

INJURY AND ILLNESS PREVENTION PROGRAM

First Class Concrete Inc.

1250 Industrial Blvd, Sacramento, CA 95814

1056487

Effective Date: April 05, 2026

Program Administrator: Mike Torres, Safety Director

Prepared in compliance with California Code of Regulations, Title 8, Section 3203 (Injury and Illness Prevention Program), Section 1509 (Code of Safe Practices for Construction), and applicable Cal/OSHA construction safety orders.

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1. COMPANY SAFETY POLICY STATEMENT

It is the policy of First Class Concrete Inc. that every employee is entitled to a safe and healthful workplace. The safety and health of our employees is this company's most important business consideration. No employee will be required to perform work that is unsafe or healthful.

We are committed to maintaining an effective Injury and Illness Prevention Program that meets or exceeds the requirements of T8 CCR 3203. Every employee at every level is responsible for workplace safety. Cooperation between management and employees in implementing this program is essential.

Our safety program includes provisions for identifying and correcting workplace hazards, training employees on safe work practices, and enforcing safety rules. Employees are encouraged to report unsafe conditions and practices without fear of reprisal.

Management will provide the resources necessary to implement and maintain this program, including appropriate equipment, training, and time. Employees who identify hazards, suggest improvements, or demonstrate exemplary safety practices will be recognized.

Signed: Mike Torres, Safety Director: _____ Date: _____

Reference: T8 CCR 3203(a)(1) - Management commitment and responsibility

2. PROGRAM ADMINISTRATOR AND RESPONSIBILITIES

Program Administrator

Name: Mike Torres, Safety Director

Phone:

The Program Administrator has authority and responsibility for implementing this IIPP across all company operations and jobsites.

Reference: T8 CCR 3203(a)(1) - Management commitment and responsibility

Administrator Responsibilities

- Implement and maintain this Injury and Illness Prevention Program
- Ensure all employees receive required safety training before beginning work
- Conduct or arrange periodic workplace safety inspections
- Investigate all accidents, injuries, illnesses, and near-miss incidents
- Ensure hazards are corrected in a timely manner based on severity
- Maintain required safety records (inspections, training, incidents)
- Review and update this program at least annually
- Enforce safety rules consistently and fairly

Supervisor Responsibilities

- Enforce safe work practices and company safety rules on the jobsite
- Conduct daily pre-task briefings and site safety inspections
- Ensure workers have required PPE and training before starting tasks
- Report all incidents, injuries, and near-misses to the Program Administrator
- Correct or report hazards immediately upon identification

Employee Responsibilities

- Follow all safety rules, procedures, and safe work practices
- Use required personal protective equipment at all times
- Report unsafe conditions, practices, and equipment to supervisor immediately
- Report all injuries, illnesses, and near-miss incidents no matter how minor
- Participate in safety meetings and required training
- Do not operate equipment without training and authorization

3. EMPLOYEE COMPLIANCE SYSTEM

Reference: T8 CCR 3203(a)(2) - Employee compliance

Recognition of Safe Practices

- Verbal recognition of safe behavior during toolbox talks and jobsite visits
- Documented recognition in employee file for sustained safe performance
- Consideration of safety record in performance reviews and advancement

Training and Retraining

- Initial safety orientation for all new employees before starting work
- Task-specific training before new job assignments or new equipment use
- Retraining after any observed unsafe work practice or safety violation
- Refresher training when new hazards are identified or regulations change

Progressive Disciplinary Action

Employees who fail to comply with safe work practices are subject to progressive discipline.

Step	Action	Documentation
1	Verbal warning and retraining	Documented in employee file
2	Written warning	Signed acknowledgment, copy to file
3	Suspension pending review	Written notice, investigation notes
4	Termination	Final documentation, exit record

Imminent danger violations or willful disregard for safety rules may result in immediate suspension or termination regardless of prior disciplinary history.

4. SAFETY COMMUNICATION SYSTEM

Reference: T8 CCR 3203(a)(3) - Safety communication

First Class Concrete Inc. communicates with employees on safety and health matters using the following methods, in a form readily understood and available by all affected employees:

Communication Methods

- Weekly toolbox talks / tailgate safety meetings at each jobsite
- Pre-task safety briefings before new or high-hazard work activities
- Posted safety information at jobsite (OSHA poster, emergency contacts, Code of Safe Practices)
- Written safety alerts when new hazards are identified
- Individual discussions during safety observations and inspections
- New employee safety orientation on first day of work

Hazard Reporting Without Reprisal

All employees are encouraged and expected to report unsafe conditions without fear of reprisal:

- Direct verbal report to any supervisor or the Program Administrator
- Written hazard report submitted to supervisor or placed in jobsite safety box
- Anonymous notification via the company safety reporting system

No employee will be disciplined, terminated, or otherwise retaliated against for reporting a safety concern in good faith.

5. HAZARD IDENTIFICATION AND ASSESSMENT

Reference: T8 CCR 3203(a)(4) - Hazard identification and assessment

Scheduled Periodic Inspections:

- Daily site walk-through by supervisor or competent person before work begins
- Weekly documented jobsite safety inspection using the Hazard Assessment Checklist (Appendix A)
- Monthly review of all active jobsites by the Program Administrator
- Annual comprehensive review of all safety procedures and hazard controls

Additional Inspections Required When:

- This program is first established
- New substances, processes, procedures, or equipment are introduced
- The employer becomes aware of a new or previously unrecognized hazard
- A new jobsite is mobilized (pre-construction hazard assessment)
- After any accident, injury, illness, or significant near-miss

Fall Protection Requirements

IMPORTANT: California trigger height (vs federal 6 feet). General construction trigger height is 7.5 feet (Cal/OSHA T8 CCR 1670(a)).

Fall protection trigger heights vary by activity:

Activity	Trigger Height	Citation	Controls
General construction (unprotec	7.5 feet	Cal/OSHA T8 CCR 1670(a)	Guardrail systems, safety net systems.

California requires full body harness for all fall arrest systems. Body belts are prohibited for fall arrest (T8 CCR 1670(b)).

Cal/OSHA requires semi-annual inspection of all fall arrest systems by a competent person (vs federal annual requirement).

6. ACCIDENT AND INCIDENT INVESTIGATION

Reference: T8 CCR 3203(a)(5) - Accident/incident investigation

All occupational injuries, illnesses, and near-miss incidents are investigated to determine root cause and prevent recurrence.

Investigation Procedure

1. Provide immediate first aid and secure the scene. Call 911 for emergencies.
2. Notify the Program Administrator within 1 hour of any incident.
3. Report serious injuries, illnesses, or death to Cal/OSHA within 8 hours (T8 CCR 1510).
4. Visit the incident scene. Photograph conditions. Preserve evidence.
5. Interview the injured worker, witnesses, and supervisors.
6. Examine workplace factors: equipment, conditions, procedures, training, PPE.
7. Determine root cause(s). Use the Incident Investigation Form (Appendix B).
8. Identify and implement corrective actions with assigned responsibility and due dates.
9. Record findings and corrective actions. Follow up to verify completion.
10. Share lessons learned at the next toolbox talk and update training as needed.

Cal/OSHA Reporting Requirements

Report to Cal/OSHA within 8 hours: any serious injury or illness, or death. Serious injury means any injury or illness requiring inpatient hospitalization for more than 24 hours (not for observation), amputation, loss of eye, or serious degree of permanent disfigurement.

Cal/OSHA reporting line: (800) 321-OSHA (6742)

7. HAZARD CORRECTION PROCEDURE

Reference: T8 CCR 3203(a)(6) - Hazard correction

Unsafe or unhealthful conditions are corrected in a timely manner based on severity.

Correction Priorities

Priority	Severity	Response
1 - Critical	Imminent danger to life	Stop work. Remove exposed workers. Correct before resuming.
2 - Serious	Probable serious harm	Correct within 24 hours. Interim controls immediately.
3 - Moderate	Could cause injury/illness	Correct within 7 calendar days.
4 - Low	Minor risk, best practice	Correct within 30 calendar days.

Imminent Hazard Procedure

- Remove all exposed personnel from the area immediately
- Only workers necessary to correct the hazard may remain, with proper safeguards
- Barricade and post warning signs to prevent unauthorized entry
- Notify the Program Administrator immediately
- Do not resume normal work until the hazard is corrected and verified safe

All identified hazards are tracked using the Hazard Correction Tracking Log (Appendix G). The Program Administrator reviews open items weekly.

8. SAFETY TRAINING PROGRAM

Reference: T8 CCR 3203(a)(7) - Safety training

Training Required For:

- All new employees before beginning work (safety orientation)
- Employees given new job assignments for which they have not been previously trained
- When new substances, processes, procedures, or equipment representing a new hazard are introduced
- When the employer becomes aware of a new or previously unrecognized hazard
- Supervisors, on the hazards to which the workers under their direction may be exposed
- After any incident or observed unsafe work practice (retraining)

Training Topics

All employees receive training on the following:

- This Injury and Illness Prevention Program and employee rights (T8 CCR 3203(a)(7) - Safety training)
- Company safety rules and Code of Safe Practices (T8 CCR 1509)
- Hazard recognition for specific trade and tasks
- Proper use of personal protective equipment (PPE) (29 CFR 1926.28)
- Emergency procedures and evacuation routes (29 CFR 1926.35)
- Incident and hazard reporting procedures

State-Specific Requirements

Note: Construction training exception: Workers with OSHA 10/30 satisfy general training requirements (T8 CCR 3203(a)(7))

Training Documentation

All training is documented using the Training Record and Sign-In Sheet (Appendix C). Records include: employee name, training date, type of training, and training provider. Training records are maintained for a minimum of one year.

9. RECORDKEEPING REQUIREMENTS

Reference: T8 CCR 3203(b) - Recordkeeping

Record Type	Contents	Retention
Inspection Records	Inspector findings, corrections	Minimum 1 year
Training Records	Name, date, type, provider	Minimum 1 year
Incident Reports	Investigation forms, photos	5 years (OSHA 300 log)
Hazard Corrections	Tracking log, completion dates	Minimum 1 year
Safety Meetings	Date, topics, attendees	Minimum 1 year
OSHA 300/300A/301	Injury/illness log and summary	5 years per 29 CFR 1904

10. CODE OF SAFE PRACTICES

Reference: T8 CCR 1509

This Code of Safe Practices is Posted at each jobsite and/or provided to each employee.

1. All persons shall follow these safe practices and render every possible aid to safe operations.
2. All injuries shall be reported immediately to the supervisor or foreman.
3. No one shall be permitted to work while impaired by alcohol, drugs, or medication that affects safety.
4. Horseplay, fighting, gambling, and other misconduct that could endanger workers is prohibited.
5. All workers shall wear appropriate PPE as required by the task: hard hats, safety glasses, high-visibility vests, work boots, and additional protection as conditions require.
6. No worker shall operate equipment or machinery without proper training and authorization.
7. All equipment and tools shall be inspected before use. Damaged equipment shall be tagged out and removed from service.
8. Workers shall not remove, displace, or bypass any safety device or safeguard.
9. Housekeeping: keep work areas clean and clear of debris. Stack materials safely. Maintain clear egress paths.
10. All workers shall know the location of fire extinguishers, first aid kits, and emergency exits.
11. Report all hazards, near-misses, and unsafe conditions to your supervisor immediately.

11. EMERGENCY ACTION PLAN

Each jobsite maintains a site-specific Emergency Action Plan.

Emergency Contacts

Service	Number	Notes
Emergency Services	911	Fire, Medical, Police
Cal/OSHA	(800) 321-6742	Serious injury reporting
Poison Control	(800) 222-1222	Chemical exposure
811 Utility Locate	811	Before any excavation
Program Administrator		Mike Torres, Safety Director

Emergency Procedures

- Medical emergency: Call 911. Provide first aid if trained. Do not move seriously injured persons unless in immediate danger.
- Fire: Alert all workers. Evacuate. Use fire extinguisher only if trained and fire is small. Call 911.
- Severe weather: Cease crane operations and work at heights. Seek shelter. Monitor conditions.

Evacuation

Each jobsite establishes an assembly point communicated during site orientation. The site supervisor conducts a headcount after evacuation. No one re-enters the site until cleared by emergency services and the Program Administrator.

12. SUBCONTRACTOR SAFETY REQUIREMENTS

First Class Concrete Inc. does not currently employ subcontractors. If subcontractors are engaged in the future, this section will be updated with safety coordination requirements.

13. ANNUAL PROGRAM REVIEW

This IIPP is reviewed and updated at least annually by the Program Administrator.

Review Items

- Injury and illness trends (OSHA 300 log analysis, TRIR, DART rate)
- Inspection findings and hazard correction timeliness
- Training completion rates and gaps
- Incident investigation quality and corrective action effectiveness
- Employee feedback and hazard reports
- Regulatory changes affecting company operations
- Changes in company operations, equipment, or work scope
- Near-miss trends and leading indicator data

Review Documentation

Review Date:

Reviewed By:

Key Findings:

Changes Made:

Next Review Date:

Program Administrator: _____ Date: _____

14. EMPLOYEE ACCESS AND DISTRIBUTION

Reference: T8 CCR 3203(a)(8) - Employee access

Every employee has the right to access and receive a copy of this IIPP.

Access Procedure

- A copy of this program is maintained at each active jobsite and at the company office
- Employees may request a copy verbally or in writing from any supervisor or the Program Administrator
- Copies will be provided within 5 business days of the request at no charge (first copy)
- The program is available electronically to employees who routinely use electronic communication

New Employee Distribution

All new employees receive access to this program during safety orientation on their first day. Employees sign the Employee Acknowledgment Form (Appendix D) confirming they have received, read, and understand the program.

When this program is updated, employees are notified of changes during the next scheduled toolbox talk or safety meeting.

APPENDIX A: HAZARD ASSESSMENT / INSPECTION CHECKLIST TEMPLATE

Jobsite / Location: _____ Date: _____

Inspector Name: _____ Weather: _____

Item	OK	N/A	Corrective Action
HOUSEKEEPING & GENERAL			
Work area clean and organized			
Walking surfaces clear of tripping hazards			
Material properly stacked and stored			
Adequate lighting			
PPE			
Hard hats in designated areas			
Safety glasses / goggles as required			
High-visibility vests on active sites			
Hearing protection in high-noise areas			
FIRE / EMERGENCY			
Fire extinguishers accessible and charged			
First aid kit stocked			
Emergency numbers posted			
Evacuation route marked			
FALL PROTECTION			
Guardrails/covers at openings and edges			
Fall protection used above trigger height			
Ladders inspected and properly set up			
Scaffolds per competent person direction			

Additional Hazards Noted:

Inspector Signature: _____

Date: _____

APPENDIX B: INCIDENT INVESTIGATION FORM TEMPLATE

Date: _____ **Time:** _____

Jobsite: _____

Injured Person: _____ **Title/Trade:** _____

Supervisor: _____

Incident Type

- Injury
 Illness
 Near-Miss
 Property Damage
 Environmental

Description of Incident

(What happened, what was the worker doing, what equipment/materials involved)

Root Cause Analysis

- Unsafe act: _____
 Unsafe condition: _____
 Inadequate training: _____
 Equipment failure: _____
 Other: _____

Corrective Actions

Action	Responsible Person	Due Date	Done

Witnesses

Name	Title/Trade	Phone

Cal/OSHA Reporting

- Serious injury/illness reported within 8 hours
 Not a reportable incident

Investigator Signature: _____

Date: _____

Reviewed By: _____

Date: _____

SAMPLE

APPENDIX C: TRAINING RECORD AND SIGN-IN SHEET TEMPLATE

Topic: _____ **Date:** _____

Trainer: _____ **Qualifications:** _____

Location: _____ **Duration:** _____

Type: New Hire Task-Specific Toolbox Talk Retraining OSHA 10/30 Other

Attendees

#	Print Name	Company	Signature	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

APPENDIX D: EMPLOYEE ACKNOWLEDGEMENT FORM TEMPLATE

I, the undersigned, acknowledge that I have received a copy of (or been given access to) the First Class Concrete Inc. Injury and Illness Prevention Program. I have read the program (or had it explained to me in a language I understand) and I understand its contents.

I understand that:

- I am responsible for following all safety rules and procedures described in this program
- I must report all injuries, illnesses, unsafe conditions, and near-misses to my supervisor immediately
- I have the right to report hazards without fear of reprisal
- I may request a copy of this program at any time
- Failure to follow safety rules may result in disciplinary action up to and including termination

Employee Name: _____

Date: _____

Employee Signature: _____

Job Title / Trade: _____

Supervisor: _____

This form is maintained in the employee's personnel file for a minimum of one year or duration of employment, whichever is longer.

APPENDIX E: DISCIPLINARY ACTION FORM TEMPLATE

Employee Name:

Job Title / Trade:

Date of Violation:

Jobsite:

Supervisor Reporting:

Violation Type

- Failure to use required PPE
- Failure to follow safe work procedure
- Unauthorized operation of equipment
- Failure to report injury or incident
- Working under influence of drugs or alcohol
- Other: _____

Description of Violation

Disciplinary Action Taken

- Verbal warning + retraining (Step 1)
- Written warning (Step 2)
- Suspension: _____ days (Step 3)
- Termination (Step 4)

Corrective Action / Retraining Required

Supervisor Signature: _____

Date: _____

Employee Signature: _____

Date: _____

Employee signature acknowledges receipt, not agreement. Employee may attach a written response.

APPENDIX F: SAFETY MEETING REPORT TEMPLATE

Date: _____ Jobsite: _____

Meeting Type: Toolbox Talk Pre-Task Committee Other

Topic(s) Discussed: _____

Presented By: _____

Discussion / Key Points

Action Items

Item	Assigned To	Due Date

Attendees

#	Print Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		

