| **Aerial Lift Operations** | |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Actual**  **Score** |  | **Possible**  **Score** |
|  |  |  |  |  |
| 2-1 | Does the City have an inventory of its aerial devices? |  | / | 10.00 |
|  | **Documentation is complete and satisfactory** | 10.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 5.00 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 2-2 | Does the City provide training conducted by a qualified instructor in accordance with the equipment manufacturer’s recommendations for employees who operate aerial devices? |  | / | 10.00 |
|  | **Yes** | 10.00 |  |  |
|  | **No** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 2-3 | Is the training documented, and does the documentation include the date of the training, some form of identification of those who attended, the name of the training, and an outline of the training program? |  | / | 10.00 |
|  | **Documentation is complete and satisfactory** | 10.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 5.00 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 2-4 | Does the City provide the required personal protective equipment such as body harnesses, lanyards, and hard hats for use when operating aerial lift devices? |  | / | 10.00 |
|  | **Yes** | 10.00 |  |  |
|  | **No** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 2-5 | Does the City require and document the completion of a pre-shift operational inspection of all aerial devices and equipment and the operational environment? |  | / | 10.00 |
|  | **Documentation is complete and satisfactory** | 10.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 5.00 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 2-6 | Is the documentation of the pre-shift inspections maintained for a 12-month period? |  | / | 10.00 |
|  | **Documentation is complete and satisfactory** | 10.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 5.00 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 2-7 | Does the City enforce the safe use of its aerial devices, including positioning of the equipment and the use of personal protective equipment? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 2-8 | Were employees observed operating the aerial device in a safe manner? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **Equipment Operation Not Observed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
|  | **Section Score:** |  | **/** | **80.00** |

| **Blood Borne Pathogens & Exposure Control Plan** | |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Actual**  **Score** |  | **Possible**  **Score** |
|  |  |  |  |  |
| 7-1 | Does the City have a written blood borne pathogens exposure control plan (BBP ECP) consistent with Cal/OSHA requirements to prevent and minimize occupational exposure to blood borne pathogens (this term includes potentially infectious materials)? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 7-2 | Has the City identified all positions that have occupational exposure to blood borne pathogens? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 7-3 | Is there a process in place to identify and select appropriate engineering controls to reduce or eliminate exposures to blood borne pathogens? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 7-4 | Are all employees and volunteers whose duties expose them to blood borne pathogens trained on the City's BBP ECP at hire, annually thereafter, and when changes are made to the exposure control program or potential hazard exposures? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 7-5 | Does the training include how exposure can occur, personal protective equipment use and care, how to identify biohazard waste containers, how blood borne diseases are transmitted, first aid response for exposures, how to report exposures and obtain medical care, an explanation of hepatitis B vaccinations, and other topics required by the Cal/OSHA standard? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 7-6 | Is appropriate personal protective equipment provided to employees and volunteers to protect against occupational exposure to blood and body fluids? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 7-7 | Has the City established a committee or designated a person to be responsible for selecting control equipment, implementing the program, distributing the equipment and information, and training employees on the use of new products where appropriate? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 7-8 | Is there a process for ensuring compliance with the exposure control program, evaluating engineering controls, and evaluating workplace controls? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 7-9 | Is the pre-exposure hepatitis B vaccination series offered to all potentially exposed employees free of charge at hire or when first assigned to positions with potential exposure to blood borne pathogens? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 7-10 | Are employees required to sign a consent/waiver form to document their hepatitis B vaccination acceptance or declination? |  | / | 5.00 |
|  | **Documentation is complete and satisfactory** | 5.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 2.50 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
|  | **Section Score:** |  | **/** |  |

| **Confined Space Entry Program** | |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Actual**  **Score** |  | **Possible**  **Score** |
|  |  |  |  |  |
| 9-1 | Has the City evaluated its facilities to identify confined spaces under its control and then evaluated those identified confined spaces to determine where an entry permit is required? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 9-2 | Has the City developed a written confined space entry program for its confined spaces consistent with Cal/OSHA requirements? |  | / | 15.00 |
|  | **Effective/In Place** | 15.00 |  |  |
|  | **Needs Work/In Progress** | 7.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 9-3 | Has the City labeled those confined spaces that require a permit and restricted access to authorized personnel? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 9-4 | Have pre-entry testing methods been established for the identified confined spaces? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 9-5 | Is appropriate equipment (such as respirators, rescue equipment, and other personal protective equipment appropriate to the hazards) provided, and is its use enforced? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 9-6 | Does the City have a blower, fan, or other appropriate equipment to remove the toxic gases from confined spaces prior to entry? |  | / | 10.00 |
|  | **Yes** | 10.00 |  |  |
|  | **No** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 9-7 | Have lockout/tagout procedures, such as lockout, line blanking and bleeding, and disconnecting and securing of equipment to isolate the confined space from service prior to entry been established? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 9-8 | Have employees been trained regarding their responsibilities as attendant, entrant, supervisor, and rescuer; and does that training include discussion of all potential hazards likely to be encountered in confined spaces? |  | / | 15.00 |
|  | **Effective/In Place** | 15.00 |  |  |
|  | **Needs Work/In Progress** | 7.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 9-9 | Has the City established written procedures for entering permit-required confined spaces? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
|  | **Section Score:** |  | **/** |  |

| **Emergency Response & Management** | | |  |  | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Actual**  **Score** |  | | | **Possible**  **Score** |
|  |  | |  |  | | |  |
| 12-1 | Has the City developed a comprehensive, written emergency response and management plan? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 12-2 | Does the City's emergency response and management plan address all potential emergency situations and adverse events that could affect the City and its facilities? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 12-3 | Has the City implemented procedures to mitigate its losses in the event of an emergency? | |  | / | | | 20.00 |
|  | **Effective/In Place** | | 20.00 |  | | |  |
|  | **Needs Work/In Progress** | | 10.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 12-4 | Has the City conducted employee training to ensure employees are aware of their responsibilities and response procedures? | |  | / | | | 20.00 |
|  | **Effective/In Place** | | 20.00 |  | | |  |
|  | **Needs Work/In Progress** | | 10.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 12-5 | Is the emergency response and management system tested on a routine basis? | |  | / | | | 10.00 |
|  | **Yes** | | 10.00 |  | | |  |
|  | **No** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 12-6 | Is the City's command center located such that it can be accessed regardless of the nature of an emergency? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 12-7 | Has the City provided necessary personal protective equipment for its response teams? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 12-8 | Has the City stored supplies in a secure and accessible location or made arrangements to provide the supplies necessary to sustain its employees for at least three days? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
|  | **Section Score:** |  | | | **/** |  | |
|  |  | |  |  | | |  |

| **Ergonomic Injury Management** | | |  |  | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Actual**  **Score** |  | | | **Possible**  **Score** |
|  |  | |  |  | | |  |
| 14-1 | Has the City developed a written ergonomic injury and illness prevention program based on the causes of ergonomic injuries and identified tasks? | |  | / | | | 30.00 |
|  | **Effective/In Place** | | 30.00 |  | | |  |
|  | **Needs Work/In Progress** | | 15.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 14-2 | Has the City identified positions that are at risk from ergonomic injuries or illnesses? | |  | / | | | 20.00 |
|  | **Effective/In Place** | | 20.00 |  | | |  |
|  | **Needs Work/In Progress** | | 10.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 14-3 | Has the City used a variety of sources to analyze the causes of known and/or potential ergonomic injuries and illnesses? | |  | / | | | 20.00 |
|  | **Effective/In Place** | | 20.00 |  | | |  |
|  | **Needs Work/In Progress** | | 10.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 14-4 | Does the City proactively look for signs of potential musculoskeletal problems in the tasks performed by employees and investigate employee-reported symptoms and discomfort? | |  | / | | | 20.00 |
|  | **Effective/In Place** | | 20.00 |  | | |  |
|  | **Needs Work/In Progress** | | 10.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 14-5 | Are employees and supervisors trained to recognize and control potential ergonomic risks related to musculoskeletal disorders? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 14-6 | Has the City developed controls to minimize the exposures in high-risk positions or tasks? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 14-7 | Are the implemented controls later evaluated to determine if they effectively minimize or prevent musculoskeletal disorders? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 14-8 | Is there a procedure in place to effectively handle complaints of symptoms that may be related to musculoskeletal disorders? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 14-9 | Does the City refer injured workers to health-care providers that have knowledge of and training in treating musculoskeletal disorders? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 14-10 | Are ergonomic principles used in the workplace design process to minimize risk factors? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
|  | **Section Score:** |  | | | **/** |  | |
|  |  | |  |  | | |  |

| **Fire Prevention Program** | | |  |  | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Actual**  **Score** |  | | | **Possible**  **Score** |
|  |  | |  |  | | |  |
| 16-1 | Has the City developed a written fire prevention program? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 16-2 | Has the City designated a person responsible for the oversight of its fire prevention program? | |  | / | | | 10.00 |
|  | **Yes** | | 10.00 |  | | |  |
|  | **No** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 16-3 | Has the City developed a “hot work permit” procedure? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 16-4 | Has the City developed protocols to be followed whenever a facility’s fire protection system is not functional? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 16-5 | Does the City conduct documented housekeeping inspections to ensure compliance with its fire prevention program? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 16-6 | Does the City provide documented employee training to ensure employees comply with its fire prevention program? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
|  | **Section Score:** |  | | | **/** |  | |
|  |  | |  |  | | |  |

| **Forklifts & Powered Industrial Trucks** | | |  |  | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Actual**  **Score** |  | | | **Possible**  **Score** |
|  |  | |  |  | | |  |
| 17-1 | Does the City have an inventory of its powered industrial trucks (Classes 1 through 7)? | |  | / | | | 10.00 |
|  | **Documentation is complete and satisfactory** | | 10.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 5.00 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 17-2 | Does the City documented provide training for those employees authorized to operate powered industrial equipment, and is that training completed by a qualified powered industrial truck training instructor? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 17-3 | Does the City provide documented refresher training by a qualified instructor and re-certify its powered industrial truck operators every three years? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 17-4 | Does the training include operating rules? | |  | / | | | 10.00 |
|  | **Yes** | | 10.00 |  | | |  |
|  | **No** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 17-5 | Is the Cal/OSHA Powered Industrial Truck guidelines poster displayed in powered industrial truck parking area? | |  | / | | | 5.00 |
|  | **Documentation is complete and satisfactory** | | 5.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 2.50 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **Area Not Observed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 17-6 | Does the City ensure powered industrial truck drivers perform a documented daily pre-shift safety inspection of operated powered industrial trucks? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 17-7 | Are the pre-shift inspections documents maintained for a 12-month period? | |  | / | | | 5.00 |
|  | **Documentation is complete and satisfactory** | | 5.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 2.50 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 17-8 | Were employees observed operating powered industrial trucks in a safe manner? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **Operations Not Observed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 17-9 | Were powered industrial trucks parked safely when not in use? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **Area Not Observed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 17-10 | Were observed powered industrial truck equipped with a legible capacity plate issued by the manufacturer? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **Equipment Not Observed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
|  | **Section Score:** |  | | | **/** |  | |

| **Hazard Communication Program** | | |  |  | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Actual**  **Score** |  | | | **Possible**  **Score** |
|  |  | |  |  | | |  |
| 18-1 | Does the City have a written hazard communication program? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 18-2 | Does the City complete documented hazard communication training for all employees upon hire, whenever a new hazard is introduced to the workplace, and upon placement in new job? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 18-3 | Does the City have an inventory listing of its hazardous materials that is no more than 12-months old? | |  | / | | | 10.00 |
|  | **Documentation is complete and satisfactory** | | 10.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 5.00 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 18-4 | Does the City have a system in place to manage its material safety data sheets (MSDS), and ensure all MSDS are current for all its hazardous materials? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 18-5 | Does the City provide labels for use on secondary containers or otherwise ensure secondary containers are labeled when hazardous materials are transferred out of the original packaging? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 18-6 | Have those persons responsible for purchasing materials on behalf of the City been instructed in the hazard communication program, and are they required to ensure the materials are identified on a list of pre-approved materials prior to placing the order? | |  | / | | | 5.00 |
|  | **Responsible personnel meet qualifications** | | 5.00 |  | | |  |
|  | **Responsible personnel do not meet qualifications** | | 2.50 |  | | |  |
|  | **Responsible personnel are qualified but not full-time** | | 2.50 |  | | |  |
|  | **No responsible personnel are assigned** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 18-7 | Does the City prohibit employees from bringing hazardous materials to the workplace until they have submitted a request for the materials, submitted the appropriate MSDS for review, and received approval for the materials’ use? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 18-8 | Does the City review its hazard communication program on an annual basis, and update it as necessary? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
|  | **Section Score:** |  | | | **/** |  | |
|  |  | |  |  | | |  |
|  |  | |  |  | | |  |

| **Hearing Conservation Program** | |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Actual**  **Score** |  | **Possible**  **Score** |
|  |  |  |  |  |
| 19-1 | Has the City conducted a noise survey to determine if there are operations or equipment at or above 85 dBA averaged over an eight-hour period (i.e. the action level)? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 19-2 | Has the City developed a hearing conservation program for employees with exposures at or above 85 dBA averaged over an eight-hour period? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 19-3 | Does the City provide a selection of hearing protectors at no cost to employees exposed to noise levels at or above 85 dBA averaged over an eight-hour period? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
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|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
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|  |  |  |  |  |
| 19-4 | Does the City conduct annual documented training about the effects of noise on hearing, the purpose of hearing protectors and how to use them, and the purpose of audiometric testing for employees exposed to noise levels at or above 85 dBA averaged over an eight-hour period? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
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|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 19-5 | Does the City use engineering or administrative controls to reduce employee exposures at or above 90 dBA as an eight-hour time weighted average? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 19-6 | Does the City provide baseline and annual audiometric tests for employees exposed to noise levels at or above 85 dBA averaged over an eight-hour period? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
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|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 19-7 | Does the City retain the required program records?   * Employee exposure monitoring records (2 years minimum) * Audiometric test records (duration of employment plus 30 years) |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 19-8 | Does the City review its hearing conservation program on an annual basis and conduct periodic noise surveys when there are changes in workplace operations or equipment? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
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|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
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|  | **Section Score:** |  | / |  |

| **Heat Illness Prevention Program** | | |  |  | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Actual**  **Score** |  | | | **Possible**  **Score** |
|  |  | |  |  | | |  |
| 20-1 | Does the City have a written heat illness prevention program consistent with Cal/OSHA requirements to prevent and minimize occupational exposure to high-heat work environments? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 20-2 | Has the City identified all positions that have occupational exposure to high-heat working conditions? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 20-3 | Has the City established a process to ensure those employees who work in high heat have access to shade and the required quantities of clean cool water? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 20-4 | Does the City conduct documented heat illness prevention training at hire and annually thereafter for those managers and supervisors with oversight responsibilities for affected employees to ensure they understand their responsibilities and how to monitor the weather and environmental conditions? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 20-5 | Does the City conduct documented heat illness prevention training for affected employees prior to exposing them to hot work environments and annually thereafter? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 20-6 | Has the City developed procedures for working in high-heat conditions, monitoring the weather, and accessing emergency services? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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|  | **Section Score:** |  | | | **/** |  | |
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| **Injury & Illness Prevention Program** | | |  |  | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Actual**  **Score** |  | | | **Possible**  **Score** |
|  |  | |  |  | | |  |
| 22-1 | Does the City have a written injury and illness prevention program (IIPP)? | |  | / | | | 20.00 |
|  | **Effective/In Place** | | 20.00 |  | | |  |
|  | **Needs Work/In Progress** | | 10.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-2 | Is the program coordinator position currently occupied by a person with the authority to administer and enforce the program? | |  | / | | | 5.00 |
|  | **Responsible personnel meet qualifications** | | 5.00 |  | | |  |
|  | **Responsible personnel do not meet qualifications** | | 2.50 |  | | |  |
|  | **No responsible personnel are assigned** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-3 | Does the City provide an effective means for employees to anonymously report safety hazards and/or concerns? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-4 | Does the City have one or more methods to regularly communicate safety concerns and safety-related information to employees? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-5 | Does the City have one or more active safety committees? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-6 | Are agendas and minutes prepared for each safety committee meeting? | |  | / | | | 5.00 |
|  | **Documentation is complete and satisfactory** | | 5.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 2.50 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-7 | Has the City developed methods to enforce safety rules and regulations? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-8 | Does the City use training or other means to ensure employees are aware of safe policies, programs, procedures, and task methods? | |  | / | | | 10.00 |
|  | **Yes** | | 10.00 |  | | |  |
|  | **No** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-9 | Does the City have a current training matrix that cross-references the training requirements for each of its employment classifications? | |  | / | | | 5.00 |
|  | **Documentation is complete and satisfactory** | | 5.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 2.50 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-10 | Is each training session documented with the date, topic title, topic description, speaker name and qualifications, and a list of the attendees? | |  | / | | | 5.00 |
|  | **Documentation is complete and satisfactory** | | 5.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 2.50 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-11 | Does the City use a database to track the training provided to each individual employee? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-12 | Does the City conduct investigations to determine the root causes of injuries, illnesses, property losses, and near miss incidents? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-13 | Does the City use a formal, written accident investigation form approved by the City's attorney that captures the information required by Cal/OSHA? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
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|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
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| 22-14 | Does the City provide routine documented training to management, supervisors, and employees regarding the purpose of the incident investigation procedure and how to conduct investigations that result in root cause identification? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-15 | Does the City conduct routine documented safety inspections? | |  | / | | | 10.00 |
|  | **Effective/In Place** | | 10.00 |  | | |  |
|  | **Needs Work/In Progress** | | 5.00 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-16 | Are persons responsible for conducting the safety inspections trained to ensure they recognize unsafe, unhealthful, and/or non-compliant conditions and behaviors? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-17 | Has the City developed customized inspection forms for each department to guide the inspector in the completion of the inspection and to ensure the inspector covers all areas on a consistent basis? | |  | / | | | 5.00 |
|  | **Documentation is complete and satisfactory** | | 5.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 2.50 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-18 | Are unacceptable conditions and/or behaviors given a priority for correction and are work orders or some other identification system used to track corrective actions? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-19 | Does the City maintain the required records to document its IIPP activities? | |  | / | | | 5.00 |
|  | **Documentation is complete and satisfactory** | | 5.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 2.50 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-20 | Does the City maintain a Cal/OSHA Form 300 log and update it within seven calendar days of each recordable incident? | |  | / | | | 5.00 |
|  | **Documentation is complete and satisfactory** | | 5.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 2.50 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-21 | Does the City create and post its annual Injury and Illness Report (Cal/OSHA Form 300A) at each of its record-keeping establishments during February, March, and April every year? | |  | / | | | 5.00 |
|  | **Documentation is complete and satisfactory** | | 5.00 |  | | |  |
|  | **Documentation is incomplete or needs improvement** | | 2.50 |  | | |  |
|  | **Documentation does not exist or is unavailable** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
| 22-22 | Are managers and supervisors held accountable for the completion of their safety duties as part of their performance review? | |  | / | | | 5.00 |
|  | **Effective/In Place** | | 5.00 |  | | |  |
|  | **Needs Work/In Progress** | | 2.50 |  | | |  |
|  | **Ineffective/Absent** | | 0.00 |  | | |  |
|  | **N/A** | | 0.00 |  | | |  |
|  | **More Information Needed** | | 0.00 |  | | |  |
|  |  | |  |  | | |  |
|  | ***Observations:*** | |  |  | | |  |
|  | ***Safety Management Recommendations:*** | |  |  | | |  |
|  |  | |  |  | | |  |
|  | **Section Score:** |  | | | **/** |  | |
|  |  | |  |  | | |  |

| **Lockout-Tagout & Hazardous Energy Control Program** | |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Actual**  **Score** |  | **Possible**  **Score** |
|  |  |  |  |  |
| 23-1 | Does the City have a written hazardous energy/ lockout tagout (LOTO) program that addresses all sources of energy as required by Cal/OSHA? |  | / | 20.00 |
|  | **Effective/In Place** | 20.00 |  |  |
|  | **Needs Work/In Progress** | 10.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 23-2 | Has the City identified the employees to be trained and has the City conducted the initial and annual refresher training specified in the standard for authorized employees, affected employees, and all other employees? |  | / | 15.00 |
|  | **Effective/In Place** | 15.00 |  |  |
|  | **Needs Work/In Progress** | 7.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 23-3 | Has the City provided the equipment necessary to lockout, tagout, and/or blockout the types of hazardous energy encountered in its facilities and equipment? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 23-4 | Do supervisors and/or managers conduct routine inspections to ensure employees are complying with the City’s lockout/tagout procedures? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 23-5 | Does the City document its training and compliance inspection activities? |  | / | 5.00 |
|  | **Documentation is complete and satisfactory** | 5.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 2.50 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 23-6 | Does the City share its LOTO program and procedures with outside contractors and require those contractors to share their LOTO program and procedures with the City? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 23-7 | Does the City discipline employees for failure to comply with the LOTO procedures? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 23-8 | Has the City developed written LOTO procedures for specific hazardous processes, machinery, and/or equipment to ensure employees are aware of how and where to apply lockout, tagout, and blockout devices to effectively control energy sources? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 23-9 | Has the City labeled each piece of equipment and machinery to identify the locations where lockout, tagout, and/or blockout devices should be applied? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 23-10 | Does the City hold its supervisors and managers accountable as part of their annual performance reviews for the completion of employee LOTO training sessions, LOTO compliance inspections, and corrective actions? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
|  | **Section Score:** |  | **/** |  |

| **Personal Protective Equipment (PPE)** | |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Actual**  **Score** |  | **Possible**  **Score** |
|  |  |  |  |  |
| 25-1 | Has the City conducted a hazard assessment to determine if PPE is required per CCR, Title 8, 3380, PPE regulations (head, eyes, face, hands, feet, and body)? |  | / | 10.00 |
|  | **Yes** | 10.00 |  |  |
|  | **No** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 25-2 | Has the City certified the assessment with the date(s) of the assessment and who performed the assessment? |  | / | 10.00 |
|  | **Yes** | 10.00 |  |  |
|  | **No** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 25-3 | Does the City have a process in place to select appropriate PPE according the regulations? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 25-4 | Has the City conducted training for exposed employees on the following:   * What type of PPE is required * When to wear the required PPE * How to put on, adjust, wear, and remove PPE * The limitations of the PPE * Proper care and maintenance * How to discard contaminated PPE |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
|  | **Section Score:** |  | **/** |  |
|  |  |  |  |  |

| **Respiratory Protection Program** | |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Actual**  **Score** |  | **Possible**  **Score** |
|  |  |  |  |  |
| 27-1 | Has the City conducted an exposure assessment of all its work environments and activities to identify when respiratory protection is required to prevent exposures to airborne contaminants? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 27-2 | Has the City developed and established a written respiratory protection program? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 27-3 | Does the City ensure all employees required to wear a respirator are medically evaluated? |  | / | 10.00 |
|  | **Documentation is complete and satisfactory** | 10.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 5.00 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 27-4 | Does the City provide the required employee training prior to initial respirator use and annually thereafter? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 27-5 | Does the City conduct annual fit tests for all the types of respiratory protection provided to its employees? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 27-6 | Does the City have site-specific respirator cleaning, disinfection, inspection, and storage procedures? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 27-7 | Does the City have a respirator cartridge change schedule for those tasks/operations where air-purifying respirators are in use? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 27-8 | Does the City retain records as required:   * Employee exposure assessments * Medical evaluations * Fit testing * Training * Program review? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 27-9 | Does the City review its respiratory protection program on a regular basis and conduct periodic assessments to identify any changes that would affect the program? |  | / | 5.00 |
|  | **Effective/In Place** | 5.00 |  |  |
|  | **Needs Work/In Progress** | 2.50 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
|  | **Section Score:** |  | **/** |  |
|  |  |  |  |  |

| **Trenching & Excavation Operations** | |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Actual**  **Score** |  | **Possible**  **Score** |
|  |  |  |  |  |
| 32-1 | Does the City conduct trenching/excavations greater in depth than 5 feet? | **Not Scored** | | |
|  | **Yes** |  |  |  |
|  | **No** |  |  |  |
|  | **N/A** |  |  |  |
|  | **More Information Needed** |  |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 32-2 | Does the City have written work procedures that describe its trenching and excavation procedures, including its planning process and employee training? |  | / | 20.00 |
|  | **Effective/In Place** | 20.00 |  |  |
|  | **Needs Work/In Progress** | 10.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 32-3 | Does the City have a training program that contains the elements for developing one or more "competent persons"? |  | / | 20.00 |
|  | **Effective/In Place** | 20.00 |  |  |
|  | **Needs Work/In Progress** | 10.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 32-4 | Does the City provide documented initial and annual refresher training for those employees involved in trenching and excavation activities? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 32-5 | Does the City have the necessary equipment to erect the required shoring and shielding of trenches and excavations? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 32-6 | Does the City ensure excavations have adequate barriers and signage to protect employees and the public from falls? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 32-7 | Does the City have a process for conducting documented trench and protective system inspections by "competent persons"? |  | / | 10.00 |
|  | **Documentation is complete and satisfactory** | 10.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 5.00 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 32-8 | Does the City have a process to determine the approximate location of utility installations or any other installations prior to digging? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 32-9 | Are all regional notification centers and all known owners of underground facilities in the area who are not members of a notification center advised of the proposed work at least two working days prior to the start of any digging or excavation work? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
|  | **Section Score:** |  | **/** |  |
|  |  |  |  |  |

| **Work Zone Safety** | |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Actual**  **Score** |  | **Possible**  **Score** |
|  |  |  |  |  |
| 34-1 | Does the City ensure employees assigned as flaggers complete documented training? |  | / | 10.00 |
|  | **Documentation is complete and satisfactory** | 10.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 5.00 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 34-2 | Does the City ensure a qualified traffic control and flagging instructor conducts the employee training? |  | / | 10.00 |
|  | **Yes** | 10.00 |  |  |
|  | **No** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 34-3 | Does the City provide the basic safety equipment required for flaggers controlling traffic in work zones? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 34-4 | Does the City provide proper temporary traffic control equipment, such as signs and warning devices, and ensure it is set up prior to work beginning? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 34-5 | Does the City document the protection of work sites with photographs of the protection provided for drivers, pedestrians, and cyclists? |  | / | 10.00 |
|  | **Documentation is complete and satisfactory** | 10.00 |  |  |
|  | **Documentation is incomplete or needs improvement** | 5.00 |  |  |
|  | **Documentation does not exist or is unavailable** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 34-6 | Do supervisors monitor the quality of traffic control and flagging by completing routine, unannounced spot checks? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 34-7 | Are temporary traffic control plans required of contractors? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 34-8 | Does the City require contractors to clean up and remove debris at work sites to reduce the potential injury and property damage? |  | / | 10.00 |
|  | **Effective/In Place** | 10.00 |  |  |
|  | **Needs Work/In Progress** | 5.00 |  |  |
|  | **Ineffective/Absent** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 34-9 | Does the City have on staff, or have access to, a Caltrans-trained work zone safety specialist to oversee and approve all work zones? |  | / | 10.00 |
|  | **Responsible personnel meet qualifications** | 10.00 |  |  |
|  | **Responsible personnel do not meet qualifications** | 5.00 |  |  |
|  | **Responsible personnel are qualified but not full-time** | 5.00 |  |  |
|  | **No responsible personnel are assigned** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
| 34-10 | Does the City's engineer or other qualified official sign-off on all work site protection plans to preserve governmental immunity? |  | / | 10.00 |
|  | **Yes** | 10.00 |  |  |
|  | **No** | 0.00 |  |  |
|  | **N/A** | 0.00 |  |  |
|  | **More Information Needed** | 0.00 |  |  |
|  |  |  |  |  |
|  | ***Observations:*** |  |  |  |
|  | ***Safety Management Recommendations:*** |  |  |  |
|  |  |  |  |  |
|  | **Section Score:** |  | **/** |  |