

CHAPTER 9

INCIDENT/HAZARD REPORT PROGRAM

INCIDENT/HAZARD REPORT PROGRAM

I. Purpose

An Incident/Hazard Report Program is established to provide a means for individual employees to report previously unrecognized hazards which could cause employee injury/illness, death, damage to County property, or injury/accident to a non-county employee (i.e. public patron or vendor/contractor) on County property; and to report any injury incidents involving non-county employees.

II. Responsibility

A. County Safety Officer

The County Safety Officer shall maintain a supply of Incident/Hazard report forms for permanent posting on department safety bulletin boards.

B. Departments

1. Posting - All Departments shall post a blank Incident/Hazard report form on the employee bulletin board/s at each worksite where Cal/OSHA and other safety information is posted.
2. Forms - Departments shall be responsible to keep an adequate supply of Incident/Hazard report forms. Forms may be obtained from the County Safety Officer or from Risk Management's intranet website.
3. Corrective Action - Departments shall be responsible to initiate all necessary action to correct hazards reported in their area of responsibility.

III. Employee Reporting Hazard

A. Employees who report a hazard shall do so in accordance with instructions printed on the report forms. Those responsibilities are:

1. Complete - Complete the form within 24-hours of observation of the hazard. Describe the hazard and your recommended corrective action. Reports may be submitted anonymously, however, the County is not responsible for informing the anonymous submitter of the corrective action taken to reduce, modify or eliminate the hazard.
2. Give - Give the completed original form to the supervisor for corrective action, and retain a copy.
3. Appeal - If corrective action is not considered satisfactory when report is returned, request that it be elevated to the Department Head for review (appeal procedure).
4. Safety Review Team - If still not satisfied, employee forwards report to the County Safety Officer.

B. Supervisors

Supervisors shall be responsible for all incident/hazard reports submitted to them as prescribed on the report forms. Those responsibilities are:

1. Incident/Hazard Reports - Within five (5) working days, record on the form your analysis of the reported hazard and the corrective action taken.
2. Involve Higher Supervisor - If necessary, involve upper-level supervisors and department management in hazard analysis or corrective action. Notify employee if there is a delay in the response to the hazard report.
3. After Completing Actions - After the corrective action is completed, return a copy of the completed incident/hazard report form to the employee and forward a copy to the County Safety Officer, and retain a copy for your department's safety records.

C. County Safety Officer

1. The County Safety Officer will review corrective actions. The County Safety Officer will initiate further action as necessary.
2. The County Safety Officer will notify the employee's Department Head of the final recommendation on appeals.

INSTRUCTIONS FOR FILLING OUT THE SHASTA COUNTY INCIDENT/HAZARD REPORT

1. Indicate the type of report being submitted (*Injury Incident, Incident/Near Miss, Hazard*)
2. Fill out the employee information section (*Name, Department, Division, Title, Status, Date, Location, Time of Incident, Who incident was reported to*)
3. Describe the Incident/Near Miss/Hazard
4. Describe the Injury/Illness (if any) and record any witness information (*if applicable*)
5. Describe the causes of the Incident/Near Miss/Hazard
6. Record the corrective action taken amend the Incident/Near Miss/Hazard and prevent reoccurrence
7. Fill out all signatures and dates (*Supervisor, Department Head, Investigator*)
8. Record any additional comments regarding the Incident/Near Miss/Hazard

SHASTA COUNTY INCIDENT/HAZARD REPORT

 INJURY INCIDENT

 INCIDENT/NEAR MISS

 HAZARD

EMPLOYEE NAME	DEPARTMENT	DIVISION	JOB TITLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
DATE OF INCIDENT	LOCATION	TIME OF INCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	REPORTED TO	

DESCRIPTION OF INCIDENT/NEAR MISS/HAZARD

DESCRIPTION OF INJURY/ILLNESS

WITNESS NAME	WITNESS ADDRESS & PHONE
--------------	-------------------------

CAUSES OF INCIDENT/NEAR MISS/HAZARD

CAUSES OF INCIDENT/NEAR MISS/HAZARD

CORRECTIVE ACTION

SUPERVISOR'S SIGNATURE	DATE	DEPARTMENT HEAD'S SIGNATURE	DATE
INVESTIGATED BY	TITLE	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

ADDITIONAL COMMENTS

PLEASE E-MAIL COMPLETED FORMS TO JIM JOHNSON: jdjohnson@co.shasta.ca.us