

Administrative Regulation

Occupational Safety and Health Acts

A. Accident Prevention Program

The administrator of each district office, department, and separate work location, shall be responsible for the implementation and operation of a continuing accident prevention program. Those employees under his/her supervision shall be held accountable for the education, drills, inspections, and reporting required by the provisions contained in the Injury and Illness Prevention Manual and coordinated by the Office of Personnel Services.

Under the direction and supervision of the administrative supervisor, each work location will organize a safety committee. Pursuant to the provisions contained in the procedures manual, each work location committee will perform such functions as may be necessary to implement the requirements of the self-insured workers' compensation program, federal and state occupational safety and health acts, public safety regulations, and state safety orders.

The work location safety committee functions include, but are not limited to:

1. Monthly evaluation of each occupational accident, injury, and/or illness and the records pertaining thereto to determine whether unsafe or unhealthy conditions or acts proximated the cause(s). Said evaluation shall be recorded in the minutes of the committee and one copy forwarded to the Office of Personnel Services and one copy forwarded to the Maintenance Center.
2. Recommend action for the prevention of further occupational accidents, injuries, and/or illnesses. Said recommendation(s) shall be recorded in the minutes of the committee and one copy forwarded to the Office of Personnel Services and one copy forwarded to the Maintenance Center.
3. Assistance in conducting monthly inspections of the subcomponent work location, in preparation for and/or in relation to those inspections conducted by federal or state audit, workers' compensation department, or the site administrator.
4. Recommend action to the Office of Personnel Services and the Maintenance Center concerning corrections necessary for the removal of hazards found during periodic site inspections. The Office of Personnel Services will initiate such steps as are appropriate and possible to cause necessary corrections to be performed.

B. Safety Inspections and Audits

Pursuant to the provisions of the school safety plan, periodic investigation, inspection, and audit of all facilities, equipment, records, and practices at each sub-component work location will be conducted by the school principal and designated personnel on a monthly basis. Problems will be noted on the safety report and corrective work order numbers listed for each area of concern. The director of Facilities and Planning will follow up and if necessary send out appropriate technical experts.

C. Reporting Unsafe Hazardous or Potentially Dangerous Working Conditions

An employee shall report to his/her immediate supervisor any unsafe, hazardous, or potentially dangerous working conditions, using the Employee Safety Complaint Form. Should the employee remain dissatisfied with the response of their immediate supervisor, they should forward their concerns to the Office of Personnel Services. The complainant may appeal any findings to the Board of Education within 15 working days of receiving the summary of the findings. Upon receiving an appeal, a meeting shall be scheduled with the person who filed the appeal as soon as practicable. The Board of Education shall render their decision within 10 working days after the meeting.

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Ref: Code of Federal Regulations, Title 29, Chapter XVII, Part 1904;
California Safety and Health Legislation; California Code of Regulations, Title
19; Public Safety Regulations, Title 5 and the State Safety Orders

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**GARDEN GROVE UNIFIED SCHOOL DISTRICT
EMPLOYEE SAFETY CONCERNS COMPLAINT FORM**

1. **Name of Complainant:** _____
2. **Check one:**
 Certificated Employee Classified Employee Former Employee
 Applicant Other: _____
3. **Complainant's Workplace:** _____
4. **Contact Information:** Phone(s): _____ E-mail: _____
Mailing Address: _____
5. **State your complaint:** *(Attach additional sheets if necessary)*

6. **What would you consider to be a successful or acceptable outcome/resolution to your complaint?**

7. **Signature:** _____ **Date:** _____

Please give this completed form to your immediate supervisor.