Definitions

• **Loss:** The damage or suffering that is caused by losing.

• **Lose:** To fail to sustain or keep. To be deprived of.

• **Control:** 1) To exercise dominating influence or authority over. 2) A check or restraint.
Loss Identification

- Property
  - Buildings
- Vehicles
- Mobile equipment
Loss Identification

- Liability
- Personnel
  - Injury
- Employment actions
Loss Identification/Cause

- Property
  - Buildings
    - Nature
      - Earthquakes
      - Wind
      - Water
      - Fire
Loss Identification/Cause

- Vandalism
- Illegal
  - Bombing
  - Terrorism
  - Shooting
  - Cyber loss
  - Theft
Loss identification/Cause

- Liability
  - Law Enforcement
    - Loss of property
    - Damage to property
    - Violation of civil rights
Loss Identification/Cause

- Employment Action
- Damage to Personal Property
- Negligence
- Harassment
- Violence
Loss Identification/Cause

- Personnel
  - Injury
    - Self caused-bad decisions; distractions; fraud
      - Trip up the steps
      - Fall down the steps
      - Trip/fall over storage
      - Run into furniture
      - Smash hands/fingers in doors/drawers
Loss Identification/Cause

- Personnel
  - Injury
    - Outside cause
      - Motor vehicle accident
      - Snow/ice on private drive way or side walk
      - Animals
  - Exposure
    - Needle sticks
    - First aid
Loss Control Techniques

- Avoidance
- Prevention
- Reduction

Each technique can employ many different loss control measures
Loss Control Options

- Avoid - To stay clear of
- Modify - To make or become less extreme
- Transfer - To carry, remove or shift from one person (entity) to another
- Retain - To keep or hold
- Exploit - Use to your advantage
Loss Control Measures-Avoidance

- Avoidance loss control involves ceasing or choosing not to undertake an activity.
- Avoidance negates the possibility of future losses.
- Loss is impossible when the exposure is avoided.
- An avoided activity requires no further loss control.
Loss Control Measures-Avoidance

- Avoidance has no impact on past losses

- Many losses are automatically created and can’t be avoided (Personnel, Statutory, Law Enforcement)

- Avoidance has limited applications (Personnel)

Avoidance is not a feasible loss control technique for most loss exposures.
Loss Control Measures-Avoidance

Before avoidance consider if the activity or exposure is

- Statutory
- Political
- Financial
- Public initiated
Loss Control Techniques-Prevention

- Prevention reduces frequency
- Prevention does not usually affect severity
- Prevention does not eliminate all chance of loss
- Close link between causation and prevention
05/07/2013

Dustin Volk
Valley View Golf Course
2501 E Gentile Lane
Layton, UT 84040

Re: Valley View Golf Course Safety Inspection

Dear Dustin,

Thank you for taking the time to meet with Charlene Lamph, Johnny Miller and me on our recent safety visit. During this time we conducted a safety survey of the Valley View Golf Course. We appreciate your concern for safety and cooperation.

Based on the items we discussed and on observations made during our walkthrough, the following recommendations are submitted to help prevent injuries and to contribute to the success of your operations.

2013-April-VV001 Shop Housekeeping
The shop was cluttered and should be cleaned on a regular basis.

2013-April-VV002 Electrical Safety
The electrical outlet by the kitchen sink should be replaced with a GFCI (Ground Fault Circuit Interrupter) outlet. The chest freezer power cord should also be situated so that it is not damaged by the heavy freezer on top of it. Also, the overloaded power strip in the club house office should be replaced with an approved surge protecting outlet.

2013-April-VV003 Fire Extinguishers
During our walkthrough we observed several fire extinguishers with expired inspection dates. These out-of-date extinguishers were noted in the shop area and golf cart storage room.

Thank you again for your time. If you have questions concerning our walkthrough or other safety matters, please feel free to contact me at 801 556-1902.

Sincerely,
05/07/2013

Brad Stone
Davis Park Golf Course
1074 E Nichols Rd
Fruit Heights, UT 84037

Re: Davis Park Golf Course Safety Inspection

Dear Brad,

Thank you for taking the time to meet with Charlene Lamph, Johnny Miller and me on our recent safety visit. During this time we conducted a safety survey of the Davis Park Golf Course. We appreciate your concern for safety and cooperation.

Based on the items we discussed and observations made during our walkthrough, the following recommendations are submitted to help prevent injuries and to contribute to the success of your operations.

2013-April-DP001 Electrical Safety
The green extension cord plugged into the refrigerator and the power strip/extension cord plugged into the chest freezer and drink cooler in the kitchen should be removed. These appliances should be plugged directly into a hard wired outlet.

2013-April-DP002 Respiratory Protection
We noted a respirator in the shop that was stored out in the open. Respirators are required to be stored in a sanitary condition. The respirator we looked at is being used for dusts, but was equipped with an organic vapor cartridge. Also, all those who use respirators should receive a medical evaluation, fit testing, and training as required by the OSHA respirator standard (29 CFR 1910.134). I would be happy to assist you in providing the training for respirator users.

2013-April-DP003 Fire Safety
The cardboard boxes above the dressing rooms in the clubhouse should be removed. Also, you should consult the local fire authority to determine the type and number of fire extinguishers for the fertilizer shed and the mower storage shop.

2013-April-DP004 Clubhouse Step
The step around some areas of the clubhouse may present a slip/trip/fall hazard as we discussed. These step sections should be coated with a high visibility paint or tape to reduce the potential for these types of accidents.
Loss Control Techniques-Prevention

- Identification
- Policies
- Business practice
- Training
- Review
Loss Control Techniques-Prevention

- Employee injuries
- Motor vehicle accidents
- Property damage
- Acts/decisions
Loss Control Techniques - Reduction

- Reduction reduces the severity of a loss

- Pre-loss measures
  - Reduce severity
  - Reduce frequency

- Post-loss measures
  - Reduce financial impact
  - Numbers
Loss Control Techniques-Reduction

- Pre-loss
  - Impacts/counters inevitable
    - Policies
      - Corrections
      - Transportation
      - Workers Compensation
  - Business practices
    - Behaviors
    - PPE
Loss Control Techniques-Reduction

- Mandatory training
  - PPE
  - Driving
  - Harassment
  - Violence
  - Bloodborne Pathogens
  - Assignment related

- Qualifications
  - Classification development/review
  - Application review
  - Consistent testing/screening
Loss Control Techniques-Reduction

- Audits
  - Security
  - Financial
  - Performance

- Surveys/Inspections
  - Yearly building

- Long term action
  - On going training
  - Screening
  - Audits/inspections
DAVIS COUNTY
EMPLOYEE/VOLUNTEER ACCIDENT/INCIDENT REPORT

Complete for any incident involving an employee or volunteer.

If medical care was necessary, remember send copies of all medical reports to Risk Management.

Check your workers comp instruction card for treatment facilities.

COMPLETE THIS FORM FOR “NEAR MISS” INCIDENTS ALSO.

Date Occurred _________________ Time ________________ Location __________________________________
Employee Name: ____________________________________________ Phone No: _________________________
County Department: ___________________________________________________________________________

Person(s) involved:
Name:__________________________________Phone:_________________Address:_______________________
Name:__________________________________Phone:_________________Address:_______________________
Witnesses: Name:__________________________________Phone:_________________Address:______________
Name:__________________________________Phone:_________________Address:_______________________

Condition at time of incident (weather, wet floor, etc.): ________________________________________________

Injuries—please describe: _______________________________________________________________________

What action was taken? _________________________________________________________________________

Damage to County property: please describe: __________________________________________________________

What action was taken? _________________________________________________________________________

Describe What Happened: ______________________________________________________________________

Additional Notes

Was this accident preventable?☐ Yes ☐ No  If yes, please explain:  ________________________________________

Illustrations / drawings

______________________________________________________________________________________________

Signature of Person Completing Form Date

______________________________________________________________________________________________

Signature of Department Head Date

Submit this form to Charlene Lamph, Davis County Risk Management 451-3429
DAVIS COUNTY PATRON ACCIDENT/INCIDENT REPORT

Complete this form if an accident or incident (near miss) occurs on Davis County property for a customer, patron, vendor, public or other non-employee.

Date Occurred:_________________ Time:________________ Location:______________________________

Name of person completing form:__________________________ Phone No:________________________

Address:_________________________________________________________________________________

Department completing form:___________________________________________________________

Person(s) involved:

Name:__________________________________ Phone:_________________ Address:_______________________

Name:__________________________________ Phone:_________________ Address:_______________________

Witnesses:

Name:__________________________________ Phone:_________________ Address:_______________________

Name:__________________________________ Phone:_________________ Address:_______________________

Condition at time of incident (weather, wet floor, etc.):_______________________________________

Injuries:—please describe:________________________________________________________________

What action was taken?____________________________________________________________________

Damage to County property: please describe:___________________________________________________

What action was taken?_____________________________________________________________________

Describe What Happened:___________________________________________________________________

Please complete back of form

Submit this form to Charlene Lamph, Davis County Risk Management 451-3429

Additional notes________________________________________________________________________

Illustrations / Drawings:___________________________________________________________________

_____________________________________________________________________________________

Signature of Person Completing Form ___________________________ Date _________________________

_____________________________________________________________________________________

Department Head Signature ___________________________ Date _________________________

Submit this form to Charlene Lamph Davis County Risk Management 451-3429
2013 Davis County Vehicle Accident Reporting Kit

IF AN ACCIDENT OCCURS……….

Do not leave the scene.

When conditions and/or regulations permit, move onto shoulder or side of roadway to prevent further damage and/or hazards. Place warning signals promptly.

Call for help. Summons police and, if needed, medical assistance for anyone who may be injured. Notify your supervisor as soon as possible.

Your supervisor and yourself should determine if the accident meets requirements for “Post-Accident Drug & Alcohol Testing” See further instructions inside envelope

Do not administer First Aid, unless you are qualified to do so.

Keep calm. Be courteous. Don’t argue. Make no statement concerning the accident to anyone except a police officer, Charlene Lamph, Risk Management Specialist or UCIP Claims Representative. Do not admit fault.

Complete the enclosed Driver Accident Report on the scene and send to Charlene Lamph—Risk Management Office, and your immediate supervisor.

Request any witnesses to complete the witness portion of the report.

Before leaving the accident scene, check to see that you have all information reported correctly on the Driver Accident Form.

2013
DAVIS COUNTY EMPLOYEE/VOLUNTEER DRIVER

ACCIDENT REPORT-COUNTY VEHICLE

Complete this report at the scene of accident and submit it to Davis County Risk Management immediately upon return to the office. In case of serious accident, telephone your office at once.

Date Occurred _________________ Time ________________ Location __________________________________

Name of person completing form: ______________________ Phone No: ______________________

Address: _____________________________________________________________

Driver’s License Number: ____________________________________  Seat Belts Worn: □ Yes □ No

County Department ____________________________________________________________________________________

Person(s) involved:

Name: ______________________________________ Phone: ___________ Address: ______________________

Name: ______________________________________ Phone: ___________ Address: ______________________

Witnesses:

Name: ______________________________________ Phone: ___________ Address: ______________________

Name: ______________________________________ Phone: ___________ Address: ______________________

Condition at time of incident (weather, road conditions, etc.): ____________________________________________

Injuries: please describe: _____________________________________________________________

What action was taken? ________________________________________________________________

Describe What Happened: _____________________________________________________________

Did an officer investigate the accident? □ Yes □ No  Report Attached? □ Yes □ No

If yes, which agency investigated? _______________________________________________________

Was a citation issued? □ Yes □ No  To whom: ________________________________

Is Post-Accident Drug Testing necessary? □ Yes □ No

(If unsure, contact your supervisor or Risk Management Office 451-3429 immediately)

Please complete back of form

Submit this form to Charlene Lamph, Davis County Risk Management 451-3429

County Vehicle No. __________ Year ______ Make _______ Model _______ Plate No. ______

Driver: _____________________________ Passenger(s): _______________________________________

Other vehicle(s) involved: Year ______ Make _______ Model _______ Plate No. ______

Name: ______________________________________ Phone: ___________ Address: ________________ Insurance Company ______________________ Policy No. ______

Other vehicle(s) involved: Year ______ Make _______ Model _______ Plate No. ______

Name: ______________________________________ Phone: ___________ Address: ________________ Insurance Company ______________________ Policy No. ______

Damage to County vehicle? Please describe _______________________________________________

What action was taken? ______________________________________________________________

Driver: _____________________________ Passenger(s): _______________________________________

Other vehicle(s) involved: Year ______ Make _______ Model _______ Plate No. ______

Name: ______________________________________ Phone: ___________ Address: ________________ Insurance Company ______________________ Policy No. ______

Other vehicle(s) involved: Year ______ Make _______ Model _______ Plate No. ______

Name: ______________________________________ Phone: ___________ Address: ________________ Insurance Company ______________________ Policy No. ______

Damage to County vehicle? Please describe _______________________________________________

What action was taken? ______________________________________________________________
Damage to other vehicle(s)? Please describe ______________________________________________________
____________________________________________________________________________________________

What action was taken? ______________________________________________________________
____________________________________________________________________________________________

Was this accident preventable? please explain: __________________________________________________
____________________________________________________________________________________________

Illustrations / Drawings:

Signature of Person Completing Form ______________________________ Date ______________

Department Director Signature ______________________________ Date ______________

Submit this form to Charlene Lamph, Davis County Risk Management 451-3429
Loss Control Techniques-Reduction

• Post-loss
  • Immediate action
    • Verbal notification
    • Across agency communication
    • Paperwork
      o Incident reports
      o Pictures
      o Review by management
Loss Control Techniques-Reduction

- Incident review
  - Risk Management Team-Second Monday of every month
    - Commission
    - Clerk
    - Personnel
    - Risk Management
    - IS
    - Legal
  - Safety Team-Second Thursday of every month
    - Representative from every department
Policy review

Loss Control Techniques-Reduction
Active Loss Control Techniques

- **Accountability**
  - Accident review
  - Incident statement

- **Re-train**
  - Defensive Driving-Hire & 5 years
  - Harassment-Hire & 3 years
  - HCP-every year
  - CDL drug –Hire & every 3 years

- **Reporting**-every incident

- **Incident**
  - Forms
  - Near misses
**DAVIS COUNTY EMPLOYEE/VOLUNTEER ACCIDENT/INCIDENT REPORT**

Complete for any incident involving an employee or volunteer.

If medical care was necessary, file a Worker's Compensation Claim in addition to this form.

COMPLETE THIS FORM FOR "NEAR MISS" INCIDENTS ALSO.

<table>
<thead>
<tr>
<th>Date Occurred: 8-7-13</th>
<th>Time: 1:35 p.m.</th>
<th>Location: 1422 E 1000 N Fruit Heights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name: Janet Warner</td>
<td>Phone No: 801-444-2206</td>
<td></td>
</tr>
<tr>
<td>County Department: Animal Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person(s) involved: Janet Warner Phone: 801-557-1600 Address: 1951 N 300 W West Bountiful, UT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Witnesses:**

<table>
<thead>
<tr>
<th>Name: none</th>
<th>Phone:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Phone:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

**Condition at time of incident (weather, wet floor, etc.):** rug on floor

**Injuries:**—please describe: hit left side of head & face, left shoulder & arm, left knee on metal door frame - had a headache

**What action was taken:** Took 3 200mg ibuprofen

**Damage to County property:** please describe: none

**What action was taken:** none

**Describe What Happened:** Walked out of break room, tripped on corner of rug in the hall, stumbled & fell into metal door frame hitting the left side of my head & face, left shoulder & upper arm and my left knee; had a headache

**RECEIVED**

AUG 6-8-2013

Davis Co. Personnel

Please complete back of form

Submit this form to Charlene Lamph, Davis County Risk Management 451-3429

Revised February 2011

C:\Users\vaustin\Desktop\Employee Accident Form.doc
INSTRUCTIONS:
Inspections should be completed annually. Give the completed inspection form to the department head responsible for the area, and send a copy to the Safety and Risk Management Office. Track correction of the hazards identified by making notes on the department's copy of the inspection form or by clipping work order requests to it.

<table>
<thead>
<tr>
<th>GENERAL</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Is good housekeeping practiced in the work area? Is it free of debris, combustibles, excessive storage and obstructions?</td>
<td></td>
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</tr>
<tr>
<td>2) Are storage racks bolted to the floor, wall, or together to form a stable structure?</td>
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</tr>
<tr>
<td>3) Are spills promptly cleaned up?</td>
<td></td>
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<tr>
<td>4) Are wet floor surfaces covered with slip resistant materials?</td>
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<tr>
<td>5) Is the floor condition satisfactory on flat surfaces and stair treads?</td>
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<tr>
<td>6) Are floors and sidewalk free of holes and trip hazards?</td>
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<tr>
<td>7) Are changes in floor elevation clearly visible?</td>
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<tr>
<td>8) Is all furniture in stable condition?</td>
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</tr>
<tr>
<td>9) Are cabinets, bookshelves, and wall hangings secured to prevent tipping or falling?</td>
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<tr>
<td>10) Are shelf tops free of storage if they are &gt; 5 feet high?</td>
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<td></td>
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</tr>
<tr>
<td>11) Are all ceiling tiles in place and in good condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) Are walls free of holes?</td>
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</tr>
<tr>
<td>13) Are all of the plumbing fixtures in good repair?</td>
<td></td>
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<tr>
<td>14) Has excessive paper accumulated on bulletin boards?</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Roof watertight? Good condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Foundation? Free from cracks and other indications of shifting or settling?</td>
<td></td>
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<td></td>
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<tr>
<td>3) Basement levels: walls free from cracks, water stains?</td>
<td></td>
<td></td>
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<tr>
<td>4) Wood frames: free from evidence of termite damage or rotting wood?</td>
<td></td>
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</tbody>
</table>

- Ceiling tiles need replaced in conference room.
- Damage in front lobby facilities has been made aware.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Walls free from holes, cracks, bulging, not plumb?</td>
<td></td>
<td></td>
<td>Outside employee parking</td>
</tr>
<tr>
<td>2) Ceilings free from water stains, or other signs of water damage?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Windows free from dry rot, cracks, and signs of water damage, have a tight seal?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4) Exteriors, brickwork, masonry free from crumbling, structurally sound?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Are all of the plumbing fixtures in good repair?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ILLUMINATION AND EGRESS**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Is the lighting adequate in all areas?</td>
<td></td>
<td></td>
<td></td>
<td>Outside employee parking</td>
</tr>
<tr>
<td>2) Are exit signs visible and illuminated?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Are emergency phone numbers posted?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4) Are all exit corridors and stairwells free of storage and unobstructed?</td>
<td></td>
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<tr>
<td>5) Can exit doors be opened from the inside without special knowledge or keys?</td>
<td></td>
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<tr>
<td>6) Are exit doors free of slide bolts and locks?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7) Do all self-closing corridor doors close and latch?</td>
<td></td>
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<tr>
<td>8) Are handrails provided and in good condition on stairways?</td>
<td></td>
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</tr>
<tr>
<td>9) Are the windows, doors and automatic door closing devices in good repair?</td>
<td></td>
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</tr>
</tbody>
</table>

**EMERGENCY EQUIPMENT**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Are alarm boxes and sprinkler heads unobstructed?</td>
<td></td>
<td></td>
<td></td>
<td>Outside storage was provided for employees' use</td>
</tr>
<tr>
<td>2) Is emergency equipment (alarm pull boxes, eyewashes, showers, etc.) accessible and not blocked?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Is storage and equipment at least 18 inches below fire sprinkler heads?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Are emergency eyewashes and showers inspected monthly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Are fire extinguishers mounted, clearly visible and fully charged?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6) Is access to fire extinguishers clear and unobstructed?</td>
<td></td>
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<tr>
<td>7) Is the no smoking policy enforced?</td>
<td></td>
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</tr>
</tbody>
</table>

**ELECTRICAL**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Are the electrical switches, outlets and appliances in good repair?</td>
<td></td>
<td></td>
<td></td>
<td>Had on that needed to be replaced - has been</td>
</tr>
<tr>
<td>2) Are all electrical outlet and switch cover plates in place?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Are electrical extension cords used only for temporary operations and kept out of walkways?</td>
<td></td>
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<tr>
<td>4) Are all extension cords UL listed and equipped with a 3 prong plug?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5) Are electrical cords free from damage, fraying, or cracking?</td>
<td></td>
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<tr>
<td>6) Is there at least a 30° clearance in front of electrical panels/breaker boxes?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7) Is all electrical equipment grounded with 3-prong plugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Are all multiple-outlet surge suppressors / power strips UL-approved and used only for computers and peripherals?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3) Are power strips UL-approved and only plugged into an outlet and not into extension cords or other power strips?  
10) Are the cube adapters being used?  
11) Are small appliances unplugged when not in use?  
12) Are any halogen lamps or portable heaters in use?  
13) Are electrical and telecommunication rooms used for storage?  
14) Is there at least 2-foot clearance between stacked materials and ceiling light fixtures?  

<table>
<thead>
<tr>
<th>RAILINGS / ELEVATED WORK AREAS</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Are holes and pits in the floors guarded to avoid tripping or slipping?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Are guard rails provided on elevated platforms?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HAZARDOUS MATERIALS</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Has storage of hazardous materials, in excess of a one day operational supply, been evaluated by Safety and Risk Management staff for Fire Code compliance?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Is the departmental chemical inventory current and accurate?</td>
<td>✓</td>
<td></td>
<td></td>
<td>M305 Books are updated frequently</td>
</tr>
<tr>
<td>3) Are the Material Safety Data Sheet files available for each material listed on the chemical inventory?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Are hazardous substances and labeled with the name and hazards of the material?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Are hazardous materials segregated according to compatibility?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Is hazardous waste labeled with a CSUB hazardous waste sticker?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Are all flammable containers properly closed/covered to control vapors?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Are all flammable liquid cabinets free of combustible materials?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Are all flammable and combustible adhesives, epoxy, and paint stored in original containers?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Are all flammable liquids returned to an approved flammable liquid storage area at the end of the workday?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) Do flammable liquid cabinet doors close and latch properly?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) Are all gas cylinders properly secured with 2 straps or chains?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13) Are protective valve caps in place when cylinders are not in use?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14) Are cylinder valves shut off when not in use?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15) Are cylinder contents adequately labeled and easily seen?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16) Is food prepared or consumed in areas where chemicals are used or stored?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17) Do employees have any concerns about chemical exposure?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18) Are chemical storage areas secured against unauthorized entry?</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>19) Are eye wash/safety showers available in areas where corrosives and toxics are used?</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>20) Are covered metal cans for collection of solvent contaminated waste emptied daily?</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>21) Do stationary LPG tanks have current OSHA permits?</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>22) Are spill control supplies adequate to clean up small spills in the work area?</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOOLS &amp; EQUIPMENT</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Is a tool storage area provided and utilized?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Are the power tools maintained in good condition?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Are pneumatic and hydraulic hoses on power operated tools and equipment in good condition?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Do air compressors and other self starting equipment have &quot;automatic start&quot; warning signs?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Are the cables and ropes in good condition?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Are safe guards present on points of operation, including gears, belts, pulleys, shafts, saw blades, grinding wheels, etc.?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Are oil and gas fired devices equipped with flame failure controls that prevent fuel flow if the pilot or main burner is not working?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Is ventilation provided for grinders, saws and welding equipment?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Are welding screens available and used?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Is eye protection provided and used?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) Is personal protective equipment readily available for all personnel, including visitors to the area?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) Are grinders, saws and other machines that produce dust vented to an industrial dust collection system?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13) Are emergency power shut off buttons readily accessible to equipment operators?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14) Are emergency stop buttons red in color and labeled?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15) Are electric hand tools properly grounded or double-insulated?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16) Are portable ladders and step stools in good repair and safe to use?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17) Are metal ladders labeled to prohibit use for electrical work?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18) Are ladders equipped with non-slip safety feet?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19) Do air compressors have current OSHA permits?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20) Is dust producing equipment provided with a dust collection system?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21) Are tools, instruments and machinery positioned to minimize body strain while working?</td>
<td>✓</td>
<td></td>
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</tr>
</tbody>
</table>

- provided for some tasks
- personnel yes.
### ADA ACCESS

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Does parking lot have adequate number of ADA accessible stalls?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Ramps of proper grade in parking and throughout structure?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Entrances and exits free from obstructions, have accessible handles?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Walkways free from overhangs and obstructions?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Stairways have railings and adequate tread area?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Are the counters low enough for wheelchair access and have space beneath?</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7) Accessible restroom sinks ADA accessible with accessible spigot?</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>8) Have accessible restroom-at least one per facility?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Kitchens accessible?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Are all programs and services provided by the facility accessible?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MISC.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Are dock boards used to unload vehicles constructed to support all loads safely?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Are hand trucks maintained in good condition?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Are the wheels on trucks and trailers chocked before loading or unloading?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WRITE IN ANY OTHER ITEMS OF CONCERN**

Storage room a little cluttered, will work on cleaning up.

Revised 03/11
SAFETY INSPECTION CHECKLIST

IF AN ISSUE OR PROBLEM NEEDS FACILITIES ACTION OR ATTENTION PLEASE ENTER A WORK ORDER OR CONTACT FACILITIES DIRECTLY. NOTE ON THE FORM THAT FACILITIES WAS CONTACTED, THE DATE, AND ACTION NEEDED.

Department/Building/Site Inspected: ___________________________ Date Completed: _______________

General Safety Inspection Completed by:___________________________________________________________

Explain all negative responses. Include locations in your explanation of specific concerns. Use N/A when appropriate.

General Safety YES NO NA Unable to determine

1. Is adequate and functioning lighting provided in all work areas?

2. Is the elevator(s) inspection certificate(s) up-to-date?

3. Are the elevator(s) functioning properly?
   (Please document any specific complaints about the elevator not working properly in the “comments” section below)

4. Are work areas free of tripping hazards (cords/wires, free-standing electrical fixtures, fans, heaters, storage boxes, etc.)
   (Please document specific areas of concern in the “comments” section below)

5. Is furniture (e.g. desks, chairs, filing cabinets) in good and safe condition?

6. Is overhead storage utilized properly, so as not to create unsafe work environments?

7. Are all boxes, shelving units, furniture, etc., 18 inches or further away from the entire spray pattern of the sprinkler head; if no sprinklers are present 12 inches from the ceiling?

8. Are basic First Aid supplies adequate?
   (Please check for expired or outdated supplies)

9. Are Material Safety Data Sheets (MSDS) available and accessible to all employees? Do the employees know where and how to access the MSDS sheets?

   Comments:
05/24/2013

Cindy Nielsen
North Davis Seniors Center
42 S State Street
Clearfield, Utah, 84015

Re: Safety Survey of North Davis Senior Center

Dear Cindy,

Thank you for taking the time to meet with the safety group consisting of WCF, Davis County, and UCIP on May 22, 2013. During this time we conducted a safety walkthrough survey of the North Davis Senior Center. We appreciate your concern for safety and your cooperation.

Two recommendations were generated during our visit. These were discussed at the time and are summarized as follows.

5/24/2013
2013-May-ND001 Lapidary Polishers
The lapidary polishing machines have unguarded belt and pulley systems. The on/off switches are located near the belt and pulley nip points adding to the potential for injury. Mechanical guards should be provided around all nip points. Also, some of the inner colored wires are exposed creating an electrical hazard. These should be fixed.

5/24/2013
2013-May-ND002 Use of Acetylene
Acetylene fueled torches are being used in the lapidary to heat the polished rock. Open flame or torch use is not permitted in this building under the Davis County safety policy.

Thank you again for your time. If there are any questions regarding this report or other safety matters, feel free to contact me at any time.

Sincerely,
06/07/2013

Julie Parker
Autumn Glow Senior Center
81 East Center Street
Kaysville, UT 84037

Re: Autumn Glow Safety Walkthrough

Dear Julie,

We recently conducted a safety walkthrough of the Autumn Glow Senior Center. We appreciate your center's concern for safety and the cooperative attitude that prevails.

Two recommendations were generated during our visit. These were discussed at the time and are summarized as follows.

2013-May-AG 001 Equipment in Lapidary
The belt and pulley systems on polishers in the lapidary are unguarded. The on/off switches to the polishers are located near the belt and pulley systems adding to the potential for injury. Mechanical guards should be provided around all belt and pulley systems in the lapidary. Also some of the cords are frayed with the colored wires showing. These should be fixed. A Ground Fault Circuit Interrupter (GFCI) should also be provided near the lapidary sink to prevent electrical shock.

2013-May AG 002 Lapidary Fire Safety
Acetylene fueled torches are being used in the lapidary to heat the polished rock. Open flame or torch use is not permitted in this building under the Davis County safety policy. Also, a heat resistant "hot pad" should be used to place the iron melter on.

If there are any questions regarding this report or other safety matters, feel free to contact me at any time.

Sincerely,