

Central Safety Committee Meeting

October 23, 2013 @ 1:00 pm

REVIEWS (Injury/Vehicle/Safety Checklist):	Action:
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<ul style="list-style-type: none"> • Injury Reports (attached) <ul style="list-style-type: none"> ○ 10/2/13 – Could staff utilize another door when going into area? 	Discussed layout of house. Not sure additional entry would have helped.
<ul style="list-style-type: none"> • Vehicle Accidents (attached) 	
<ul style="list-style-type: none"> • Brooks – Safety Checklist <ul style="list-style-type: none"> ○ Have examples of spit shields they would like to use. ○ Underground Wasp Nest ○ Gutter guards due to leaves? Possibly removed when roof was cleaned? 	Michelle to review Ed to call Orkin Michelle to contact Housing
<ul style="list-style-type: none"> • Dean – Safety Checklist <ul style="list-style-type: none"> ○ Mainstream – Electrical Issue – plugs not working ○ Updated evacuation maps 	Michelle to contact electrician Jean to go online to obtain
<ul style="list-style-type: none"> • Discovery – Safety Checklist <ul style="list-style-type: none"> ○ Knife drawer consistently is left unlocked. Staff need to remember to lock them ○ Front gate/door are left open due to staff not ensuring they are closed. These have been tried and moved several times and they do operate properly 	David has spoken to staff about ensuring safety measures are being utilized
<ul style="list-style-type: none"> • Halsey – Safety Checklist <ul style="list-style-type: none"> ○ Outlet/Switch cover plate was identified as being broke 	Jason to let Michelle know which one
<ul style="list-style-type: none"> • Madison – Safety Checklist <ul style="list-style-type: none"> ○ Alarm bands are missing 	Michelle to get replacements
<ul style="list-style-type: none"> • Oak – Safety Checklist <ul style="list-style-type: none"> ○ Also need replacement arm bands 	Michelle to obtain
<ul style="list-style-type: none"> • Milton – Safety Checklist <ul style="list-style-type: none"> ○ House exhaust fans are not working 	Michelle to have Brian look at
<ul style="list-style-type: none"> • Macleay – Safety Checklist <ul style="list-style-type: none"> ○ Trim around door – could we use spray foam? 	Michelle to have Brian look at and trouble shoot with Michael Wood

OLD BUSINESS:	Assigned To:	Result:
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<ul style="list-style-type: none"> • Seems neck injuries have increased? <ul style="list-style-type: none"> ○ Possible to have OIS Oversight focus on evading? 	Michelle Patton	Brad will notify BVS2 and OIS Oversight to focus on evasion
<ul style="list-style-type: none"> • Staff would like list of who OIS oversight is in their area or clarification if BVS2. <ul style="list-style-type: none"> ○ Karla Vinson stated she understands it to be duty of BVS2 ○ Michelle to provide clarification at next meeting 	Michelle Patton	Per Brad – BVS2 are responsible for OIS oversight. OIS Oversight trainers (3) are being brought back to houses to supplement
<ul style="list-style-type: none"> • Milton <ul style="list-style-type: none"> ○ Would like to have table/chairs bolted down on South Side to ensure clients can't pick them up 	Michelle Patton	Jonathan to present at "Huddle" and have staff work up CI Sheets to address

Central Safety Committee Meeting October 23, 2013 @ 1:00 pm

<ul style="list-style-type: none"> ○ During painting found the exhaust fans had foil stuffed in them. This would explain why house was so warm in summer. 		
<ul style="list-style-type: none"> ● Ina <ul style="list-style-type: none"> ○ Boards on gate are rotten ○ Driveway lights need repaired <ul style="list-style-type: none"> ▪ Michelle to schedule Brian for visit 	Michelle Patton	Brian scheduled to troubleshoot Driveway must be done by electrician after housing approves – in talks with housing
<ul style="list-style-type: none"> ● Turner <ul style="list-style-type: none"> ○ Gate on 3 bed side is not working again. ○ Can we change front gate to swing? <ul style="list-style-type: none"> ▪ Michelle to schedule Brian for visit 	Michelle Patton	F&W fence to readjust Front gate approval is pending
<ul style="list-style-type: none"> ● Charles <ul style="list-style-type: none"> ○ Fence/Gate needs replaced <ul style="list-style-type: none"> ▪ Housing to replace – need to define timeline 	Michelle Patton	Pending approval from housing
<ul style="list-style-type: none"> ○ Oak <ul style="list-style-type: none"> ▪ Light at end of parking space by garage should be removed ▪ Fix lights at gate and backyard as area is dark 	Michelle Patton	Brian to fix some lights – others must be fixed by electrician. Pending scheduling
<ul style="list-style-type: none"> ● Fire Drills – how often? <ul style="list-style-type: none"> ▪ Once per quarter, per shift is minimum. 		Resolved

NEW BUSINESS:	Assigned To:	Result:
<ul style="list-style-type: none"> ● Can a field for staff injuries (yes/no) be added to Therap? <ul style="list-style-type: none"> ○ Would be helpful for reporting/metrics and BSP/ISP 	Michelle Patton	Email sent to Nathan Kennedy/Brad Heath
<ul style="list-style-type: none"> ● Description of Injury is very weak <ul style="list-style-type: none"> ○ Safety Representatives need to follow up with staff and review importance of a comprehensive description 	All Safety Representatives	

NEXT MEETING AGENDA (Scheduled for 11/20/13 @ 1:00 pm at Central Office):

<ul style="list-style-type: none"> ● All agree to move meeting to 11/20/13 due to Holiday
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10/23/13

<u>Name</u>	<u>House</u>
Michael Ad	Admin
Bill Teller	MADISON
James Kammerer	Brooks
David Chung	Discovery
Dianna DeLess	MITTON
Michael Wood	MACLEAY
Michael McBurnie	Hampden
Jerry FOLTNER	FNA
Jason Benson	Halsey
Gala Wison du	Charles St
Crystal Alexander	Macleay - visitor
RITHY MEAS	GUTH Road.
Jean (phone)	Dean
Maggie (phone)	Weirich
Ron (phone)	OAK

10/23/13

<u>Name</u>	<u>House</u>
Michael Adams	Admin
Bill Teller	MADISON
James Kemmerer	Brooks
David Chung	Discovery
Dianna DeLess	milton
Michael Wood	MAcleay
Michael McGuire	Hampden
Jerry FOLTNER	FNA
Jason Benson	Halsey
Gaila Wonsdu	Charles St
Crystal Alexander	Mackay - visitor
RITHY MEAS	GUTH Road.
Jean (phone)	Dean
Maggie (phone)	Weirich
Ron (phone)	OAK

Employee Incident/ Accident Report

[Redacted]

Regularly assigned shift hours: 10pm to 6Am Days off: Varies

Accident information:

Date of incident: 9/25/13 Time of incident: 10:02 pm Exact location of incident: 1105 James St Newberg outside front

Time shift began: 10:00 p Was a Client involved? Yes No Client initials: _____

Witness(es): *Do not list clients as witnesses.*

Scott Baker MHT, Neighbor across street

Body part injured (R/L): Nose & Neck Nature of the injury: Scratched inside of nose & hit left side of face hurting my neck
Describe the incident fully:

Client was angry & charged @ me and went for my face with his finger nails
What caused the incident?

Client was angry that his staff left w/out talking to him & wouldn't open her window & he chased her car & then took it out on me.
How could the incident have been prevented?

Client has a problem w/ female staff.

Employee signature [Redacted]

Date: 9/27/13

SUPERVISOR SECTION: (see back for identifying factors which contributed to or caused the accident).

Analysis of the incident

Why it happened - Hazardous condition Unsafe behavior System weakness Other

Explain: _____

Action taken to prevent a similar incident: _____

Client involved? Yes No Entered into THERAP? Yes No

Employee - Went back to work: Yes No | Went home: Yes No | Went to Doctor*: Yes No

Supervisor signature _____ Date _____

*NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) OVER >

RECEIVED
OCT 02 2013
DHS SOCP
Human Resources

SPD - State Operated Community Program Employee Incident/Accident Report

Regularly Assigned Shift Hours: SWING - 3am - 11pm Days Off: MON - TUES.
Date of Incident: 9-28-2013 Time of Incident: 7pm
Witness (es): JAKE STEINER - TERESA BRADBURY - MARK DAMENWOOD -
Exact Location of Incident: LIVING AREA -
Body Part Injured (L/R): LEFT HAND
Nature of Injury: SCRATCH
Describe the incident fully: WHILE ASSISTING IN A P.P.T. CLIENT SCRATCHED ME

What caused the incident? CLIENT WAS IN A BEHAVIOUR

How could the incident have been prevented? THE INCIDENT COULD HAVE BEEN PREVENTED IF THE CLIENT WOULD HAVE CALMED AND NOT GONE INTO A BEHAVIOUR

Employee Signature _____ Date _____

SUPERVISOR SECTION: SEE BACK FOR IDENTIFYING FACTORS WHICH CONTRIBUTED TO OR CAUSED ACCIDENT

Analysis of the Incident: (Why did it happen - i.e. hazardous condition, unsafe behavior, system weakness, etc.) client in behaviour

Action taken to prevent a similar incident: Staff will continue to follow RSP

Employee: Went back to work: Y N
Went home: Y N
Went to Doctor: Y N
Supervisor Signature: [Signature] Date: 10-1-13
OVER

(If yes, need 801 within five (5) days of your knowledge of doctor treatment)

RECEIVED
OCT 02 2013

SOCP EMPLOYEE INCIDENT/ACCIDENT ANALYSIS

- SOCP
Human Resources
- SYSTEM CHALLENGES**
- Management**
Do we have:
Policy Enforcement
Hazard Recognition
Accountability
Supervisor Training
Corrective Action
Production Priority
Proper Resources
Job Safety Training
Hiring Practices
Maintenance
Adequate Staffing
- Employee**
Was the employee:
Following procedure
Training
Previous Injury
Mental Ability
Physical Capacity
Equipment Use
Short Cuts
PPE Worn
Safety Attitude
- Equipment**
Do we have:
Proper Tool Selection
Tool Availability
Maintenance
Visual Warnings
Guarding
- Environment**
What about:
Plant Layout
Chemical
Temperature
Noise
Radiation
Weather
Terrain
Vibration
Ergonomics
Lighting
Ventilation
Housekeeping
Biological
- Additional Causal Factors**
 Faulty Equipment
 Non-employee
 Prior Injury
 Late Reporting
 Off-the-Job Injury
(Explain any checked boxes)

Employee Name: [REDACTED]

Identify factors which contributed to or caused accident (refer to list on left side of page):

Management	Employee
Equipment	Environment upset client

<u>Counter measures/best practices to prevent recurrence</u>	<u>Who</u>	<u>By when</u>
Staff will continue to follow B.S.P.	All Staff	04 going

Sep. 30. 2013 5:57AM
DHS
Oregon Department of Human Services
State Operated Community Program

Employee Incident/ Accident Report

N: [Redacted] [Redacted]
[Redacted] [Redacted]

Regularly assigned shift hours: NOC-SUN-thu Days off: Friday - Sat
10 hr shift

Accident Information

Date of incident: 9-30-13 Time of incident: 4:45 AM Exact location of incident: Living Room

Time shift began: 9-29-13 Was a Client involved? Yes No Client initials: _____

Witness(es): Do not list clients as witnesses.
Ayk Devryck

Body part injured (P/L): Arm Nature of the Injury: Fracture

Describe the incident fully:
Taking down sign - Fell of chair
What caused the incident?
NOT taking down sign
How could the incident have been prevented:

Employee signature: [Redacted] Date: 9-30-13

SUPERVISOR SECTION

Analysis of the incident

Why It happened - Hazardous condition Unsafe behavior System weakness Other

Explain: Julie was standing on a chair to remove a birthday sign
Action taken to prevent a similar incident: UNSURE whether ladder from the wall

Client involved? Yes No Entered into THERAPY? Yes No would've been safer?

Employee - Went back to work: Yes No | Went home: Yes No | Went to doctor*: Yes No

[Signature] 9/30/2013
Supervisor signature Date
*NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) **OVER >**

Employee Incident/ Accident Report

001
SOCP Safety Program:
503-378-5952 ext 232

[Redacted]

[Redacted]

Regularly assigned shift hours: 0600-1400

Days off: Sat-Sun

Accident information:

Date of incident: 10/2/13 Time of incident: 12:25 AM Exact location of incident: Kitchen

Time shift began: 0600 Was a Client involved? Yes No Client initials: FB

Witness(es): Do not list clients as witnesses.

Martha Martinez

Mike Padilla

Body part injured (R/L): Had Neck Nature of the injury: Jerking of Hair

Describe the incident fully: spine Causing stress to Neck and spine.

could go out another door & into area

What caused the incident? I went to assist MP in a PPI of FB when he grabbed my hair and was jerking my head around
FB barged through the kitchen door, lunging for window

How could the incident have been prevented:

Getting the door shut faster?

Employee signature: [Redacted]

Date: 10/5/13

SUPERVISOR SECTION: (see back for identifying factors which contributed to or caused the accident)

Analysis of the incident

Why it happened - Hazardous condition Unsafe behavior System weakness Other

Explain: Client Behavior

Action taken to prevent a similar incident: unable to predict client/feeder behavior - staff be aware.

Client involved? Yes No Entered into THERAP? Yes No

Employee - Went back to work: Yes No | Went home: Yes No | Went to Doctor*: Yes No

[Signature]
Supervisor signature

10/7/13
Date

*NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) OVER >

SOCP Employee Incident/Accident Analysis

System challenges:

Management - Do we have:

- Policy enforcement
- Hazard recognition
- Accountability
- Supervisor training
- Corrective action
- Production priority
- Proper resources
- Job safety training
- Hiring practices
- Maintenance
- Adequate staffing

Employee - Was the employee:

- Following procedure
- Training
- Previous injury
- Mental ability
- Physical capacity
- Equipment use
- Short cuts
- PPE Worn
- Safety attitude

Equipment - Do we have:

- Proper tool selection
- Tool availability
- Maintenance
- Visual warnings
- Guarding

Environmental - What about:

- Plant layout Vibration
- Chemical Lighting
- Temperature Ventilation
- Noise Housekeeping
- Radiation Biological
- Weather Ergonomics
- Terrain

Additional casual factors:

- Faulty equipment
 - Non-employee
 - Prior injury
 - Late reporting
 - Off-the-Job injury
- Explain any checked boxes >>>>

Employee name: [REDACTED]

Identify factors which contributed to or caused accident
(refer to list on left side of page):

Management:

Employee:

staff

Equipment:

Environment:

Counter measures/best practices to prevent reoccurrence:

Who:

By when:

Explain any checked boxes for "Additional casual factors":

Client behavior is the cause of this accident/injury. Staff tried to close door to Safety Program Phone: 503-378-5952 ext 232 Kitchen but he pushed through

ODHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Employee Incident/ Accident Report

001

SOCPS Safety Program:
503-378-5952 ext 232
FAX: 503-378-5917

[REDACTED]

[REDACTED]

Regularly assigned shift hours: W-SU 2-10p Days off: M TU

Accident information:

Date of incident: 10/3/2013 Time of incident: 8 PM Exact location of incident: CLIENT ROOM/HALLWAY

Witness(es):

SAM NORM LAURA LEWIS
SUSAN CAWWELL

Body part injured (R/L): SHOULDERS BACK Nature of the injury: STRAINED BACK / SHOULDERS

Describe the incident fully: I ATTEMPTED TO INTERVIEW WHEN CLIENT GRABBED NECK/ARMS OF OTHER STAFF BY A WRIST CAPTURE AND HE SPUN US ALL AROUND IN ENTRY WAY OF BEDROOM.

What caused the incident? CLIENT GOT UPSET W/O PREFERRED STAFF PRESENT

How could the incident have been prevented: PREFERRED STAFF PRESENT / MORE TRAINING HOW TO CARE FOR CLIENT WHEN PREFERRED NOT PRESENT

Employee signature: [REDACTED] Date: 10/4/13

SUPERVISOR SECTION: (see back for identifying factors which contributed to or caused the accident).

Analysis of the incident

Why it happened - Hazardous condition Unsafe behavior System weakness Other

Explain: Aggression from client - common behavior during absence of non-preferred staff

Action taken to prevent a similar incident: Continuous updating + following BOP, practice OIS, etc

Employee - Went back to work: Yes No | Went home: Yes No | Went to Doctor*: Yes No

Brenda Roudhouse 10/7/13
Supervisor signature Date

*NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) **OVER >**

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Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Employee Incident/ Accident Report

001

SOCPS Safety Program:
503-378-5952 ext 232
FAX: 503-378-5917

[REDACTED]

Regularly assigned shift hours: m-f-2-10p Days off: Sat, Sun

Accident information:

Date of incident: 10/3/2013 Time of incident: 8pm Exact location of incident: bedroom at home

Witness(es):

Joe Poole Laura Lewis
Susan Caldwell

Body part injured (R/L): Shoulder, neck Back Nature of the injury: Strained neck, shoulders, back

Describe the incident fully:
Client attacked me, grabbed the neck area of sweatshirt and swung me around

What caused the incident?

Client did not have his preferred staff on duty, and got upset

How could the incident have been prevented:

yes, if client had his staff

Employee signature:

[REDACTED]

Date: 10/4/2013

SUPERVISOR SECTION: (see back for identifying factors which contributed to or caused the accident).

Analysis of the incident

Why it happened - Hazardous condition Unsafe behavior System weakness Other

Client

Explain: Client has aggressive behavior toward non-preferred staff. This is common during absence of preferred staff

Action taken to prevent a similar incident: Continue updating + following BIP, OIS training, etc

Employee - Went back to work: Yes No | Went home: Yes No | Went to Doctor*: Yes No

[Signature] 10/7/13
Supervisor signature Date

*NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) OVER >

Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Employee Incident/ Accident Report

001

SOCOP Safety Program:
503-378-5952 ext 232
FAX: 503-378-5917

Name: [Redacted]

Address: [Redacted]

Work location: [Redacted]

[Redacted]

Regularly assigned shift hours: 10A-2P

Days off: Sat/Sun

Accident information:

Date of incident: 10/4/13 Time of incident: _____ Exact location of incident: HYAK PARK

Witness(es):

Rocky Moore

Body part injured (R/L): (L) Foot Nature of the Injury: unknown

Describe the incident fully:

Walking with client picking up garbage (trash job) rolled/twisted foot
What caused the incident?

uneven ground and debris

How could the incident have been prevented:

Employee signature: [Redacted]

Date: 10/4/13

SUPERVISOR SECTION: (see back for identifying factors which contributed to or caused the accident).

Analysis of the incident

Why it happened – Hazardous condition Unsafe behavior System weakness Other tripped over branch

Explain: She tripped on a branch laying in the grass

Action taken to prevent a similar incident:

Use more caution and awareness of potential hazard

Employee - Went back to work: Yes No | Went home: Yes No | Went to Doctor*: Yes No

Supervisor signature: Josenda Kordwase Date: 10/4/13

*NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) **OVER >**

DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Employee Incident/ Accident Report

001

SOCP Safety Program:
503-370-5952 ext 232
FAX: 503-370-5917

[Redacted]
[Redacted]
[Redacted]

Regularly assigned shift hours: Swing Days off: Fri/Sat
2:30 pm - 10:30 pm

Accident information:
Date of incident: 10-8-13 Time of incident: 6 pm Exact location of incident: _____

Witness(es):
Tina, Amy, Char, Crystal
Jammie, Daniel

Body part injured (R/L): Back Nature of the injury: Back injury

Describe the incident fully:
Client fell on me
What caused the incident? Client fell on me

How could the incident have been prevented:
it couldn't

Employee signature [Redacted] Date: 10-8-13

SUPERVISOR SECTION: (see back for identifying factors which contributed to or caused the accident).

Analysis of the incident
Why it happened - Hazardous condition Unsafe behavior System weakness Other
Explain: Client aggression + staff tripped

Action taken to prevent a similar incident:
review staff incident & OI's

Employee - Went back to work: Yes No | Went home: Yes No | Went to Doctor*: Yes No
Supervisor signature [Signature] Date 10-9-13

*NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) OVER >

Employee Incident/ Accident Report

001

SOCPS Safety Program:
503-378-5952 ext 232
FAX: 503-378-5917

Name: _____
Address: _____
Worksitr _____
Regularly assigned shift hours: 7³⁰ A - 4⁰⁰ P. Days off: S/S

Accident information:

Date of incident: 10-09-2013 Time of incident: 10:00 AM Exact location of incident: Basement east wall

Witness(es):

Ricky Tate,
Keith Porter

Body part injured (R/L): R Knee Nature of the injury: Sprain?

Describe the incident fully: After completing a demonstration of the seated wall technique (OIS) I was in the process of getting up from the floor into a standing position, and as I was extending/pushing up with my right leg my knee gave out.

What caused the incident?

Getting up from a floor seated position to standing

How could the incident have been prevented:

Employee signature _____ Date: 10-10-2013

SUPERVISOR SECTION: (see back for identifying factors which contributed to or caused the accident).

Analysis of the incident

Why it happened - Hazardous condition Unsafe behavior System weakness Other

Explain: _____

Action taken to prevent a similar incident:

Employee - Went back to work: Yes No | Went home: Yes No | Went to Doctor*: Yes No

*NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) OVER >

Supervisor signature _____ Date _____

SPD - State Operated Community Program

Employee Incident/Accident Report

EMPLOYEE SECTION

Name: [Redacted]

Address: [Redacted]

Regularly Assigned Shift Hours: 2:30pm - 10:30pm Days Off: TUES & Wed.

Date of Incident: 10-10-13 Time of Incident: 5:30pm

Witness(es): KANSA ASAYE

Exact Location of Incident: Brooks House

Body Part Injured (L/R): Upper Spine

Nature of Injury: Aches/Pain @ Upper Spine

Describe the incident fully: Staff (LW) was standing in the hall way talking to her client when another client came up and pinched her in the spine w/ his fist.

What caused the incident? Client in Behavior all day Targeted staff after he was calm and after dinner.

How could the incident have been prevented? Staff that was assigned to him should have been watching him closer and inform staff (LW) that he was behind her.

[Redacted Signature] - 10-11-13
Employee Signature Date

SUPERVISOR SECTION: SEE BACK FOR IDENTIFYING FACTORS WHICH CONTRIBUTED TO OR CAUSED ACCIDENT

Analysis of the incident: (Why did it happen – i.e. hazardous condition, unsafe behavior, system weakness, etc.)

Action taken to prevent a similar incident:

Employee: Went back to work: Y N Went home: Y N Went to Doctor: Y N

Supervisor Signature Date **OVER**

(If yes, need 801 within five (5) days of your knowledge of doctor treatment)

SPD - State Operated Community Program
Employee Incident/Accident Report

EMPLOYEE SECTION

Name

Address
Home

Regularly Assigned Shift Hours: 5-11 PM Days Off: FRI / SAT

Date of Incident: 10-10-13 Time of Incident: 5:40 PM

Witness(es): DAN HOAG MHTT & SUE SMITH MHTT RESPONDED TO NOISE

Exact Location of Incident: LAUNDRY ROOM

Body Part Injured (LIR): CUT ON EAR (L)

Nature of Injury: CABINET FALLING ON ME

Describe the incident fully: I STOOD ON A STEP STOOL TO VIEW THE TOP SHELF OF THE FOOD CABINET NEXT TO THE WASHING MACHINE. I OPENED THE DOORS TO THE CABINET, WHILE STEPPING ONTO STEP STOOL & HOLDING CABINET DOORS THE CABINET FELL ON ME

What caused the incident? KNOCKING ME TO THE GROUND WITH CABINET ON ME WHILE STEPPING ONTO STEPSTOOL & HOLDING THE CABINET DOORS TO PULL MYSELF UP ONTO STEPSTOOL

How could the incident have been prevented? NOT TOUCHING THE CABINET DOORS WHILE STEPPING UP ONTO THE STOOL

Employee Signature: [Redacted] Date: 10-10-13

SUPERVISOR SECTION: SEE BACK FOR IDENTIFYING FACTORS WHICH CONTRIBUTED TO OR CAUSED ACCIDENT

Analysis of the incident: (Why did it happen - i.e. hazardous condition, unsafe behavior, system weakness, etc.) Staff was pulling herself up by the door handles and the cabinet was pulled over onto herself.

Action taken to prevent a similar incident: Cabinet was secured to the wall

Employee: Went back to work: Y N
Went home: Y N
Went to Doctor: Y N

Supervisor Signature: [Signature] Date: 10/16/13

OVER

(If yes, need 801 within five (5) days of your knowledge of doctor treatment)

SOCP Employee Incident/Accident Analysis

System challenges:

Management - Do we have:

- Policy enforcement
- Hazard recognition
- Accountability
- Supervisor training
- Corrective action
- Production priority
- Proper resources
- Job safety training
- Hiring practices
- Maintenance
- Adequate staffing

Employee - Was the employee:

- Following procedure
- Training
- Previous injury
- Mental ability
- Physical capacity
- Equipment use
- Short cuts
- PPE Worn
- Safety attitude

Equipment - Do we have:

- Proper tool selection
- Tool availability
- Maintenance
- Visual warnings
- Guarding

Environmental - What about:

- | | |
|--------------|--------------|
| Plant layout | Vibration |
| Chemical | Lighting |
| Temperature | Ventilation |
| Noise | Housekeeping |
| Radiation | Biological |
| Weather | Ergonomics |
| Terrain | |

Additional casual factors:

- Faulty equipment
- Non-employee
- Prior injury
- Late reporting
- Off-the-Job injury

Explain any checked boxes >>>>

Employee name _____

Identify factors which contributed to or caused accident

(refer to list on left side of page):

Management:

has secured cabinet to wall, manager thought cabinet was already secured.

Employee:

Employee is unsteady at times and should not be climbing without assistance.

Equipment:

Environment:

Counter measures/best practices to prevent reoccurrence:

Secured cabinet
Donot pull on cabinet to help hold you up

Who:

Site manager

By when:

10/15/13

Explain any checked boxes for "Additional casual factors":

Safety Program Phone: 503-378-5952 ext 232

Safety Program FAX: 503-378-5915

Employee Incident/ Accident Report

001
SOCP Safety Program:
730 270 5550

Name: [Redacted]
Address: [Redacted]

Regularly assigned shift hours: Evening Days off: Thur - Fri

Accident information:

Date of incident: 10-12-13 Time of incident: 6:55 pm Exact location of incident: Madison House
Time shift began: Open Was a Client involved? Yes No Client initials: LIVING ROOM
DK

Witness(es): Do not list clients as witnesses.

Susan Short

M Short Mehra

Body part injured (R/L): head Nature of the injury: Shedding, scratches
bruising

Describe the incident fully:

I was putting on a necklace on my client, when DK told me it would help if I would put it on correct. I answered

What caused the incident? I put it on correct - she yelled at me to shut up
Client I was in her house and have to go by her rules
I answered - I appreciate you wanting

How could the incident have been prevented: to help me - DK attacked.

Employee signature: [Redacted] Date: 10-15-13

SUPERVISOR SECTION: (see back for identifying factors which contributed to or caused the accident)

Analysis of the incident

Why it happened - Hazardous condition Unsafe behavior System weakness Other

Explain: Client attacked staff

Action taken to prevent a similar incident:

Client involved? Yes No Entered into THERAP? Yes No

Employee - Went back to work: Yes No | Went home: Yes No | Went to Doctor*: Yes No

[Signature]
Supervisor signature

10/16/13
Date

* NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) OVER >

Employee Incident/ Accident Report

001

SOCPS Safety Program:
503-378-5952 ext 232
FAX: 503-378-5917

Name: [REDACTED]

Regularly assigned shift hours: Swing 2pm-10pm Days off: Mon/Tue

Accident information:

Date of incident: 10/13/13 Time of incident: 6:15pm Exact location of incident: Courtyard of Care Home

Witness(es):

John Crenshaw

Body part injured (R/L): R/Pinky finger Nature of the injury: Deep cut

Describe the incident fully: I was carving a pumpkin for a client (who was sitting inside the house watching through the window) and accidentally cut my right pinky finger

What caused the incident? The knife and hand became slippery and the ^{hand slipped} knife slipped and the hand slid down the blade

How could the incident have been prevented:

Having a Pumpkin Carving kit might have helped

Employee signature: [REDACTED] Date: 10-13-13

SUPERVISOR SECTION: (see back for identifying factors which contributed to or caused the accident).

Analysis of the incident

Why it happened - Hazardous condition Unsafe behavior System weakness Other

Explain: Trying to help a client

Action taken to prevent a similar incident: No knives for me!

Employee - Went back to work: Yes No | Went home: Yes No | Went to Doctor*: Yes No

Supervisor signature _____ Date _____

*NOTE: If yes, need 801 within five (5) days of your knowledge of doctor treatment.) OVER >

SOCP Vehicle Incident Report and Supplement to DMV

735-32

SOCP Safety Program:
503-378-5952 ext 232
FAX: 503-378-5917

Employee / volunteer report of incident
Employee or volunteer:
Complete the following section of this form, print it, sign it and give it to your supervisor.
In addition, complete the DMV 735-32 and give to your supervisor. If required by law (as outlined on the form), also submit the 735-32 to DMV. Click here for DMV form.

Your name: [Redacted] Date of incident: 10-16-13

Normal work hours: 2:30 pm am To: 10:30 pm am Days off: Mon Tues Wed Thurs Fri Sat Sun

Office name: Brooks
Office address/city: 5334 Quail st NE 97305
Supervisor's name: Ed Miller Supervisor's phone: 503 393-7376
Date reported to supervisor: 10-16-13
This incident was in a: State vehicle #: E 255604 Private vehicle Rental vehicle

Describe the purpose of this trip:
Took a client to work to do the mail route

Did police respond to the incident? Yes No

I was not injured If injured: Indicate body part(s) injured: _____
 I was injured Describe injuries: _____

Action required:
 Rest break only First Aid* Medical care* Hospitalization*
* If seeking medical treatment, complete [Form 801.pdf](#)

Describe recommendations that could have prevented this incident or a similar incident in the future:

Employee signature: [Redacted Signature] Date: 10-16-13

Supervisor's Report of Incident

Supervisor:

After reviewing the employee section, you can either: fill in this section by hand and sign it; or

Open a new DHS 2108 (735-32) in Word, fill in this section, print and sign it, and attached it to the employee's form.

What factors may have contributed to this incident?

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Physical distractions | <input type="checkbox"/> Tight schedule | <input type="checkbox"/> Vehicle maintenance needed |
| <input type="checkbox"/> Mental distractions | <input checked="" type="checkbox"/> Vehicle type/design | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Fatigue | <input checked="" type="checkbox"/> Action(s) of other driver | <input type="checkbox"/> Other: |

Explanation of the boxes you checked above:

The involved SOCP driver stated he was backing up and stopped when he saw another vehicle backing up toward him. The other vehicle made light contact with the state vehicles rear left tail light. This suggests the possibility of a blind spot. The damage is confined to a cracked lense. No panel damage.

Describe action planned to prevent a similar incident from occurring with this or another employee:

The involved SOCP driver will be advised/instructed to look ^{at} both rear view mirrors and physically look back when backing up.

Describe recommendations that could have prevented this incident or a similar incident in the future:

Same as described above

Supervisor's signature: Smiller sm

Date: 10/17/13

Attach to completed form:

- Oregon Traffic Accident & Insurance Report (DMV 732-32)
- Police report, if available

Submit all forms with 24 hours of the incident to:

- SOCP Safety Office, 4494 River Rd. N, Keizer OR, FAX: 503-378-5917
- State Motor Pool, IF a state vehicle was involved, FAX: 503-378-5813



OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

Complete this form ONLY if your accident is reportable under Oregon Law. The accident is reportable if it happened on a highway or premises open to the public, and resulted in any of the following: 1) More than \$1000 in damage to any one person's property; 2) Injury to any person (no matter how minor the injury); or, 3) the death of any person. (PLEASE PRINT)

ACCIDENT DATE 10-16-13	DAY OF WEEK M T W T H F S S N W	TIME OF DAY 3:15 PM AM PM	COUNTY	DO NOT WRITE IN THIS SPACE	Accident Number
ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route) Marion County Sheriff 4040 Mansville Hwy S.E.			MILE POST		Accident Type Code (Circle One) 1 2 3 4 6 8 9 X R P
<input type="checkbox"/> WITHIN _____ FEET N S E W			<input type="checkbox"/> WITHIN _____ FEET N S E W NAME OF NEAREST CITY / TOWN		
<input type="checkbox"/> NEAR _____ MILES N S E W			<input type="checkbox"/> NEAR _____ MILES N S E W		

TYPE OF ACCIDENT - The accident involved one or more of the following: (Mark all that apply):

<input checked="" type="checkbox"/> Two vehicles	<input type="checkbox"/> Fatality	<input type="checkbox"/> ATV / Snowmobile	<input type="checkbox"/> Train	<input type="checkbox"/> Animal
<input type="checkbox"/> More than two vehicles	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Parked vehicle	<input type="checkbox"/> Fixed object
<input type="checkbox"/> Pedestrian			<input type="checkbox"/> Overturned vehicle	<input type="checkbox"/> Other

Were you covered by liability insurance at the time of the accident? YES NO
 If you do not complete ALL of this section your accident will be considered uninsured and your driving privileges may be suspended. You must list the insurance company that provided liability coverage for the vehicle. You are driving. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.

DRIVER'S	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DRIVER				F ADDRESS CHANGE
[REDACTED]				[REDACTED]

INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS

POLICY NUMBER

VEHICLE IDENTIFICATION NUMBER

VEHICLE PLATE NUMBER

STATE

YEAR

MAKE & MODEL

Was your vehicle's damage more than \$1000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other person's vehicle damage more than \$1000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the accident occur while you were driving your employer's vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you driving on your job and being paid for the principal purpose of driving?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you being paid to drive and/or deliver persons or property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you operating a government owned vehicle marked for transporting mail in accordance with government rules?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you operating an authorized emergency vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you operating a commercial motor vehicle requiring you to have a commercial driver license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a) Were you transporting hazardous material?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DRIVER'S NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> SAME				
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS				
POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR
				MAKE & MODEL

IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, ATTACH A SUPPLEMENTAL REPORT (Form 735-32B).

DESCRIBE WHAT HAPPENED:

Pick up Mail from Marion County Sheriff at 3:15 went and drop it on The Back of The Van. we notice there was a small ford minny van behind the van facing the other way. There was two people sitting in the other van. so we got in the state van put it in reverse I look to see if it still clear to go. started going back. before I knew he was moving to and hit us on the left light on the rear got out look at the damage on his van there was no damage only an out van only the plastic on the light. Exchanging information and

I certify all information given on this report is true and accurate to the best of my knowledge. *went on our way*

SIG: **[REDACTED]** DATE SIGNED: **10-17-13**

STK# 300009

SOCP Vehicle Incident Report and Supplement to DMV

735-32
SOCP Safety Program:
503-378-5952 ext 232
FAX: 503-378-5917

Employee / volunteer report of incident

Employee or volunteer:

Complete the following section of this form, print it, sign it and give it to your supervisor.

In addition, complete the DMV 735-32 and give to your supervisor. If required by law (as outlined on the form), also submit the 735-32 to DMV. Click here for DMV form.

Your name: _____

Date of incident: 10/22/13

Normal work hours: _____

6:30 am pm

To: _____

2:30 am pm

Days off:

Mon Tues Wed Thurs
 Fri Sat Sun

Office name: _____

Brooks House - SOCP

Office address/city: _____

5334 Quail St, Brooks OR

Supervisor's name: _____

Ed Miller

Supervisor's phone: _____

Date reported to supervisor: _____

10/22/13

This incident was in a:

State vehicle #: E

Private vehicle

Rental vehicle

Describe the purpose of this trip:

Take client to KROC Center Per ISP Goal

Did police respond to the incident? Yes No

I was not injured

If injured: Indicate body part(s) injured: _____

I was injured

Describe injuries: _____

Action required:

Rest break only

First Aid*

Medical care*

Hospitalization*

* If seeking medical treatment, complete [Form 801.pdf](#)

Describe recommendations that could have prevented this incident or a similar incident in the future:

Not driving with headache in future. Paying more attention to intersections.

Employee signatur _____

[Redacted Signature]

Date: _____

10/22/13

Supervisor's Report of Incident

Supervisor:

After reviewing the employee section, you can either: fill in this section by hand and sign it; or
Open a new DHS 2108 (735-32) in Word, fill in this section, print and sign it, and attached it to the employee's form.

What factors may have contributed to this incident?

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical distractions | <input type="checkbox"/> Tight schedule | <input type="checkbox"/> Vehicle maintenance needed |
| <input type="checkbox"/> Mental distractions | <input type="checkbox"/> Vehicle type/design | <input type="checkbox"/> Weather |
| <input checked="" type="checkbox"/> Fatigue | <input type="checkbox"/> Action(s) of other driver | <input checked="" type="checkbox"/> Other: <i>Headache</i> |

Explanation of the boxes you checked above: *The employee indicated she had a headache at the time of the accident and this condition might have reduced her concentration.*

Describe action planned to prevent a similar incident from occurring with this or another employee:

This incident was reviewed with the involved employee. The employee has had an excellent driving record prior to this incident. Defensive Driving training will be provided if warranted in the future.

Describe recommendations that could have prevented this incident or a similar incident in the future:

Employee needs to avoid driving and notify her supervisor if she is experiencing a condition that will negatively impact her ability to operate a motor vehicle.

Supervisor's signature: *Erin Miller sm*

Date: *10/22/13*

Attach to completed form:

- Oregon Traffic Accident & Insurance Report (DMV 732-32)
- Police report, if available

Submit all forms with 24 hours of the incident to:

- SOCP Safety Office, 4494 River Rd. N, Keizer OR, FAX: 503-378-5917
- State Motor Pool, IF a state vehicle was involved, FAX: 503-378-5813





OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

Complete this form ONLY if your accident is reportable under Oregon Law. The accident is reportable if it happened on a highway or premises open to the public, and resulted in any of the following: 1) More than \$1000 in damage to any one person's property; 2) Injury to any person (no matter how minor the injury); or, 3) the death of any person. (PLEASE PRINT)

LOCATION & TIME

ACCIDENT DATE 10/22/13	DAY OF WEEK M T W TH F S SN	TIME OF DAY 10:40 AM	COUNTY Marion	DO NOT WRITE IN THIS SPACE	Accident Number
ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route) Portland Rd and Macintosh St					MILE POST
<input type="checkbox"/> WITHIN _____ FEET N S E W NAME OF NEAREST INTERSECTING ROAD			<input type="checkbox"/> WITHIN _____ FEET N S E W NAME OF NEAREST CITY / TOWN		
<input type="checkbox"/> NEAR _____ MILES N S E W			<input type="checkbox"/> NEAR _____ MILES N S E W		

YOUR INFORMATION

TYPE OF ACCIDENT - The accident involved one or more of the following: (Mark all that apply):

<input checked="" type="checkbox"/> Two vehicles	<input type="checkbox"/> Fatality	<input type="checkbox"/> ATV / Snowmobile	<input type="checkbox"/> Train	<input type="checkbox"/> Animal _____
<input type="checkbox"/> More than two vehicles	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Parked vehicle	<input type="checkbox"/> Fixed object _____
	<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Overturned vehicle	<input type="checkbox"/> Other _____

Were you covered by liability insurance at the time of the accident? YES NO

If you do not complete ALL of this section, your accident will be considered uninsured and your driving privileges may be suspended. You must list the insurance company that provided liability coverage for the vehicle.

INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

POLICY NUMBER: [REDACTED] VEHICLE IDENTIFICATION NUMBER: 204R06B07CR32261 VEHICLE PLATE NUMBER: 255619 STATE: OR MAKE & MODEL: [REDACTED]

OTHER DRIVER

Was your vehicle's damage more than \$1000? YES NO

Other person's vehicle damage more than \$1000? YES NO

Did the accident occur while you were driving your employer's vehicle? YES NO

Were you driving on your job and being paid for the principal purpose of driving? YES NO

Were you being paid to drive and/or deliver persons or property? YES NO

Were you operating a government owned vehicle marked for transporting mail in accordance with government rules? YES NO

Were you operating an authorized emergency vehicle? YES NO

Were you operating a commercial motor vehicle requiring you to have a commercial driver license? YES NO

a) Were you transporting hazardous material? YES NO

DRIVER'S NAME (LAST, FIRST, MIDDLE): UNKNOWN DRIVER'S LICENSE NUMBER: [REDACTED] STATE: [REDACTED] DATE OF BIRTH: [REDACTED] SEX: [REDACTED]

DRIVER'S ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

VEHICLE OWNER'S NAME AND ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

SAME

INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS: [REDACTED]

POLICY NUMBER: [REDACTED] VEHICLE IDENTIFICATION NUMBER: [REDACTED] VEHICLE PLATE NUMBER: [REDACTED] STATE: [REDACTED] YEAR: [REDACTED] MAKE & MODEL: [REDACTED]

NARRATIVE

DESCRIBE WHAT HAPPENED:

Was preparing to take a right hand turn at Macintosh st. when traffic was clear to turn. I accelerated and hit truck from behind. There was no damage on state vehicle, but there was a 3" ding on bumper of the truck being my first accident. I failed to gather other info.

SIGNATURE

I certify all information given on this report is true and accurate to the best of my knowledge.

SIGNATURE: [REDACTED] DATE SIGNED: 10/22/13

SOCP Safety Checklist

To be completed monthly
 faxed to the Safety Office
 Original filed at house

Seniors and People with Disabilities
State Operated Community Program

House: <u>BROOKS</u>	Date: <u>10-11-13</u>	Inspector: <u>James Kammerer</u>
<input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA - Not Applicable		
1.0 General Environment		
1.1 All areas are clean and organized	+	
1.2 No trip hazards present inside or outside	+	
1.3 All lights working	+	
1.4 No bee/wasp/hornet nests	+	
1.5 Knives, scissors, etc., stored correctly	+	
1.6 Water temperature < 120 for clients	+	
1.7 Security alarms/motion detectors <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Maglocks	+	
1.8 Stained/soiled couches or carpeting (where?)	+	
1.9 Mold present (where?)	+	
1.9 Other (list):		
2.0 Electrical Safety		
2.1 Outlet/switch cover plates intact	+	
2.2 Extension cords are not in use	+	
2.3 Electrical cords not frayed/cracked	+	
2.4 3' clearance in front of breaker box	+	
2.5 All circuits in breaker box labeled	+	
2.6 Other (lists):		
3.0 Fire and Evacuation Safety		
3.1 No items in 18" plane of fire sprinkler head	+	
3.2 Extinguishers within "Green" charged area	+	
3.3 Extinguishers initialed on back of tag monthly	+	
3.4 Dryer and furnace filters are clean	+	
3.5 Exits are not blocked	+	
3.6 Exit lights are working (if applicable)	NA	
3.7 Exhaust fans are clean and operational	+	
3.8 Smoke detectors/alarms working	+	
3.9 Emergency Plan in place for all clients (Place clients initials below) <u>JW NH SP MT JH</u>		
MEDICAL ONLY HOMES		
M1 Adaptive equipment brakes/safety straps in good repair	NA	
M2 No rough/sharp edges on adaptive equipment	NA	
M3 Generator upkeep schedule current	+	
M4 Other (list):		
4.0 Other Requirements		
4.1 Current Safety Committee minutes posted	+	
4.2 Eyewash station operational	+	
4.3 Eyewash station checked as tested for month	+	
4.4 Other (list):		
5.0 Emergency Equipment		
5.1 First aid kits/manuals are complete and available	+	
5.2 PPE kits are complete and available	+	
5.3 Emergency phone numbers are current and posted	+	
5.4 Garbage/laundry for Bloodborne Pathogens are labeled	+	
5.5 Flashlights working and available on each floor/side	+	
5.6 Other (list):		
6.0 Yard/Maintenance Equipment		
6.1 Guards on mowers, edgers, etc. in place	+	
6.2 Eye protection available	+	
6.3 Ear protection available	+	
6.4 Ladders in good repair	+	
6.5 Ladder's top step labeled "Not a Step"	+	
6.6 Check fences/gates for repair	+	
6.7 Other (list):		
7.0 Hazard Communication		
7.1 All chemical containers labeled	+	
7.2 All MSDS's for chemicals in book	+	
7.3 Combustible/corrosive/poisonous chemicals properly stored	+	
7.4 Personal Protection Equipment for chemical use available	+	
7.5 Other (list):		
8.0 Vehicles		
8.1 All shift inspections done	+	
8.2 Seat belts operational	+	
8.3 Garbage/debris removed from inside vehicle	+	
8.4 Cell phones accounted for, working, undamaged:	+	
8.5 Other (list):		

Item #	Comments/Action Taken (use additional page if necessary)

Site Manager Signature: *Shirley Smith* Date: 10/11/13



SOCP Safety Checklist

To be completed monthly
 _____ faxed to the Safety Office
 _____ Original filed at house

Seniors and People with Disabilities
 State Operated Community Program

House: 174DE Date: 10/4/13 Inspector: Jarla Jordan MHA

Legend: <input checked="" type="checkbox"/> = OK <input type="checkbox"/> = Not OK NA = Not Applicable	
1.0: General Environment	4.0: Other Requirements
1.1 All areas are clean and organized <input checked="" type="checkbox"/>	4.1 Current Safety Committee minutes posted <input checked="" type="checkbox"/>
1.2 No trip hazards present inside or outside <input checked="" type="checkbox"/>	4.2 Eyewash station operational <input checked="" type="checkbox"/>
1.3 All lights working <input checked="" type="checkbox"/>	4.3 Eyewash station checked as tested for month <input checked="" type="checkbox"/>
1.4 No bee/wasp/hornet nests <input checked="" type="checkbox"/>	4.4 Other (list):
1.5 Knives, scissors, etc., stored correctly <input checked="" type="checkbox"/>	5.0: Emergency Equipment
1.6 Water temperature < 120 for clients <input checked="" type="checkbox"/>	5.1 First aid kits/manuals are complete and available <input checked="" type="checkbox"/>
1.7 Security alarms/motion detectors <input checked="" type="checkbox"/>	5.2 PPE kits are complete and available <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input checked="" type="checkbox"/> Maglocks	5.3 Emergency phone numbers are current and posted <input checked="" type="checkbox"/>
1.8 Stained/soiled couches or carpeting (where?) <u>(None)</u> <input checked="" type="checkbox"/>	5.4 Garbage/laundry for Bloodborne Pathogens are labeled <input checked="" type="checkbox"/>
1.9 Mold present (where?) <u>(None)</u> <input checked="" type="checkbox"/>	5.5 Flashlights working and available on each floor/side <input checked="" type="checkbox"/>
1.9 Other (list):	5.6 Other (list):
2.0: Electrical Safety	6.0: Yard/Maintenance Equipment
2.1 Outlet/switch cover plates intact <input checked="" type="checkbox"/>	6.1 Guards on mowers, edgers, etc. in place <input checked="" type="checkbox"/>
2.2 Extension cords are not in use <input checked="" type="checkbox"/>	6.2 Eye protection available <input checked="" type="checkbox"/>
2.3 Electrical cords not frayed/cracked <input checked="" type="checkbox"/>	6.3 Ear protection available <input checked="" type="checkbox"/>
2.4 3' clearance in front of breaker box <input checked="" type="checkbox"/>	6.4 Ladders in good repair <input checked="" type="checkbox"/>
2.5 All circuits in breaker box labeled <input checked="" type="checkbox"/>	6.5 Ladder's top step labeled "Not a Step" <input checked="" type="checkbox"/>
2.6 Other (lists):	6.6 Check fences/gates for repair <input checked="" type="checkbox"/>
3.0: Fire and Evacuation Safety	6.7 Other (list):
3.1 No items in 18" plane of fire sprinkler head <input checked="" type="checkbox"/>	7.0: Hazard Communication
3.2 Extinguishers within "Green" charged area <input checked="" type="checkbox"/>	7.1 All chemical containers labeled <input checked="" type="checkbox"/>
3.3 Extinguishers initialed on back of tag monthly <input checked="" type="checkbox"/>	7.2 All MSDS's for chemicals in book <input checked="" type="checkbox"/>
3.4 Dryer and furnace filters are clean <u>filter changed 10/29/13 JS & ED</u> <input checked="" type="checkbox"/>	7.3 Combustible/corrosive/poisonous chemicals properly stored <input checked="" type="checkbox"/>
3.5 Exits are not blocked <input checked="" type="checkbox"/>	7.4 Personal Protection Equipment for chemical use available <input checked="" type="checkbox"/>
3.6 Exit lights are working (if applicable) <input checked="" type="checkbox"/>	7.5 Other (list):
3.7 Exhaust fans are clean and operational <input checked="" type="checkbox"/>	8.0: Vehicles
3.8 Smoke detectors/alarms working <input checked="" type="checkbox"/>	8.1 All shift inspections done <input checked="" type="checkbox"/>
3.9 Emergency Plan in place for all clients <input checked="" type="checkbox"/>	8.2 Seat belts operational <input checked="" type="checkbox"/>
(Place clients initials below)	8.3 Garbage/debris removed from inside vehicle <input checked="" type="checkbox"/>
<u>SD MB BK PS AS</u>	8.4 Cell phones accounted for, working, undamaged: <input checked="" type="checkbox"/>
MEDICAL ONLY HOMES	8.5 Other (list):
M1 Adaptive equipment brakes/safety straps in good repair <input checked="" type="checkbox"/>	
M2 No rough/sharp edges on adaptive equipment <input checked="" type="checkbox"/>	
M3 Generator upkeep schedule current <input checked="" type="checkbox"/>	
M4 Other (list):	

Item #	Comments/Action Taken (use additional page if necessary)

Site Manager Signature: [Signature] Date: 10/4/13

State Operated Community Program
Safety Checklist

Facility: **CHARLES ST**

Date: 10-3-13

Inspector: [Signature]

+ = OK

0 = Not OK

NA = Not Applicable

1.0 General Environment		5.0 Emergency Equipment	
1.1 All areas are clean and organized	+	5.1 First aid kits/manuals are complete and available	+
1.2 No trip hazards present inside or outside	+	5.2 PPE kits are complete and available	+
1.3 All lights working	+	5.3 Emergency phone numbers are current and posted	+
1.4 No bee/wasp/hornet nests	+	5.4 Garbage/laundry for Blood Borne Pathogens are labeled	+
1.5 Knives, scissors, etc., stored correctly	+	5.5 Flashlights working and available on each floor/side	+
1.6 Water temperature < 120	+	5.6 Other (list):	
1.7 Security Alarms/motion detectors	+	6.0 Yard/Maintenance Equipment	
1.8 Other (list):		6.1 Guards on mowers, edgers, etc. in place	+
2.0 Electrical Safety		6.2 Eye protection available	+
2.1 Outlet/switch cover plates intact	+	6.3 Ear protection available	+
2.2 Extension cords are not in use	+	6.4 Ladders in good repair	+
2.3 Electrical cords not frayed/cracked	+	6.5 Ladder's top step labeled "Not a Step"	+
2.4 3' clearance in front of breaker box	+	6.6 Check fences/gates for repair	+
2.5 All circuits in breaker box labeled	+	6.7 Other (list):	
2.6 Other (list):		7.0 Hazard Communication	
3.0 Fire and Evacuation Safety		7.1 All chemical containers labeled	+
3.1 No items in 18" plane of fire sprinkler head	+	7.2 All MSDS's for industrial-use chemicals in book/staff trained	+
3.2 Extinguishers charged/tagged (current tag)/available	+	7.3 Combustible/corrosive/poisonous chemicals stored properly	+
3.3 Dryer and furnace filters are clean	+	7.4 Personal Protection Equipment for chemical use available	+
3.4 Exits are not blocked	+	7.5 Other (list):	
3.5 Smoke detectors/alarms working	+	8.0 Vehicles	
3.6 Exit lights are working (if applicable)	NA	8.1 All shift inspections done	+
3.7 Exhaust fans are clean and operational	+	8.2 Seatbelts operational	+
3.8 Other (list):		8.3 Other (list):	
4.0 OSHA Requirements		9.0 Medical Rooms	
4.1 Current SOCP Safety Committee minutes posted	+	9.1 Adaptive equipment brakes/safety straps in good repair	NA
4.2 Eyewash station operational	+	9.2 No rough/sharp edges on adaptive equipment	NA
4.3 Other (list):		9.3 Generator upkeep schedule current	NA
		9.4 Other (list):	

Item # _____ Comments/Action Taken _____

Metal exit doors need replaced - done

Site Administrator Signature: [Signature] Date: 10-4-13

Original filed at house; Copy to Safety Office



Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

SOCP Safety Checklist

DHS 4577

Facility: Dean Date: 10-23 Inspector: Sean
 + = OK 0 = Not OK NA = Not Applicable

1.0 General environment:		5.0 Emergency equipment:	
1.1 All areas are clean and organized	+	5.1 First aid kits/manuals are complete and available	+
1.2 No trip hazards present inside or outside	+	5.2 PPE kits are complete and available	+
1.3 All lights working	0	5.3 Emergency phone numbers are current and posted	+
1.4 No bee/wasp/hornet nests	+	5.4 Garbage/laundry for Blood Borne Pathogens are labeled	+
1.5 Knives, scissors, etc., stored correctly	+	5.5 Flashlights working and available on each floor/side	+
1.6 Water temperature < 120	+	5.6 Other (list):	+
1.7 Security alarms/motion detectors: <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Maglocks	+	6.0 Yard/maintenance equipment:	
1.8 Other (list):		6.1 Guards on mowers, edgers, etc. in place	+
2.0 Electrical safety:		6.2 Eye protection available	+
2.1 Outlet/switch cover plates intact	+	6.3 Ear protection available	+
2.2 Extension cords are not in use	+	6.4 Ladders in good repair	+
2.3 Electrical cords not frayed/cracked	+	6.5 Ladder's top step labeled "Not a Step"	+
2.4 3' clearance in front of breaker box	+	6.6 Check fences/gates for repair	+
2.5 All circuits in breaker box labeled	+	6.7 Other (list):	+
2.6 Other (list):		7.0 Hazard communication:	
3.0 Fire and evacuation safety:		7.1 All chemical containers labeled	+
3.1 No items in 18" plane of fire sprinkler head	+	7.2 All MSDS's for industrial-use chemicals in book/staff trained	+
3.2 Extinguishers charged/tagged (current tag)/available	+	7.3 Combustible/corrosive/poisonous chemicals stored properly	+
3.3 Dryer and furnace filters are clean	+	7.4 Personal Protection Equipment for chemical use available	+
3.4 Exits are not blocked	+	7.5 Other (list):	+
3.5 Smoke detectors/alarms working	+	8.0 Vehicles:	
3.6 Exit lights are working (if applicable)	+	8.1 All shift inspections done	+
3.7 Exhaust fans are clean and operational	+	8.2 Seat belts operational	+
3.8 Other (list): <u>Exit maps</u>	0	8.3 Other (list):	+
4.0 OSHA Requirements:		9.0 Medical homes:	
4.1 Current SOCP Safety Committee minutes posted	+	9.1 Adaptive equipment brakes/safety straps in good repair	
4.2 Eyewash station operational	+	9.2 No rough/sharp edges on adaptive equipment	
4.3 Other (list):	+	9.3 Generator upkeep schedule current	
		9.4 Other (list):	

Item # _____ Comments/Action Taken _____

_____ Electrical - one above 3br light above
 _____ Kitchen Dining Rm + 2br side corner small
 _____ window plug in not working 3br bed side
 _____ main stream called asap no response back

Site Administrator signature: Sharon Freeman, SM Date: 10-23-13

Policy #5.008 Attachment A Mandatory Original filed at house; Copy to Safety Office DHS 4577 (3/11)

SOCP Safety Checklist

To be completed monthly
 ___ faxed to the Safety Office
 ___ Original filed at house

House: <i>Discovery</i>	Date: <i>10-10-13</i>	Inspector: <i>David Chung</i>
+ = OK 0 = Not OK NA = Not Applicable		
1.0 General Environment		5.0 Emergency Equipment
1.1 All areas are clean and organized	+	5.1 First aid kits/manuals are complete and available
1.2 No trip hazards present inside or outside	+	5.2 PPE kits are complete and available
1.3 All lights working	+	5.3 Emergency phone numbers are current and posted
1.4 No bee/wasp/hornet nests	+	5.4 Garbage/laundry for Bloodborne Pathogens are labeled
1.5 Knives, scissors, etc., stored correctly	0	5.5 Flashlights working and available on each floor/side
1.6 Water temperature < 120 for clients	+	5.6 Other (list):
1.7 Security alarms/motion detectors <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input checked="" type="checkbox"/> Maglocks	+	6.0 Yard/Maintenance Equipment
1.8 Other (list): <i>Gate and door not latching</i>	0	6.1 Guards on mowers, edgers, etc. in place
2.0 Electrical Safety		6.2 Eye protection available
2.1 Outlet/switch cover plates intact	+	6.3 Ear protection available
2.2 Extension cords are not in use	+	6.4 Ladders in good repair
2.3 Electrical cords not frayed/cracked	+	6.5 Ladder's top step labeled "Not a Step"
2.4 3' clearance in front of breaker box	+	6.6 Check fences/gates for repair
2.5 All circuits in breaker box labeled	+	6.7 Other (list):
2.6 Other (lists):		7.0 Hazard Communication
3.0 Fire and Evacuation Safety		7.1 All chemical containers labeled
3.1 No items in 18" plane of fire sprinkler head	+	7.2 All MSDS's for chemicals in book
3.2 Extinguishers within "Green" charged area	+	7.3 Combustible/corrosive/poisonous chemicals properly stored
3.3 Extinguishers initialed on back of tag monthly	+	7.4 Personal Protection Equipment for chemical use available
3.4 Dryer and furnace filters are clean	+	7.5 Other (list):
3.5 Exits are not blocked	+	8.0 Vehicles
3.6 Exit lights are working (if applicable)	+	8.1 All shift inspections done
3.7 Exhaust fans are clean and operational	+	8.2 Seat belts operational
3.8 Smoke detectors/alarms working	+	8.3 Garbage/debris removed from inside vehicle
3.9 Emergency Plan in place for all clients (Place clients initials below) <i>IH CY JH DB MS</i>	+	8.4 Other (list):
4.0 Other Requirements		9.0 Medical Homes
4.1 Current Safety Committee minutes posted	+	9.1 Adaptive equipment brakes/safety straps in good repair
4.2 Eyewash station operational	+	9.2 No rough/sharp edges on adaptive equipment
4.3 Eyewash station checked as tested for month	+	9.3 Generator upkeep schedule current
4.4 Other (list):		9.4 Other (list):

Item #	Comments/Action Taken
1.5	Knife drawer left unlocked - PLEASE SECURE KNIVES!
1.8	Front gate and door not latching shut. This can be avoided if staff double-check to make sure doors are secure.

Site Manager Signature: _____
 Policy #5.008 Attachment A

Date: _____



Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

SOCP Safety Checklist

DHS 4577

Facility: Elist-1

Date: 9-29-13

Inspector: John A

+ = OK

0 = Not OK

NA = Not Applicable

1.0 General environment		5.0 Emergency equipment	
1.1 All areas are clean and organized	+	5.1 First aid kits/manuals are complete and available	+
1.2 No trip hazards present inside or outside	+	5.2 PPE kits are complete and available	+
1.3 All lights working	+	5.3 Emergency phone numbers are current and posted	+
1.4 No bee/wasp/hornet nests	+	5.4 Garbage/laundry for Blood Borne Pathogens are labeled	+
1.5 Knives, scissors, etc., stored correctly	+	5.5 Flashlights working and available on each floor/side	+
1.6 Water temperature < 120	+	5.6 Other (list):	NA
1.7 Security alarms/motion detectors: <input type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input type="checkbox"/> Maglocks	+	6.0 Yard/maintenance equipment	
1.8 Other (list):	NA	6.1 Guards on mowers, edgers, etc. in place	NA
2.0 Electrical safety		6.2 Eye protection available	+
2.1 Outlet/switch cover plates intact	+	6.3 Ear protection available	NA
2.2 Extension cords are not in use	+	6.4 Ladders in good repair	+
2.3 Electrical cords not frayed/cracked	+	6.5 Ladder's top step labeled "Not a Step"	+
2.4 3' clearance in front of breaker box	+	6.6 Check fences/gates for repair	+
2.5 All circuits in breaker box labeled	+	6.7 Other (list):	
2.6 Other (list):	NA	7.0 Hazard communication	
3.0 Fire and evacuation safety		7.1 All chemical containers labeled	+
3.1 No items in 18" plane of fire sprinkler head	+	7.2 All MSDS's for industrial-use chemicals in book/staff trained	+
3.2 Extinguishers charged/tagged (current tag)/available	+	7.3 Combustible/corrosive/poisonous chemicals stored properly	+
3.3 Dryer and furnace filters are clean	+	7.4 Personal Protection Equipment for chemical use available	+
3.4 Exits are not blocked	+	7.5 Other (list):	NA
3.5 Smoke detectors/alarms working	+	8.0 Vehicles	
3.6 Exit lights are working (if applicable)	NA	8.1 All shift inspections done	+
3.7 Exhaust fans are clean and operational	+	8.2 Seat belts operational	+
3.8 Other (list):	NA	8.3 Other (list):	NA
4.0 OSHA Requirements		9.0 Medical homes	
4.1 Current SOCP Safety Committee minutes posted	+	9.1 Adaptive equipment brakes/safety straps in good repair	+
4.2 Eyewash station operational	+	9.2 No rough/sharp edges on adaptive equipment	+
4.3 Other (list):	NA	9.3 Generator upkeep schedule current	+
		9.4 Other (list):	NA

Item #	Comments/Action Taken

Site Administrator signature: [Signature]
Original filed at house; Copy to Safety Office

Date: 9/30/2013



Oregon Department of Human Services
Seniors and People with disabilities

State Operated Community Program
Safety Checklist

Facility: Eliot House 2

Date: 9/3/13

Inspector: [Signature]

+ = OK

0 = Not OK

NA = Not Applicable

1. General Environment		5.0 Electrical/Equipment	
1.1 All areas are clean and organized	+	5.1 First aid kits/manuals are complete and available	+
1.2 No trip hazards present inside or outside	+	5.2 PPE kits are complete and available	+
1.3 All lights working	+	5.3 Emergency phone numbers are current and posted	+
1.4 No bee/wasp/hornet nests	+	5.4 Garbage/laundry for Blood Borne Pathogens are labeled	+
1.5 Knives, scissors, etc., stored correctly	+	5.5 Flashlights working and available on each floor/side	+
1.6 Water temperature < 120	+	5.6 Other (list):	NA
1.7 Security Alarms/motion detectors	+	6.0 Maintenance/Equipment	
1.8 Other (list):	NA	6.1 Guards on mowers, edgers, etc. in place	NA
2.0 Electrical Safety		6.2 Eye protection available	NA
2.1 Outlet/switch cover plates intact	+	6.3 Ear protection available	NA
2.2 Extension cords are not in use	+	6.4 Ladders in good repair	+
2.3 Electrical cords not frayed/cracked	+	6.5 Ladder's top step labeled "Not a Step"	+
2.4 3' clearance in front of breaker box	+	6.6 Check fences/gates for repair	+
2.5 All circuits in breaker box labeled	+	6.7 Other (list):	NA
2.6 Other (list):	NA	7.0 Hazard Communication	
3.0 Fire and Evacuation Safety		7.1 All chemical containers labeled	+
3.1 No items in 18" plane of fire sprinkler head	+	7.2 All MSDS's for industrial-use chemicals in book/staff trained	+
3.2 Extinguishers charged/tagged (current tag)/available	+	7.3 Combustible/corrosive/poisonous chemicals stored properly	+
3.3 Dryer and furnace filters are clean	+	7.4 Personal Protection Equipment for chemical use available	+
3.4 Exits are not blocked	+	7.5 Other (list):	NA
3.5 Smoke detectors/alarms working	+	8.0 Personal Protective Equipment	
3.6 Exit lights are working (if applicable)	NA	8.1 All shift inspections done	+
3.7 Exhaust fans are clean and operational	+	8.2 Seatbelts operational	+
3.8 Other (list):	NA	8.3 Other (list):	NA
4.0 Safety Administration		9.0 Maintenance	
4.1 Current SOCP Safety Committee minutes posted	+	9.1 Adaptive equipment brakes/safety straps in good repair	+
4.2 Eyewash station operational	+	9.2 No rough/sharp edges on adaptive equipment	+
4.3 Other (list):	NA	9.3 Generator upkeep schedule current	+
		9.4 Other (list):	9.5

8.3 { AB's Pione has a tear in the covering where hoses & laundry - NA
 Slower Gurney center wheel broken off - work order filed
 Slower Gurney hose needs replaced - " " " " 9/3

Site Administrator Signature: [Signature]

Date: 9/4/2013



Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

SOCF Safety Checklist

DHS 4577

Facility: Ellet 3

Date: 9-30-13

Inspector: Alycia Pink

+ = OK

0 = Not OK

NA = Not Applicable

1.0 General environment			5.0 Emergency equipment		
1.1 All areas are clean and organized		+	5.1 First aid kits/manuals are complete and available		+
1.2 No trip hazards present inside or outside.		+	5.2 PPE kits are complete and available		+
1.3 All lights working		+	5.3 Emergency phone numbers are current and posted		+
1.4 No bee/wasp/hornet nests		+	5.4 Garbage/laundry for Blood Borne Pathogens are labeled		+
1.5 Knives, scissors, etc., stored correctly		+	5.5 Flashlights working and available on each floor/side		+
1.6 Water temperature < 120		+	5.6 Other (list):		
1.7 Security alarms/motion detectors: <u>Bed 14</u>		+	6.0 Yard/maintenance equipment		
<input type="checkbox"/> Windows <u>Kitchen</u> <input type="checkbox"/> Doors <input type="checkbox"/> Maglocks			6.1 Guards on mowers, edgers, etc. in place		NA
1.8 Other (list):			6.2 Eye protection available		NA
2.0 Electrical safety			6.3 Ear protection available		NA
2.1 Outlet/switch cover plates intact		+	6.4 Ladders in good repair		+
2.2 Extension cords are not in use		+	6.5 Ladder's top step labeled "Not a Step"		+
2.3 Electrical cords not frayed/cracked		+	6.6 Check fences/gates for repair		+
2.4 3' clearance in front of breaker box		+	6.7 Other (list):		
2.5 All circuits in breaker box labeled		+	7.0 Hazard communication		
2.6 Other (list):			7.1 All chemical containers labeled		+
3.0 Fire and evacuation safety			7.2 All MSDS's for industrial-use chemicals in book/staff trained		+
3.1 No items in 18" plane of fire sprinkler head		+	7.3 Combustible/corrosive/poisonous chemicals stored properly		+
3.2 Extinguishers charged/tagged (current tag)/available		+	7.4 Personal Protection Equipment for chemical use available		+
3.3 Dryer and furnace filters are clean		+	7.5 Other (list):		
3.4 Exits are not blocked		+	8.0 Vehicles		
3.5 Smoke detectors/alarms working		+	8.1 All shift inspections done		-
3.6 Exit lights are working (if applicable)		NA	8.2 Seat belts operational		+
3.7 Exhaust fans are clean and operational		+	8.3 Other (list):		
3.8 Other (list):			9.0 Medical homes		
4.0 OSHA Requirements			9.1 Adaptive equipment brakes/safety straps in good repair		-
4.1 Current SOCF Safety Committee minutes posted		+	9.2 No rough/sharp edges on adaptive equipment		+
4.2 Eyewash station operational		+	9.3 Generator upkeep schedule current		+
4.3 Other (list):			9.4 Other (list):		

Item # _____ Comments/Action taken _____

8.1 Not complete - Blue van

9.1 EL belly band on side lyer needs to be replaced -

Site Administrator signature: [Signature]

Date: 9/30/2013

Original filed at house; Copy to Safety Office



SOCP Safety Checklist

To be completed monthly
 — faxed to the Safety Office
 — Original filed at house

Seniors and People with Disabilities
 State Operated Community Program

House: Forsythia Date: 10-13-13 Inspector: Justin George MATT

+ = OK 0 = Not OK NA = Not Applicable

1.0 General Environment		4.0 Other Requirements	
1.1 All areas are clean and organized	+	4.1 Current Safety Committee minutes posted	+
1.2 No trip hazards present inside or outside	+	4.2 Eyewash station operational	+
1.3 All lights working	+	4.3 Eyewash station checked as tested for month	+
1.4 No bee/wasp/hornet nests	+	4.4 Other (list):	
1.5 Knives, scissors, etc., stored correctly	+	5.0 Emergency Equipment	
1.6 Water temperature < 120 for clients	+	5.1 First aid kits/manuals are complete and available	+
1.7 Security alarms/motion detectors <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input checked="" type="checkbox"/> Maglocks	+	5.2 PPE kits are complete and available	+
1.8 Stained/soiled couches or carpeting (where?)	+	5.3 Emergency phone numbers are current and posted	+
1.9 Mold present (where?)	+	5.4 Garbage/laundry for Bloodborne Pathogens are labeled	+
1.9 Other (list):		5.5 Flashlights working and available on each floor/side	+
2.0 Electrical Safety		5.6 Other (list):	
2.1 Outlet/switch cover plates intact	+	6.0 Yard/Maintenance Equipment	
2.2 Extension cords are not in use	+	6.1 Guards on mowers, edgers, etc. in place	+
2.3 Electrical cords not frayed/cracked	+	6.2 Eye protection available	+
2.4 3' clearance in front of breaker box	+	6.3 Ear protection available	+
2.5 All circuits in breaker box labeled	+	6.4 Ladders in good repair	+
2.6 Other (lists):		6.5 Ladder's top step labeled "Not a Step"	+
3.0 Fire and Evacuation Safety		6.6 Check fences/gates for repair	+
3.1 No items in 18" plane of fire sprinkler head	+	6.7 Other (list):	
3.2 Extinguishers within "Green" charged area	+	7.0 Hazard Communication	
3.3 Extinguishers initialed on back of tag monthly	+	7.1 All chemical containers labeled	+
3.4 Dryer and furnace filters are clean	+	7.2 All MSDS's for chemicals in book	+
3.5 Exits are not blocked	+	7.3 Combustible/corrosive/poisonous chemicals properly stored	+
3.6 Exit lights are working (if applicable)	+	7.4 Personal Protection Equipment for chemical use available	+
3.7 Exhaust fans are clean and operational	+	7.5 Other (list):	
3.8 Smoke detectors/alarms working		8.0 Vehicles	
3.9 Emergency Plan in place for all clients (Place clients initials below) <u>KB DF EH MR</u>	+	8.1 All shift inspections done	+
MEDICAL ONLY HOMES		8.2 Seat belts operational	+
M1 Adaptive equipment brakes/safety straps in good repair	N/A	8.3 Garbage/debris removed from inside vehicle	+
M2 No rough/sharp edges on adaptive equipment	N/A	8.4 Cell phones accounted for, working, undamaged:	+
M3 Generator upkeep schedule current	+	8.5 Other (list):	
M4 Other (list): <u>Propane Levels for Generator</u>	+		

Item #	Comments/Action Taken (use additional page if necessary)

Site Manager Signature: Vin Amos Sr Date: 10/16/13

**DHS SENIORS AND PEOPLE WITH DISABILITIES
STATE OPERATED COMMUNITY PROGRAM
SAFETY CHECK LIST**

RECEIVED
OCT 6 7 2013
DHS SOCP
with Res.

Facility: BGAH

Date: 10/4/13

Inspector: J. [Signature]

+ = OK

0 = Not OK

NA = Not Applicable

1.0 General Environment		5.0 Emergency Equipment	
1.1 All areas are clean and organized	+	5.1 First aid kits/manuals are complete/available	+
1.2 No trip hazards present inside or outside	+	5.2 PPE kits are complete and available	+
1.3 All lights working	+	5.3 Emergency phone numbers are current and posted	+
1.4 No bee/wasp/hornet nests	0	5.4 Garbage/laundry for Blood Borne Pathogens are labeled	+
1.5 Knives, scissors, etc. stored correctly	+	5.5 Flashlights working and available on each floor/side	+
1.6 Water temperature < 120	+	5.6 Other (list):	
1.7 Security Alarms/motion detectors	+	6.0 Yard/Maintenance Equipment	
1.8 Other (list):		6.1 Guards on mowers, edgers, etc. in place	+
2.0 Electrical Safety		6.2 Eye protection available	+
2.1 Outlet/switch cover plates intact	+	6.3 Ear protection available	+
2.2 Extension cords are not in use	+	6.4 Ladders in good repair	+
2.3 Electrical cords not frayed/cracked	+	6.5 Ladder's top step labeled "Not a Step"	+
2.4 3' clearance in front of breaker box	+	6.6 Other (list):	
2.5 All circuits in breaker box labeled	+	7.0 Hazard Communication	
2.6 Other (list):		7.1 All chemical containers labeled	+
3.0 Fire and Evacuation Safety		7.2 All MSDS's for industrial-use chemicals in book/staff trained	+
3.1 No items in 18" plane of fire sprinkler heads	+	7.3 Combustible/corrosive/poisonous chemicals stored properly	+
3.2 Extinguishers charged/tagged (current tag)/ available	+	7.4 Personal Protection Equipment for chemical use available	+
3.3 Dryer and furnace filters are clean	+	7.5 Other (list):	
3.4 Exits are not blocked	+	8.0 Vehicles	
3.5 Smoke detectors/alarms working	+	8.1 All shift inspections done	+
3.6 Exit lights are working (if applicable)	+	8.2 Seatbelts operational	+
3.7 Exhaust fans are clean and operational	+	8.3 Other (list):	+
3.8 Other (list):		9.0 Medical Homes	
4.0 OSHA Requirements		9.1 Adaptive equipment brakes/safety straps in good repair	NA
4.1 Current SOCP Safety committee minutes posted	+	9.2 No rough/sharp edges on adaptive equipment	NA
4.2 Eyewash station operational	+	9.3 Generator upkeep schedule current	+
4.3 Other (list):		9.4 Other (list):	0

Item #:

Comments/Action Taken (Use back for additional space)

1.4 Orkin just sprayed for bees 9/23/13 - SC
9.4 - locking perimeter gates / swell & shrink constantly either not shutting
 Site Administrator Signature: locking or not opening properly Date: _____

Original filed at house (Revised 7/06)

Copy to Safety Office

Safety-Mandatory 004

Received Time Oct. 7. 2013 11:41AM

This is even though metal frame has been installed.
 Pulling ducky from side of fence, hole in fence, and fence repair broken.
 T. 2013 11:41AM No. 3170
 Pulling ducky from side of fence, hole in fence, and fence repair broken. 10/7/13

SOCP Safety Checklist

To be completed monthly
 faxed to the Safety Office
 Original filed at house

House: Halsey Date: 10/20/13 Inspector: Jason

+ = OK 0 = Not OK NA = Not Applicable

1.0 General Environment		4.0 Other Requirements	
1.1 All areas are clean and organized	+	4.1 Current Safety Committee minutes posted	+
1.2 No trip hazards present inside or outside	0	4.2 Eyewash station operational	+
1.3 All lights working	+	4.3 Eyewash station checked as tested for month	+
1.4 No bee/wasp/hornet nests	+	4.4 Other (list):	-
1.5 Knives, scissors, etc., stored correctly	+	5.0 Emergency Equipment	+
1.6 Water temperature < 120 for clients	+	5.1 First aid kits/manuals are complete and available	+
1.7 Security alarms/motion detectors <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input checked="" type="checkbox"/> Maglocks	+	5.2 PPE kits are complete and available	+
1.8 Stained/soiled couches or carpeting (where?)	+	5.3 Emergency phone numbers are current and posted	+
1.9 Mold present (where?)	+	5.4 Garbage/laundry for Bloodborne Pathogens are labeled	+
1.9 Other (list):	-	5.5 Flashlights working and available on each floor/side	+
2.0 Electrical Safety	0	5.6 Other (list):	-
2.1 Outlet/switch cover plates intact	0	6.0 Yard/Maintenance Equipment	+
2.2 Extension cords are not in use	+	6.1 Guards on mowers, edgers, etc. in place	+
2.3 Electrical cords not frayed/cracked	+	6.2 Eye protection available	+
2.4 3' clearance in front of breaker box	+	6.3 Ear protection available	+
2.5 All circuits in breaker box labeled	0	6.4 Ladders in good repair	+
2.6 Other (lists):	-	6.5 Ladder's top step labeled "Not a Step"	+
3.0 Fire and Evacuation Safety	+	6.6 Check fences/gates for repair	0
3.1 No items in 18" plane of fire sprinkler head	+	6.7 Other (list):	-
3.2 Extinguishers within "Green" charged area	+	7.0 Hazard Communication	+
3.3 Extinguishers initialed on back of tag monthly	+	7.1 All chemical containers labeled	+
3.4 Dryer and furnace filters are clean	+	7.2 All MSDS's for chemicals in book	+
3.5 Exits are not blocked	+	7.3 Combustible/corrosive/poisonous chemicals properly stored	+
3.6 Exit lights are working (if applicable)	+	7.4 Personal Protection Equipment for chemical use available	+
3.7 Exhaust fans are clean and operational	+	7.5 Other (list):	-
3.8 Smoke detectors/alarms working	+	8.0 Vehicles	+
3.9 Emergency Plan in place for all clients (Place clients initials below) <u>JE JR DA AN - - -</u>		8.1 All shift inspections done	
MEDICAL ONLY HOMES		8.2 Seat belts operational	+
M1 Adaptive equipment brakes/safety straps in good repair	+	8.3 Garbage/debris removed from inside vehicle	+
M2 No rough/sharp edges on adaptive equipment	+	8.4 Cell phones accounted for, working, undamaged:	0
M3 Generator upkeep schedule current	+	8.5 Other (list):	-
M4 Other (list):	-		

Item #	Comments/Action Taken (use additional page if necessary)
1.2	Power wire in outside common area (2.0) outside plug in needs GFI (C2) Ken
2.5	Alarm and elect panel need to be labeled (3.7) Sound to loud
6.4	beering box and backing (B.S) Work Charger and backing falls off.

Site Manager Signature: [Signature] Date: 10/21/13

SOCP Safety Checklist

To be completed monthly
 faxed to the Safety Office
 Original filed at house

House: <u>Hampden Lane</u>	Date: <u>10/21/13</u>	Inspector: <u>W Baber MHT</u>
OK No OK N/A - Not Applicable		
1.0 General Environment		
1.1 All areas are clean and organized	<input checked="" type="checkbox"/>	
1.2 No trip hazards present inside or outside	<input checked="" type="checkbox"/>	
1.3 All lights working	<input checked="" type="checkbox"/>	
1.4 No bee/wasp/hornet nests	<input checked="" type="checkbox"/>	
1.5 Knives, scissors, etc., stored correctly	<input checked="" type="checkbox"/>	
1.6 Water temperature < 120 for clients	<input checked="" type="checkbox"/>	
1.7 Security alarms/motion detectors <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Maglocks	<input checked="" type="checkbox"/>	
1.8 Other (list):		
2.0 Electrical Safety		
2.1 Outlet/switch cover plates intact	<input checked="" type="checkbox"/>	
2.2 Extension cords are not in use	<input checked="" type="checkbox"/>	
2.3 Electrical cords not frayed/cracked	<input checked="" type="checkbox"/>	
2.4 3' clearance in front of breaker box	<input checked="" type="checkbox"/>	
2.5 All circuits in breaker box labeled	<input checked="" type="checkbox"/>	
2.6 Other (lists):		
3.0 Fire and Evacuation Safety		
3.1 No items in 18" plane of fire sprinkler head	<input checked="" type="checkbox"/>	
3.2 Extinguishers within "Green" charged area	<input checked="" type="checkbox"/>	
3.3 Extinguishers initialed on back of tag monthly	<input checked="" type="checkbox"/>	
3.4 Dryer and furnace filters are clean	<input checked="" type="checkbox"/>	
3.5 Exits are not blocked	<input checked="" type="checkbox"/>	
3.6 Exit lights are working (if applicable)	<input checked="" type="checkbox"/>	
3.7 Exhaust fans are clean and operational	<input checked="" type="checkbox"/>	
3.8 Smoke detectors/alarms working	<input checked="" type="checkbox"/>	
3.9 Emergency Plan in place for all clients (Place clients initials below) <u>AA SS DB VR XM</u>	<input checked="" type="checkbox"/>	
4.0 Other Requirements		
4.1 Current Safety Committee minutes posted	<input checked="" type="checkbox"/>	
4.2 Eyewash station operational	<input checked="" type="checkbox"/>	
4.3 Eyewash station checked as tested for month	<input checked="" type="checkbox"/>	
4.4 Other (list):		
5.0 Firearm/Equipment		
5.1 First aid kits/manuals are complete and available	<input checked="" type="checkbox"/>	
5.2 PPE kits are complete and available	<input checked="" type="checkbox"/>	
5.3 Emergency phone numbers are current and posted	<input checked="" type="checkbox"/>	
5.4 Garbage/laundry for Bloodborne Pathogens are labeled	<input checked="" type="checkbox"/>	
5.5 Flashlights working and available on each floor/side	<input checked="" type="checkbox"/>	
5.6 Other (list):		
6.0 Yard/Maintenance Equipment		
6.1 Guards on mowers, edgers, etc. in place	<input checked="" type="checkbox"/>	
6.2 Eye protection available	<input checked="" type="checkbox"/>	
6.3 Ear protection available	<input checked="" type="checkbox"/>	
6.4 Ladders in good repair	<input checked="" type="checkbox"/>	
6.5 Ladder's top step labeled "Not a Step"	<input checked="" type="checkbox"/>	
6.6 Check fences/gates for repair	<input type="checkbox"/>	
6.7 Other (list):		
7.0 Hazard Communication		
7.1 All chemical containers labeled	<input checked="" type="checkbox"/>	
7.2 All MSDS's for chemicals in book	<input checked="" type="checkbox"/>	
7.3 Combustible/corrosive/poisonous chemicals properly stored	<input checked="" type="checkbox"/>	
7.4 Personal Protection Equipment for chemical use available	<input checked="" type="checkbox"/>	
7.5 Other (list):		
8.0 Vehicles		
8.1 All shift inspections done	<input checked="" type="checkbox"/>	
8.2 Seat belts operational	<input checked="" type="checkbox"/>	
8.3 Garbage/debris removed from inside vehicle	<input checked="" type="checkbox"/>	
8.4 Other (list):		
9.0 Medical Homes		
9.1 Adaptive equipment brakes/safety straps in good repair	<input checked="" type="checkbox"/>	
9.2 No rough/sharp edges on adaptive equipment	<input checked="" type="checkbox"/>	
9.3 Generator upkeep schedule current	<input checked="" type="checkbox"/>	
9.4 Other (list):		

Item #	Comments/Action Taken
6.6	In process of getting taken care of.

Site Manager Signature: *[Signature]* Date: 10-21-13
 Policy #5.008 Attachment A

SOCP Safety Checklist

To be completed monthly
 faxed to the Safety Office
 Original filed at house

House:	<i>Hampden</i>	Date:	<i>9-12-13</i>	Inspector:	<i>m Bales / DAvants</i>
		OK	Not OK	NA - Not Applicable	
1.0 General Environment				5.0 Emergency Equipment	
1.1 All areas are clean and organized		<i>*</i>		5.1 First aid kits/manuals are complete and available	<i>+</i>
1.2 No trip hazards present inside or outside		<i>+</i>		5.2 PPE kits are complete and available	<i>+</i>
1.3 All lights working		<i>0</i>		5.3 Emergency phone numbers are current and posted	<i>+</i>
1.4 No bee/wasp/hornet nests		<i>+</i>		5.4 Garbage/laundry for Bloodborne Pathogens are labeled	<i>+</i>
1.5 Knives, scissors, etc., stored correctly		<i>+</i>		5.5 Flashlights working and available on each floor/side	<i>+</i>
1.6 Water temperature < 120 for clients		<i>+</i>		5.6 Other (list):	<i>+</i>
1.7 Security alarms/motion detectors <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Maglocks		<i>+</i>		6.0 Yard/Maintenance Equipment	
1.8 Other (list):		<i>+</i>		6.1 Guards on mowers, edgers, etc. in place	<i>+</i>
2.0 Electrical Safety				6.2 Eye protection available	<i>+</i>
2.1 Outlet/switch cover plates intact		<i>+</i>		6.3 Ear protection available	<i>+</i>
2.2 Extension cords are not in use		<i>+</i>		6.4 Ladders in good repair	<i>+</i>
2.3 Electrical cords not frayed/cracked		<i>+</i>		6.5 Ladder's top step labeled "Not a Step"	<i>+</i>
2.4 3' clearance in front of breaker box		<i>+</i>		6.6 Check fences/gates for repair	<i>0</i>
2.5 All circuits in breaker box labeled		<i>+</i>		6.7 Other (list):	<i>+</i>
2.6 Other (lists):		<i>+</i>		7.0 Hazard/Communication	
3.0 Fire and Evacuation Safety				7.1 All chemical containers labeled	<i>+</i>
3.1 No items in 18" plane of fire sprinkler head		<i>+</i>		7.2 All MSDS's for chemicals in book	<i>+</i>
3.2 Extinguishers within "Green" charged area		<i>+</i>		7.3 Combustible/corrosive/poisonous chemicals properly stored	<i>+</i>
3.3 Extinguishers initialed on back of tag monthly		<i>+</i>		7.4 Personal Protection Equipment for chemical use available	<i>+</i>
3.4 Dryer and furnace filters are clean				7.5 Other (list):	<i>+</i>
3.5 Exits are not blocked		<i>+</i>		8.0 Vehicles	
3.6 Exit lights are working (if applicable)		<i>+</i>		8.1 All shift inspections done	<i>+</i>
3.7 Exhaust fans are clean and operational		<i>+</i>		8.2 Seat belts operational	<i>+</i>
3.8 Smoke detectors/alarms working		<i>+</i>		8.3 Garbage/debris removed from inside vehicle	<i>+</i>
3.9 Emergency Plan in place for all clients (Place clients initials below) <i>KM VR AA DS SS</i>		<i>+</i>		8.4 Other (list):	<i>+</i>
4.0 Other Requirements				9.0 Medical Homes	
4.1 Current Safety Committee minutes posted		<i>0</i>		9.1 Adaptive equipment brakes/safety straps in good repair	<i>X</i>
4.2 Eyewash station operational		<i>+</i>		9.2 No rough/sharp edges on adaptive equipment	<i>X</i>
4.3 Eyewash station checked as tested for month		<i>+</i>		9.3 Generator upkeep schedule current	<i>X</i>
4.4 Other (list):		<i>+</i>		9.4 Other (list):	<i>X</i>

work order submitted

Item #	Comments/Action Taken
<i>1.3</i>	<i>Multiple lights need replaced - Possible wire issues West Dining.</i>
<i>6.6</i>	<i>WORK ORDER Submitted for fence repair</i>

Site Manager Signature: *[Signature]* Date: *9-17-13*



and People with Disabilities
State Operated Community Program

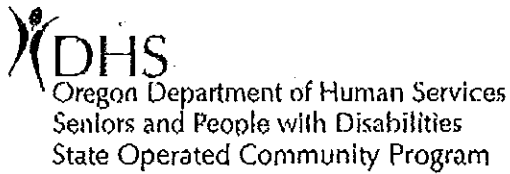
SOCP Safety Checklist

To be completed monthly
 faxed to the Safety Office
 Original filed at house

House: <u>Hawthorne</u>	Date: <u>10-17-13</u>	Inspector: <u>Mike Bradley</u>	
General Maintenance			
1.1 All areas are clean and organized	<input checked="" type="checkbox"/>	5.1 First aid kits/manuals are complete and available	<input checked="" type="checkbox"/>
1.2 No trip hazards present inside or outside	<input checked="" type="checkbox"/>	5.2 PPE kits are complete and available	<input checked="" type="checkbox"/>
1.3 All lights working	<input checked="" type="checkbox"/>	5.3 Emergency phone numbers are current and posted	<input checked="" type="checkbox"/>
1.4 No bee/wasp/hornet nests	<input checked="" type="checkbox"/>	5.4 Garbage/laundry for Bloodborne Pathogens are labeled	<input checked="" type="checkbox"/>
1.5 Knives, scissors, etc., stored correctly	<input checked="" type="checkbox"/>	5.5 Flashlights working and available on each floor/side	<input checked="" type="checkbox"/>
1.6 Water temperature < 120 for clients	<input checked="" type="checkbox"/>	5.6 Other (list):	
1.7 Security alarms/motion detectors <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input checked="" type="checkbox"/> Maglocks	<input checked="" type="checkbox"/>	Grounds Maintenance	
1.8 Other (list):		6.1 Guards on mowers, edgers, etc. in place	<input checked="" type="checkbox"/>
Electrical		6.2 Eye protection available	<input checked="" type="checkbox"/>
2.1 Outlet/switch cover plates intact	<input checked="" type="checkbox"/>	6.3 Ear protection available	<input checked="" type="checkbox"/>
2.2 Extension cords are not in use	<input checked="" type="checkbox"/>	6.4 Ladders in good repair	<input checked="" type="checkbox"/>
2.3 Electrical cords not frayed/cracked	<input checked="" type="checkbox"/>	6.5 Ladder's top step labeled "Not a Step"	<input checked="" type="checkbox"/>
2.4 3' clearance in front of breaker box	<input checked="" type="checkbox"/>	6.6 Check fences/gates for repair	<input checked="" type="checkbox"/>
2.5 All circuits in breaker box labeled	<input checked="" type="checkbox"/>	6.7 Other (list):	
2.6 Other (lists):		Chemicals	
Fire and Life Safety		7.1 All chemical containers labeled	<input checked="" type="checkbox"/>
3.1 No items in 18" plane of fire sprinkler head	<input checked="" type="checkbox"/>	7.2 All MSDS's for chemicals in book	<input checked="" type="checkbox"/>
3.2 Extinguishers within "Green" charged area	<input checked="" type="checkbox"/>	7.3 Combustible/corrosive/poisonous chemicals properly stored	<input checked="" type="checkbox"/>
Extinguishers initialed on back of tag monthly	<input checked="" type="checkbox"/>	7.4 Personal Protection Equipment for chemical use available	<input checked="" type="checkbox"/>
3.4 Dryer and furnace filters are clean	<input checked="" type="checkbox"/>	7.5 Other (list):	
3.5 Exits are not blocked	<input checked="" type="checkbox"/>	Vehicle	
3.6 Exit lights are working (if applicable)	<input checked="" type="checkbox"/>	8.1 All shift inspections done	<input checked="" type="checkbox"/>
3.7 Exhaust fans are clean and operational	<input checked="" type="checkbox"/>	8.2 Seat belts operational	<input checked="" type="checkbox"/>
3.8 Smoke detectors/alarms working	<input checked="" type="checkbox"/>	8.3 Garbage/debris removed from inside vehicle	<input checked="" type="checkbox"/>
3.9 Emergency Plan in place for all clients (Place clients initials below)	<input checked="" type="checkbox"/>	8.4 Other (list):	
<u>MM PC RG HC</u>		Adaptive Equipment	
Occupational Safety		9.1 Adaptive equipment brakes/safety straps in good repair	<input checked="" type="checkbox"/>
4.1 Current Safety Committee minutes posted	<input checked="" type="checkbox"/>	9.2 No rough/sharp edges on adaptive equipment	<input checked="" type="checkbox"/>
4.2 Eyewash station operational	<input checked="" type="checkbox"/>	9.3 Generator upkeep schedule current	<input checked="" type="checkbox"/>
4.3 Eyewash station checked as tested for month	<input checked="" type="checkbox"/>	9.4 Other (list):	
4.4 Other (list):			

Item	Comments/Action Plan

Site Manager Signature: M. S. Allan SM Date: 10/18/2013
 Policy #5.008 Attachment A



SOCP Safety Checklist

DHS 4577

Facility: INA Date: 9/21/19 Inspector: Jerry Foulner
 += OK 0 = Not OK NA = Not Applicable

1.0 General environment		5.0 Emergency equipment	
1.1 All areas are clean and organized	+	5.1 First aid kits/manuals are complete and available	+
1.2 No trip hazards present inside or outside	+	5.2 PPE kits are complete and available	+
1.3 All lights working	+	5.3 Emergency phone numbers are current and posted	+
1.4 No bee/wasp/hornet nests	+	5.4 Garbage/laundry for Blood Borne Pathogens are labeled	+
1.5 Knives, scissors, etc., stored correctly	+	5.5 Flashlights working and available on each floor/side	+
1.6 Water temperature < 120	+	5.6 Other (list):	
1.7 Security alarms/motion detectors: <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Maglocks		6.0 Yard/maintenance equipment	
1.8 Other (list):		6.1 Guards on mowers, edgers, etc. in place	+
2.0 Electrical safety		6.2 Eye protection available	+
2.1 Outlet/switch cover plates intact	+	6.3 Ear protection available	+
2.2 Extension cords are not in use	+	6.4 Ladders in good repair	+
2.3 Electrical cords not frayed/cracked	+	6.5 Ladder's top step labeled "Not a Step"	+
2.4 3' clearance in front of breaker box	+	6.6 Check fences/gates for repair	+
2.5 All circuits in breaker box labeled	+	6.7 Other (list):	
2.6 Other (list):		7.0 Hazard communication	
3.0 Fire and evacuation safety		7.1 All chemical containers labeled	+
3.1 No items in 18" plane of fire sprinkler head	+	7.2 All MSDS's for industrial-use chemicals in book/staff trained	+
3.2 Extinguishers charged/tagged (current tag)/available	+	7.3 Combustible/corrosive/poisonous chemicals stored properly	+
3.3 Dryer and furnace fillers are clean	+	7.4 Personal Protection Equipment for chemical use available	+
3.4 Exits are not blocked	+	7.5 Other (list):	
3.5 Smoke detectors/alarms working	+	8.0 Vehicles	
3.6 Exit lights are working (if applicable)	+	8.1 All shift inspections done	+
3.7 Exhaust fans are clean and operational	+	8.2 Seat belts operational	+
3.8 Other (list):		8.3 Other (list):	
4.0 OSHA Requirements		9.0 Medical homes	
4.1 Current SOCP Safety Committee minutes posted	+	9.1 Adaptive equipment brakes/safety straps in good repair	N/A
4.2 Eyewash station operational	+	9.2 No rough/sharp edges on adaptive equipment	N/A
4.3 Other (list):		9.3 Generator upkeep schedule current	N/A
		9.4 Other (list):	N/A

Item #	Comments/Action Taken

Site Administrator signature: Susan Phillips SM Date: 10/22/13

SOCP Safety Checklist

To be completed monthly
 faxed to the Safety Office
 Original filed at house

Seniors and People with Disabilities
State Operated Community Program

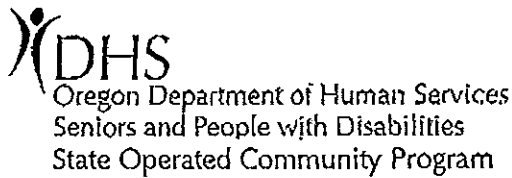
House: Tawes St Date: 10-6-13 Inspector: M. Padilla

OK Not OK Not Applicable

1.0 General Environment		4.0 Other Requirements	
1.1 All areas are clean and organized	+	4.1 Current Safety Committee minutes posted	+
1.2 No trip hazards present inside or outside	+	4.2 Eyewash station operational	+
1.3 All lights working	+	4.3 Eyewash station checked as tested for month	+
1.4 No bee/wasp/hornet nests	+	4.4 Other (list):	
1.5 Knives, scissors, etc., stored correctly	+	5.0 Emergency Equipment	
1.6 Water temperature < 120 for clients	+	5.1 First aid kits/manuals are complete and available	+
1.7 Security alarms/motion detectors <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Maglocks	+	5.2 PPE kits are complete and available	+
1.8 Stained/soiled couches or carpeting (where?)	+	5.3 Emergency phone numbers are current and posted	+
1.9 Mold present (where?)	+	5.4 Garbage/laundry for Bloodborne Pathogens are labeled	+
1.9 Other (list):	○	5.5 Flashlights working and available on each floor/side	+
2.0 Electrical Safety		5.6 Other (list):	
2.1 Outlet/switch cover plates intact	+	6.0 Yard/Maintenance Equipment	
2.2 Extension cords are not in use	+	6.1 Guards on mowers, edgers, etc. in place	+
2.3 Electrical cords not frayed/cracked	+	6.2 Eye protection available	+
2.4 3' clearance in front of breaker box	+	6.3 Ear protection available	+
2.5 All circuits in breaker box labeled	+	6.4 Ladders in good repair	+
2.6 Other (lists):		6.5 Ladder's top step labeled "Not a Step"	+
3.0 Fire and Evacuation Safety		6.6 Check fences/gates for repair	+
3.1 No items in 18" plane of fire sprinkler head	+	6.7 Other (list):	
3.2 Extinguishers within "Green" charged area	+	7.0 Hazard Communication	
3.3 Extinguishers initialed on back of tag monthly	+	7.1 All chemical containers labeled	+
3.4 Dryer and furnace filters are clean	+	7.2 All MSDS's for chemicals in book	+
3.5 Exits are not blocked	+	7.3 Combustible/corrosive/poisonous chemicals properly stored	+
3.6 Exit lights are working (if applicable)	+	7.4 Personal Protection Equipment for chemical use available	+
3.7 Exhaust fans are clean and operational	+	7.5 Other (list):	
3.8 Smoke detectors/alarms working	+	8.0 Vehicles	
3.9 Emergency Plan in place for all clients (Place clients initials below)		8.1 All shift inspections done	+
MEDICAL ONLY HOMES		8.2 Seat belts operational	+
M1 Adaptive equipment brakes/safety straps in good repair	NA	8.3 Garbage/debris removed from inside vehicle	+
M2 No rough/sharp edges on adaptive equipment	NA	8.4 Cell phones accounted for, working, undamaged:	+
M3 Generator upkeep schedule current	NA	8.5 Other (list):	
M4 Other (list):	NA		

Item #	Comments/Action Taken (use additional page if necessary)
109	Large hole on 3-Bed S. de wall - <u>unref</u> Submit work order.

Site Manager Signature: Dawn Taylor SM Date: 10/7/13



SOCP Safety Checklist

DHS 4577

Facility: Joely Place Date: 10-23-13 Inspector: Nick Feinmond
 + = OK 0 = Not OK NA = Not Applicable

1.0 General environment			5.0 Emergency equipment	
1.1 All areas are clean and organized		+	5.1 First aid kits/manuals are complete and available	+
1.2 No trip hazards present inside or outside		+	5.2 PPE kits are complete and available	+
1.3 All lights working		+	5.3 Emergency phone numbers are current and posted	+
1.4 No bee/wasp/hornet nests		+	5.4 Garbage/laundry for Blood Borne Pathogens are labeled	+
1.5 Knives, scissors, etc., stored correctly		+	5.5 Flashlights working and available on each floor/side	+
1.6 Water temperature < 120 <u>109[°]</u>		+	5.6 Other (list):	
1.7 Security alarms/motion detectors: <input type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input checked="" type="checkbox"/> Maglocks		n/a	6.0 Yard/maintenance equipment	
1.8 Other (list):			6.1 Guards on mowers, edgers, etc. in place	+
2.0 Electrical safety			6.2 Eye protection available	+
2.1 Outlet/switch cover plates intact		0	6.3 Ear protection available	+
2.2 Extension cords are not in use		+	6.4 Ladders in good repair	+
2.3 Electrical cords not frayed/cracked		+	6.5 Ladder's top step labeled "Not a Step"	+
2.4 3' clearance in front of breaker box		+	6.6 Check fences/gates for repair	+
2.5 All circuits in breaker box labeled		+	6.7 Other (list):	
2.6 Other (list):			7.0 Hazard communication	
3.0 Fire and evacuation safety			7.1 All chemical containers labeled	+
3.1 No items in 18" plane of fire sprinkler head		+	7.2 All MSDS's for industrial-use chemicals in book/staff trained	+
3.2 Extinguishers charged/tagged (current tag)/available		0	7.3 Combustible/corrosive/poisonous chemicals stored properly	+
3.3 Dryer and furnace filters are clean		+	7.4 Personal Protection Equipment for chemical use available	+
3.4 Exits are not blocked		+	7.5 Other (list):	
3.5 Smoke detectors/alarms working		+	8.0 Vehicles	
3.6 Exit lights are working (if applicable)		+	8.1 All shift inspections done	+
3.7 Exhaust fans are clean and operational		+	8.2 Seat belts operational	+
3.8 Other (list):			8.3 Other (list):	
4.0 OSHA Requirements			9.0 Medical homes	
4.1 Current SOCP Safety Committee minutes posted			9.1 Adaptive equipment brakes/safety straps in good repair	n/a
4.2 Eyewash station operational		+	9.2 No rough/sharp edges on adaptive equipment	
4.3 Other (list):			9.3 Generator upkeep schedule current	
			9.4 Other (list):	

Item #:	Comments/Action-Taken
<u>2.1</u>	<u>kl's plugs</u>
<u>3.7</u>	<u>car extinguisher with rip tags -</u>

Site Administrator signature: [Signature] Date: 10/23/13

DHS

Department of Human Services
Senior and People with Disabilities
State Operated Community Program

SOCP Safety Checklist

DHS 4577

Facility: Macleay SOCP

Date: 10/9/2013

Inspector: M Wood MHT

+ = OK

0 = Not OK

NA = Not Applicable

1.0 General environment		5.0 Emergency equipment	
1.1 All areas are clean and organized	+	5.1 First aid kits/manuals are complete and available	+
1.2 No trip hazards present inside or outside	+	5.2 PPE kits are complete and available	+
1.3 All lights working	+	5.3 Emergency phone numbers are current and posted	+
1.4 No bee/wasp/hornet nests	+	5.4 Garbage/laundry for Blood Borne Pathogens are labeled	+
1.5 Knives, scissors, etc., stored correctly	+	5.5 Flashlights working and available on each floor/side	+
1.6 Water temperature < 120	+	5.6 Other (list):	+
1.7 Security alarms/motion detectors: <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Maglocks	+	6.0 Yard/maintenance equipment	
1.8 Other (list):	0	6.1 Guards on mowers, edgers, etc. in place	+
2.0 Electrical safety		6.2 Eye protection available	+
2.1 Outlet/switch cover plates intact	+	6.3 Ear protection available	+
2.2 Extension cords are not in use	+	6.4 Ladders in good repair	+
2.3 Electrical cords not frayed/cracked	+	6.5 Ladder's top step labeled "Not a Step"	+
2.4 3' clearance in front of breaker box	+	6.6 Check fences/gates for repair	+
2.5 All circuits in breaker box labeled	+	6.7 Other (list):	+
2.6 Other (list):	+	7.0 Hazard communication	
3.0 Fire and evacuation safety		7.1 All chemical containers labeled	+
3.1 No items in 18" plane of fire sprinkler head	+	7.2 All MSDS's for industrial-use chemicals in book/staff trained	+
3.2 Extinguishers charged/tagged (current tag)/available	+	7.3 Combustible/corrosive/poisonous chemicals stored properly	+
3.3 Dyeer and furnace fillers are clean	+	7.4 Personal Protection Equipment for chemical use available	+
3.4 Exits are not blocked	+	7.5 Other (list):	+
3.5 Smoke detectors/alarms working	+	8.0 Vehicles	
3.6 Exit lights are working (if applicable)	+	8.1 All shift inspections done	+
3.7 Exhaust fans are clean and operational	+	8.2 Seat belts operational	+
3.8 Other (list):	+	8.3 Other (list):	+
4.0 OSHA Requirements		9.0 Medical homes	
4.1 Current SOCP Safety Committee minutes posted	+	9.1 Adaptive equipment brakes/safety straps in good repair	NA
4.2 Eyewash station operational	+	9.2 No rough/sharp edges on adaptive equipment	NA
4.3 Other (list)	+	9.3 Generator upkeep schedule current	+
		9.4 Other (list):	+

Item #:

1.8

Comments/Action Taken

Client room south side Rm 43 flooring is peeling up behind door. 2 bed flooring coming up by table. North side w/o door Tim on North side laundry room door needs replaced w/o door.

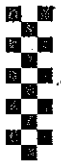
Site Administrator signature:

Date:

10-9-13

Policy #5.008 Attachment A Mandatory

Original filed at house; Copy to Safety Office



DHS Oregon Department of Human Services Seniors and People with Disabilities State Operated Community Program

SOCP Safety Checklist

To be completed monthly
faxed to the Safety Office
Original filed at house

1-503-378-5917

Table with columns for House (MADISON), Date (10/8/13), Inspector (Bill Teller), and various safety items (1.1-4.4, 5.1-5.6, 6.1-6.7, 7.1-7.5, 8.1-8.4, 9.1-9.4) with checkboxes and status indicators.

Table with columns for Item # and Comments/Action Taken.

Site Manager Signature: [Signature] Policy #5.008 Attachment A

Date: 10/8/13



SOCP Safety Checklist

To be completed monthly
 — faxed to the Safety Office
 — Original filed at house

Seniors and People with Disabilities
 State Operated Community Program

House: Milton Date: 10-13-13 Inspector: D. D. [Signature]
 + = OK 0 = Not OK NA = Not Applicable

1.0 General Environment		4.0 Other Requirements	
1.1 All areas are clean and organized	+	4.1 Current Safety Committee minutes posted	+
1.2 No trip hazards present inside or outside	+	4.2 Eyewash station operational	+
1.3 All lights working	+	4.3 Eyewash station checked as tested for month	+
1.4 No bee/wasp/hornet nests	+	4.4 Other (list):	
1.5 Knives, scissors, etc., stored correctly	+	5.0 Emergency Equipment	
1.6 Water temperature < 120 for clients	+	5.1 First aid kits/manuals are complete and available	+
1.7 Security alarms/motion detectors <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input checked="" type="checkbox"/> Maglocks	+	5.2 PPE kits are complete and available	+
1.8 Stained/soiled couches or carpeting (where?)	+	5.3 Emergency phone numbers are current and posted	+
1.9 Mold present (where?)	+	5.4 Garbage/laundry for Bloodborne Pathogens are labeled	+
1.9 Other (list):	0	5.5 Flashlights working and available on each floor/side	+
2.0 Electrical Safety		5.6 Other (list):	
2.1 Outlet/switch cover plates intact	+	6.0 Yard/Maintenance Equipment	
2.2 Extension cords are not in use	+	6.1 Guards on mowers, edgers, etc. in place	+
2.3 Electrical cords not frayed/cracked	+	6.2 Eye protection available	+
2.4 3' clearance in front of breaker box	+	6.3 Ear protection available	+
2.5 All circuits in breaker box labeled	+	6.4 Ladders in good repair	+
2.6 Other (lists):	0	6.5 Ladder's top step labeled "Not a Step"	+
3.0 Fire and Evacuation Safety		6.6 Check fences/gates for repair	+
3.1 No items in 18" plane of fire sprinkler head	+	6.7 Other (list):	
3.2 Extinguishers within "Green" charged area	+	7.0 Hazard Communication	
3.3 Extinguishers initialed on back of tag monthly	+	7.1 All chemical containers labeled	+
3.4 Dryer and furnace filters are clean	+	7.2 All MSDS's for chemicals in book	+
3.5 Exits are not blocked	+	7.3 Combustible/corrosive/poisonous chemicals properly stored	+
3.6 Exit lights are working (if applicable)	+	7.4 Personal Protection Equipment for chemical use available	+
3.7 Exhaust fans are clean and operational	+	7.5 Other (list):	
3.8 Smoke detectors/alarms working	+	8.0 Vehicles	
3.9 Emergency Plan in place for all clients (Place clients initials below) <u>OK AK SS</u>	+	8.1 All shift inspections done	+
MEDICAL ONLY HOMES		8.2 Seat belts operational	+
M1 Adaptive equipment brakes/safety straps in good repair	+	8.3 Garbage/debris removed from inside vehicle	+
M2 No rough/sharp edges on adaptive equipment	+	8.4 Cell phones accounted for, working, undamaged:	+
M3 Generator upkeep schedule current	+	8.5 Other (list):	
M4 Other (list):			

Item #	Comments/Action Taken (use additional page if necessary)
3.7	Exhaust fans need replaced, not working properly.

Site Manager Signature: [Signature]
 Policy #5.008 Attachment A

Date: 10/14/13
 Revised 09/12



SOC P Safety Checklist

To be completed monthly
 ___ faxed to the Safety Office
 ___ Original filed at house

Seniors and People with Disabilities
 State Operated Community Program

House: 215 St Date: 9-24-13 Inspector: Ron Chastain

Legend: OK - OK, U - Not OK, NA - Not Applicable

1.0 General Environment		4.0 Other Requirements	
1.1 All areas are clean and organized	+	4.1 Current Safety Committee minutes posted	+
1.2 No trip hazards present inside or outside	+	4.2 Eyewash station operational	+
1.3 All lights working	+	4.3 Eyewash station checked as tested for month	+
1.4 No bee/wasp/hornet nests	+	4.4 Other (list):	
1.5 Knives, scissors, etc., stored correctly	+	5.0 Emergency Equipment	
1.6 Water temperature < 120 for clients	+	5.1 First aid kits/manuals are complete and available	+
1.7 Security alarms/motion detectors <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input checked="" type="checkbox"/> Maglocks	+	5.2 PPE kits are complete and available	+
1.8 Stained/soiled couches or carpeting (where?)	+	5.3 Emergency phone numbers are current and posted	+
1.9 Mold present (where?)	+	5.4 Garbage/laundry for Bloodborne Pathogens are labeled	+
1.9 Other (list):		5.5 Flashlights working and available on each floor/side	+
2.0 Electrical Safety		5.6 Other (list):	
2.1 Outlet/switch cover plates intact	+	6.0 Yard/Maintenance Equipment	
2.2 Extension cords are not in use	+	6.1 Guards on mowers, edgers, etc. in place	+
2.3 Electrical cords not frayed/cracked	+	6.2 Eye protection available	+
2.4 3' clearance in front of breaker box	+	6.3 Ear protection available	+
2.5 All circuits in breaker box labeled	+	6.4 Ladders in good repair	+
2.6 Other (lists):		6.5 Ladder's top step labeled "Not a Step"	+
3.0 Fire and Evacuation Safety		6.6 Check fences/gates for repair	+
3.1 No items in 18" plane of fire sprinkler head	+	6.7 Other (list):	
3.2 Extinguishers within "Green" charged area	+	7.0 Hazard Communication	
3.3 Extinguishers initialed on back of tag monthly	+	7.1 All chemical containers labeled	+
3.4 Dryer and furnace filters are clean	+	7.2 All MSDS's for chemicals in book	+
3.5 Exits are not blocked	+	7.3 Combustible/corrosive/poisonous chemicals properly stored	+
3.6 Exit lights are working (if applicable)	+	7.4 Personal Protection Equipment for chemical use available	+
3.7 Exhaust fans are clean and operational	+	7.5 Other (list):	
3.8 Smoke detectors/alarms working	+	8.0 Vehicles	
3.9 Emergency Plan in place for all clients (Place clients initials below) <u>RD DM TO JK BT</u>	+	8.1 All shift inspections done	+
MEDICATION HOMES		8.2 Seat belts operational	+
M1 Adaptive equipment brakes/safety straps in good repair		8.3 Garbage/debris removed from inside vehicle	+
M2 No rough/sharp edges on adaptive equipment		8.4 Cell phones accounted for, working, undamaged:	+
M3 Generator upkeep schedule current		8.5 Other (list):	
M4 Other (list):			

Name	Comments/Action Taken (use additional page if necessary)

Site Manager Signature: Syn Wilman SM Date: 9/25/13



SOCP Safety Checklist

To be completed monthly
 ___ faxed to the Safety Office
 ___ Original filed at house

Seniors and People with Disabilities
 State Operated Community Program

House: River/Road Date: 10-13-13 Inspector: Lane/Cochran

OK Not OK NA Not Applicable

1.0 General Environment		4.0 Other Requirements	
1.1 All areas are clean and organized	+	4.1 Current Safety Committee minutes posted	+
1.2 No trip hazards present inside or outside	+	4.2 Eyewash station operational	+
1.3 All lights working	+	4.3 Eyewash station checked as tested for month	+
1.4 No bee/wasp/hornet nests	+	4.4 Other (list):	
1.5 Knives, scissors, etc., stored correctly	+	5.0 Emergency Equipment	
1.6 Water temperature < 120 for clients	+	5.1 First aid kits/manuals are complete and available	+
1.7 Security alarms/motion detectors <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input type="checkbox"/> Maglocks		5.2 PPE kits are complete and available	+
1.8 Stained/soiled couches or carpeting (where?)	+	5.3 Emergency phone numbers are current and posted	+
1.9 Mold present (where?)	+	5.4 Garbage/laundry for Bloodborne Pathogens are labeled	+
1.9 Other (list):		5.5 Flashlights working and available on each floor/side	+
2.0 Electrical Safety		5.6 Other (list):	
2.1 Outlet/switch cover plates intact	+	6.0 Yard/Maintenance Equipment	
2.2 Extension cords are not in use	+	6.1 Guards on mowers, edgers, etc. in place	+
2.3 Electrical cords not frayed/cracked	+	6.2 Eye protection available	+
2.4 3' clearance in front of breaker box	+	6.3 Ear protection available	+
2.5 All circuits in breaker box labeled	+	6.4 Ladders in good repair	+
2.6 Other (lists):		6.5 Ladder's top step labeled "Not a Step"	+
3.0 Fire and Evacuation Safety		6.6 Check fences/gates for repair	+
3.1 No items in 18" plane of fire sprinkler head	+	6.7 Other (list):	
3.2 Extinguishers within "Green" charged area	+	7.0 Hazard Communication	
3.3 Extinguishers initialed on back of tag monthly		7.1 All chemical containers labeled	+
3.4 Dryer and furnace filters are clean	+	7.2 All MSDS's for chemicals in book	+
3.5 Exits are not blocked	+	7.3 Combustible/corrosive/poisonous chemicals properly stored	+
3.6 Exit lights are working (if applicable)	+	7.4 Personal Protection Equipment for chemical use available	+
3.7 Exhaust fans are clean and operational	+	7.5 Other (list):	
3.8 Smoke detectors/alarms working	+	8.0 Vehicles	
3.9 Emergency Plan in place for all clients (Place clients initials below) <u>SP LL SH VB</u>	+	8.1 All shift inspections done	+
MEDICAL ONLY HOMES		8.2 Seat belts operational	+
M1 Adaptive equipment brakes/safety straps in good repair		8.3 Garbage/debris removed from inside vehicle	+
M2 No rough/sharp edges on adaptive equipment		8.4 Cell phones accounted for, working, undamaged:	+
M3 Generator upkeep schedule current		8.5 Other (list):	
M4 Other (list):			

Item #	Comments/Action Taken (use additional page if necessary)

Site Manager Signature: [Signature] Date: 10/14/13

SOCP Safety Checklist

DHS 4577

Facility: Turner Date: 10/04/13 Inspector: Josh Newfeld mrr
 + = OK 0 = Not OK NA = Not Applicable

1.0 General environment		5.0 Emergency equipment	
1.1 All areas are clean and organized	+	5.1 First aid kits/manuals are complete and available	+
1.2 No trip hazards present inside or outside	+	5.2 PPE kits are complete and available	+
1.3 All lights working	+	5.3 Emergency phone numbers are current and posted	+
1.4 No bee/wasp/hornet nests	+	5.4 Garbage/laundry for Blood Borne Pathogens are labeled	+
1.5 Knives, scissors, etc., stored correctly	+	5.5 Flashlights working and available on each floor/side	+
1.6 Water temperature < 120	+	5.6 Other (list):	
1.7 Security alarms/motion detectors: <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input checked="" type="checkbox"/> Maglocks	—	6.0 Yard/maintenance equipment	
1.8 Other (list):		6.1 Guards on mowers, edgers, etc. in place	+
2.0 Electrical safety		6.2 Eye protection available	+
2.1 Outlet/switch cover plates intact	+	6.3 Ear protection available	+
2.2 Extension cords are not in use	+	6.4 Ladders in good repair	+
2.3 Electrical cords not frayed/cracked	+	6.5 Ladder's top step labeled "Not a Step"	+
2.4 3' clearance in front of breaker box	+	6.6 Check fences/gates for repair	—
2.5 All circuits in breaker box labeled	+	6.7 Other (list): <u>Lights in yard</u>	—
2.6 Other (list):		7.0 Hazard communication	
3.0 Fire and evacuation safety		7.1 All chemical containers labeled	
3.1 No items in 18" plane of fire sprinkler head	+	7.2 All MSDS's for industrial-use chemicals in book/staff trained	
3.2 Extinguishers charged/tagged (current tag)/available	+	7.3 Combustible/corrosive/poisonous chemicals stored properly	
3.3 Dryer and furnace filters are clean	+	7.4 Personal Protection Equipment for chemical use available	
3.4 Exits are not blocked	+	7.5 Other (list):	
3.5 Smoke detectors/alarms working	+	8.0 Vehicles	
3.6 Exit lights are working (if applicable)	NA	8.1 All shift inspections done	
3.7 Exhaust fans are clean and operational	+	8.2 Seat belts operational	
3.8 Other (list):		8.3 Other (list):	
4.0 OSHA Requirements		9.0 Medical homes	
4.1 Current SOCP Safety Committee minutes posted	+	9.1 Adaptive equipment brakes/safety straps in good repair	
4.2 Eyewash station operational	+	9.2 No rough/sharp edges on adaptive equipment	
4.3 Other (list):		9.3 Generator upkeep schedule current	
		9.4 Other (list):	

Item # Comments/Action Taken

1.7 Waiting For Alarms and mag locks to Be on Generator !!!

3.2 All Extingursher will Be Serviced on 10-11-13

6.6 Side Gate on 3 bedroom side Not staying closed

6.7 can we get house Lights out side put on Generator as will?

Site Administrator signature: _____ Date: 10/14/13

Original filed at house; Copy to Safety Office

Policy #5.008 Attachment A Mandatory DHS 4577 (3/11)