



**Santa Barbara County
Education Office (SBCEO)
Illness and Injury
Prevention Program (IIPP)**

January 22, 2026

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**Santa Barbara County Education Office
(SBCEO) Illness and Injury Prevention
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Record of Revisions

The following are updates to this IIPP that have been approved by the Superintendent. Relevant employee training has been updated as necessary in accordance with the content of this IIPP.

Revision Date	IIPP Version	Revision Description	Revision Made By	Revision Location in IIPP

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SBCEO
Illness and Injury Prevention Program

Introduction

Santa Barbara County Education Office (SBCEO) values the personal safety of each employee at their workplace. SBCEO has developed this Injury and Illness Prevention Program (IIPP) for all employees to follow to maintain a safe and healthy work environment at all SBCEO sites. The primary objective of this IIPP is to prevent employee injuries or illnesses at the workplace. This program will ensure, to the greatest extent possible, compliance with legal requirements and standards of safe work practices. The success of this program is a high priority and will be accomplished through cooperation and support of all employees. This IIPP describes SBCEO's implemented efforts of responsibility, compliance, communication, hazard assessment, investigation, hazard correction, training and instruction, and recordkeeping to ensure a safe and healthy work environment at SBCEO.

IIPP Key Objectives

SBCEO's implementation of this IIPP will accomplish the following key objectives:

- Protection of the health and safety of employees by mitigating the potential risk of disease, illness, injury and harmful exposures.
- Reduction of workers' compensation claims and costs.
- Retention and maintained access to the workplace for employees.
- Minimization of time and effort dedicated to replacement, reassignment, and training of employees who are injured or ill.
- Increased employee morale due to trust in management's prioritization of employee health and safety.
- Maintained compliance with Health and Safety Codes to minimize vulnerability to potential penalties from regulatory agencies.

Statutory Authority

- California Labor Code Section 6401.7
- California Code of Regulations Title 8, Sections 1509 and 3202

Contact

If you have any questions regarding this Injury and Illness Prevention Program, please contact Gina Branum, Associate Superintendent, Human Resources, at (805) 964-4711, ext. 5279.

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Responsibility

The responsibility for establishing and maintaining effective environmental health and safety policies specific to SBCEO facilities, operations, and responsibilities of this IIPP are established with:

Primary Responsibility:	Dr. Susan Salcido County Superintendent of Schools (805) 964-4711, ext. 5285 ssalcido@sbceo.org
Alternate Responsibility:	Gina Branum Associate Superintendent, Human Resources (805) 964-4711, ext. 5279 gbranum@sbceo.org

Santa Barbara County Education Office

The SBCEO Safety Liaison or Associate Superintendent, Human Resources, will serve as the point of contact for notifying the SIPE Safety Officer regarding any state or federal inspection related to occupational health and safety and its outcome, and notifying Workers Compensation Administrators and Cal/OSHA of any occupational fatality or serious injury or illness immediately.

Leadership

It is the responsibility of Supervisors and Managers to follow procedures which ensure effective compliance with this IIPP, as well as other health and safety policies related to operations under their control.

Supervisors and Managers, are responsible for:

1. Enforcement of this IIPP among the employees under their direction by carrying out the various duties outlined in this IIPP;
2. Setting acceptable safety policies and procedures for each employee to follow;
3. Ensuring that employees receive general safety training;
4. Ensuring that appropriate job specific safety training is received by the employees;
5. Understanding how to safely accomplish the tasks assigned to each employee;
6. Purchasing appropriate personal protective equipment; and
7. Evaluating employee compliance with SBCEO requirements.

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Individuals

Immediate responsibility of workplace health and safety rests with each individual employee.

Employees are responsible for:

1. Following the established work procedures and safety guidelines in their area as well as those identified in this IIPP;
2. Using the personal protective equipment issued to protect them from hazards; and
3. Reporting any unsafe conditions to their supervisors.

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Compliance

SBCEO compliance with this IIPP will be achieved in the following manner:

1. Supervisors and Managers will set positive examples for working safely and require that all employees under their direction work safely.
2. Supervisors and Managers will use all training methods available to them to ensure that employees follow established safety policies and procedures. Disciplinary actions through performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action may be used as necessary.
3. Supervisors and Managers will include the necessary resources to provide a safe work environment for their employees when budget planning.
4. All SBCEO employees will be encouraged to report potential safety hazards to Supervisors and Managers without fear of reprisal.
5. All SBCEO employees will be encouraged to report any potential worksite-related injury and illness to the SBCEO Human Resources Office without fear of reprisal.
6. SBCEO will inspect worksites, investigate reported potential safety hazards and worksite-related injuries and illnesses and take appropriate corrective action for identified hazards.
7. SBCEO reviews safety orders, regulations, industry standards, internal records relating to safety incidents and outside resources for industry statistics.

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Communication

Effective two-way communication, which involves employee input, on matters of workplace safety is essential to maintaining the efficacy of this IIPP. SBCEO implements the following practices to ensure accurate and timely communication:

1. Use of employee bulletin boards for posting safety information as it becomes available in a location accessible to all employees and in a language understood by employees in compliance with state and federal requirements. Postings will include changes in protocol, safety bulletins, accident statistics, training announcements, and other safety-related information.
2. Managers and Supervisors will provide time at periodic employees meetings to discuss safety topics inclusive of status reports on safety inspections, hazard correction projects and accident investigation results, as well as feedback to previous employee suggestions while maintaining confidentiality as appropriate.
3. SBCEO encourages employees to participate in safety-related discussions and give suggestions to improve the safety of the worksite without fear of reprisal. SBCEO retains Safety Meeting Agendas for a minimum of 3 years. The Safety Meeting/Training Attendance Sheet should be used to document attendance and topics covered. (See [Appendix I- Sample Safety Meeting/Training Attendance Sheet](#))
4. SBCEO may use additional written communication methods such as:
 - a. Posters
 - b. Bulletins
 - c. Newsletters
 - d. Manuals and handbooks
 - e. Meeting minutes
 - f. Warning labels
5. SBCEO encourages employees to report any potential worksite-related health or safety hazard to Managers or Supervisors or using the Report a Concern Form available via SBCEO staff Intranet and the public www.sbceo.org website. (See [Appendix II- Report a Concern Form](#)) without fear of reprisal.
6. SBCEO encourages employees to report any potential worksite-related injury and illness to the SBCEO Human Resources Office without fear of reprisal.
7. Supervisors will follow up on all suggestions, investigate employee concerns and reports of potential hazards and worksite-related injuries and illnesses as well as provide communication back to the requesting employees regarding investigation findings and corrective actions, if any.
 - a. Supervisors will document investigation and corrective actions on the Employee and Supervisor Industrial Incident Report which will be retained for 5 years. (See [Appendix III- Sample Employee and Supervisor Industrial Incident Report](#))

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- b. SBCEO will document investigation of injuries and illnesses on the Log of Work-Related Injuries and Illnesses, with record retention for 5 years. (See [Appendix IV- Log of Work-Related Injuries and Illnesses](#))
- 8. Supervisors will address Incidents of Non-compliance by:
 - a. Stating such examples at employees meetings while maintaining confidentiality;
 - b. Reviewing and discussing success stories at Safety Committee Meetings, employees meetings, and with the larger organization as appropriate;
 - c. Debriefing and reviewing incidents, injuries, illnesses that could have been avoided, with the intent of changing and updating practices and procedures while maintaining employee confidentiality;
 - d. Facilitating an immediate discussion between the Supervisor and the employee who is discovered to be working in an unsafe manner; and
 - e. Implementing appropriate SBCEO progressive disciplinary actions including and up to termination of the employee in accordance with Education Code, adopted board policy, Personnel Commission rules, and collective bargaining agreements.

Safety Committee

The function of the SBCEO Safety Committee is to create and maintain a positive and active interest in safety with open, reciprocal and interactive communication between SBCEO leadership and employees representing SBCEO departments. The Safety Committee provides a forum where employees can provide feedback and take part in the discussion of safety policies, safety training, accident causes and means of prevention. The Safety Committee allows for a broad spectrum of expertise to resolve potential worksite health and safety deficiencies in a practical, cost effective manner with shared benefit for the participants.

This approach affords all levels of employees to be involved in the decision-making process to optimize the health and safety of the work environment. The demonstration of a shared priority of health and safety of SBCEO employees promotes a positive work atmosphere while reducing injuries and accidents that result in higher production and lower costs.

The SBCEO Safety Committee meets regularly and has the support of SBCEO Leadership. Safety Committee meeting agendas and minutes will be retained for a minimum of 3 years with a copy provided to affected employees. Committee representatives shall include representatives from different Divisions.

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Hazard Assessment

The SBCEO health and safety inspection program reduces unsafe conditions to prevent personal injuries, illness, or property damage. It is the responsibility of the Facilities Director and/or the Manager of Facilities and Project Planning to ensure that appropriate, systematic safety inspections are conducted periodically.

Scheduled Safety Inspections

SBCEO implements scheduled safety inspections to detect and eliminate any hazardous conditions that may exist. SBCEO documents inspections and actions taken to correct any detected hazards using the General Health and Safety Inspection Form. (See [Appendix V-Sample General Health and Safety Inspection Form](#))

Safety inspections are conducted at the frequency described below:

1. Annual inspections of SBCEO-managed workplaces.
2. Semi-annual inspections of all areas with a higher potential for hazards.

Unscheduled Safety Inspections

1. Unscheduled, additional safety inspections will be conducted by the Internal Services Department, Student and Community Services Department, Supervisor or Manager whenever there is a report of a potential hazard, and when new equipment and changes in procedures are introduced into the workplace that possibly present new hazards.
2. Facilities Director and/or the Manager of Facilities and Project Planning will conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.
3. Safety reviews will be conducted when occupational accidents or unsafe incidents occur to identify and correct hazards that may have contributed to the accident.

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Accident, Exposure and Incident Investigations

Under the direction of the Associate Superintendent, Human Resources, Supervisors, and Managers will investigate all accidents, injuries, occupational illnesses, near-miss incidents and verified incidents to identify the root cause. SBCEO implements prompt corrective action to repair and/or make procedural changes to prevent the recurrence of an accident, injury, occupational illness, near-miss incident and verified incident due to an identified worksite hazard. SBCEO accident/exposure/incident investigations and corrective actions are documented on the SBCEO Employee and Supervisor Industrial Incident Report and/or, if applicable, the Workplace Violence Incident Log. (See [Appendix III- Sample Employee and Supervisor Industrial Incident Report](#) and [Appendix VII- Workplace Violence Prevention Plan](#))

The reporting employee, Supervisor, or Manager must complete their respective portions on the Incident Report and the Log of Work-Related Injuries and Illnesses to ensure timely accounting for Workers' Compensation procedures. Forms are available at the SBCEO Human Resources Department, SBCEO worksite, and on the SBCEO Intranet. (See [Appendix III- Sample Employee and Supervisor Industrial Incident Report](#) and [Appendix IV- Log of Work-Related Injuries and Illnesses](#))

Hazard Correction

SBCEO promptly investigates potential hazards and implements corrective procedures and/or repairs in response to identified hazards with priority. SBCEO recognizes that hazards range from imminent dangers to hazards of relatively low risk that necessitate a varied degree of response action. Corrective actions or plans, including suitable timetables for completion, are the responsibility of the Supervisor or Manager and the Associate Superintendent, Human Resources. SBCEO documents hazard correction actions on the Incident Report and/or Hazard Assessment Forms. (See [Appendix III- Sample Employee and Supervisor Industrial Incident Report](#) and [Appendix VII- Workplace Violence Prevention Plan](#))

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Training and Instruction

SBCEO provides dissemination of safety information to ensure the success of this IIPP. SBCEO trains all employees in general safe work practices and procedures. SBCEO requires specific instruction with respect to hazards unique to each employee's job categorization. SBCEO training may consist of in-person training, reviewing written documentation, and/or online training. SBCEO documents employee training and instruction on the Employee Health and Safety Training Form or utilizes other equivalent means conducive for record keeping with Human Resources, including use of a digital or web-based database. (See [Appendix VI- Sample Employee Health and Safety Training Record](#))

Training and Instruction Responsibilities

1. The Associate Superintendent, Human Resources, or designee, ensures Supervisors, and Managers receive the training necessary to familiarize themselves with the safety and health hazards faced by employees under their authority.
2. Supervisors and Managers know the hazards related to their employee's job tasks, and ensure employees receive appropriate training to ensure safe practices.
3. Supervisors and Managers ensure that all employees receive general and job-specific training prior to initial or new job assignments.
4. Supervisors and Managers ensure that employees are trained whenever new substances, processes, procedures or equipment are introduced to the workplace which may create new hazards.
5. Supervisors and Managers ensure that employees are trained when new or previously unrecognized hazards are brought to a supervisor's attention.
6. Supervisors and Managers ensures training is documented and kept on file for 3 years.

General Safe Work Practices Training and Instruction

At a minimum, as a routine component of new employee orientation and annual training programs, employees are trained in the following, in accordance with current regulations:

1. Safe workplace practices and protocols
2. Fire Safety, Evacuation, Violence Prevention (See [Appendix VII- Workplace Violence Prevention Plan](#)) and Emergency Procedures
3. Injury & Illness Prevention Program
4. Hazard Communication Reporting

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Specific Safe Work Practices Training and Instruction

In addition to the general training, each SBCEO employee is instructed on how to protect themselves from the hazards specific to the assigned job duties. SBCEO requires training to be completed before beginning to work on assigned equipment, and whenever new hazards or changes in procedures are implemented. Specific safe work practices training includes, but is not limited to, the following based on assigned job responsibilities:

1. Specific workplace equipment, such as:
 - a. Ladders and fall protection
 - b. Power and hand tool safety

2. Specific safe practices for job performance, such as:
 - a. Confined spaces
 - b. Bloodborne pathogens management
 - c. Hazardous materials communication
 - d. Heat illness prevention
 - e. Use of personal protective equipment, including respiratory protection
 - f. Electrical safety
 - g. Agriculture operations
 - h. Pest management

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Recordkeeping

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety. SBCEO complies with these regulations and demonstrates the implementation of this IIPP by maintaining records at SBCEO Human Resources or at the worksite in accordance with SBCEO protocols for confidentiality and record storage:

1. Copies of all General Health and Safety Inspection Forms are retained for a minimum 5 years. (See [Appendix V- Sample General Health and Safety Inspection Form](#))
2. Copies of all Employee and Supervisor Industrial Incident Report Forms, (See [Appendix IV- Cal/OSHA Form 300, Log of Work-Related Injuries and Illnesses](#)), hazard investigation and hazard correction documentation are retained for a minimum of 5 years or the duration of employment, whichever is shorter. (See [Appendix III- Employee and Supervisor Industrial Incident Report](#))
3. Copies of SBCEO employee training, or other training documentation of equivocal means including digital records, and related training documents are retained for a minimum of 3 years. (See [Appendix I-Sample Employee Health and Safety Training Record](#))
4. Copies of all Safety Meeting Agendas are retained for a minimum of 3 years.
5. SBCEO will present records to Cal/OSHA or other regulatory agency representatives as requested.
6. SBCEO reviews safety records routinely and during inspections and investigations to measure compliance with this IIPP.

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Appendix

The following are SBCEO adopted programs with references and sample forms that may be used to implement this Illness and Injury Prevention Program.

Appendix References:

Santa Barbara County SIPE IIPP Safety Forms: <https://www.sbsipe.org/employee-safety.html>

Cal/OSHA Publications: <https://www.dir.ca.gov/dosh/puborder.asp>

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Appendix II- Report a Concern Form

SBCEO Report a Concern Public Form: <https://www.sbceo.org/safety/report-a-concern>

Report a concern

* Required

If this is an emergency, call 9-1-1.

This form may be used by anyone who has an SBCEO-related concern, including SBCEO employees, students, parents/guardians, program participants, and community members.

This form can be used to:

- Report suspicious activity
- Report cyberbullying or concerning online interactions
- Report a concern about an incident at a school site
- Report a concern about a SBCEO employee
- Provide feedback about a specific school's program and/or leadership
- Report a concern about any SBCEO policy or procedure
- Report an incident of workplace violence
- Report a potential threat of violence
- Report a potential site safety hazard
- Ask for a conversation with the an SBCEO program manager's supervisor

Subject of report*

- General concern
- Suspicious activity
- Bullying, sexual discrimination, or harassment
- Cyberbullying/Concerning online interactions
- Specific SBCEO employee
- SBCEO program
- SBCEO policy or procedure
- SBCEO facilities
- Workplace Violence Incident or Threat

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Exact location of concern. Please check all that apply.*

- SBCEO-managed facility, school, program, transportation, or worksite, etc.
- School district other than SBCEO-managed facility, school, program, transportation, or worksite, etc.
- Classroom
- Office
- Common area (cafeteria, multi-purpose room, conference room, etc.)
- Parking lot
- Online/social media
- Other

Please select up to 8 choices

Detailed description of concern*

Please describe your concern and provide details such as names of those involved and witnesses, dates, times, and other important facts.

Any previous efforts to address concern*

Please provide any additional reports, previous steps, and/or conversations you have made to address this concern with names, agencies, and dates (as possible).

Recommendations

Please provide any recommendations that may address your concern.

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Your information

If you would like a personal response to your concern, please include your contact information so that we may communicate with you.

Your name

First Name

Last Name

Your email address


Your contact phone number

Must contain only numbers

Reporting date *

Must contain a date in M/D/YYYY format

When completed, this form contains information that is confidential and/or privileged. Do not use, copy, disclose, or act based on the information or data contained in this form unless you are the intended recipient. If you have received this form in error, please notify your supervisor or the SBCEO Superintendent's Office immediately. This form cannot be produced for a records request. Thank you for your cooperation.

 I'm not a robot 
reCAPTCHA
Privacy - Terms

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Appendix III- Sample Employee and Supervisor Industrial Incident Report

SIPE Form 6-588: <https://www.sbsipe.org/files/134177740.pdf>

Santa Barbara County Schools - Self-Insured Program for Employees (SIPE)
Employee and Supervisor Industrial Incident Report
 SIPE Form 6-588 1 1 /00 Revised 4/2020

(Please print clearly)

Employee Name:		District:	
Date of injury/illness:		Job Title:	
Brief description of injury or exposure (sprain, fracture, skin rash, etc.):			
Supervisor's Review: Investigate causal factors to prevent re-occurrence. What was the employee doing when injured or exposed?			
Object or substance that directly injured or exposed employee:			
Was employee able to work after injury / exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time / date returned:	
Has information been obtained from witnesses regarding the injury or exposure		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was there a safety hazard involved in this incident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the safety hazard or unsafe condition been corrected?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain action taken:			
How could injury or exposure have been prevented?			
What action have you taken to prevent reoccurrence?			
Supervisor's Name (Print):		Phone:	
Supervisor's Signature:		Date:	
Safety Committee Review/ Safety Director Signature:			
Date:			

Cal/OSHA Form 301: <https://www.dir.ca.gov/dosh/DoshReg/AppendixC301Final.pdf>

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Cal/OSHA Form 301 **Appendix C**

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.
See [CCR Title 8 14300.29\(b\)\(6\)-\(10\)](#)



*Department of Industrial Relations
Division of Occupational Safety & Health*

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with *Log of Work-Related Injuries and Illnesses* and the accompanying *Annual Summary*, these forms help the employer and Cal/OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the instructions and information asked for on this form.

According to CCR Title 8 Section 14300.33 Cal/OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (____) _____-____ Date ____/____/____

Information about the employee

- 1) Full name _____
- 2) Street _____
City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____

- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM Check if time cannot be determined
- 14) *What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."*
- 15) *What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."*
- 16) *What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."*
- 17) *What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.*
- 18) *If the employee died, when did death occur? Date of death ____/____/____*

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Appendix IV- Log of Work-Related Injuries and Illnesses

Cal/OSHA Form 300: <https://www.dir.ca.gov/dosh/DoshReg/AppendixA300Final.pdf>

Cal/OSHA Form 300 (Rev. 7/2007) Appendix A Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See [CCR Title 8 14300.29\(b\)\(6\)-\(10\)](#)

Year 20 _____

 Department of Industrial Relations
 Division of Occupational Safety and Health

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local Cal/OSHA office for help.

Establishment name _____
 City _____ State _____

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burn on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				(K)	(L)						
						Death	Days away from work	Remained at work				(M)					
						Job transfer or restriction		Other recordable cases				Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	_____ days	_____ days	(1)	(2)	(3)	(4)	(5)	(6)
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SBCEO
Illness and Injury Prevention Program

Appendix V- Sample General Health and Safety Inspection Form

Department of Industrial Relations Safety Inspection Checklist Tool 2:

<https://drive.google.com/file/d/1BdpuLybeWF1wXILeoOUzZzQ2t-GDN9FG/view?usp=sharing>



Sample Safety Inspection Checklist

Workplace: _____

Date: _____

Inspected By: _____

Each "No" answer may indicate a problem.

Yes No FLOORS AND WALKWAYS

- Are walkways and stairways kept clear of obstructions?
- Are buckets and mops available to clean up spills so no one will slip?
- Are non-slip mats, grates, or slip-free coatings used in wet areas to prevent falls?
- Do stairways have handrails?
- Are carpets and rugs causing a potential trip hazard?

Yes No LADDERS AND FALL PROTECTION

- Are the appropriate ladders for the job available and in good condition?
Are they inspected before each use?
- Do ladders have safety feet?
- Are non-metal ladders used when there is a chance of electric shock?
- Have maintenance workers, janitors and other workers been trained in ladder safety as needed?
- If work is done on an elevated work location (above 30 inches, or 48 inches if the platform is not part of the building), are guard rails installed?
- Do staff have access to step stools as needed? Have they been instructed not to stand on unsafe surfaces or furniture?

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2 TOOL 2 INSPECTION CHECKLIST

- | Yes | No | FIRE SAFETY |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are there at least two fire exits for each building? (Check with your local fire department for their recommendations.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fire exits clearly marked and pathways to the exits clear? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have employees been told what to do in case of a fire or other emergency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there fire extinguishers of the correct type in or close to each work area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the locations of fire extinguishers clearly marked? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do fire extinguishers have up-to-date inspection tags, and are they visually inspected monthly? |
| <input type="checkbox"/> | <input type="checkbox"/> | If employees are authorized to use portable fire extinguishers, have these employees been trained how to use them? (Annual training is required for all employees authorized to use portable fire extinguishers.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the fire alarm system and sprinkler system regularly tested? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there regular fire drills? |
| Yes | No | ELECTRICAL HAZARDS |
| <input type="checkbox"/> | <input type="checkbox"/> | Have employees who use machinery been told how to recognize when a machine has been locked out and tagged (electrical power off, locked out and machine tagged)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are electrical cords in good condition (no fraying or other defects)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are power tools and other equipment in good condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is all electrical equipment, including power tools, properly grounded? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there enough outlets so extension cords don't have to be used? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are cords kept out of areas where someone could trip over them, or where they could be damaged? |

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INSPECTION CHECKLIST

TOOL 2

3



Yes No LIGHTING

- Is there adequate lighting throughout the workplace, including outdoors?
- Are the areas around all machines well lighted?
- Are outside pathways and parking lots adequately lighted at night?

Yes No MACHINE GUARDING AND MECHANICAL SAFETY

- Are machines securely attached to the floor?
- Do machines have guards on them?
- Have employees been told to report missing machine guards to their supervisors?
- Do employees know how to turn off machines in an emergency?
- Have employees been trained in how to work safely around machines?
- Are emergency cut-off switches easily located and identified, and do employees know where they are?

Yes No OTHER SAFETY ISSUES

- Are hot surfaces guarded to prevent accidental contact?
- Are sharp objects properly stored so they don't present a hazard?
- Do furniture and equipment have seismic restraints or bracing?
- Is shelving secured to walls?
- Is there a security system to protect against intruders who might commit an assault in the workplace?

Yes No CHEMICAL HAZARDS

- Are chemicals (including pesticides, solvents, and cleaning products) properly labeled and stored?
- Are flammable and combustible liquids inside the buildings stored in flammable liquids cabinets?

Injury and Illness Prevention Programs

Inspection Checklist

SBCEO Illness and Injury Prevention Program

4 TOOL 2 INSPECTION CHECKLIST

- Has an inventory been done of toxic substances used in the workplace?
- Have Material Safety Data Sheets (MSDS) been obtained for all chemicals you use?
- Has monitoring been done to make sure exposure levels are within legal limits?
- Are records of monitoring results available to employees?
- Are employees told where Material Safety Data Sheets on chemicals are kept?
- Is there adequate ventilation to keep levels of dust, vapors, gases, and fumes as low as possible?
- Are local exhaust ventilation systems (such as fume hoods) provided at work stations where toxic chemicals are used, and are they tested regularly?
- Has annual training been conducted for all employees who use chemicals?

Yes No **BIOLOGICAL HAZARDS, SANITATION, AND HOUSEKEEPING**

- Are adequate toilet facilities provided and well maintained?
- Are there sinks with hot and cold water, and disposable hand towels?
- Are insects and rodents adequately controlled?
- Are there clean eating areas separate from work and chemical storage areas?
- Are there enough trash containers and are they well-maintained, leak-proof, and emptied regularly?

Yes No **ERGONOMIC HAZARDS**

- Can employees get help when lifting more than 30 pounds (as per NIOSH's recommendation)?
- Have employees been trained in proper lifting methods?
- Are mechanical lifting devices available if needed?
- Are job tasks that require repetitive movements varied or rotated?
- Are computer workstations set up to avoid awkward postures and to fit the individual needs of workers?
- Are employees able to avoid standing or sitting for long periods of time?

Inspection Checklist

Injury and Illness Prevention Programs

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INSPECTION CHECKLIST

TOOL 2

5



Yes No NOISE

- Do workers feel noise levels are comfortable?
- Is there a program for noise reduction?
- Do workers know when and where hearing protection is necessary?

Yes No PERSONAL PROTECTIVE EQUIPMENT

- Is personal protective equipment (PPE) provided as needed (coveralls, gloves, eye protection, respirators, earplugs, etc.)?
- Have workers using PPE been trained in its proper use?
- Is PPE cleaned, maintained, and stored properly?
- Are multiple sizes of PPE available to fit different workers?
- If respirators are used, have workers been fit-tested and trained in the elements of the written Respiratory Protection Program?

In addition to doing a walkaround inspection to identify possible hazards, you can also check for the following general workplace issues.

Yes No GENERAL WORKPLACE ISSUES

- Does the workplace have a written Injury and Illness Prevention Program (IIPP) as required by Cal/OSHA, and has a responsible person been identified?
- Have all employees received health and safety training?
- Is there someone in the workplace trained in first aid and CPR?
Who? _____
- Is there a written Emergency Action Plan and have all employees been trained in what to do during an emergency?

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Illness and Injury Prevention Program

Appendix VI- Sample Employee Health and Safety Training Record

SIPE Form I-588: <https://www.sbsipe.org/files/129426574.pdf>

Employee Safety and Health Record

*For Santa Barbara County school employees.
 File this form with employee's safety record maintained by supervisor.*

1. Name (Last, First, Middle Initial)	2. Check One <input type="checkbox"/> Certificated <input type="checkbox"/> Classified	3. School District
4. Occupation	5. Job Location	
Mandatory Items (to be briefed to all personnel)		
1. Hazards of the job on tasks to be done and safety procedures to be followed. 2. Hazards of the work areas. 3. OSH standards and guidance that apply to job and work place. 4. Personal protective equipment they will need and how, when, and where to use it (to be entered in sections II and III of this form). 5. Location and use of emergency and fire protection equipment. 6. Emergency procedures that apply to their job and work place. 7. Reporting unsafe equipment, conditions or procedures to supervisor immediately. 8. Location, submitting procedures, and purpose of SIPE Form 2-588 hazard reports/suggestion. 9. Mishap reporting procedures. 10. Emergency telephone numbers. 11. Location and required review of appropriate safety bulletin boards. 12. Location of medical facilities and procedures for obtaining treatment. 13. Requirements for documentation and notification of on-the-job injury or illness.	14. Location of the district's IIPP and bloodborne pathogen plans. 15. Individual responsibilities for insuring own safety. 16. Required use of safety belts. 17. Personnel rights. 18. Other (List) _____ _____ _____ _____ _____ _____ _____ _____ _____	
II. Personal Protection Issued	III. Personal Protection Available in the Work Area	
1. Foot protection 2. Arm/hand protection 3. Eye protection 4. Hearing protection 5. Respiratory protection 6. Head protection 7. Other (List) _____ _____	1. Foot protection 2. Arm/hand protection 3. Eye protection 4. Hearing protection 5. Respiratory protection 6. Head protection 7. Other (List) _____ _____	

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SIPE Safety

Revised January 2009

Page 1 of 2

**SBCEO
Illness and Injury Prevention Program**

Record of Safety Training

<i>Initial Mandatory Items</i>	Date	Employee Signature		Supervisor Signature	
		Date Trained	Employee Signature	Date Trained	Employee Signature
Safety Training					
Antimicrobial	annually				
Bloodborne Pathogens Training	annually				
Confined Space Entry	annually				
Electrical Safety	annually				
Emergency Evacuation	annually				
Eyes and Hearing Protection	annually				
Fire Safety/Fire Extinguisher	annually				
General Safety Practices	annually				
Hazard Communication	annually				
Hazardous Material Handling	annually				
Hazardous Material Spill Control	annually				
Lockout/Tagout	annually				
Pesticide Safety/IPM	annually				
Respiratory	annually				
Lab Safety	one time or as needed				
Office Safety	one time				
Agricultural Equipment Operation	as needed				
Back Injury Prevention	as needed				
CPR/First Aid	as needed				
Ergonomics	as needed				
Heavy Equipment Training	as needed				
Forklift Training	renewal every three years				
Other					
Other					

SBCEO
Illness and Injury Prevention Program

Appendix VII- SBCEO Workplace Violence Prevention Plan

Updated Workplace Violence Prevention Plan 2024:

<https://docs.google.com/document/d/1qpa5sSOeUqfY9gNmURhwWlr2QOUKyvjNWKK8p91R54Y/edit?usp=sharing>

Appendix VIII- SBCEO COVID-19 Prevention Program

Updated COVID-19 Prevention Program- 1.9.24 (ETS expiration 2.3.25; recording keeping remaining thru 2026 with retention thru 2028):

<https://docs.google.com/document/d/1VBmxGA5e5ofN7gM0VPfGh9ENpCuyN6mk/edit?usp=sharing&ouid=111367647275470403713&rtpof=true&sd=true>

Appendix IX- SBCEO Job Safe Programs and Practices

SBCEO Specific Job Safe Programs and Practices Resources Folder:

https://drive.google.com/drive/folders/11BI3ZOnhDOT6aIx3QjVnOGeDmMtMN_U7?usp=share_link

SBCEO Job Safe Programs and Practices includes, but is not limited to, the following in accordance with job duty requirements:

- Confined Spaces
- Bloodborne Pathogens Management
- [Hazardous Materials Communication](#)
- [Heat Illness Prevention Plan \(updated 4.4.25\)](#)
- Use of Personal Protective Equipment (including [Respiratory Protection Program](#))
- Electrical Safety
- Agriculture Operations
- Pest Management
- Safe Driving
- Ergonomics
- Food Service
- Automated Defibrillation
- Use of a Safety Support Belt