

# Injury and Illness Prevention Program

---

SEE MONTEREY

Date Last Updated: 10/1/2024

# CONTENTS

- TAB 1: Injury and Illness Prevention Program .....3
  - Responsibility.....3
  - Compliance .....3
  - Communication .....3
  - Hazard Assessment.....3
  - Accident / Exposure Investigations .....4
  - Hazard Correction.....4
  - Training and Instruction .....4
  - Employee Access to Program .....5
- TAB 2: Employee Safety Training Checklist .....7
  - Employee Acknowledgement of See Monterey Safety Guidelines .....8
- TAB 3: Safety Training Checklist .....9
- TAB 6: Safety Suggestion ..... 12
- TAB 7: Supervisor’s Accident Investigation Form..... 13
- TAB 8: Sample Training Sign-in Sheet..... 16

# INJURY AND ILLNESS PREVENTION PROGRAM

## Responsibility

The Injury and Illness Prevention Program (IIPP) administrator, the VP of People & Operations, has the authority and responsibility for implementing the provisions of this program for See Monterey.

All managers and directors are responsible for implementing and maintaining the IIPP in their work areas and for answering team members questions about the IIPP. A copy of this IIPP is available on See Monterey's team member intranet page or from the HR office.

## Compliance

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

All team members 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 team members comply with the rules and maintain a safe work environment include:

- Informing team members of the provisions of our IIPP in New Hire Orientation and once annually in an additional training
- Evaluating the safety performance of all team members
- Recognizing team members who perform safe and healthful work practices
- Providing training to team members whose safety performance is deficient
- Disciplining team members for failure to comply with safe and healthful 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 items:

- New worker orientation including a discussion of safety and health policies and procedures
- Workplace safety and health training programs
- Regularly scheduled safety meetings
- Effective communication of safety and health concerns between team members and supervisors
- Posted or distributed safety information

## Hazard Assessment

Periodic inspections to identify and evaluate workplace hazards will be performed by the VP of People & Operations or designee of the entire See Monterey office space.

Additionally, inspections were, or shall be conducted:

- When we initially established our IIPP
- When new substances, processes, procedures, or equipment which present potential new hazards are introduced into our workplace
- When new, previously unidentified hazards are recognized
- When occupational injuries and illnesses occur
- Whenever workplace conditions warrant an inspection

## Accident / Exposure Investigations

Procedures for investigating workplace accidents and hazardous substance exposures include:

- Visiting the accident scene as soon as possible
- Interviewing injured team members and witnesses
- Examining the workplace for factors associated with the accident / exposure
- Determining the cause of the accident / exposure
- Taking corrective action to prevent the accident / exposure from reoccurring
- 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:

- When observed or discovered
- When an imminent hazard exists that cannot be immediately abated without endangering staff member(s) / property, we will remove all exposed team members from the area, except those necessary to correct the existing condition. Team members necessary to correct the hazardous condition shall be provided with the necessary protection
- All such actions taken and dates they are completed shall be documented on the appropriate forms

## Training and Instruction

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

- When the IIPP is first established
- To all new team members, and to all team members 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 the employer is made aware of a new or previously unrecognized hazard
- To supervisors to familiarize them with the safety and health hazards to which team members under their immediate direction and control may be exposed
- To all team members 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:

- Explanation of the company’s IIPP, Emergency Action Plan, and Fire Prevention Plan, and measures for reporting any unsafe conditions, work practices, injuries, and when additional instruction is needed
- Use of appropriate clothing, including gloves, footwear, and personal protective equipment
- Information about chemical hazards to which team members could be exposed, and other Hazard Communication Program information
- Availability of toilet, handwashing, and drinking water facilities
- Provisions for medical services and first aid, including emergency procedures
- In addition, we provide specific instructions to all team members regarding hazards unique to their job assignment, to the extent that such information was not already covered in other training

## Employee Access to Program

Access to the Injury and Illness Prevention Program for See Monterey will be guaranteed to all team members (or a designated representative\*). Team members will be given the right and opportunity to examine and to receive a copy of this program. An electronic (or printed if requested) copy of the program will be provided no later than five business days from receipt of any valid request. In addition to written requests, the VP of People & Operations will provide access to the program on the company server or website.

\*A staff member must provide written authorization to make someone their “designated representative.” A recognized or certified collective bargaining agent will be treated automatically as a designated representative for the purpose of access to the company IIPP. The written authorization must include the following information:

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

## TRAINING SUBJECTS

We train our team members about the following checked training subjects:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> The company’s Code of Safe Practices  | <input checked="" type="checkbox"/> Ergonomic hazards, including proper lifting techniques and working on ladders or in a stooped posture for prolonged periods |
| <input checked="" type="checkbox"/> Safe procedures for cleaning, repairing, servicing, and adjusting equipment | <input checked="" type="checkbox"/> Personal protective equipment   |
| <input checked="" type="checkbox"/> Safe access to working areas  | <input checked="" type="checkbox"/> Hazardous chemical exposures  |
| <input checked="" type="checkbox"/> Protection from falls   | <input checked="" type="checkbox"/> Hazard communication  |
| <input checked="" type="checkbox"/> Electrical hazards  | <input checked="" type="checkbox"/> Physical hazards, such as heat / cold stress, & noise   |
| <input checked="" type="checkbox"/> Driver safety   |   |
| <input checked="" type="checkbox"/> Slips, falls, and back injuries   |   |

We have developed and use hazard assessment checklists for the following checked items:

- Electrical
- Emergency Action Plan
- Ergonomics
- Exit doors
- Exiting or egress
- Fire protection
- Flammable and combustible materials
- General work environment
- Portable ladders
- Stairs and stairways
- Ventilation for indoor air quality
- Walkways

# EMPLOYEE SAFETY TRAINING CHECKLIST

**Job Title:** Job Title

- Explanation of the company’s IIPP, Code of Safe Practices, Emergency Action Plan, and measures for reporting any unsafe conditions, work practices, or injuries. Provisions for medical services and first aid, including emergency procedures.

- Explanation of safety-appropriate clothing, including eye protection, gloves, footwear, and **personal protective equipment**.

- Ergonomic Risks (check those that may apply)
  - Work / workstation design     Repetition     Posture / positions
  - Material Handling     Other: Specify

- Electrical Hazards     Authorized     Affected     Other     N/A  
Locations: List locations

- \*Other job-specific hazards, such as:

List hazard	List hazard
List hazard	List hazard
List hazard	List hazard
List hazard	List hazard

*\*Each topic listed in tables should have a basic safety outline for training purposes.*

## Employee Acknowledgement of See Monterey Safety Guidelines

*Return to Human Resources upon completion.*

It is the policy of See Monterey to strive for the highest safety standards. It is the intention of See Monterey to take every reasonable action to ensure a safe workplace. Therefore, team members at all levels are required to actively participate in maintaining a safe and healthy work environment.

I understand that there is an Injury and Illness Prevention Program (IIPP) in place at See Monterey and I hereby confirm that I have received and read the following:

- Basic Safety Rules & Guidelines**
- Injury and Illness Prevention Program Overview**
- All specific information as indicated (☒) on the Employee Safety Training Checklist**

I have been informed that failure to adhere to these guidelines may result in disciplinary action.

<b>Employee Name</b> (print or type)	Employee Name – clear the below fields if information is being handwritten
<b>Employee Signature</b>	
<b>Job Title / Position</b>	Insert Job Title or Position
<b>Date</b>	Select date

**IMPORTANT:** By signing this form, you do not waive any of your rights under team members' compensation laws.

# SAFETY TRAINING CHECKLIST

Completed by: Evaluator Name

Date: Completion date

Employee: Employee Name

**Conversation Topic:** # \_\_\_\_\_, or other: Describe

*Topics: (1) Work process, (2) Housekeeping, (3) Employee suggestions, (4) Safety rule enforcement, (5) Body mechanics, (6) Employee health, (7) Heat, (8) Hydration, (9) Dust, (10) Proper PPE, (11) Code of Safe Practices, (12) Hazardous condition*

**Safety Training** (if more than one employee present, attach documentation)

Topic: # \_\_\_\_\_

*Topics: (1) New employee training, (2) New job task, (3) New equipment or tool, (4) New process, (5) New hazard, (6) Training refresher on specific topic*

Details:

- Review job safety
- Fire prevention

- Incident reporting
- Exit routes

- Disaster response

Misc.:

- HazCom
- Heat illness

- SDS training
- SDS location
- Electrical

Other operating equipment

## Quarterly Safety Report

Submit completed form to VP of People & Operations

Month: Month

Date Submitted: Select date

### Activity/Training

Did all new team members receive safety orientation before starting work?  Yes  No  N/A

Did manager assist in training, hazard identification, and correction?  Yes  No  N/A

Were all departmental Safety Documentation sheets completed and turned in?  Yes  No  N/A

Which departmental Safety Documentation sheets did you check for proper use during the month? Include comments and findings.

Were there any injuries this month?  Yes  No  N/A

*If YES, attach investigation form.*

How many team members did you personally talk to about safety? #     

*List Names*

## Hazard Correction / Hazard Condition

Submit completed form to VP of People & Operations.

Date: Select date \_\_\_\_\_ Time: Enter time \_\_\_\_\_ Name: Enter name \_\_\_\_\_

*Area or location where hazard was recognized.*

*Describe the hazard.*

*Hazard correction.*

Is this seen on a regular basis?     Yes     No

Who corrected the hazard?    Hazard corrected by \_\_\_\_\_

**IF THE HAZARD PRESENTS AN IMMEDIATE DANGER TO TEAM MEMBERS, REPORT THIS IMMEDIATELY.**



# Supervisor's Accident Investigation

For *first aid or minor injury*, complete all shaded areas on this page only. For injuries that require *more than first aid*, all items must be completed by Supervisor via Employee interview.

SEE MONTEREY	Contact person	Phone
Employee name	Accident date	Accident time
Employee phone	Best time(s) to call employee	
Occupation	Employee dept.	
Length of service with company	Length of service in this dept.	
Dept. in which accident occurred	Accident location	
Was property damaged at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property owned by	
Were there witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please list name(s) of witness(es)	
If YES, IMMEDIATELY interview each witness using the attached "Witness Statement" form.	1. 2.	
Accident reported to management (name)	Reported date	Reported time
Who was immediately in charge at the time of injury?		
Name of person(s) conducting this investigation	Investigation date	
Employee's supervisor (print name)	Supervisor phone	

**Supervisor Description of Accident** – Interview employee, then provide a detailed description of what happened in your own words

**Body Part Involved** – Check all that apply. Please circle Left (L) or Right (R)

<b>HEAD INJURY</b> <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye L – R <input type="checkbox"/> Nose <input type="checkbox"/> Ear L – R <input type="checkbox"/> Neck <input type="checkbox"/> Skin	<b>TRUNK INJURY</b> <input type="checkbox"/> Shoulder L – R <input type="checkbox"/> Upper back <input type="checkbox"/> Middle back <input type="checkbox"/> Lower back <input type="checkbox"/> Chest <input type="checkbox"/> Ribs L – R <input type="checkbox"/> Abdomen	<b>UPPER BODY</b> <input type="checkbox"/> Upper arm L – R <input type="checkbox"/> Forearm L – R <input type="checkbox"/> Elbow L – R <input type="checkbox"/> Wrist L – R <input type="checkbox"/> Hand L – R <input type="checkbox"/> Finger(s) – identify	<b>LOWER BODY</b> <input type="checkbox"/> Hip L – R <input type="checkbox"/> Leg L – R <input type="checkbox"/> Thigh L – R <input type="checkbox"/> Knee L – R <input type="checkbox"/> Calf L – R <input type="checkbox"/> Ankle L – R <input type="checkbox"/> Foot L – R <input type="checkbox"/> Toe(s) – identify
---	---	---	--

**Nature of Injury** – Check all that apply

<input type="checkbox"/> Abrasion – contusion <input type="checkbox"/> Bruise <input type="checkbox"/> Cut / laceration <input type="checkbox"/> Puncture <input type="checkbox"/> Foreign object	<input type="checkbox"/> Burn – heat <input type="checkbox"/> Burn – chemical <input type="checkbox"/> Exposure – heat / cold <input type="checkbox"/> Exposure – chemical	<input type="checkbox"/> Inhalation <input type="checkbox"/> Poisoning <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Skin problem	<input type="checkbox"/> Sprain / strain <input type="checkbox"/> Fracture <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Other (describe)
---	---	--	--

## Supervisor's Accident Investigation

<b>Contributing Factors</b> – Check all that apply.	<b>Describe conditions causing the accident, including events leading up to, and materials / substances involved in the accident</b>
<input type="checkbox"/> Lifting / picking up materials or equipment <input type="checkbox"/> Loading / unloading materials or equipment <input type="checkbox"/> Pushing / pulling materials or equipment	Describe
<input type="checkbox"/> Slip, trip, or fall <input type="checkbox"/> Wet surface <input type="checkbox"/> Object(s) left on floor <input type="checkbox"/> Uneven floor surface <input type="checkbox"/> Damaged / frayed carpet <input type="checkbox"/> Damaged flooring (non-carpet) <input type="checkbox"/> Climbing / descending stairs / ladder	Describe
<input type="checkbox"/> Struck by or against something <input type="checkbox"/> Falling item <input type="checkbox"/> Another person <input type="checkbox"/> Employee hit / bumped into object or person	Describe
<input type="checkbox"/> Cut / puncture <input type="checkbox"/> Knife <input type="checkbox"/> Hand tool or machinery <input type="checkbox"/> Other object	Describe
<input type="checkbox"/> Other	Describe

<b>Cause</b> – Check all that apply			
<input type="checkbox"/> Attention – poor <input type="checkbox"/> Carelessness <input type="checkbox"/> Fatigue <input type="checkbox"/> Body mechanics (posture) <input type="checkbox"/> Horseplay <input type="checkbox"/> Ventilation – poor <input type="checkbox"/> Chemicals <input type="checkbox"/> Electrical exposure	<input type="checkbox"/> Equipment – broken <input type="checkbox"/> Equipment – improper use <input type="checkbox"/> Equipment – not available <input type="checkbox"/> Improper dress / protection <input type="checkbox"/> Falling objects <input type="checkbox"/> Flame / fire / smoke <input type="checkbox"/> Physical impairment <input type="checkbox"/> Building / structure	<input type="checkbox"/> Floor – wet or with food <input type="checkbox"/> Floor – ground uneven <input type="checkbox"/> Excessive speed <input type="checkbox"/> Furniture / fixtures <input type="checkbox"/> Hand tools – non-power <input type="checkbox"/> Hand tools – power <input type="checkbox"/> Housekeeping – poor <input type="checkbox"/> Automobile	<input type="checkbox"/> Stairs <input type="checkbox"/> Ladder <input type="checkbox"/> Railings <input type="checkbox"/> Struck by / against <input type="checkbox"/> Unsafe act <input type="checkbox"/> Unsafe condition <input type="checkbox"/> Lack of training <input type="checkbox"/> Other

<b>Prevention</b> – List the steps to be (or that have been) taken to prevent a similar occurrence	<b>Responsible Person</b>	<b>Date to be Done</b>	<b>Date Completed</b>

<b>Follow-up</b> – Monitoring and review by Department Manager / Safety Committee	<b>Date Reviewed</b>

<b>Recordkeeping</b> – To be completed by Human Resources		
Is this OSHA "Recordable" (OSHA 300 Log)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this OSHA "Reportable"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, date OSHA was notified

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

HR Signature \_\_\_\_\_ Date \_\_\_\_\_

