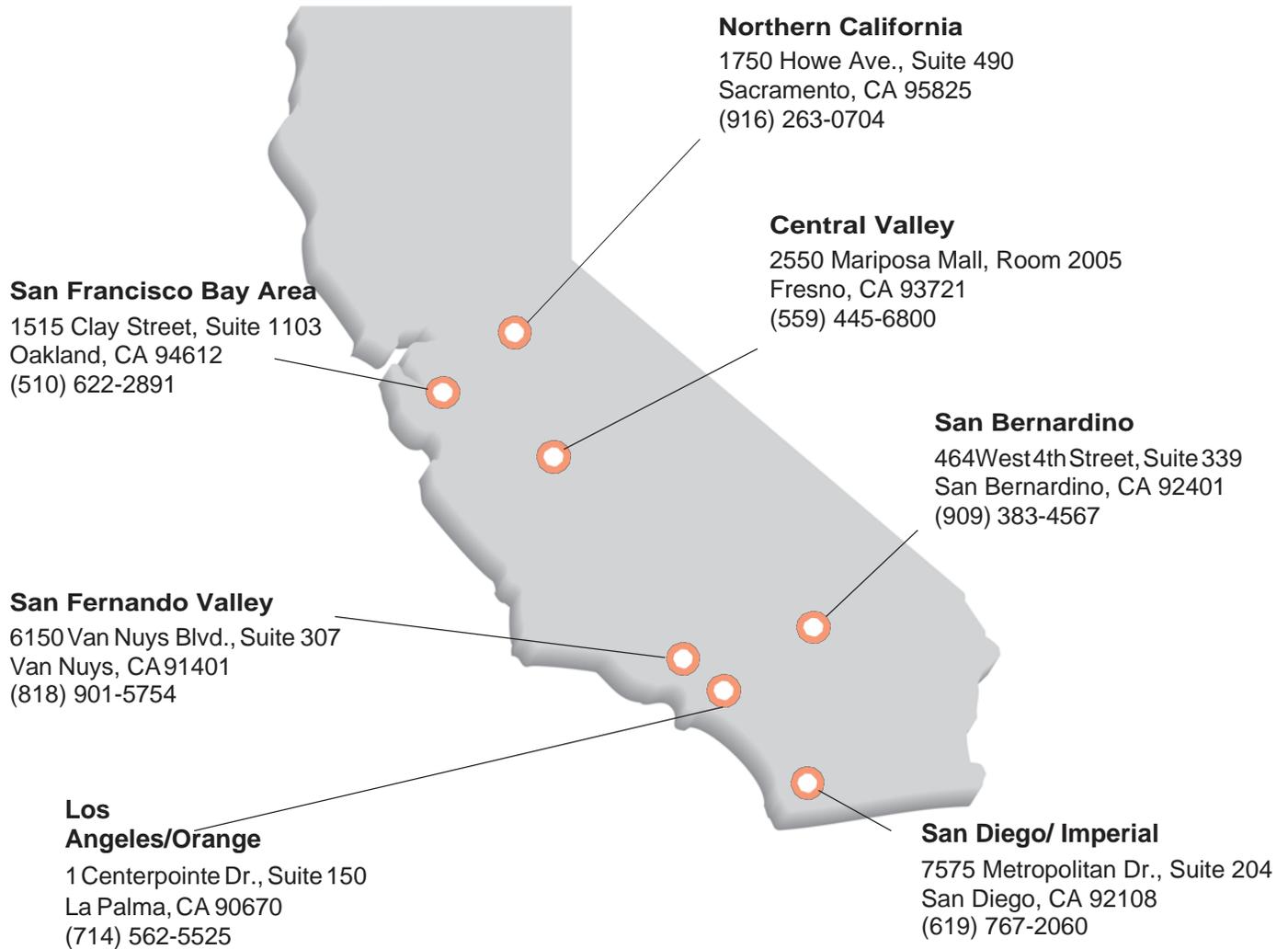
Reviewed by:

Title:

Date:

• Toll-free Number: 1-800-963-9424 • Internet: www.dir.ca.gov

On-site Assistance Program Area Offices



Voluntary Protection Program Oakland, CA 94612 (510) 622-1081