

## RESOLUTION NO. 12R-31

### A RESOLUTION OF THE BIGHORN-DESERT VIEW WATER AGENCY ESTABLISHING AN AGENCY INJURY AND ILLNESS PREVENTION PROGRAM

The Board of Directors of the Bighorn-Desert View Water Agency believes that the safety of all Agency personnel and the general public is one of our greatest responsibilities; and

The Board of Directors believes it to be in the best interest of the Agency and the public to fully support the safe operation of the Agency; therefore

It shall be the policy of the Board of Directors of the Bighorn-Desert View Water Agency as follows:

1. Develop and implement a comprehensive safety program throughout the Agency; and
2. To encourage all staff and the general public to fully participate in said comprehensive safety program; and
3. To develop a program that will comply with the safety criteria established and/or suggested by the Special Districts Risk Management Authority; and
4. Policy No. 95P-01 is hereby rescinded.

**PASSED, APPROVED AND ADOPTED** by the Board of Directors of Bighorn-Desert View Water Agency this 16th day of October 2012

By   
Mike McBride, Board President

Attest:

  
David Larson, Board Secretary

# BIGHORN-DESERT VIEW WATER AGENCY

## INJURY & ILLNESS PREVENTION PROGRAM

### Safety Policy

**No function at *Bighorn-Desert View Water Agency* is so critical as to require or justify a compromise of safety and health.**

The *Bighorn-Desert View Water Agency* believes everyone benefits from a safe and healthy work environment. The *Bighorn-Desert View Water Agency* is committed to maintaining a safe workplace and to complying with applicable laws and regulations governing safety.

To achieve this goal, the *Bighorn-Desert View Water Agency* has adopted an **Injury & Illness Prevention Program** (the IIPP). This program is everyone's responsibility as all employees will work together to identify and eliminate conditions, practices, policies and procedures compromising safety.

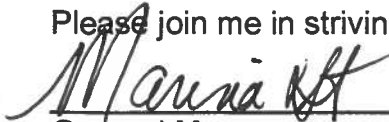
To this end, each and every manager, supervisor and employee has the authority to take action to prevent mishaps.

It takes positive and genuine effort to assure a safe work environment. The alternative is wasted money and wasted time due to occupational injuries and illnesses and their associated pain and suffering.

The *Bighorn-Desert View Water Agency* expectations are that all employees will:

1. Do the right thing the first time.
2. Seek to integrate safety into all tasks.
3. Avoid taking short cuts.
4. Take time to assure a safe workplace.
5. Have a safe and healthy work experience here at Bighorn-Desert View Water Agency.

Please join me in striving to achieve our ultimate goal of an injury-free organization.

  
\_\_\_\_\_  
General Manager

October 30, 2012  
Date

## **Responsibilities**

### 1. General Manager

The General Manager is responsible for overseeing the IIPP is implemented.

Duties include, but are not limited to:

- a. Ensuring all employees actively support the IIPP.
- b. Providing the funding necessary to maintain an effective and compliant safety program.

### 2. Department Heads and/or Managers & Supervisors

Department Heads and/or Managers & Supervisors have the responsibility of providing a safe place to work including facilities, equipment, standards and procedures, adequate supervision and recognition for a job done properly. They are responsible for training all of their employees to perform their jobs properly and safely. They teach, demonstrate, observe, and enforce compliance with established safety standards.

### 3. IIPP Administrator

The IIPP Administrator has the responsibility for the implementation, maintenance, and update of the IIPP.

### 4. Employees

Employees have the responsibility of performing their tasks properly and safely. They are to assure themselves they know how to do the job properly, and ask for additional training or assistance when they feel there is a gap in their ability, knowledge, or training. They should never undertake any task, job, or operation unless they are able to perform it safely.

# Compliance

## 1. Management Responsibility

Management is responsible for ensuring organizational safety and health policies are clearly communicated and understood by employees. Department heads and/or managers & supervisors are expected to enforce the rules fairly and uniformly.

## 2. Employee Responsibility

All employees are responsible for using safe work practices, for following directives, policies and procedures, and for assisting in maintaining a safe work environment.

## 3. Performance Evaluations

- a. As part of department head and/or manager & supervisor regular performance evaluations, they are evaluated on what they have done to ensure a safe workplace for their respective employees. They are also evaluated on their positive or negative loss results.
- b. As part of employee regular performance reviews, they are evaluated on their compliance with safe work practices.

## 4. Recognition

Department heads, managers & supervisors and employees who make a significant contribution to the maintenance of a safe workplace, as determined by their superiors, receive written acknowledgment maintained in their personnel files.

## 5. Employee Training

Employees who are unaware of correct safety and health procedures are trained or retrained.

## 6. Employee Correction

Employees who fail to follow safe work practices and/or procedures, or who violate organizational rules or directives, are subject to disciplinary action, up to and including termination in accordance with the organization's personnel-related policies and procedures.

Managers and supervisors correct safety violations in a manner considered appropriate by organizational management.

A suggested pattern for normal correction is as follows.

- a. First Offense - The employee is given verbal counseling.
- b. Second Offense - The employee is given a written warning. The documentation outlines the nature of the offense, what action the employee must take to correct the problem, and warns the employee another violation will result in suspension.
- c. Third Offense - The employee is given a one working day suspension with pay for the purpose of considering whether s/he truly wants to be part of the organization. If yes, upon return, the employee completes an action plan for correcting their behavior and working with the organization within a positive safety culture.
- d. Termination - When an employee is terminated for safety violations, specific and documented communication as outlined above must have occurred.

Notwithstanding the above, the organization reserves the right to correct in any fashion it deems appropriate, including the right to terminate immediately an employee for a safety violation.

## Communication

### 1. Two-Way Communication

Management recognizes open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace.

### 2. The Organization's System of Communication

The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form readily understandable.

- a. An orientation program is given to all new employees and includes a review of the IIPP and a discussion of policies and procedures employees are expected to follow. This program is documented on the *New Employee Safety Orientation Checklist*.
- b. The organization has safety meetings where safety is freely and openly discussed by all present. Such meetings are held monthly and all employees are expected to attend and are encouraged to participate in discussion. All such meetings are documented on the *Employee Meeting & Training Report Form* (or similar documentation).
- c. From time to time, written safety notifications are included with paychecks or are posted on organization bulletin boards.
- d. Other methods of communicating pertinent health and safety information are used as they are identified.

### 3. Safety Suggestions and Hazard Reporting

- a. All employees are encouraged to inform their supervisors, or other management personnel of any matter which they perceive to be a workplace hazard, or a potential workplace hazard. They are also encouraged to report suggestions for safety improvement.

This reporting can be done orally or preferably in writing on the *Identified Problem Report Form*. If done in writing, the notification may be given directly to the supervisor, the IIPP Administrator or other management personnel, or placed in a suggestion box.

- b. If an employee wishes to report anonymously, a hazard, safety suggestion, or other safety problem he or she can complete an *Identified Problem Report Form*, not filling in their name.
- c. **No employee shall be retaliated against for reporting hazards or potential hazards, or for making suggestions related to safety.**
- d. Management reviews all suggestions and hazard reports.
- e. If employees provide their names in regard to the notification, they are informed of what is being done - within 5 working days of receipt.

## **Hazard Identification & Evaluation**

Inspection of the workplace is our primary tool used to identify unsafe conditions and practices. While we encourage all employees to continuously identify and correct hazards and poor safety practices, certain situations require formal evaluation and documentation.

### 1. Safety Inspections

Internal safety inspections are conducted periodically for all shop and maintenance facilities. Safety inspections are conducted for all office areas at least annually. Hazards found are corrected on the spot or recommendations are submitted for future corrections. Inspections are documented on the *Safety Inspection Form/Action Form*.

### 2. Additional Inspections

Inspections are also conducted in accordance with Cal-OSHA requirements:

- a. Whenever new substances, processes, procedures or equipment present a new safety or health hazard.

- b. Whenever management/supervision become aware of a new or previously unrecognized hazard, either independently or by receipt of information from an employee.

## **Injury/Illness Investigation**

### 1. Investigation

All accidents resulting in injury or property damage, however slight, including *near-hits*, are investigated to determine the primary and contributing causes within seven working days of the initial report. This information is documented on the *Investigation Report* and analyzed to assist in obtaining corrective actions to prevent similar accidents from occurring in the future. The responsibility to see this investigation is performed rests with the IIPP Administrator.

### 2. Reporting

All facts, findings, and recommendations are documented on an accident investigation report. Management reviews accident investigation reports with a view towards determining adequacy of corrective action.

## **Correction of Hazards**

When a hazard exists it is corrected on a timely basis based on the severity of the hazard. If imminent danger exists to any employees, management and supervision remove these employees from the danger at once, and personnel who are provided with the necessary safeguards correct the hazard. Documentation of hazard corrections is completed on at least one of the following forms:

1. *Identified Problem Report Form*
2. *Investigation Report Form*
3. *Safety Inspection Form/Action Plan*



# Training

## 1. Orientation - New Employees

- a. The IIPP Administrator conducts the initial orientation on general safety within the first two days the new employee is on the job.
- b. The orientation is documented on the *New Employee Safety Orientation Checklist*.
- c. All employees are provided with a copy of the IIPP and sign the *Acknowledgment of Receipt of the Injury & Illness Prevention Program (IIPP)*.
- d. All new hires are also given a copy of the organization's *General Code of Safe Practices*, and sign the *Acknowledgment of Receipt of the General Code Of Safe Practices*.

## 2. Initial On-The-Job Training

When an employee first starts to work, a manager/supervisor trains the employee in all aspects of safety for the purpose of educating the new employee on the hazards of the work environment and the required safety procedures to mitigate those hazards.

The manager/supervisor conducts this training and documents it on the *Employee Meeting & Training Report Form* (or similar documentation).

## 3. Specific Organization-Wide Training

### a. Disaster Preparedness

This training includes the organization's disaster preparation structure and how the employee fits into the structure, i.e., what the employee is to do under specific circumstances, such as fire, earthquake, medical emergency, and bomb threat.

b. First Aid, CPR, and Bloodborne Pathogen Training

Designated employees receive first aid, CPR, and bloodborne pathogen training in accordance with the American Red Cross and/or American Heart Association requirements.

c. Defensive Driver Training

All employees who may drive on organization business receive defensive driver training not more than every three years. Driving on organization business includes driving organization vehicles as well as personal vehicles.

d. Ergonomics

All employees receive ergonomic training for their specific jobs. As a minimum, each employee receives training on proper lifting techniques and, if necessary, computer workstation design.

All specific organization-wide training is documented on the *Employee Meeting & Training Report Form* (or similar documentation).

4. Retraining

Reasons for retraining include change of job assignment, change of operations or materials, observation of poor work habits, or update of training methods. Managers, supervisors, and the IIPP Administrator perform retraining:

- a. When an existing employee changes job functions.
- b. On at least an annual basis as a refresher program.

Such training includes general workplace safety, job-specific hazards, and/or hazardous materials, as applicable.

All retraining is documented on the *Employee Meeting & Training Report Form* (or similar documentation).

## 5. Specialized Training

- a. Supervisors and/or employees are trained in their responsibilities for the safety and health of their employees. Such training includes both safety management and technical subjects.

Supervisors and/or employee are trained in the hazards and risks faced by the employees under their immediate direction.

- b. Managers, supervisors and the IIPP Administrator:
  - 1) Determine safety-training needs
  - 2) Implement new training programs.
  - 3) Evaluate the effectiveness of these programs.
- c. In addition, training is provided whenever:
  - 1) New substances, processes, procedures or equipment pose a new hazard and there is a lack of skill or knowledge to deal with the situation.
  - 2) Management, supervision, the IIPP Administrator become aware of a previously unrecognized hazard and there is a lack of skill or knowledge to deal with the hazard.

All specific specialized training is documented on the *Employee Meeting & Training Report Form* (or similar documentation).

## Recordkeeping Summary

In coordination with other management, the IIPP Administrator is responsible for maintaining all documentation relating to the implementation of the IIPP:

1. For the purpose of displaying a tracking history of occupational safety and health programs and activities, all documents are maintained for a minimum of three years, unless otherwise stated.
2. Specific records are maintained for each of the topics within the IIPP to include, but not be limited to:
  - a. Employee Recognition and Correction
  - b. Safety Meetings and Other Safety Communication  
Form – *Employee Meeting & Training Report Form* (or similar documentation).
  - c. Safety Suggestions and Hazard Reporting  
Form – *Identified Problem Report Form*
  - d. Hazard Identification and Correction  
Form – *Safety Inspection Form/Action Plan*
  - e. Occupational Injury & Illness Investigations  
Form – *Investigation Report*
  - f. Safety Meetings and Training  
Form – *New Employee Safety Orientation Checklist* – for each individual employee; filed in personnel file  
Form – *Employee Meeting & Training Report Form* (or similar documentation) – for each meeting and/or training session  
Form – *Record of Training Form* – record of all training received by each employee
  - g. Receipt of IIPP and GCSP  
Form – *Acknowledgement of Receipt of the Injury & Illness Prevention*  
Form – *Acknowledgement of Receipt of the General Code of Safe Practices*

Enclosures (in alphabetical order)

Forms to Implement the IIPP

1. Acknowledgement of Receipt of the General Code of Safe Practices
2. Acknowledgement of Receipt of the Injury & Illness Prevention Program
3. Employee Meeting & Training Report Form
4. Investigation Report
5. New Employee Safety Orientation Checklist
6. Record of Training Form
7. Identified Problem Report Form
8. Safety Inspection Form/Action Plan

# BIGHORN-DESERT VIEW WATER AGENCY

## ACKNOWLEDGMENT OF RECEIPT OF THE *GENERAL CODE OF SAFE PRACTICES*

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *General Code of Safe Practices* (GCSP).

I received the BDVWA's GCSP on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date), and I acknowledge I understand it.

Name:

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Print

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Signature

File: Employee Personnel File

# BIGHORN-DESERT VIEW WATER AGENCY

## ACKNOWLEDGMENT OF RECEIPT OF THE *INJURY & ILLNESS PREVENTION PROGRAM (IIPP)*

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *Injury and Illness Prevention Program*.

I received BDVWA's IIPP on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date), and I acknowledge I understand it.

Name:

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Print

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Signature

File: Employee's Personnel File

# Bighorn-Desert View Water Agency

## EMPLOYEE SAFETY TRAINING AND MEETING REPORT

Use of this Form

1. All safety training and meetings conducted for organization employees are documented on this form.
2. The completed form is distributed and filed as follows:
  - a. Training
    - 1) One copy is filed with the master training file for each course or session in the IIPP Administrator's files. The master file includes this form, the training course curriculum, all training handouts, and anything else pertaining to the training program.
    - 2) One copy is maintained in Human Resources where the following information is retrieved and inserted into each attendee's personnel file on the organization's *Record of Training Form*:
 

a) Employee name	d) Training subject
b) Employee's department	e) Whether a certificate was issued
c) Date of training	
  - b. Safety Meetings  
 This form is filed with the master meeting file for each safety meeting in the IIPP Administrator's files. The master file includes this form, the safety meeting agenda, all safety meeting handouts and anything else pertaining to the safety meeting.

<b>Check ( ) if the Program was <u>Training</u></b>	<b>Check ( ) if the Program was a <u>Safety Meeting</u></b>
<b>Training/Safety Meeting Subject(s):</b>	
<b>Certificate Issued (circle answer): Yes    No</b>	
<b>Training/Meeting Date:</b>	<b>Training Instructor/Meeting Leader Name(s):</b>
<b>Description of Training Provided or Safety Meeting Topic(s):</b>	
<b>Course or Meeting Handouts (attach to this form):</b>	





**BIGHORN-DESERT VIEW WATER AGENCY**

**INVESTIGATION REPORT (Occupational Injury or Illness)**

**Time is of the essence.** Please be as complete and concise as possible. If you need additional space, please use additional sheets of paper and note the paragraph number and letter. The information you provide should help prevent a similar occupational injury or illness in the future.

**1. WHO**

1.a. Name of Injured Employee: \_\_\_\_\_

1.b. Date of Hire: \_\_\_\_\_

1.c. Normal Occupation of Employee (Job Classification):  
\_\_\_\_\_

1.d. Name(s) of Witness(es):  
\_\_\_\_\_

**2. WHEN**

2.a. Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2.b. Time of Incident: \_\_\_\_\_ AM \_\_\_\_\_ PM

2.c. Work Start Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

2.d. Date Reported to You: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2.e. Time Reported: \_\_\_\_\_ AM \_\_\_\_\_ PM

2.f. Did Employee Leave Work Due to Incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

2.g. Did Employee Return to Work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, When (Date and Time): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ AM \_\_\_\_\_ PM

**3. WHERE (Describe Where the Incident Happened):**  
\_\_\_\_\_

**4. WHAT**

4.a. Describe the Injury or Illness, such as cut, strain, fracture, skin rash:

4.b. What Part of the Body was Affected, such as back, left wrist, right eye, lungs:

4.c. What was employee doing when injured? (Be specific by identifying tools, equipment or materials being used) Use additional paper, if necessary.

**5. HOW AND WHY** Did any of the following factors have anything to do with how and why the incident occurred? If you answer YES or PARTLY please provide further information. Do whatever you need to do to determine whether these factors were involved.

Factors	Yes	Partly	No
a. Lack of knowledge or skill			
b. Error			
c. Lack of (or incorrect) policies, procedures, rules			
d. Lack of (or insufficient) safety training			
e. Too many demands and/or pressures			
f. Lack of sufficient number of people to do the work			
g. Hazards			
h. Insufficient, improper, or unrepaired equipment and/or tools			
i. Incorrect design of facilities, equipment, materials			
j. Inattention			
k. In a hurry			
l. Anything else?			

**6. PREVENTABILITY**  
In your opinion, was this incident preventable? (Circle your answer):    Yes    No  
Why?

**7. 7.a.**      What is the LOSS SEVERITY POTENTIAL? (Circle your answer):  
                  Major                      Serious                      Minor

**7.b.**      What is the PROBABLE RECURRENCE RATE? (Circle your answer):  
                  Frequent                      Occasional                      Rare

**8. CORRECTIVE ACTION** What actions have or will be taken to prevent a recurrence?

	<u>Expected Completion Date</u>	<u>Actual Completion Date</u>
a.		
b.		
c.		

**9. 9.a.**      Investigator's Name (Print): \_\_\_\_\_

**9.b.**      Title: \_\_\_\_\_

**9.c.**      Investigator's Signature: \_\_\_\_\_

**9.d.**      Date: \_\_\_\_\_

**10. File a copy in the employee's personnel file and any other investigation files.**

# BIGHORN-DESERT VIEW WATER AGENCY NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

Use of this Form

1. All new employees receive general safety orientation training. All such safety training is documented on this form.
2. The completed checklist is filed in each new employee's personnel file.
3. Check off when each topic has been covered.
4. Both the person who conducts the orientation and the employee sign and date when the orientation training has been completed.

<b>Safety Orientation Checklist</b>		
	<b>Orientation Topics</b>	<b>Check (√) When Completed</b>
1.	Review of the BDVWA's <b><i>Injury &amp; Illness Prevention Program</i></b> – The instructor conducts a detailed review of this document with the employee. The employee receives a copy of the IIPP and signs for it using the receipt designed for this purpose.	
2.	Review of the company's <b><i>Code of Safe Practices</i></b> – The instructor conducts a detailed review of this document with the employee. The employee receives a copy and signs for it using the receipt designed for this purpose.	
3.	Reporting unsafe conditions and practices.	
4.	Reporting occupational injuries and illnesses.	
5.	Review of those aspects of the BDVWA's <b><i>Emergency Response Plan</i></b> pertaining to the employee.	
6.	Review of those aspects of the BDVWA's <b><i>Fire Protection Plan</i></b> pertaining to the employee.	
7.	Personal Protective Equipment.	
8.	Review of the employees' <b><i>right-to-know</i></b> about hazardous substances in their work environment and provision of information about the BDVWA's <b><i>Hazard Communication Program</i></b> , available from the IIPP Administrator.	
9.	Confined space safety awareness.	
10.	Excavation safety.	
11.	Safe use of respirators.	
12.	Fall protection requirements – heights.	
13.	Review of <b>specific accident prevention tips</b> on the most common types* of employee accidents to be avoided:	
13.a.	*Lifting, pushing, pulling	
13.b.	*Slip, trip and fall prevention	
13.c.	*Hand safety	
13.d.	*Use of manual and portable power tools	
13.e.	*Electrical safety	
13.f.	*Driving accident prevention	
13.g.	*Ergonomics-related injury/illness prevention	
14.	Summary of information covered.	

\_\_\_\_\_  
Instructor Name (Printed)

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Employee Signature

Date of Orientation: \_\_\_\_\_

# BIGHORN-DESERT VIEW WATER AGENCY

## *RECORD OF TRAINING FORM*

\_\_\_\_\_  
Employee Name (Print or Type)

Use of this Form

All training each employee receives is documented on this form.

<b>Date of Training</b>	<b>Training Subject</b>	<b>Certificate Issued (√)</b>



# BIGHORN-DESERT VIEW WATER AGENCY

## ***IDENTIFIED PROBLEM REPORT FORM***

### **Use of this Form**

Please use this form whenever you have something to report regarding a safety matter. Your report may be based on your observation of an unsafe practice, an unsafe condition, a problem associated with managerial policies and/or procedures or some other matter. *It is the policy of BDVWA that no one will be retaliated against for submitting a safety report.* Our goal is to eliminate accidents and your help is what it is all about. Please feel free to use additional sheets of paper to describe fully your identified problem and suggestion.

### **Identified Problem and Suggestion**

**Name of Person Submitting Suggestion (optional\*):** \_\_\_\_\_

**Telephone Number (optional\*):** \_\_\_\_\_

\* If you provide your name and telephone number, you will be informed as to the status of your suggestion. Without this information, it will not be possible to let you the status.

**Complete Description of Identified Problem** - If the problem is based upon a specific circumstance, please include the date and time you saw it:

**Description of Suggestion(s)** – What changes do you recommend to correct the problem?

\_\_\_\_\_  
**Signature of Person Reporting the Problem (optional)**

\_\_\_\_\_  
**Date**

\* \* \*

### **Investigative Response**

**Person Submitting Report: Please Do Not Write in this Section.**

**Name of Person Investigating Problem and Suggestion:** \_\_\_\_\_

**Results of Investigation** – What was found?

**Recommended Steps to Correct the Identified Problem** – The recommendations may be the same as the person who submitted this form.

\_\_\_\_\_  
**Signature of Investigator**

\_\_\_\_\_  
**Date**

**BIGHORN-DESERT VIEW WATER AGENCY**  
**Safety Inspection Form/Action Plan – Location (\_\_\_\_\_)**  
 Page 24 of \_\_\_\_\_

Facility Inspected:	Name of Inspector (s):
Date of Inspection:	Date of Report:
# of items corrected from previous inspections:	_____ out of _____
# of items uncorrected from previous inspections:	_____
# of items uncorrected in this inspection:	(____)
# of items corrected on the spot in this inspection:	_____
# of total items remaining uncorrected in this report:	_____
Number (%) of total items uncorrected by priority:	_____ (____%)
Priority – Life Threatening	_____ (____%)
Priority – I	_____ (____%)
Priority – II	_____ (____%)
Priority – III	_____ (____%)

Report Recipients: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

*For information regarding this inspection, please contact:*

\_\_\_\_\_

**Key**  
 ✓C = Check (✓) this column when the action is corrected  
 P = Priority (LT-Life Threatening, I-Urgent, II-Necessary, III-Desirable)  
 \$ = Estimated amount to correct (L = \$0 to \$250, M = \$251 to \$1000, H = \$1001 +, T = Time Only)



**BIGHORN-DESERT VIEW WATER AGENCY**  
**Safety Inspection Form/Action Plan – Location ( \_\_\_\_\_ )**  
 Page 2 of \_\_\_\_\_

√C	P	\$	Item # Yr-Mo-#	Observations	Recommendations	Current Status

**End**

Key  
 √C = Check (√) this column when the action is corrected  
 P = Priority (LT-Life Threatening, I-Urgent, II-Necessary, III-Desirable)  
 \$ = Estimated amount to correct (L = \$0 to \$250, M = \$251 to \$1000, H = \$1001 +, T = Time Only)