# Model Injury and Illness Prevention Program for Employers with Seasonal or Intermittent Workers

*This is a fillable template that the employer must complete. Instructions in red font enclosed in brackets indicate where you must enter your worksite-specific information.*

Every California employer must establish, implement and maintain a written Injury and Illness Prevention (IIP) Program and a copy must be maintained at each workplace or at a central worksite if the employer has non-fixed worksites. The requirements for establishing, implementing and maintaining an effective written Injury and Illness Prevention Program are contained in Title 8 of the California Code of Regulations, Section [3203](https://www.dir.ca.gov/Title8/3203.html) (T8 CCR 3203) and consist of the following elements:

* Responsibility
* Compliance
* Communication
* Hazard Assessment
* Accident/Exposure Investigation
* Hazard Correction
* Training and Instruction
* Employee access to the IIP Program
* Recordkeeping

This model program has been prepared for use by employers in industries that have been determined by Cal/OSHA to historically utilize intermittent or seasonal workers. Intermittent or seasonal employment refers to controlling, directing, or directly supervising any worker other than permanent workers. You are not required to use this program. However, any employer in an industry that has been determined by Cal/OSHA as historically utilizing intermittent or seasonal workers and who adopts and implements this model program in good faith shall be deemed in compliance with IIP Program requirements.

Proper use of this model program requires the IIP Program administrator of your establishment to carefully review the requirements for each of the IIP Program elements found in this model program, fill in the appropriate blank spaces and check those items that are applicable to your workplace. The recordkeeping section requires that the IIP Program administrator select and implement the category appropriate for your establishment. Sample forms for hazard assessment and correction, accident/exposure investigation, and worker training and instruction are provided with this model program.

This model program must be maintained by the employer in order to be effective.

Read the Injury and Illness Prevention Program standard online:

**[www.dir.ca.gov/title8/3203.html](https://www.dir.ca.gov/Title8/3203.html)**



January 2021

## INJURY AND ILLNESS PREVENTION PROGRAM (IIPP) for [Name of Company]

### RESPONSIBILITY

The Injury and Illness Prevention Program (IIP Program) administrator, [enter the name of the program administrator or the job title],has the authority and responsibility for implementing the provisions of this program for [name of company]***.***

Managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program.

### COMPLIANCE

All permanent and intermittent workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers comply with these practices include one or more of the following checked practices:

* Informing workers of the provisions of our IIP Program.
* Evaluating the safety performance of all workers.
* Recognizing workers who perform safe and healthful work practices.
* Providing training to workers whose safety performance is deficient.
* Disciplining workers for failure to comply with safe and healthful work practices.
* [Enter information on additional means of ensuring employee compliance specific to your workplace].

### COMMUNICATION

All managers and supervisors are responsible for communicating with all permanent and

intermittent workers about occupational safety and health in a form readily understandable by

all workers. Our communication system encourages all workers to inform their managers and

supervisors about workplace hazards without fear of reprisal.

Upon hiring, management will identify any intermittent workers with special communication

needs. Management will ensure that such a worker understands the safety and health

requirements before being assigned to duties exposing them to workplace hazards.

Our communication system includes one or more of the following checked items:

* New worker orientation including a discussion of safety and health policies and procedures.
* Review of our IIP Program.
* Workplace safety and health training programs.
* Regularly scheduled safety meetings.
* Effective communication of safety and health concerns between workers and supervisors, including translation where appropriate.
* Posted or distributed safety information.
* A system for workers to anonymously inform management about workplace hazards.
* Our establishment has less than ten workers and communicates with and instructs workers orally about general safe work practices and hazards unique to each worker’s job assignment.
* [Enter other methods of effective communication specific to your workplace].

### HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace:

| **Competent Observer** | **Area** |
| --- | --- |
| [Enter name] | [Describe areas of workplace assessed] |
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Periodic inspections are performed according to the following schedule:

1. [Enter the frequency (daily, weekly, monthly, etc.) that’s appropriate for your workplace].
2. When we initially established our IIP Program.
3. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace.
4. When new, previously unidentified hazards are recognized.
5. When occupational injuries and illnesses occur.
6. When we hire and/or reassign permanent or intermittent workers to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
7. Whenever workplace conditions warrant an inspection.

Periodic inspections consist of identification and evaluation of workplace hazards utilizing applicable sections of the attached Hazard Assessment Checklist and any other effective methods to identify and evaluate workplace hazards.

### ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Visiting the accident scene as soon as possible.
2. Interviewing injured workers and witnesses.
3. Examining the workplace for factors associated with the accident/exposure.
4. Determining the cause of the accident/exposure.
5. Taking corrective action to prevent the accident/exposure from reoccurring.
6. Recording the findings and corrective actions taken.

### HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

1. When observed or discovered.
2. When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection.
3. All such actions taken and dates they are completed shall be documented on the appropriate forms.

### TRAINING AND INSTRUCTION

All permanent and intermittent workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction can be provided through a brief on-site safety meeting. Any training and instruction shall be provided as follows:

1. When the IIP Program is first established.
2. To all new workers, except for construction workers who are provided training through a construction industry occupational safety and health training program approved by Cal/OSHA.
3. To all workers given new job assignments for which training has not previously provided.
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
5. Whenever the employer is made aware of a new or previously unrecognized hazard.
6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
7. To all workers with respect to hazards specific to each worker's job assignment.

Workplace safety and health practices for all industries using intermittent workers include, but are not limited to, the following:

1. Explanation of the employer's IIP Program, emergency action plan and fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
2. Use of appropriate clothing, including gloves, footwear, and personal protective equipment.
3. Prevention of musculoskeletal disorders, including proper lifting techniques.
4. Information about chemical hazards to which workers could be exposed and other hazard communication program information.
5. Availability of toilet, hand-washing and drinking water facilities.
6. Provisions for medical services and first aid including emergency procedures.

In addition, we train all workers about the checked applicable items found in the attached List of Training Subjects.

### EMPLOYEE ACCESS TO THE IIPP

Our employees – or their designated representatives - have the right to examine and receive a copy of our IIIPP. This will be accomplished by [Describe how this will be accomplished using either of the following two methods:

1. Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.
2. Whenever an employee or designated representative requests a copy of the Program, we will provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
3. One printed copy of the Program will be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, we may charge reasonable, non-discriminatory reproduction costs for the additional copies.
4. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

Also describe how you will communicate the right and procedure to access the Program to all employees]

Any copy provided to an employee or their designated representative need not include any of the records of the steps taken to implement and maintain the written IIP Program.

Where we have distinctly different and separate operations with distinctly separate and different IIPPs, we may limit access to the IIPP applicable to the employee requesting it.

An employee must provide written authorization in order to make someone their “designated representative.” A recognized or certified collective bargaining agent will be treated automatically as a designated representative for the purpose of access to the company IIPP. The written authorization must include the following information:

* The name and signature of the employee authorizing the designated representative.
* The date of the request.
* The name of the designated representative.
* The date upon which the written authorization will expire (if less than 1 year)

### RECORDKEEPING

We have checked one of the following categories as our recordkeeping policy.

* **Category 1**. Our establishment has twenty or more workers; has a workers' compensation modification rate of greater than 1.1 and is not on a designated low hazard industry list; or, is on a designated high hazard industry list. We have taken the following steps to implement and maintain our IIP Program:

1. Records of hazard assessment inspections, including the person(s) or persons conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form.
2. Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers are recorded on a worker training and instruction form. We also include the records relating to worker training provided by a construction industry occupational safety and health program approved by Cal/OSHA.

Inspection records and training documentation will be maintained according to the following checked schedule:

* For one year, except for training records of workers who have worked for less than one year which are provided to the worker upon termination of employment.
* Since we have less than ten workers, including managers and supervisors, we only maintain inspection records until the hazard is corrected and only maintain a log of instructions to workers with respect to worker job assignments when they are first hired or assigned new duties.
* **Category 2.** Our establishment has fewer than twenty workers and is not on a designated high hazard industry list. We are also on a designated low hazard industry list or have a workers' compensation experience modification rate of 1.1 or less, and have taken the following steps to implement and maintain our IIP Program:

1. Records of hazard assessment inspections.
2. Documentation of safety and health training for each worker.

Inspection records and training documentation will be maintained according to the following checked schedule:

* For one year, except for training records of workers who have worked for less than one year, which are provided to the worker upon termination of employment.
* Since we have less than ten workers, including managers and supervisors, we maintain inspection records only until the hazard is corrected and only maintain a log of instructions to workers with respect to worker job assignments when they’re first hired or assigned new duties.
* **Category 3.** We are a local governmental entity (any county, city, or district, and any public or quasi-public corporation or public agency therein) and we are not required to keep written records of the steps taken to implement and maintain our IIP Program.

## LIST OF TRAINING SUBJECTS

We train our workers about the following checked training subjects:

AGRICULTURE PRODUCTION AND FARM LABOR AND MANAGEMENT SERVICES

(SIC Codes: 0111-0119, 0131-0139, 0161, 0171-0179, 0191, 0721-0724, 0761-0762)

* Safe practices for operating any agricultural equipment, including procedures for cleaning
* repairing, servicing and adjusting
* Electrical hazards
* Heat stress
* Ergonomic hazards, including proper lifting techniques and working on ladders or in a stooped posture for prolonged periods at one time
* Hazardous chemical exposures
* Other job-specific hazards, such as [enter hazards]

PRESERVED FRUITS AND VEGETABLES MANUFACTURING AND SUGAR AND

CONFECTIONERY PRODUCTS

(SIC Codes: 2032-2038, 2061-2068)

* + Guarding of belts and pulleys, gears and sprockets, and conveyor nip points
  + Machine, machine parts, and prime movers guarding
  + Lock-out/tag-out procedures
  + Materials handling
  + Ergonomic hazards, including proper lifting techniques.
  + Noise
* Other job-specific hazards, such as [enter hazards]

## HAZARD ASSESSMENT CHECKLISTS

The following checklists contain safety and health hazard assessment items commonly found in the workplace. It is the employer's responsibility to identify, evaluate and control job-specific safety and health hazards in the workplace, and to meet all applicable Cal/OSHA requirements.

The following checklists are to be used as guides in identifying safety and health hazards in your workplace. Answer the questions contained in the General Workplace checklist and then identify and answer the questions contained in the checklist that applies to your specific industry.

### GENERAL WORKPLACE

**(SIC Codes: All)**

| Checklist | Items |
| --- | --- |
| * Is the Cal/OSHA poster Safety and Health Protection on the Job displayed in a prominent location where all workers are likely to see it? | * Is there a list of hazardous substances used in your workplace? |
| * Do you have a written, effective Injury and Illness Prevention Program? | * Is there a written hazard communication program dealing with Safety Data Sheets (SDS) labeling, and worker training? |
| * Are all work areas properly illuminated? | * Is each container for a hazardous substance (i.e. vats, bottles, storage tanks,) labeled with product identity and a hazard warning (communication of the specific health hazards and physical hazards)? |
| * Are workers instructed in proper first aid and other emergency procedures? | * Is there a Safety Data Sheet readily available for each hazardous substance used? |
| * Do you have a fire prevention plan? | * Is there a worker training program for hazardous substances? |
| * Are all worksites clean and orderly? | * Can the work be performed without eye strain or glare to the workers? |
| * Are all spilled materials or liquids cleaned up immediately? | * Does the task require prolonged raising of the arms and does the neck and shoulders have to be stooped to view the task? |
| * Do you have eye wash facilities and a quick drench shower within the work area where workers are exposed to injurious corrosive materials? | * Are there pressure points on any parts of the body (wrists, forearms, back of thighs)? |
| * When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards? | * Are there sufficient rest breaks, in addition to the regular rest breaks, to relieve stress from repetitive-motion tasks? |
| * Are aisles and passageways kept clear? | * Are tools, instruments and machinery shaped, positioned and handled so that tasks can be performed comfortably? |
| * Are the directions to exits, when not immediately apparent, marked with visible signs? | * Are you keeping the required records and documentation? |
| * Are hazardous substances identified which may cause harm by inhalation, ingestion, skin absorption or contact? | * Have arrangements been made to maintain required records for the legal period of time? |
| * Are workers aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics? | * [Other hazards and issues] |
| * Is personal protective equipment provided, used and maintained wherever required? |  |
| * Are there written standard operating procedures for the selection and use of respirators where needed? |  |
| * Are restrooms and washrooms kept clean and sanitary? |  |
| * Are workers instructed in the proper manner of lifting heavy objects? |  |

**AGRICULTURE PRODUCTION AND FARM LABOR AND MANAGEMENT SERVICES**

**(SIC Codes: 0111-0119, 0131-0139, 0161, 0171-0179, 0191, 0721-0724, 0761-0762)**

| Checklist | Items |
| --- | --- |
| * Where workers do not understand English, are safety instructions and warnings presented in a language the workers understand? | * Are adequate toilet and handwashing facilities available and do they meet Cal/OSHA section 3457 requirements? |
| * Are adequate first-aid materials immediately available at the farm headquarters and/or on worker transportation buses? | * Are all ladders maintained in good condition, and are workers instructed to face the ladder when ascending or descending and prohibited from using ladders that are broken, missing steps, rungs, or cleats, broken side rails or other faulty equipment? |
| * At remote locations, are provisions made in advance for prompt medical attention and is there at least 1 worker for every 20 workers trained for the administering of first aid? | * Are workers instructed not to use the top 2 steps of ordinary stepladders as a step? |
| * Is all agricultural equipment properly guarded to prevent accidental contact by workers? | * Are workers made aware of the hazards caused by faulty or improperly used hand tools? |
| * Are safe practices for operating agricultural equipment, including procedures for cleaning, repairing, servicing and adjusting, being followed? | * Is each van, bus or truck used regularly to transport workers, equipped with an adequate number of seats, and equipped with the proper safety devices? |
| * Is all machinery or equipment capable of movement, required to be de-energized or disengaged and blocked or locked out during cleaning, servicing, adjusting or setting up operations, whenever required? | * Can the work be done without twisting or overly bending the lower back? |
| * Are safe work practices being followed during operation of self-propelled equipment? | * Are there sufficient rest breaks, in addition to the regular rest breaks, to relieve stress from repetitive-motion tasks? |
| * Where mobile farm equipment is towed by a tractor or truck and the tractor or truck driver cannot see the workers on the towed equipment, is there a positive signaling device installed on the towed equipment that can stop the towing equipment in case of an emergency? | * Are tools, instruments and machinery shaped, positioned and handled so that tasks can be performed comfortably? |
| * Are portable screw conveyors located seven feet or less above the work level substantially covered or guarded? | * Are hazardous substances identified which may cause harm by inhalation, ingestion, skin absorption or contact? |
| * Are augers guarded with either grating type guards or solid baffle style covers according to Cal/OSHA section 3446? | * Are workers aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, and caustics? |
| * Are ladders, steps, or other suitable climbing means provided where and when workers are required to work in or about farm structures such as permanent pools, ponds, water tanks, or reservoirs 4 feet or more in actual depth and where the slope and construction would make exit difficult? | * Is heat stress being evaluated and controlled? |
| * Are machines, aircraft, or applicators decontaminated in a safe area before they are overhauled or placed in storage? | * Are workers screened before assignment to areas of high heat to determine if their health condition might make them more susceptible to having an adverse reaction? |
| * Are safety precautions as required by Title 3, Article 23 of the California Code of Regulations followed when using aircraft for crop dusting and spraying? | * [Other hazards and issues] |
| * Are safe work practices followed when using applicator rigs, tanks, and vessels containing fertilizer, insecticide, pesticide, and other chemical solutions of a hazardous nature? |  |
| * Is potable water provided, and access to permitted, at all times, during working hours and placed in locations readily accessible to all workers? |  |
| * Is potable water for drinking dispensed in single-use drinking cups or by fountains, and the water is fresh, pure, and suitably cool? |  |

**PRESERVED FRUITS AND VEGETABLES MANUFACTURING AND SUGAR AND CONFECTIONERY PRODUCTS**

**(SIC Codes: 2032-2038, 2061-2068)**

| Checklist | Items |
| --- | --- |
| * Is sufficient clearance provided around and between machines to allow for safe operations, set up and servicing, material handling and waste removal and is there a power shut-off switch within reach of the operator's position at each machine? | * Before entering a confined space, are all appropriate tests conducted, precautions observed, permits obtained, and work practices followed? |
| * Are all pulleys and belts, moving chains and gears and conveyor nip points that are within 7 feet of the floor or working level properly guarded? | * Are workers aware of the hazards involved with the various chemicals they may be exposed to in their work environment? |
| * Are revolving drums, barrels and containers required to be guarded by an enclosure that is interlocked with the drive mechanism, so that revolution cannot occur unless the guard enclosure is in place, so guarded? | * Can the work be done without twisting or overly bending the lower back? |
| * Is all machinery or equipment capable of movement, required to be de-energized or disengaged and blocked or locked out during cleaning, servicing, adjusting or setting up operations, whenever required? | * Are there sufficient rest breaks, in addition to the regular rest breaks, to relieve stress from repetitive-motion tasks? |
| * Does the lock-out procedure require that stored energy (i.e. mechanical, hydraulic, air,) be released or blocked before equipment is locked-out for repairs? | * Are there areas in the workplace where continuous noise levels exceed 85 dBA and if so, are engineering controls being considered to reduce the noise and/or is a hearing conservation program in effect? |
| * Are only authorized and trained personnel permitted to use welding, cutting or brazing equipment? | * [Other hazards and issues] |
| * Are only trained personnel allowed to operate industrial trucks and does each industrial truck have a warning horn, whistle, gong, or other device which can be clearly heard above the normal noise in the area where operated? |  |

## HAZARD ASSESSMENT AND CORRECTION RECORD

| Date of Inspection: [Enter date] | Person Conducting Inspection: [Enter name] |
| --- | --- |
| Unsafe Condition or Work Practice: [Provide details, including root causes] | |
| Corrective Action Taken: [Provide details, including solutions to root causes] |  |
| Date of Inspection: [Enter date] | Person Conducting Inspection: [Enter name] |
| Unsafe Condition or Work Practice: [Provide details, including root causes] | |
| Corrective Action Taken: [Provide details, including solutions to root causes] |  |
| Date of Inspection: [Enter date] | Person Conducting Inspection: [Enter name] |
| Unsafe Condition or Work Practice: [Provide details, including root causes] | |
| Corrective Action Taken: [Provide details, including solutions to root causes] |  |
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## ACCIDENT/EXPOSURE INVESTIGATION REPORT

| Date & Time of Accident: [Enter information] |
| --- |
| Location: [Provide details] |
| Accident Description: [Enter details, including all events that lead up to the incident] |
| Workers Involved: [Enter information] |
| The underlying cause(s) of the accident/exposure: [Detail all root causes] |
| Corrective Actions Taken: [Provide details, including potential solutions to the root causes] |
| Manager Responsible: [Enter name]  Date Completed: [Enter date] |
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## WORKER TRAINING AND INSTRUCTION RECORD

| **WORKER NAME** | **TRAINING DATES** | **TYPE OF TRAINING** | **TRAINERS** |
| --- | --- | --- | --- |
| [Enter name | [Enter date] | [Enter type of training | [Enter name(s)] |
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[**Cal/OSHA Consultation Service**](https://www.dir.ca.gov/dosh/consultation.html)

(www.dir.ca.gov/dosh/consultation.html)

# On-site Assistance Program Area Offices

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Sacramento, CA 95825

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**San Francisco Bay Area**

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