

Bighorn-Desert View Water Agency

Board of Directors

J. Larry Coulombe, President
Michael McBride, Vice President
Judy Corl-Lorono, Secretary
J. Dennis Staley, Director
Terry Burkhart, Director



Agency Office

622 S. Jemez Trail
Yucca Valley, CA 92284-1440

760/364-2315 Phone
760/364-3412 Fax

Marina D West, PG, General Manager

A Public Agency

www.bdvwa.org

Board of Directors' Regular Meeting Agenda

Tuesday, March 22, 2016 - 6:00 p.m.

Board Meeting Office
1720 N. Cherokee Trail, Landers, CA 92285

1. **Call To Order**
2. **Pledge of Allegiance**
3. **Roll Call**
4. **Approval of Agenda**

Discussion and Action Items - The Board of Directors and Staff will discuss the following items, and the Board will consider taking action, if so inclined.

The Public is invited to comment on any item on the agenda during discussion of that item.

When giving your public comment, please have your information prepared. If you wish to be identified for the record then please state your name. Due to time constraints, each member of the public will be allotted three-minutes to provide their public comment.

5. **Authorize General Manager to File Applications with CA Office of Emergency Services Hazard Mitigation Grant Program for Two Projects**

Board considers taking the following action(s):

1. Authorize General Manager to prepare and submit full applications to CA Office of Emergency Services under the Hazard Mitigation Grant Program for the "Pump and Well Block Buildings" and the "Hondo/Ruby Wash Storm Water Capture" projects.

6. Initiating of Procedure for a Cost-Of-Living Adjustment (COLA) to the Board of Directors Compensation Via Future Ordinance

Board considers taking the following action(s):

1. Direct staff to initiate the process for increasing the Board of Directors per diem compensation by five percent (5%) for fiscal year 2016/2017.

7. Consent Items – The following items are expected to be routine and non-controversial and will be acted on by the Board at one time without discussion, unless a member of the Public or member of the Board requests that the item be held for discussion or further action.

- a. Improvement District Goat Mtn. Cash Account Summary.
- b. Service Order Report, February 2016
- c. Production Report, February 2016
- d. Goat Mtn. Production Report, February 2016
- e. Special Board Meeting Minutes, March 1, 2016
- f. Resolution No. 16R-XX Establishing an Agency Injury and Illness Prevention Program (IIPP).

Recommended Action:

Approve as presented (Items a - f):

8. Matters Removed From Consent Items

9. Public Comment Period

Any person may address the Board on any matter within the Agency's jurisdiction on items not appearing on this agenda.

When giving your public comment, please have your information prepared. If you wish to be identified for the record then please state your name. Due to time constraints, each member of the public will be allotted three-minutes to provide their public comment. State Law prohibits the Board of Directors from discussing or taking action on items not included on the agenda.

10. Verbal Reports - Including Reports on Courses/Conferences/Meetings.

- a. General Manager Report
- b. Director Reports
- c. President Report

11. Adjournment

In accordance with the requirements of California Government Code Section 54954.2, this agenda has been posted in the main lobby of the Bighorn-Desert View Water Agency, 622 S. Jemez Trail, Yucca Valley, CA not less than 72 hours if prior to a Regular meeting, date and time above; or in accordance with California Government Code Section 54956 this agenda has been posted not less than 24 hours if prior to a Special meeting, date and time above.

As a general rule, agenda reports or other written documentation has been prepared or organized with respect to each item of business listed on the agenda.

Copies of these materials and other discloseable public records in connection with an open session agenda item, are also on file with and available for inspection at the Office of the Agency Secretary, 622 S. Jemez Trail, Yucca Valley, California, during regular business hours, 8:00 A.M. to 4:30 P.M., Monday through Friday. If such writings are distributed to members of the Board of

Directors on the day of a Board meeting, the writings will be available at the entrance to the Board of Directors meeting room at the Bighorn-Desert View Water Agency.

Internet: Once uploaded, agenda materials can also be viewed at www.bdvwa.org.

Public Comments: You may wish to submit your comments in writing to assure that you are able to express yourself adequately.

Per Government Code Section 54954.2, any person with a disability who requires a modification or accommodation, including auxiliary aids or services, in order to participate in the meeting, should contact the Board's Secretary at 760-364-2315 during Agency business hours.

AGENDA ITEM # 5

**BIGHORN-DESERT VIEW WATER AGENCY
AGENDA ITEM SUBMITTAL**

Meeting Date: March 22, 2016

To: Board of Directors

Budgeted: No

Budgeted Amount: \$0

Funding Source: If awarded, 75% Hazard Mitigation Grant/25% BDVWA matching funds

From: Marina D. West

General Counsel Approval: No

CEQA Compliance: N/A

Subject: Authorize General Manager to File Applications with CA Office of Emergency Services Hazard Mitigation Grant Program for Two Projects: Hondo/Ruby Wash Storm Water Capture Feasibility Study and Pump & Well Block Buildings Design & Construction

SUMMARY

Due to Presidential Declaration following a number of severe wildfires in 2015 a total of \$300,000,000 has become available for disaster mitigation. Bighorn-Desert View Water Agency becomes eligible for funding due to the existence of an approved Hazard Mitigation Plan (HMP 2014). We submitted "Notice of Interest" for several projects. The projects were identified in both the HMP 2014 and the Mojave Water Agency Integrated Regional Water Management Plan.

Staff received notice from CA OES that two of the projects have been deemed Hazard Mitigation Grant Program (HMGP) eligible projects and we have been invited to develop full applications for HMGP funding. If awarded each grant would fund 75% of the project costs with a 25% match required.

At this time, staff recommends the Board approve the filing of full applications for the two invited projects: "Pump and Well Block Buildings" and "Hondo/Ruby Wash Storm Water Capture".

The Board would be required to enter into a funding agreement and therefore will have an additional opportunity to approve or disapprove moving forward with these projects.

RECOMMENDATION

That the Board considers taking the following action(s):

1. Authorize General Manager to prepare and submit full applications to CA Office of Emergency Services under the Hazard Mitigation Grant Program for the "Pump and Well Block Buildings" and the "Hondo/Ruby Wash Storm Water Capture" projects.

BACKGROUND/ANALYSIS

Due to Presidential Declaration following a number of severe wildfires in 2015, a total of \$300,000,000 has become available for disaster mitigation. Bighorn-Desert View Water Agency becomes eligible for funding due to the existence of an approved Hazard Mitigation Plan (HMP 2014). We submitted "Notice of Interest" for several projects. The projects were identified in both the HMP 2014 and the Mojave Water Agency Integrated Regional Water Management Plan.

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At this time, staff recommends the Board approve the filing of full applications for the two invited projects: "Pump and Well Block Buildings" and "Hondo/Ruby Wash Storm Water Capture".

The "Pump & Well Block Buildings" Project is a great opportunity to obtain 75% funding for this project which would enclose wells and boosters in buildings. The project would fund the design, management and construction of the facilities. The benefits are increased security and climate control for our pumps and boosters. The Agency would fund its grant match with cash reserves for this capital project.

The "Hondo Wash and Ruby Wash Storm Water Capture" Project is a Feasibility Study to determine if and how storm water could be captured to minimize flash flooding during severe storm events. The perceived benefits are storm water capture for recharge, protection of Agency infrastructure from storm damage (flooding, pipeline washouts, etc.) and protection of roads beneath which our pipelines are buried. This project is defined in the Mojave Water Agency Integrated Regional Water Management Plan and the topic has gained popularity since the declaration of drought. However, staff has no expertise in this area and is not certain such a project is feasible and cost effective. In order to further develop this concept, staff has obtained support from the Mojave Water Agency. MWA staff will assist BDVWA staff and engineers by applying their field knowledge on similar projects to help us decide if we should pursue this opportunity. If MWA staff believes the Feasibility Study is a beneficial and worthy project then staff will also request financial assistance in the form of match funding from MWA.

At this time, staff would like to obtain Board approval to proceed with development of the funding applications with the understanding that the Board is not committed to any project until it executes a funding agreement with CA Office of Emergency Services. Until that time, expenses related to developing the applications is limited to staff time and general engineering services.

PRIOR RELEVANT BOARD ACTION(S)

10/28/2014 M14-050 Adopting the Agency's Hazard Mitigation Plan document dated October 28, 2014.

Cal OES Control # 0010

HAZARD MITIGATION GRANT PROGRAM NOTICE OF INTEREST

Control No:**DR-4240****All fields must be completed with valid input**[Click on Links for Help](#)**1. Name of Person Completing NOI:** Gary Sturdivan**2. NOI Instructions have been received and read:** ☒ Yes ☐ No**3. Federal Information Processing Number (FIPS #):** 071-91008 nnn-nnnnn**4. Data Universal Numbering System (DUNS #):** 620778340 nnnnnnnnn**5. Applicant Name:**

Bighorn Desert View Wat

6. Applicant Address:

622 South Jemz Trail

City:

Yucca Valley, CA

State:

California

Zip Code:

9228

Project Location:

Select a county

7. Applicant Type:☐ City☐ County☐ State☐ Private Non-Profit☒ Special District**EIN (For Private Non-Profits):** 95-3161447**8. Legislative Districts:****State Assembly:****Applicant**

Chad Mayer

Project Site

Chad Mayer

State Senate:

Jean Fuller

Jean Fuller

U.S. Congressional District:

8

8

9. Authorized Applicant Agent:**First Name:**

Marina

Last Name:

West

Salutation:

Ms.

Title:

General Manager

Address:

626 Jemez Trail

City:

Yucca Valley

State:

California

Zip Code:

9222

Phone:

760 - 364 - 341 Ext.

Fax #:

760 - 364 - 341

Email Address:

mwest@bdvwa.org

10. Project Manager/Working Contact:**First Name:**

Gary

Last Name:

Sturdivan

Salutation:

Mr.

Title:

Sturdivan

Address:

626 Jemez Trail

City:

Yucca Valley

State:

California

Zip Code:

9228

Phone:

909 - 658 - 597 Ext.

Fax #:

- - -

Email Address:

gsturdivan@mac.com

11. Project Manager/Working Contact (Alternate):**First Name:****Last Name:****Salutation:**

Title: Marina West Ms.
General Manager
Address: 626 Jemez Trail
City: Yucca Valley State: California Zip Code: 9228
Phone: 760 - 364 - 341 Ext:
Fax #: 760 - 364 - 341
EMail Address: mwest@hdwa.org

12. Application Type ☐ Project ☒ Planning ☐ 5% Activity

13. Hazard Type: Other

14. Activity Type: Other

15. Activity Title/Name: Hondo Wash and Ruby wash Peculation field

16. Population (Planning Activities Only): 4,000

17. Activity Location:

Latitude & Longitude 34.15465 116. 27101 E.g, 34.324862 -120.345677

18. Describe the problem to be mitigated:

Groundwater replenishment of the underground aquifer, to be used in later years during drought. Lack of groundwater recharge in the dry drought years. This project will help stop the Flash-flooding on the desert floor. Therefore, this will help mitigate the Flash-Flooding damage that affects the District every year, during monsoon season when thunderstorms bring downpours at the higher elevations in the surrounding mountains, sending high volumes of water to the desert floor.

Flash flooding undermines drinking water pipelines, dirt roadways and causes damage to the Bighorn Desert View Water Agency every year. If, completed this system will act as flood control for the agency

19. Describe the scope of work:

Retain storm flows in Hondo Wash and other drainages in the area to enhance percolation potential into Ames groundwater basin (Pipes Subbasin) and provide a mechanism for flood control that does not currently exist. Includes studies to determine quantities of flow that could be captured annually, engineering feasibility for retention and percolation, and environmental impact overview (Initial Study). Water could be retained behind shallow berms or even dam structures along narrow sections of the wash. Water that is successfully captured and percolated minimizes downstream flood damage from scouring and preserves a resource that is otherwise wasted (flows to dry lake bed for evaporation).

Along "upper" Hondo Wash above the desert floor where rainfall totals are highest. Concept could be applied to other washes in the water shed (Pipes Wash, Covington Wash, Water Canyon - all in the Morongo Basin. Probably similar areas outside the Morongo Basin). This project will need to have engineering reports CEQA and NEPA will need to be done and project Design.

This project will allow the water at higher

20. Performance Period:

one year

21. Duplicate Programs:

Is this activity eligible for funding from another federal program such as the NRCS Emergency Watershed Protection Act, FEMA Public Assistance Program, and the US Department of Agriculture/Department of the Interior Healthy Forest Restoration Act of 2002?

☐ Yes ☒ No ☐ Uncertain

If yes, identify the program and the Disaster Survey Report, Project Worksheet, or application number(s).

22. Activity Costs:

Federal Requested Share: \$ 75,000

Applicant Match: \$ 25,000

Total Activity Cost: \$ 100,000

Source of 25% non-federal match: Agency Reserve accounts

23. LHMP Approval Date: 10-2016**24. Local Hazard Mitigation Plan:**

Provide a narrative that identifies how the proposed project activity is in conformance with your FEMA-approved Local Hazard Mitigation Plan (LHMP). Any references to the LHMP must include the page number and/or section.

Flash flooding happens multiple times a years as identified in the LHMP in section 4.2.5 pages 34 though 38. A list of past flooding is listed on page 41. Information on flash flooding can be found in section 4.4.6 page 50. 50 % of the population is affected by flash flooding.

Long term drought can affect 100% of the population of the water agency. Drought information can be found in section 4.4.3 on page 49. Improving drought preparedness in section 6.2.3 on page 56.

Electronic Notification of NOI Status, Workshops, and Application Updates

The Hazard Mitigation Grant Program will provide immediate notification of your NOI status following our review. Please provide us with the contact information for 1 of your staff. (If the contact is the same as entered above, please reenter the information below. This person will receive information about workshops and updates regarding the application process.)

Contact Name: (Last, First)

Gary Sturdivan

Contact Email Address:

gsturdivan@mac.com

Control # 0018

1/15/16, 12:07 PM

**HAZARD MITIGATION GRANT PROGRAM
NOTICE OF INTEREST****Control No:**
DR-4240**All fields must be completed with valid input**
[Click on Links for Help](#)**1. Name of Person Completing NOI:** Gary Sturdivan**2. NOI Instructions have been received and read:** ☒ Yes ☐ No**3. Federal Information Processing Number (FIPS #):** 071-91008 nnn-nnnnn**4. Data Universal Numbering System (DUNS #):** 620778340 nnnnnnnnn**5. Applicant Name:** Bighorn Desert View Wat**6. Applicant Address:** 622 South Jemez Trail

City: Yucca Valley State: California Zip Code:

Project Location: San Bernardino

7. Applicant Type: ☐ City ☐ County ☐ State ☐ Private Non-Profit ☒ Special District

EIN (For Private Non-Profits): 95-3161447

8. Legislative Districts:

State Assembly:

Applicant

Chad Mayer

Project Site

Chad Mayer

State Senate:

Jean Fuller

Jean Fuller

U.S. Congressional District:

8

8

9. Authorized Applicant Agent:

First Name: Marina

Last Name:

West

Salutation:

Ms.

Title: General Manager

Address: 622 Jemez Trail

City: Yucca Valley

State:

California

Zip Code:

9228

Phone: 760 - 364 - 231 Ext:

Fax #: 760 - 364 - 341

Email Address: mwest@bdvwa.org

10. Project Manager/Working Contact:

First Name: Marina

Last Name:

West

Salutation:

Ms.

Title: General Manager

Address: 622 Jemez Trail

City: Yucca Valley

State:

California

Zip Code:

Phone: 760 - 364 - 231 Ext:

Fax #: 760 - 364 - 341

Email Address: mwest@bdvwa.org

11. Project Manager/Working Contact (Alternate):

First Name: Last Name:

Salutation:

Title: Gary Sturdivan Mr.
Address: Consultant
622 Jemez Trail
City: Yucca Valley State: California Zip Code: 9228
Phone: 909 - 658 - 597 Ext:
Fax #: 760 - 364 - 341
E-Mail Address: gsturdivan@mac.com

12. Application Type ☐ Project ☐ Planning ☐ 5% Activity

13. Hazard Type: Multi-Hazard

14. Activity Type: Other

15. Activity Title/Name: Pump and Well block Buildings

16. Population (Planning Activities Only):

17. Activity Location:

Latitude & Longitude 34.15465 116.27101 E.g, 34.324862 -120.345677

18. Describe the problem to be mitigated:

wells are in somewhat remote locations. In summer months the electric motors can overheat due to the sun and heat. In the winter months the pipes coming out of the wells often times freeze, due to the low temperatures in the high desert. During monsoon season, there is a high rate of flash flooding in the are, which can bury the pumps and wells. The Agency would like to build block building around the wells and pump motors. These building would have a roof, steel door and an evaperative cooler installed. This would allow debris and flash flooding events to be diverted around the wells.

19. Describe the scope of work:

The Agency would like to build block building around the wells and pump motors. These building would have a roof, steel door and an evaperative cooler installed. Block building would be constructed of filled cinder block, have a wood roof covered in asphalt tile roofing. Buildings will have a steel door and door frame. A evaporative cooler would be installed to help cool the electric motors in the summer. Electric heating tape would be installed on the pipes inside the building to help prevent freezing in the winter. The buildings would be constructed on well sites 2,3,4,6,7,8,9 and 3A. for a total

20. Performance Period:

1 year

21. Duplicate Programs:

Is this activity eligible for funding from another federal program such as the NRCS Emergency Watershed Protection Act, FEMA Public Assistance Program, and the US Department of Agriculture/Department of the Interior Healthy Forest Restoration Act of 2002?

☐ Yes ☒ No ☐ Uncertain

If yes, identify the program and the Disaster Survey Report, Project Worksheet, or application number(s).

22. Activity Costs:

Federal Requested Share: \$ 75,000

Applicant Match: \$ 25,000

Total Activity Cost: \$ 100,000

Source of 25% non-federal match: Agency Reserve accounts

23. LHMP Approval Date: 10-2015**24. Local Hazard Mitigation Plan:**

Provide a narrative that identifies how the proposed project activity is in conformance with your FEMA-approved Local Hazard Mitigation Plan (LHMP). Any references to the LHMP must include the page number and/or section.

Section 6.0 of the LHMP on pages 59, 60, 61. Flooding, flash flooding, debris flow mitigation and we'll as preventing pipes from freezing in the winter and to help keep cool electric cool in the summer months. Pages 55, 56, 57.

Electronic Notification of NOI Status, Workshops, and Application Updates

The Hazard Mitigation Grant Program will provide immediate notification of your NOI status following our review. Please provide us with the contact information for 1 of your staff. (If the contact is the same as entered above, please reenter the information below. This person will receive information about workshops and updates regarding the application process.)

Contact Name: (Last, First)

Sturdivan, Gary

Contact Email Address:

gsturdivan@mac.com

Created on 01/15/2016 10:44:16 AM

NOTE: Please print this form before clicking the *Submit NOI* button below.
You will not be able to print the NOI once you have pressed the *Submit NOI* button.

(FYI: Pressing the Submit NOI button will save and submit your NOI to the Governor's Office of Emergency Services for Approval. Please ensure that you have filled out this form with as much detail as possible.)

AGENDA ITEM # 6

**BIGHORN DESERT VIEW WATER AGENCY
AGENDA ITEM SUBMITTAL**

Meeting Date: March 22, 2016

To: Board of Directors

Budgeted: TBD

Budgeted Amount: N/A

From: Marina D. West

General Counsel Approval: N/A

CEQA Compliance: N/A

Subject: Consider Initiating Procedure allowing for a Cost-of-Living Adjustment (COLA) to the Board of Directors Per Diem Compensation

SUMMARY

Should the Board of Directors wish to pursue the allowable five percent (5%) Cost-of-Living Adjustment (COLA) to their per diem then the procedure for such should be initiated so that the increase can coincide with the new fiscal year beginning July 1, 2016.

RECOMMENDATION

The Board considers taking the following action(s):

1. Direct staff to initiate the process for increasing the Board of Directors per diem compensation by five percent (5%) for fiscal year 2016/17.

BACKGROUND/ANALYSIS

By law, the Board can authorize an increase in their per diem one time per year. The maximum allowable annual increase is five percent (5 %).

The process of increasing the Board of Directors per diem is done by Ordinance in accordance with Section 20200 - 20207 of the California Water Code and Section 6066 of the California Government Code.

In summary, the Board of Directors can increase their per diem only by Ordinance and the increase may not exceed an amount equal to 5 percent (5%) per year. If the Board requests the full 5% adjustment then per diems would effectively increase to one hundred and twenty-one dollars and fifty-five cents (\$121.55) per day of authorized service.

Staff recommends that if the Board desires to increase their per diem then the process should be initiated now so that the effective date would coincide with the adoption of the fiscal year 2016/17 budget.

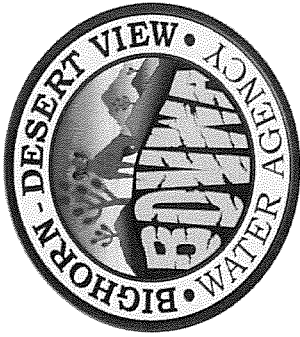
PRIOR RELEVANT BOARD ACTION(S)

04/28/2015 Ordinance No. 15O-01 Providing for Compensation of the Board of Directors and Establishing Procedures Related Thereto.

4/22/2014 Ordinance No. 14O-01 Providing for Compensation of the Board of Directors and Establishing Procedures Related Thereto.

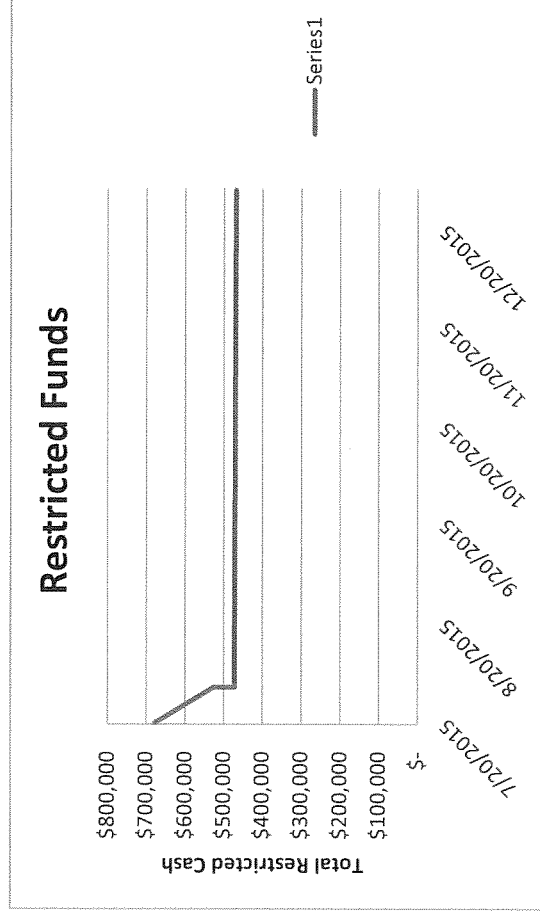
3/25/2014 Motion No. 14-018 Direct staff to initiate the process for increasing the Board of Directors per diem compensation by five present (5%) for fiscal year 2014/15.

AGENDA ITEM # 7

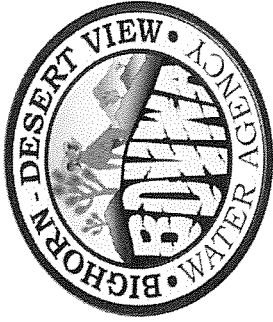


**PERIOD ENDING FEBRUARY 29, 2016
IMPROVEMENT DISTRICT GOAT MOUNTAIN
RESTRICTED CASH ACCOUNT SUMMARY**

| DATE | TRANSACTION DESCRIPTION | TRANSACTION AMOUNT | RESTRICTED FUND EXPENSE | BALANCE |
|-----------|---|--------------------|-------------------------|------------|
| 7/20/2015 | DISBURSMENT FROM CSA | \$ 678,027.00 | | \$ 678,027 |
| 7/31/2015 | REIMBURSEMENT FOR TRACTOR | | \$ (150,360.10) | \$ 527,667 |
| 7/31/2015 | PURCHASE OF TWO FIELD VEHICLES | | \$ (54,940.06) | \$ 472,727 |
| 1/1/2016 | FINAL EQUIPPING OF TWO NEW FIELD VEHICLES | | \$ (2,837.28) | \$ 469,890 |

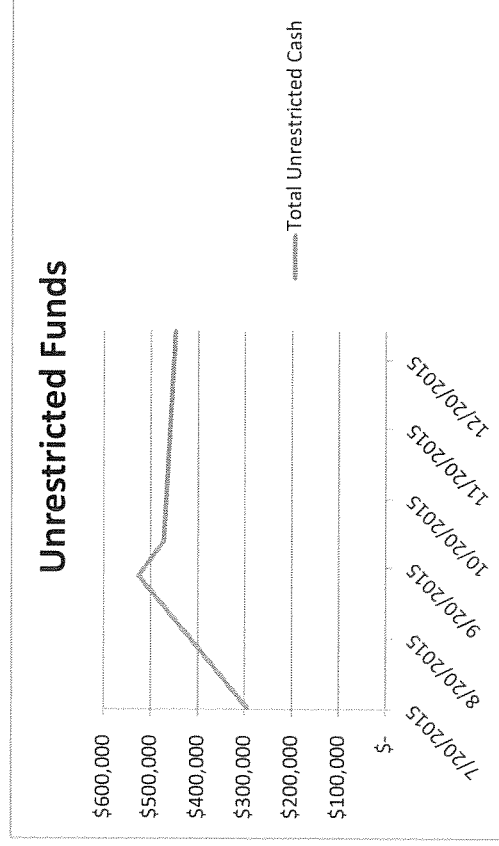


* Indirect expenses will be reconciled at year-end.



**PERIOD ENDING FEBRUARY 29, 2016
IMPROVEMENT DISTRICT GOAT MOUNTAIN
UNRESTRICTED CASH ACCOUNT SUMMARY**

| DATE | TRANSACTION DESCRIPTION | DEPOSIT AMOUNT | UNRESTRICTED FUND EXPENSE | BALANCE |
|-----------|-------------------------------------|-------------------|------------------------------|------------|
| 7/20/2015 | DISBURSMENT FROM CSA | \$ 294,955.81 | | \$ 294,956 |
| 9/16/2015 | "FINAL" DISBURSEMENT FROM CSA | \$ 230,666.23 | | \$ 525,622 |
| 10/1/2015 | FY2015/16 Q1 ID GM DIRECT EXPENSES* | | \$ (53,646.73) | \$ 471,975 |
| 1/1/2016 | FY2015/16 Q2 ID GM DIRECT EXPENSES* | | \$ (24,624.38) | \$ 447,351 |



* Indirect expenses will be reconciled at year-end.



1/1/16
 To: Marina West
 From: Destiny Diaz
 Subject: Service Order Report February 2016

SERVICE ORDER REPORT FOR FISCAL YEAR 2014-2015

| | J | A | S | O | N | D | J | F | M | A | M | J | YTD |
|---|------------|------------|------------|------------|------------|------------|------------|------------|----------|----------|----------|----------|-------------|
| After Hours Call Out | 2 | 7 | 2 | 1 | 0 | 1 | 1 | 1 | | | | | 15 |
| AirVac Maintenance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| AirVac Replacement | 3 | 1 | 3 | 8 | 3 | 8 | 7 | 8 | | | | | 41 |
| Booster Repair/Maintenance (New Category) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 1 |
| Bulk Stations: Maintenance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| Close Account | 0 | 2 | 0 | 0 | 1 | 0 | 2 | 0 | | | | | 5 |
| Customer Requested Asst | 1 | 9 | 8 | 14 | 9 | 6 | 6 | 4 | | | | | 57 |
| Reported Leaks | 3 | 7 | 2 | 5 | 0 | 3 | 0 | 0 | | | | | 20 |
| Destroy Service Line | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | | | | | 4 |
| Exchange Meter | 2 | 3 | 3 | 5 | 0 | 4 | 3 | 6 | | | | | 26 |
| Facility Inspections* | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 4 |
| Fire Flow Test | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 1 |
| Flush Deadend/Blowoffs | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | | | | | 2 |
| General Maintenance | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | | | | | 4 |
| Hangtag | 12 | 10 | 14 | 7 | 11 | 10 | 11 | 7 | | | | | 82 |
| Hydrant Maint. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| Install New Service | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | | | | | 2 |
| Lock-Off's | 17 | 16 | 22 | 36 | 19 | 26 | 21 | 11 | | | | | 168 |
| Miscellaneous | 7 | 9 | 13 | 7 | 4 | 6 | 5 | 3 | | | | | 54 |
| Office Repairs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| Open New Service | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | | | | | 3 |
| Pressure Complaint | 0 | 2 | 0 | 3 | 0 | 0 | 1 | 0 | | | | | 6 |
| Pull Meter | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | | | | | 4 |
| Read Meter | 20 | 11 | 12 | 14 | 10 | 9 | 17 | 17 | | | | | 110 |
| Repair Mainline | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | | | | | 3 |
| Repair Service Line | 2 | 7 | 4 | 2 | 0 | 1 | 1 | 2 | | | | | 19 |
| Replace Service Line | 8 | 11 | 8 | 3 | 0 | 6 | 4 | 5 | | | | | 45 |
| Reread Meter | 17 | 24 | 17 | 23 | 13 | 13 | 17 | 21 | | | | | 145 |
| Safety Meeting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| Tamper | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | | | 1 |
| Tank/Reservoir Maintenance/Repairs | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 1 |
| Unlock Service | 17 | 16 | 24 | 39 | 19 | 29 | 24 | 21 | | | | | 189 |
| Valve Maintenance | 41 | 36 | 28 | 54 | 79 | 31 | 33 | 0 | | | | | 302 |
| Verify Meter Locked | 1 | 6 | 8 | 7 | 0 | 12 | 0 | 5 | | | | | 39 |
| Water Quality Issues ** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| Well Repairs/Maint. And Water Level | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | | | | | 3 |
| TOTAL | 159 | 182 | 170 | 235 | 172 | 165 | 161 | 111 | 0 | 0 | 0 | 0 | 1355 |

*Includes Inspections for Fire Extinguishers, Vehicles and Facilities

** Includes Water Quality (taste, odor, color)

Prepared By _____
 Date _____
 Reviewed By D. Rewal

DATE: 3/16/2016
TO: Board of Directors
FROM: Kit Boyd
RE: FEBRUARY 2016 Production

| | <u>Cubic Feet Pumped</u> | <u>Total Gallons Pumped</u> | <u>Average GPM</u> | <u>Total Running Time</u> | <u>acre feet</u> |
|--------------|------------------------------|---------------------------------|------------------------|-------------------------------|------------------|
| Well 2 | Well is "inactive" | | | | |
| Well 3 | 61,680 | 461,366 | 388 | 19.8 | 1.42 |
| Well 4 | Well is "inactive" | | | | |
| Well 6 | 7,470 | 55,876 | 373 | 2.5 | 0.17 |
| Well 7 | 186,720 | 1,396,666 | 344 | 70.1 | 4.29 |
| Well 8 | 146,300 | 1,094,324 | 873 | 20.9 | 3.36 |
| Well 9 | 397,500 | 2,973,300 | 649 | 76.4 | 9.13 |
| Well 10 | 20,470 | 153,116 | 92 * | 27.8 | 0.47 |
| Total | 820,140 | 6,134,647 | 470 | 217.5 | 18.83 |

*Well Pump replaced and production restored to approx. 90 gpm

| | | | | |
|-------------------|---------|-----------|-----|------|
| A Boosters | 56,350 | 421,498 | 135 | 52.1 |
| C Boosters | 122,800 | 918,544 | 323 | 47.4 |
| Total | 179,150 | 1,340,042 | | |

Prepared By _____
 Date _____
 Reviewed By D. Rewal

DATE: 3/16/2016
TO: Board of Directors
FROM: Kit Boyd
RE: February 2015 Goat Mountain Production

| | <u>Cubic Feet</u> <u>Pumped</u> | <u>Total Gallons</u> <u>Pumped</u> | <u>Average</u> <u>GPM</u> | <u>Total</u> <u>Running Time</u> | <u>acre feet</u> |
|--------|------------------------------------|---------------------------------------|------------------------------|-------------------------------------|------------------|
| Well 1 | 88,620 | 662,878 | 223 | 49.6 | 2.03 |
| Well 2 | 99,947 | 747,600 | 250 | 49.9 | 2.29 |
| Well 3 | 139,000 | 1,039,720 | 344 | 50.4 | 3.19 |
| Total | 327,567 | 2,450,198 | 272 | 149.9 | 7.52 |

NO FLOW METER AT G.M. BOOSTERS

| | |
|-------------|------|
| Booster # 1 | 49.7 |
| Booster # 2 | 84.8 |

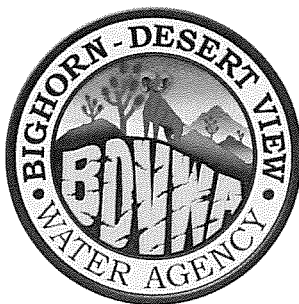
Prepared By _____
 Date _____
 Reviewed By D. Rewal

Bighorn-Desert View Water Agency

Board of Directors

J. Larry Coulombe, President
Michael McBride, Vice President
Judy Corl-Lorono, Secretary
J. Dennis Staley, Director
Terry Burkhardt, Director

Marina D West, PG, General Manager



A Public Agency

Agency Office

622 S. Jemez Trail
Yucca Valley, CA 92284-1440

760/364-2315 Phone

760/364-3412 Fax

www.bdvwa.org

Board of Directors' Special Meeting Minutes

Board Meeting Office
1720 N. Cherokee Trail, Landers, CA 92285
Tuesday, March 1, 2016 - 6:00 p.m.

Call to Order

Meeting convened by Board President J. Larry Coulombe at 6:00 p.m.

Pledge of Allegiance

Led by Mr. Edwards

Roll Call

Directors Present:

J. Larry Coulombe
Michael McBride
Judy Corl-Lorono
J. Dennis Staley
Terry Burkhardt

Staff Present:

Marina West
Michelle Corbin

Approval of Agenda

Motion to approve the agenda.

MSC¹ (Staley/Corl-Lorono) unanimously approved.

Five Year Budget Review

General Manager West reviewed the five year budget. The budget was included with the Plan for Services given to the Local Agency Formation Commission during the annexation process. In order to keep the Agency within ten percent revenue over expenses a rate increase may be necessary. The projected rate increase is proposed to go from \$3.00 to \$3.10 per every 100 cubic feet of water (3%) and the basic service charge would increase from \$27.50 to \$28.05 per month (2%). The general tax revenue is proposed to go up approximately one percent per year. GM West reiterated the necessity to maintain annual cash flow into the fund for long-term capital refurbishment and replacement as well as annual unforeseen expenses. The final decision on any rate changes will follow the Prop 218 process and will be scheduled such that any rate increase would not become effective until the August 2016 billing cycle. Lastly, West reminded the Board that the Agency has not had a rate increase since 2008.

Public comments:

Anonymous asked for clarification of the debts identified on the property tax bills.

Anonymous commented on properties that are agricultural.

Platinum Consulting Group Proposal

General Manager West gave a brief update on the purpose for contracting the assistance of the Platinum Consulting Group. West also reviewed the accounting services this company will provide the Agency. West introduced Cindy Byerrum of Platinum Consulting Group who was available for questions.

No public comment.

Motion No. 16-008

(After brief Board discussion), Vice President McBride made a motion to Authorize General Manager to execute Task Order with Platinum Consulting Group for various accounting services on a time and materials basis not-to exceed \$25,000. The motion was seconded by Director Burkhart.

MSC¹ (McBride/Burkhart) unanimously approved.

Ames/Reche “Native Carry-Over” Water Account and Formation of Ad Hoc Committee

General Manager West gave the staff report. West reviewed water purchased from the State Water Project. West stated this water is kept on the books indefinitely. Each producer in the agreement has a baseline and a pumping cap. Should an agency over-pump, they would be required to purchase water to make up for the amount of water over-pumped. Native water can only be carried over for up to two years. All accounts are based on a Fiscal Year calendar beginning July 1.

West reviewed with the Board, discussions she has had with Hi-Desert Water District. Hi-Desert Water District is interested in purchasing water from Bighorn-Desert View Water Agency. Bighorn-Desert View Water Agency has “native carry-over” water that will be lost to storage in the current fiscal year if it cannot be transferred. Therefore, 375 Acre-Ft is available for sale to Hi-Desert Water. Another 435 Acre-Ft is available until July 1, 2017.

West is recommending formation of an Ad Hoc Committee to assist GM West with final terms and conditions of any water transfer. She recommended President Coulombe and Vice President McBride be appointed.

Public comment:

Anonymous asked for clarification of the definition of “Native Water”.

Anonymous commented on the inter-tie between Bighorn-Desert View Water Agency and Hi-Desert Water District.

Anonymous commented on the cost involved with water banking.

Motion No. 16-009

(After brief Board discussion), Director Corl-Lorono made a motion to authorize General Manager to negotiate for the exchange/sale of “native carry-over” water from the Ames/Reche Groundwater Storage Bank, and to authorize creation of an Ad Hoc Committee comprised of President Coulombe and Vice President McBride to assist General Manager in determining final terms and conditions for exchange/sale of “native carry-over” water. The motion was seconded by Director Staley.

MSC¹ (Corl-Lorono/Staley)

Coulombe: Y

McBride: Y

Corl-Lorono: Y

Staley: Y

Burkhart: Y

Adjourned for a Break at 6:50 p.m. - Reconvened from Break at 7:02 p.m.

NV5 Task Order to Evaluate Well Pump Efficiencies and Prepare a Capital Improvement Plan Recommending Future Upgrades to Pumping Units at a Cost Not-to-Exceed \$39,156

General Manager West reviewed the scope of work that would be completed by NV5. West stated NV5 was selected because they have been “pre-vetted” as a “Preferred Provider” through California Rural Water Association.

No public comment.

Motion No. 16-010

(After brief Board discussion), Vice President McBride made a motion to authorize General Manager to execute Task Order No. 3 with NV5 for evaluation of well and pump efficiencies and to prepare Capital Improvement Plan in an amount not to exceed \$39,156. Director Burkhart seconded the motion.

MSC¹ (McBride/Burkhart)

Coulombe: Y

McBride: Y

Corl-Lorono: Y

Staley: Y

Burkhart: Y

Adoption of Board of Directors Handbook

General Manager West gave a brief overview of the Board of Directors' Handbook. The PLEGS (Planning, Legislative, Engineering Grant and Security) Committee has reviewed the Handbook and suggested it go to the full Board of Directors for adoption. West reminded the Board this Handbook has been a goal of the Board of Directors for some time and is also a requirement to receive the District of Distinction Award from the California Special Districts Association.

No public comment.

Motion No. 16-011

(After brief Board discussion), After Board discussion, Director Corl-Lorono made a motion to adopt of Resolution 16R-01 adopting a Board of Directors Handbook for purposes of providing a comprehensive desktop reference for Board Members. The motion was seconded by Director Staley.

MSC¹ (Corl-Lorono/Staley)

Coulombe: Y

McBride: Y

Corl-Lorono: Y

Staley: Y

Burkhart: Y

High Desert Water Summit

General Manager West gave the staff report.

No public comment.

Motion No. 16-012

(After brief Board discussion), Director Burkhart made a motion to authorize attendance for the High Desert Water Summit April 13, 2016 at an estimated cost of \$125.76 per Director. Director McBride seconded the motion.

MSC¹ (Burkhart/McBride)

Coulombe: Y

McBride: Y

Corl-Lorono: Y

Approved XX-XX-2016

Staley: Y
Burkhart: Y

Consent Items

- a. Improvement District Goat Mtn. Restricted/Unrestricted Account Summaries.
- b. Service Order Report, January 2016.
- c. Production Report, January 2016.
- d. Goat Mtn. Production Report, January 2016.
- e. Regular Board Meeting Minutes, January 26, 2016.

No Public comment.

Motion No. 16-013

Director Burkhart made a motion to approve consent items a - e. The motion was seconded by Vice President McBride.

MSC¹ (Burkhart/McBride)

Corl-Lorono: Y
Staley: Y
Burkhart: Y
McBride: Y
Coulombe: Y

Matters Removed From Consent Calendar

None

Public Comment Period

Daniel Nichols, of Landers, commented on solar power for the well pumps.

Anonymous commented on the Board Workshop.

Anonymous commented on battery storage systems for solar.

Verbal Reports

General Manager West reported on the Cash for Grass Program and the monies the Homestead Valley Park is expected to receive.

President Coulombe reported on the Alliance for Water Conservation (AWAC) meeting he had attended January 27, 2016. Director Coulombe also reported on the Municipal Advisory Council meeting February 15, 2016.

Director Staley reported on the Homestead Valley Community Council meeting he attended on February 15, 2016.

Adjournment – President Coulombe adjourned the meeting at 8:00 p.m.

Approved by:

Judy Corl-Lorono, Secretary of the Board

MSC¹ – Motion made, seconded, and carried.

RESOLUTION NO. 16R-XX

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. Resolution No. 12R-31 is hereby rescinded.

PASSED, APPROVED AND ADOPTED by the Board of Directors of Bighorn-Desert View Water Agency this 22nd day of March 2016.

By _____
J. Larry Coulombe, Board President

Attest:

Judy Corl-Lorono, 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 employee's 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

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 and Supervisors

Department Heads and/or Managers and 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: _____
Print

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: _____
Print

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) Certificate issued (if applicable) |
| 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.

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

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?

Expected Completion Date

Actual Completion Date

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.

Programs-ModelDocuments (IIPP-Form-InvestigationForm-2010.doc)

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.

| Safety Orientation Checklist | | |
|------------------------------|--|--------------------------|
| | Orientation Topics | Check (√) When Completed |
| 1. | Review of the BDVWA's <i>Injury & Illness Prevention Program</i> – 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 <i>Code of Safe Practices</i> – 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 <i>Emergency Response Plan</i> pertaining to the employee. | |
| 6. | Review of those aspects of the BDVWA's <i>Fire Protection Plan</i> pertaining to the employee. | |
| 7. | Personal Protective Equipment. | |
| 8. | Review of the employees' <i>right-to-know</i> about hazardous substances in their work environment and provision of information about the BDVWA's <i>Hazard Communication Program</i> , 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 specific accident prevention tips 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.

[illegible]

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 (_____)
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| | |
|---|-------------------------------|
| 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)

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Safety Inspection Form/Action Plan – Location ()

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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)

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