



Number: I - 003

## City of Riverside Safety and Health Policies and Procedures Manual

Effective Date: 04/2011  
Review Date: 04/2014  
Prepared by: City Manager/Finance

Approved: \_\_\_\_\_

Department

City Manager

### SUBJECT:

### Health and Safety Audits

### PURPOSE:

To provide a mechanism for regularly scheduled health and safety audits of every City facility with the intention of providing a safe and healthful work environment for each employee; to provide written procedures and rules for the implementation of these safety audits; and, to enable the City to comply with the requirements of the California Code of Regulations (CCR) Title 8 subsection 3203.

### POLICY:

The personal safety and health of each employee of the City of Riverside is of primary importance. Prevention of occupationally induced injuries and illnesses is of such consequence that it will be given precedence over operation productivity when necessary. It is therefore a basic requirement that every City facility undergo regularly scheduled health and safety audits to ensure that a safe and healthful work environment is maintained.

The City's health and safety audit program provides a basic framework, in the form of a checklist, for facility inspections. This checklist is not intended to cover every regulation mandated by Cal/OSHA, but to instead offer some general guidance in making certain that work environments are safe and healthful. Each department/division may wish to add inspection items unique to their operation or facilities.

Departments/divisions are responsible for conducting health and safety audits at least once per year. If the department has a safety committee, that committee should, along with appropriate management representation, conduct the audit. For departments without safety committees, the department head should appoint a supervisor, superintendent, or other departmental or divisional management representative to conduct the audit. In addition, a Safety Officer, or designee, shall audit each department's facilities no less than once every two years.

While the required health and safety audits are important and required, it is expected that they shall be conducted as efficiently as possible. For instance, inspections of some satellite facilities may most efficiently be accomplished concurrently with scheduled maintenance. For departments/divisions with a large number of satellite facilities, like sewer manholes, the appropriate Safety Officer may allow a sampling of these facilities.

For departments/divisions that already have health and safety audit checklists and regular inspection schedules in place, such existing programs may be given non-conforming rights by the Safety Officer, subject to the submission of inspection schedules and checklists currently in use.

Every health and safety audit shall be guided and documented by the completion of the attached checklist. ~~The~~ ~~C~~checklists documenting the findings of each audit shall be discussed, and the attached Workplace Safety Audit Acknowledgement Form (Section I) must be signed and dated by all parties engaged participants in present during the inspection, ~~with the original signed checklist forwarded to the Safety Officer.~~ ~~Where the health and safety audit has revealed unsafe or unhealthful conditions,~~ ~~Audit findings will be forwarded to~~ departments/divisions in the form of a safety audit report, and corrective actions shall ~~take appropriate corrective actions~~ be completed within ~~30 days~~ 30 days following receipt of the report. ~~Once all findings have been corrected, the superintendent/supervisor or other management representative shall sign Section II of the Workplace Safety Audit Acknowledgement Form and provided documentation of said actions~~ signed and dated by a superintendent/supervisor or other management representative to the appropriate Safety Officer. If a Safety Officer tags a piece of equipment as being out of service because it is an immediate hazard to life or limb, that equipment must be repaired, and the Safety Officer notified to re-inspect it and remove the tag, before it can be used again. If corrective actions have not been taken within 30 days, and if no plan has been submitted for such corrective actions, the Safety Officer shall defer to City management for direction.

**Commented [BB1]:** Revisit this section.

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**PROCEDURE:**

Responsibility	Action
City Manager	1. Implement the City program for regularly scheduled health and safety audits. 2. Ensure that department heads are held responsible and accountable for the safety performance and actions of the departments as specified in the audit checklist and related safety and health policies and procedures.
Department Heads	3. Assign management representative to conduct or accompany audit inspections. 4. Periodically review safety performance, as documented in the audits, with Division Heads and Supervisors and document that review. 5. Where an audit has revealed unsafe or unhealthful conditions, ensure that appropriate corrective actions are taken within 30 days. 6. Submit a copy of audit documents to the appropriate Safety Officer.
Supervisors/Lead Workers Safety Officers	7. <u>Maintain copies of audits, and of documentation of any corrective actions, to ensure compliance with Cal/OSHA recordkeeping guidelines.</u> 8. Take immediate action to correct unsafe or unhealthful conditions or work practices as revealed by audits. 9. Assist and advise departments/divisions in developing audit inspection items unique to their operations or facilities. 10. Review all audit documents as submitted by departments/divisions. 11. <u>Conduct, either personally or through a designee, as health and safety audit of each department's facilities no less than once every two years and report findings to Department Head, Risk Manager, City Fire Marshall, appropriate Assistant City Manager, and City Manager.</u> 12. Provide technical support for departments/divisions taking corrective actions for unsafe or unhealthful conditions or work practices as revealed by safety audits. 13. Coordinate safety training in areas for which health and safety audits indicate deficiencies in either knowledge or implementation for safe and healthful practices. 14. Meet on a periodic basis with Department Heads and the Risk Manager to review the safety performance of each department as measured by health and safety audits.

**Commented [BB3]:** Change verbiage to describe new acknowledgement form. BBrooks 3-25-19

**Commented [BB4]:** Rene/Stephanie: Please review original content of this section. Do we want to report findings to the City Manager or Assistant City Manager? Please advise.

Attachments:

1. Safety Audit Checklist

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**CITY OF RIVERSIDE HEALTH AND SAFETY AUDIT CHECKLIST**

**General**

	<b>OK</b>	<b>N/A</b>	<b>Action Needed</b>
1. Are required injury and illness records being kept?			
2. Do all employees know what to do in an emergency?			
3. Are emergency telephone numbers posted where they can be seen easily in case of an emergency?	( )		( )
4. Do you have a working procedure for handling in-house employee complaints regarding health and safety?	( )		( )

**Electrical Wiring, Fixtures, and Controls**

1. Are there electrical cords extended in a way so that they do not hang on pipes, nails, hooks, etc., and do not press against any corner that could wear or cut insulation?
2. Is there evidence of fraying on any electrical cords?
3. Are electrical cords kept free of grease, oil, and chemicals?
4. Are portable electric tools and appliances grounded or of the double insulated type?
5. Are all ground connections clean and tight?
6. Do switches show evidence of overheating?
7. Are motors clean and free of excessive grease and oil?(
8. Are motors provided with adequate over-current protection?
9. Are bearings in good condition?
10. Are portable work lights equipped with guards?
11. Are lamps kept free of combustible material?

**Exits and Access**

- |  |     |  |     |
|--|-----|--|-----|
| 1. Are all exits visible and unobstructed? | ( ) |  | ( ) |
|--|-----|--|-----|

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	OK	N/A	Action Needed
2. Are all exits marked with a readily visible sign that is properly illuminated?	( )		( )
3. Are there sufficient exits to permit prompt escape in case of emergency?	( )		( )
4. Are signs posted for areas that have occupancy limitations?	( )	( )	( )
5. Are doors, passageways, or stairways, which are neither exits nor access to exits and which could be mistaken for exits, appropriately marked, NOT AN EXIT?	( )	( )	( )
6. Are all exits kept free of obstructions?	( )		( )
7. Where panic hardware is installed on a required exit door, will it allow the door to open by applying a force of 15 pounds or less in the direction of the exit traffic?	( )	( )	( )

#### Walkways

1. Are aisles and passageways kept clear?	( )		( )
2. Are aisles and passageways marked as appropriate?	( )	( )	( )
3. Are wet surfaces covered with a non-slip material?	( )	( )	( )
4. Are holes or irregularities in the floor, sidewalk, or other walking surface repaired, covered, or otherwise made safe?	( )	( )	( )
5. Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?	( )	( )	( )
6. Are materials or equipment stored so that sharp projectiles will not interfere with the walkway?	( )		( )
7. Are changes of direction or elevation easily identifiable?	( )		( )
8. Are aisles or walkways that pass near moving or operating machinery, welding operations, or similar operations arranged so employees will not be subjected to potential hazards?	( )	( )	( )
9. Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground?	( )	( )	( )

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	OK	N/A	Action Needed
<b>Floor Openings</b>			
1. Are grates or other covers over floor openings such as floor drains of such design that foot traffic or rolling equipment will not be affected by grate spacing?	( )	( )	( )
2. Are manhole covers, trench covers, and similar covers, plus supports, designed to carry a truck rear axle load of at least 20,000 pounds when located in roadways and subject to vehicular traffic?	( )	( )	( )
<b>Stairs and Stairways</b>			
1. Are standard stair rails or handrails on all stairways having four or more risers?	( )	( )	( )
2. Do stairway handrails have at least 1Y2 inches of clearance between the handrails and the wall or surface on which they are mounted?			
3. Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?			
<b>Fire Protection</b>			
1. Are portable fire extinguishers provided in adequate number and type?	( )		( )
2. Are fire extinguishers inspected monthly for general condition and operability and is a proper notation made on the inspection tag?			
3. Are fire extinguishers recharged regularly and a notation made on the inspection tag?			
4. Are fire extinguishers mounted in readily accessible locations?			
5. If you have interior standpipes, are these inspected regularly?			
6. If you have a fire alarm, is it tested at least annually?			
7. Are employees periodically instructed in the use of extinguishers and fire protection procedures?			
<b>Housekeeping and General Work Environment</b>			
1. Are rubbish and litter disposed of daily?	( )	( )	( )

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	OK	N/A	Action Needed
2. Are all work sites clean and orderly?	( )	( )	( )
3. Are spilled materials or liquids cleaned up immediately?(		)	)
4. Are covered metal waste cans used for oily and paint soaked waste?		(	(
5. Are paint booths, dip tanks, etc., and their exhaust ducts cleaned regularly?			
6. Have weeds or other combustible material been removed from within 20 feet of any buildings?			
7. Are all toilet and washing facilities clean and sanitary? (		(	
8. Are all areas adequately illuminated? (	(	(	(
9. Are pits and floor openings covered or otherwise guarded?		(	(
10. Are cages or special safety climbing devices installed on all fixed ladders where required?			

#### Portable Ladders

1. Are all portable ladders adequate for their use and maintained in good condition?		(	(
2. Are non-slip safety feet provided on each metal ladder?(		(	(
3. Are ladder rungs and steps free of grease and oil?			
4. Are portable metal ladders legibly marked with signs reading, "CAUTION- Do Not Use Around Electrical Equipment" or equivalent wording. (	(	( )	( )

#### Machines, Equipment, and Tools

1. Are all machines or operations that expose operators or other employees to rotating parts, pinch points or flying chips, particles, or sparks adequately guarded?		(	(
2. Are mechanical power transmission belts and pinch points guarded?			
3. Are hand tools (including scissors, paper cutters, etc.) in safe condition – with sturdy handles, without too much wear, with sharp cutting edges, etc.?			
4. Is all machinery clean and properly maintained?		( )	

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- |  | OK  | N/A | Action Needed |
|--|-----|-----|---------------|
| 5. Are power saws and similar equipment provided with proper safety guards?  |     |     |               |
| 6. Are grinding wheel tool rests set to reach within 1/8 inch or less of the wheel?                                    | (   |     |               |
| 7. Are portable fans provided with full guards or screens having openings of 1/2" or less?                             |     |     |               |
| 8. Are tools stored in a dry, secure location where they will not tampered with or damaged?                            | (   |     |               |
| 9. Are compressed gas cylinders regularly examined for signs of defects, deep rusting, or leakage?                     |     |     |               |
| 10. Is care exhibited in the handling and storage of cylinders, safety valves, relief valves, etc., to prevent damage? | ( ) |     |               |
| 11. Are all air receivers periodically examined, including safety valves, relief valves, etc., to prevent damage?      |     |     |               |
| 12. Are safety valves tested regularly and frequently?   |     |     |               |
| 13. For welding or flame cutting operations:   |     |     |               |
| Are only authorized, trained personnel permitted to use such equipment?  | (   |     |               |
| Have operators been given a copy of operating instructions and required to follow them?                                |     |     |               |
| Are welding gas cylinders stored so that they are not subject to damage?   |     |     |               |
| Are valve protecting caps in place?  |     |     |               |
| Are all combustible materials near the operation covered with protective shields or otherwise protected.               |     |     |               |
| Is a fire extinguisher provided at the welding site?   |     |     |               |
| Do operators have the proper protective equipment?   |     |     |               |

**Materials**

- |  |     |     |     |
|--|-----|-----|-----|
| 1. Are approved safety cans or other acceptable containers used for handling and dispensing flammable liquids? | ( ) | ( ) | ( ) |
|--|-----|-----|-----|

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	OK	N/A	Action Needed
2. Are all flammable liquids that are kept inside buildings stored in proper storage containers or cabinets?		( )	( )
3. Are there signs indicating that NO SMOKING is allowed within 25 feet of all flammable and combustible materials, indoors or outdoors?	( )		( )
4. Do you meet Cal/OSHA standards for all dip tank operations involving combustible liquids?			( )
5. Are oxidizing chemicals stored in segregated areas where they can have no contact with organic material except shipping bags?	( )	( )	( )
6. Is ventilation equipment provided for removal of contaminants from such operations as production grinding, buffing, spray painting, and/or vapor degreasing, and is it operating properly?	( )	( )	( )
7. For truck lift operations:			
Are only trained personnel allowed to operate forklift trucks?	( )		
Is overhead protection provided on high lift rider trucks?	( )		
Are required lift truck operating rules posted and enforced?	( )		
Are forklift operators wearing seatbelts when provided and when vehicle is in motion?	( )	( )	( )

#### Environmental Health

1. Is there a list of chemicals used in your workplace?	( )		
2. Are material safety data sheets available for all chemicals used?		( )	( )
3. Do you use general dilution or local exhaust ventilation systems to control dusts, vapors, gases, fumes, smoke, solvents, or mists which may be generated in your workplace?	( )	( )	
4. Is there a dermatitis problem? Do employees complain about dryness, irritation, or sensitization or the skin?	( )	( )	
5. Do employees complain of dizziness, headaches, nausea, irritation or other factors or discomfort when they use solvents or other chemicals?	( )	( )	( )



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	OK	N/A	Action Needed
6. If you have a respirator protection program, are employees instructed on the correct usage and limitations of the respirators?			
7. Are respirators NIOSH approved for this particular application?			
8. Are respirators regularly inspected, cleaned, sanitized, and maintained?	(		
9. Is noisy machinery isolated from the rest of the operation?			
10. If you use ear protectors, are employees instructed in their use?			
11. Are employees given periodic audiometric testing to ensure that you have an effective hearing conservation program?			
12. Have engineering controls been used to reduce excessive noise levels?			
13. Is there an ongoing preventative health program to educate employees in safe levels of noise and exposure effects of noise on their health, and use of personal protection?	( )	( )	( )
14. Have work areas where noise levels make voice communication difficult been identified and posted as HEARING PROTECTION REQUIRED.		( )	( )
15. Is lighting adequate? Can performance and efficiency be increased by decreasing glare or improving the quality of light?			( )
16. Are there problems with ergonomics? Do employees complain about undue fatigue or soreness encountered during their regular work routine?			
17. Are employees instructed on the correct procedures for lifting heavy objects?			
18. Are materials placed, when possible, to minimize lifts from floor level?			

**Medical Services and First Aid**

1. Are the industrial clinic addresses prominently posted at each facility?
2. Are first aid supplies adequate for your workplace?

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- |   | <b>OK</b> | <b>N/A</b> | <b>Action Needed</b> |
|---|-----------|------------|----------------------|
| 3. Are there eye wash facilities and a quick drench shower within the work area where employees are exposed to injurious corrosive materials? | ( )       | ( )        |                      |

**Personal Protection**

- |   |     |     |     |
|---|-----|-----|-----|
| 1. Are hard hats provided and worn when danger of falling or flying objects exists, or where there are electrical hazards?  |     |     |     |
| 2. Are hard hats inspected periodically for damage to the shell and suspension system?  | ( ) | ( ) | ( ) |
| 3. Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials endangering employees?   | ( ) | ( ) | ( ) |
| 4. Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids, and chemicals?  |     |     |     |
| 5. Are approved respirators provided for regular or emergency use where needed?   |     |     |     |
| 6. Is all protective equipment maintained in a sanitary condition and ready for use?  |     |     |     |
| 7. When meals are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?   |     | ( ) | ( ) |
| 8. Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the Cal/OSHA noise standard?   | ( ) |     | ( ) |
| 9. Is it a requirement to wear approved safety glasses at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns?  |     |     | ( ) |
| 10. Are employees who need corrective lenses (glasses or contact lenses) in working environments with harmful exposures, required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures? |     | ( ) |     |
| 11. Is appropriate foot protection required where there is risk of foot injuries from hot, corrosive, poisonous substances, falling objects, crushing, or penetration?  | ( ) |     | ( ) |

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	OK	N/A	Action Needed
<b>Management Commitment and Employee Involvement</b>			
1. Are there minutes of monthly safety meetings, with original signature attendance logs, that clearly identify the subjects discussed and actions taken?			( }
2. Is there a clear management commitment of financial, material, and human resources to ensure that the workplace is a safe and healthy environment?			( }
3. Is there a department/division safety committee or representative that regularly inspects the workplace for unsafe conditions and behaviors?	(		
4. Are employees aware of safe work practices for their jobs and work areas?			
5. Is there evidence that safe work practices are followed?			
6. Is there evidence that employees have completed applicable training to safely perform their job duties?			

**Commented [BB5]:** Create an acknowledgement form to recognize audit was completed. Signatures will be from all parties involved in the audit. Use acknowledgement form in III-9 as a template

**Inspector Signatures**

**Management Inspector Signature  
(A management representative must be a part of the inspection team no less than once a year)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

**HAZARD ASSESSMENT AND CORRECTION RECORD**

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~~Unsafe Condition or Work Practice:~~

~~Corrective Action Taken:~~

~~Management Representative Signature~~

\_\_\_\_\_

~~Date~~

\_\_\_\_\_

\_\_\_\_\_

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**Workplace Safety Audit Acknowledgement Form**

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**Section I: Audit Acknowledgement**

I hereby acknowledge my participation in the workplace safety audit of the facility specified below:

Commented [BB6]: Added audit acknowledgement/corrective action plan form

Facility Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

I have read and understand the hazards and action items identified on the inspection sheet, as well as all hazards and action items visibly noted during the inspection. I agree to comply with all corrections needed to comply with all of the requirements listed under the City of Riverside I – 03 Health and Safety Audits Policy and the Workplace Safety Audit Report.

Employee Signature(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II: Corrective Action Plan**

I hereby acknowledge a Corrective Action Plan has been created for the facility listed above, as outlined in the City of Riverside I – 03 Health and Safety Audits Policy, and all corrective actions have been completed.

I understand if corrective actions have not been completed within 30 days, as requested, a draft of a Corrective Action Plan will be submitted to the City of Riverside Human Resources, Safety Division as a commitment to comply with correcting hazards identified during the workplace audit.

Employee Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_