



Groza Construction Injury and Illness Prevention Program

v. 01.01.21

Under the Health and Safety ACT of 1974 all persons entering any Groza Construction work site must comply with all regulations under this act. All visitors must report to the job Superintendent to obtain permission to access the site. All safety signs and procedures must be observed and the relevant personal protection and safety equipment must be used at all times. If at any point a conflict of OSHA regulations and standards occurs with the Groza Construction Safety Policy, OSHA regulations and standards supersede.

In the following pages you will find the Groza Construction Injury and Illness Prevention Program.

Engstrom and West, Inc. DBA Groza Construction

***INJURY AND ILLNESS PREVENTION
PROGRAM (IIPP)***

***Injury and Illness
Prevention Program (IIPP)***



YOUR OSHA COMPLIANCE SOLUTION

Questions? Call 1-800-734-3574



TABLE OF CONTENTS

Section		Page
1	OBJECTIVE	1
2	PERSONNEL RESPONSIBILITY	1
	2.1 Responsible Person	1
	2.2 Supervisors	1
	2.3 Employees.....	1
3	METHODS OF ENSURING EMPLOYEE COMPLIANCE	1
4	SYSTEM FOR COMMUNICATING WITH EMPLOYEES	2
	4.1 General.....	2
	4.2 Code of Safe Practices	2
	4.3 Safety Meetings.....	2
	4.4 Other Methods of Communication.....	2
	4.5 Hazard Communication	2
5	IDENTIFYING AND EVALUATING WORK PLACE HAZARDS	2
	5.1 Job Hazard Assessment/Safety Analysis	2
	5.2 Additional Inspections	3
	5.3 Hazard Identification by Employees	3
	5.4 Periodic Supervisory Meetings.....	3
6	CORRECTING WORKPLACE HAZARDS	4
	6.1 Corrective Response and Action.....	4
	6.2 Imminent Hazards	4
	6.3 Hazard Correction Tracking.....	4
7	INJURY/ILLNESS INVESTIGATION	4
	7.1 Injury/Illness Investigation	4
	7.2 Injury/Illness Reporting.....	4
8	PROGRAM ACCESS	5
	8.1 Employee Access.....	5
	8.2 Methods of Access	5
	8.3 Records	5
	8.4 Separate Operations	5
	8.5 Communication	5
	8.6 Collective Bargaining Agents.....	5
9	TRAINING	6
	9.1 Employee Training	6
	9.2 Hazard and Safety Precautions.....	6
	9.3 Management and Supervisory Training.....	6
10	RECORDKEEPING	6
	10.1 Training Records	6
	10.2 IIPP Activity	6

APPENDIX 1 – JOB HAZARD ANALYSIS..... 7
APPENDIX 2 – IDENTIFIED HAZARDS AND CORRECTION RECORD..... 9
APPENDIX 3 – SUPERVISORY SAFETY MEETING 10
APPENDIX 4 – CREW SAFETY MEETING 11

1 OBJECTIVE

Engstrom and West, Inc. DBA Groza Construction has adopted this Injury and Illness Prevention Program to establish the minimum safety orders for securing safety in the workplace. Compliance with these orders may not in itself prevent occupational injuries or diseases, but will provide a safe environment which is a fundamental prerequisite in controlling injuries and illness. These orders are designed and consistent with the standards set forth under the California Code of Regulations, Title 8, Section 1509.

2 PERSONNEL RESPONSIBILITY

2.1 Responsible Person

Engstrom and West, Inc. DBA Groza Construction has designated Cody West with the authority and responsibility for the implementation of the Injury and Illness Prevention Program (IIPP). Cody West is responsible for:

- a. Establishment and enforcement of all workplace policies for a safe and healthful work environment;
- b. Designation of supervisory and management personnel to assist in the enforcement and supervision of company policies and orders within the IIPP;
- c. Maintaining records pertaining to the program; and
- d. Maintaining, reviewing and updating the IIPP at least annually.

2.2 Supervisors

2.2.1 All supervisors have the responsibility of ensuring that employees under their direct supervision are complying with all company procedures.

2.2.2 When employees fail to follow company safety procedures, it is the supervisor's responsibility to dispense disciplinary action that is in accordance with company policy.

2.3 Employees

All employees have the responsibility for complying with safe and healthful work practices, including applicable regulations, company policies and department safety procedures. Employees who fail to follow these safe work practices will be subject to disciplinary action, up to and including termination.

3 METHODS OF ENSURING EMPLOYEE COMPLIANCE

Methods for ensuring that employees comply with safe and healthy work practices may include one or a combination of the following:

- a. Recognition and noted performance evaluation of employees who follow safe and healthful work practices,
- b. Training and retraining programs,
- c. Disciplinary action, or
- d. Any other such means to encourage compliance.

4 SYSTEM FOR COMMUNICATING WITH EMPLOYEES

4.1 General

Employees will be communicated through a form readily understandable on matters relating to occupational safety and health. In addition, all employees are encouraged to communicate safety concerns to their supervisor without fear of reprisal.

4.2 Code of Safe Practices

Code of safe work practices which relate to company operations will be adopted and utilized. The codes of safe work practices will be posted at a conspicuous location at each job site office or be provided to each supervisory employee who will have it readily available.

4.3 Safety Meetings

Supervisory employees will conduct safety meetings, or equivalent, with their crews at least every 10 working days to emphasize safety.

Note: Supervisors may use the form found in Appendix 4 to document these meetings.

4.4 Other Methods of Communication

Employees will be informed through one or a combination of the following methods:

- a. Company safety handbook;
- b. Training programs,
- c. Postings/Written communications,
- d. Anonymous notification by employees about hazards, or
- e. Any other means that ensures communication with employees.

4.5 Hazard Communication

Employees will be provided access to hazard information pertinent to their work assignments. Information concerning the health and safety hazards of tasks performed by department staff will be available from several sources. These sources include, but are not limited to Safety Data Sheets (SDSs), equipment operating manuals, container labels and work area warning postings.

5 IDENTIFYING AND EVALUATING WORK PLACE HAZARDS

5.1 Job Hazard Assessment/Safety Analysis

5.1.1 Initial Assessment

Prior to the presence of its employees, a Engstrom and West, Inc. DBA Groza Construction supervisor will make a thorough survey of the conditions of the site to determine, so far as practicable, the predictable hazards to employees and the kind and extent of safeguards necessary to conduct the work in a safe manner.

5.1.2 Additional Assessments

A hazard assessment may be conducted to review workplace conditions, as well as potential hazards that might not be recognized otherwise. Hazard assessments may be performed:

- a. When new processes are implemented; and
- b. When new materials and/or equipment are introduced in the workplace.

NOTE: These job hazard assessments may be recorded using the Job Hazard Analysis form located in Appendix 1.

5.2 Additional Inspections

Periodic inspections will be performed and recorded to identify and evaluate hazards:

- a. When this program is first established;
- b. On a weekly basis;
- c. Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and
- d. Whenever management is made aware of a new or previously unrecognized hazard.

Note: Inspectors may utilize the form found in Appendix 2 to document their findings.

5.3 Hazard Identification by Employees

5.3.1 Employees are often the first to recognize hazards. All employees are required to actively participate in safe practices, which may include one or a combination of the following:

- a. Immediate notification of hazards to immediate supervisors and/or upper management;
- b. Stopping the work that is causing the hazard;
- c. Submission of work orders to the maintenance department for those hazards; and
- d. Submission of safety suggestions.

5.3.2 Employees are assured that management will guard against reprisals and will take positive steps to correct those potential hazards or workplace injuries that are brought to their attention.

5.4 Periodic Supervisory Meetings

Periodic meetings of supervisory members will be held under the direction of management for the discussion of safety problems and accidents that have occurred. Management may use the form found in Appendix 3 to document these meetings.

6 CORRECTING WORKPLACE HAZARDS

6.1 Corrective Response and Action

Hazards discovered either as a result of a scheduled periodic inspection or during normal operations will be corrected when observed or discovered. The methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures will be executed by designated personnel in a timely manner based on the severity of the hazard. The designated personnel responsible for the completion of remedial action and follow-up will be required to document the processes taken.

6.2 Imminent Hazards

When an imminent hazard exists, which cannot be immediately abated without endangering employee(s) and/or property, all exposed personnel will be removed from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition will be provided the necessary safeguards.

6.3 Hazard Correction Tracking

The actions taken to correct an identified hazard will be tracked to ensure success.

7 INJURY/ILLNESS INVESTIGATION

7.1 Injury/Illness Investigation

Designated personnel, or a team of personnel, will be responsible to perform injury/illness investigations. Investigation processes will be utilized to determine and correct the cause(s) of the accident/incident. General procedures that may be used include:

- a. Interviewing Injured personnel and witnesses;
- b. Examining the injured employee's workstation for causative factors;
- c. Reviewing established procedures to ensure they are adequate and were followed;
- d. Reviewing training records of affected employees;
- e. Determining all contributing causes to incident/accident;
- f. Taking corrective actions to prevent the incident/accident from reoccurring; and
- g. Recording all findings and actions taken.

7.2 Injury/Illness Reporting

At the conclusion of each injury/illness investigation, an injury/illness report will be created and archived. The designated investigation personnel will refer to the Accident/Incident Investigation Program for further instruction and requirements.

8 PROGRAM ACCESS

8.1 Employee Access

All employees will have either in person or printed copy access to the program.

8.2 Methods of Access

Access will be provided by doing one of the following:

- 8.2.1 Access will be provided in a reasonable time, place, and manner, but in no event, later than 5 business days after the request for access has been received from an employee or designated representative. Designated representatives must submit a written authorization with their request for access to the program that contains the name and signature of the employee who they are representing, the date of the request, the designated representative's name (either the individual or organization), and the date upon which the request will expire if it is less than 1 year.
 - a. A free printed copy of the program will be provided to the requesting employee or designated representative, unless the employee or designated representative agrees to receive an electronic copy.
 - b. A reasonable, non-discriminatory reproduction charge for additional copies may be imposed after the first printed copy is requested if an employee or designated representative request additional copies of the program within 1 year of the previous request and the program has not been updated with new information since the printed copy was provided.
- 8.2.2 Unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program.

8.3 Records

Such program access request need not include any of the records of the steps taken to implement and maintain the written program.

8.4 Separate Operations

Access may be limited to the program or programs applicable to the employee requesting the program if there are distinctly different and separate operations that have different programs.

8.5 Communication

All employees will be informed of their right and procedure to access the program.

8.6 Collective Bargaining Agents

Nothing in Section 8 is intended to preclude employees and collective bargaining agents from collectively bargaining to obtain access to information in addition to that available under Section 8.

9 TRAINING

9.1 Employee Training

Training and instruction will be provided, along with specific procedures and hazard awareness associated with the duties to be performed:

- a. When this program is first established;
- b. To all new employees;
- c. To all employees given new job assignments for which training has not previously been received;
- d. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard; and
- e. Whenever a new or previously unrecognized hazard is made aware.

9.2 Hazard and Safety Precautions

When workers are first employed, they will be given instructions regarding the hazards and safety precautions applicable to the type of work in question and directed to read the Code of Safe Practices.

In addition, where employees are subject to known job site hazards, such as, flammable liquids and gases, poisons, caustics, harmful plants and animals, toxic materials, confined spaces, etc., they will be instructed in the recognition of the hazard, in the procedures for protecting themselves from injury, and in the first aid procedure in the event of injury.

9.3 Management and Supervisory Training

Additional training will be provided for management and supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

10 RECORDKEEPING

10.1 Training Records

Documentation of all safety and health training for each employee will be maintained. Training records will include, employee name or other identifier, training dates, type(s) of training, and training providers. This documentation will be maintained for at least 3 years.

10.2 IIPP Activity

Records documenting all IIPP activity will be kept and maintained for at least 3 years, including records of scheduled and periodic inspections to identify unsafe conditions and work practices. These records will include:

- a. Person(s) conducting the inspection,
- b. The unsafe conditions and work practices that have been identified; and
- c. The action taken to correct the identified unsafe conditions and work practices.

APPENDIX 1 – JOB HAZARD ANALYSIS

Company Name: _____		
Task Hazard Analysis		Box A - Hazards
Date: _____	Task: _____	<input type="checkbox"/> Is the employee working with sharp or rough materials that require PPE? <input type="checkbox"/> Can any body part get caught in, struck by or caught between objects? <input type="checkbox"/> Can pushing, pulling, lifting, bending or twisting cause strain? <input type="checkbox"/> Do tools, machines or equipment present any hazards? <input type="checkbox"/> Can the worker slip, trip or fall? <input type="checkbox"/> Is special training needed? (forklift, scaffold, powder actuated tools) <input type="checkbox"/> Are there flammable, explosive or electrical hazards? <input type="checkbox"/> Fall hazard from one level to another to same level? <input type="checkbox"/> Is excessive noise or vibration a problem? <input type="checkbox"/> Is there a danger from falling objects? <input type="checkbox"/> Is lighting a problem? <input type="checkbox"/> Can weather conditions affect safety? <input type="checkbox"/> Are permits required? (hot work, confined space, etc.) <input type="checkbox"/> Contact with acids, toxic or caustics? (SDS) <input type="checkbox"/> Will there be exposure to dusts, fumes or mists? (SDS)
Task Location: _____	Foreman: _____	
Foreman: _____	Craft: _____	
Break Task Into Steps		
1. _____	2. _____	
2. _____	3. _____	
3. _____	4. _____	
4. _____	5. _____	
5. _____	6. _____	
6. _____	7. _____	
7. _____	8. _____	
8. _____	9. _____	
9. _____	10. _____	
Hazards Associated with Steps (Box A, check those that exist)		Box B – PPE (Personal Protective Equipment)
1. _____	2. _____	<input type="checkbox"/> Glasses <input type="checkbox"/> Hard Hats <input type="checkbox"/> Vests <input type="checkbox"/> Work Boots
2. _____	3. _____	<input type="checkbox"/> Harnesses <input type="checkbox"/> Respirators <input type="checkbox"/> Dust Masks <input type="checkbox"/> Gloves
3. _____	4. _____	Print Name
4. _____	5. _____	Signature
Safe Work Practices/PPE (See Box B, check those that exist)		
1. _____	2. _____	
2. _____	3. _____	
3. _____	4. _____	
4. _____	5. _____	



JOB HAZARD ANALYSIS (Page 2)

Contractor Name:			
Date:			
Print Name:		Signature:	



APPENDIX 2 – IDENTIFIED HAZARDS AND CORRECTION RECORD

Date of Inspection: _____

Inspector(s): _____

Unsafe Condition/ Work Practice	Location	Corrective Action Implemented	Person Responsible for Implementation	Date Implemented	Corrective Action Effective?	Additional Actions Required
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes:



APPENDIX 4 – CREW SAFETY MEETING

Company Name:	
Meeting Date: ___/___/___	Meeting Time: ___:___ AM/PM
Attendees: _____	

Subjects Discussed:

Corrective Action Taken, if any:

