



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

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| CD-160800 Loss Control Program | Issued: 12/18/85 Effective: 12/14/85 | Reviewed: 03/15/22 Revised: 03/09/15 |
| Alisha Tafoya Lucero, Cabinet Secretary | | <i>Original Signed and Kept on File</i> |

AUTHORITY:

- A. NMSA 1978, Sections 15-7-1 to -11, as amended.
- B. NMSA 1978, Sections 9-17-5, as amended.
- C. NMSA 1978, Sections 50-9-1 to -25, as amended.
- D. General Services Department Rule 91-703, "State Loss Control Program."

REFERENCE:

- A. ACA Standards 5-ACI-3B-08, 5-ACI-3B-10 (M) and 5-ACI-6E-05 *Performance Based Standards and Expected Practices for Adult Correctional Institutions*, 5th Edition.
- B. ACA Standards 2-CI-1A-1, 2-CI-1A-2, 2-CI-1A-3, 2-CI-1A-4, and 2-CI-1A-5, *Standards for Correctional Industries*, 2nd Edition.

PURPOSE:

To assist all institutions and divisions by establishing and maintaining effective Loss Control Procedures.

APPLICABILITY:

All New Mexico Correction Department employees.

FORMS:

- A. **Checklist for Offices Self-Inspection** form (CD-160802.1) (5 Pages)
- B. **Checklist for Institutions Self-Inspection** form (CD-160802.2) (5 Pages)
- C. **Checklist for Institutions (Tools) Self-Inspection** form (CD-160802.3) (3 Pages)
- D. **Checklist for Institutions (Mowers) Self-Inspection** form (CD-160802.4) (2 Pages)
- E. **Supervisor's Incident Investigation Report of Loss** form (CD-160802.5)
- F. **Employee and Witness Account of the Incident** form (CD-160802.6)
- G. **Contributing Causes** form (CD-160802.7) (2 pages)
- H. **Recommended Corrective Actions** form (CD-160802.8)
- I. **Corrections Industries General Safety Rules for All Industrial Areas** form (CD-160803.1)

ATTACHMENTS:

- A. **Agency Loss Control Plan** Attachment (CD-160802.A) (4 Pages)

DEFINITIONS:

- A. Agency or State Agency: Any agency, department, board, instrumentality, or institution of New Mexico State Government.
- B. Committee: Any agency-level Loss Control/Safety Committee, or division or other-level Loss Control/Safety Committee, or all of these as the context require.
- C. Loss Control: A system for identifying, dealing with, reducing, or eliminating exposure to risks which may result in bodily injury, property damage, or other types of injury, death, property damage, or other types of liability covered under insurance or self-insurance programs. Examples include, but are not limited to, the following classes of risk:
 - 1. A state employee who slips and falls on the job (Workers Compensation).
 - 2. A state employee who, while driving his or her own or a state vehicle while on state business, has an accident (auto liability and property damage).
 - 3. Fire or other catastrophe that damages or destroys a state building (property damage).
 - 4. A state doctor who leaves a sponge inside a patient following an operation (medical malpractice).
 - 5. A law-enforcement officer who arrests a person without proper legal authority to do so (law-enforcement liability).
 - 6. A patient who falls out of bed in a state hospital (hospital liability).
 - 7. A visitor who slips and falls in a state building (general liability, premises and operations).
 - 8. A state employee who fails to send a required notice (public official and employee, errors and omissions).
 - 9. A state agency that fails to promote a person because of his or her sex, race, national origin, or age (employment discrimination).
 - 10. A state board that fails to grant a hearing to a licensee prior to that board's considering a revocation of his or her license for cause (violation of constitutional rights).
 - 11. A public employee who mishandles public money in his or her control (fidelity and surety bond loss).
 - 12. A state vehicle that has been left overnight in an unlighted parking area and which is subsequently vandalized (crime comprehensive auto coverage).

- D. Loss Control/Safety Chairperson: Departmental employee at the Institutional Level who is responsible for Loss Control.
- E. Loss Control/Safety Coordinator: Employee who is responsible for coordinating Loss Control efforts at the Departmental level.
- F. Loss Control/Safety Manager: The State Loss Control/Safety Manager of the Risk Management Division of the General Services Department.
- G. Risk Management Division: The Risk Management Division of the General Services Department.
- H. Self-Inspection: That part of a Loss Control Plan that consists of efforts to identify and record potential hazards or situations that might tend to result in a loss.

POLICIES:

- A. The Corrections Department shall implement and maintain a Loss Control Program.
- B. The Secretary shall adopt and promulgate in writing, a plan providing, at a minimum, for the following:
 - Appointment and duties of Loss Control/Safety Coordinator;
 - Appointment and duties of Loss Control/ Safety Committee Members.
 - Procedures for self-inspection;
 - Procedures for loss investigation; and
 - Loss-Control education and training.
- C. A copy of the plan and initial appointments shall be submitted to the Loss Control/Safety Manager (Risk Management Division). Any changes in the program or appointments shall be submitted to Loss Control Manager.
- D. Appointments expire two years from their effective date or when the agency head makes new appointments, whichever comes first.
- E. Should the Secretary fail to adopt and promulgate an agency Loss Control Plan in accordance with this policy, or should any activity fail to appoint persons to any vacant positions included in such a plan, the Loss Control/Safety Manager shall bring this to the Secretary's attention in writing.
- F. Within the constraints of available time, the Loss Control/Safety Manager, upon request of the Secretary, shall assist the agency in drafting its Loss Control Plan. The Loss Control/Safety Manager shall develop and draft a model Loss Control Plan that shall be available to every activity for use in drafting its Loss Control Plan.
- G. The Department shall have a written plan for preventive maintenance of the physical plant; the plan shall include provisions for emergency repairs or replacement in life-threatening situations.
[5-ACI-3B-08]

- H.** A written plan shall address offender and staff injury prevention. The plan shall be based on an analysis of the facility's injury experience and includes methods for identification of problems and preventive or corrective measures. **[5-ACI-6E-05]**
- I.** Each facility shall establish health and safety rules that are to be distributed to all staff, volunteers, contractors, and inmates assigned to industries. **[2-CI-1A-1]**
- J.** All Industries staff, volunteers, contractors, and inmates shall receive an orientation to safety and operating instructions for equipment prior to using the equipment. **[2-CI-1A-2]**
- K.** An ongoing formal safety training program shall be provided for staff, volunteers, contractors, and inmates in the Corrections Industries Program. Training will be provided in accordance with a regular schedule established by the industries operation. **[2-CI-1A-3]**
- L.** Corrections Industries shall adhere to applicable federal, state, local fire, sanitation, safety, and health standards. **[2-CI-1A-4]**
- M.** Corrections Industries Program shall conduct meetings quarterly and shall accept input from inmate workers. **[2-CI-1A-5]**



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| Alisha Tafoya Lucero, Cabinet Secretary | | <i>Original Signed and Kept on File</i> |

AUTHORITY:

Policy *CD-160800*

PROCEDURES:

A. Corrections Department Loss Control/Safety Committee: Creation, Duties:

1. The Secretary shall appoint a Loss Control/Safety Committee of at least five members and a coordinator for the Corrections Department. In addition, the Corrections Department's loss control plan may provide for committees at divisional or other appropriate levels.
2. The Committee shall elect a chairperson and a secretary from among the committee members annually.
3. The Committee shall hold regular quarterly meetings at the call of the chair or a majority of the committee members. Special meetings may be called as needed in the samemanner. The Committee secretary shall keep brief minutes of the proceedings. The minutes shall be made available to the Loss Control/Safety Manager or a representative for review during the Corrections Department's annual Loss Control Program audit.
4. When reviewing individual cases or incidents, the Warden of the affected institution shall be present at the meeting in person or by phone. In cases involving Probation/Parole, the Regional Manager shall be present. When Corrections Industries is involved, the Shop Supervisor shall be present.
5. The Loss Control/Safety Committee's duties shall include, but are not limited to, the following:
 - a. Reviewing the Corrections Department's loss information to ensure adequate measures are being taken to prevent recurrence of the same or similar losses. Where such measures are not adequate, the Committee shall make recommendations or initiate additional action, as appropriate;
 - b. Establishing, evaluating, and making recommendations for improvements in the Corrections Department's loss control activities; and
 - c. Performing any other functions, the Committee deems useful and appropriate, and which are consistent with the Corrections Department's Loss Control Plans.

B. Self-Inspections:

1. The Corrections Department shall institute and carry out self-inspections as part of the Loss Control Plan. Self-inspection of each institutional operation should be made as often as needed, but at least semiannually the first year of the Corrections Department's loss control plan's operation, and at least annually thereafter.
2. The Loss Control Coordinator shall prepare checklists to be used for self-inspection. Checklists should be tailored to the specific work environment being inspected, should be specific as to the risks being inspected for, and should otherwise be easy to use. Checklists should not be limited to physical hazards, but should also address non-physical actions which might result in loss; for example, procedures and activities which might result in discrimination claims or claims that an employee or agency was denied notice or opportunity to be heard before unfavorable action was taken.
3. A written report shall be made of all conditions noticed during self-inspections. A copy of any divisional or other-level report shall be furnished to the Corrections Department's Loss Control Coordinator. For each noted unsatisfactory condition, a response shall be made describing the corrective action taken. The supervisory person responsible for the operation in which the unsatisfactory condition is found shall respond in writing within 30 days from the time the condition is brought to his or her attention.

C. Loss Investigation:

1. The Corrections Department shall establish and carry out procedures for investigating and evaluating losses as part of the agency Loss Control Plan. The procedures shall provide that losses be thoroughly investigated by the supervisory person most immediately responsible for the operation in which the loss occurred. The investigation shall be reduced to a written report describing:
 - a) The loss;
 - b) The investigator's opinion as to the cause of the loss; and
 - c) The investigator's recommendation for avoiding future losses of a similar nature.
2. A copy of the investigation report shall be furnished to the investigator's immediate supervisor and to the Corrections Department Loss Control Coordinator.
3. If the number and complexity of losses makes loss investigation too great a burden on supervisors, the duty to investigate may be delegated with the Secretary's approval.
4. Within 30 days of receipt of a loss investigation report, the agency Loss Control Coordinator shall evaluate the adequacy of the action taken to avoid recurrence. Such evaluation shall be provided to the Loss Control Committee and the supervisor responsible for the report.

5. Any investigation and reports prepared pursuant to this policy are supplementary to and do not replace reports required to comply with state and federal laws. Wherever possible, however, efforts to meet the requirements of this policy and other applicable laws should be combined.

D. Loss Control Training:

1. In order that all employees better understand why losses occur and how they can be avoided, the Corrections Training Academy shall provide loss control training to its employees on a regular basis. Integration of this training with other training programs is encouraged.
2. To be effective, the training must reach the worker and must be understood.
3. Training in the proper way to perform each job is basic to loss control and shall be fully covered in initial training.
4. A review of losses within the Department, and an explanation of why losses occurred, shall be used to supplement formal training. The review shall be circulated to employees annually.
5. The New Mexico Occupational Health and Safety Act contains requirements which afford protection to employees against injury or illness on the job. The provisions of the Act shall be included as a continuing part of loss control training.



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AUTHORITY:

Policy *CD-160800*

PROCEDURES:

A. Institution and Division Loss Control Committees: Creation and Duties:

1. All Wardens and Division Directors of the Probation/Parole, Corrections Industries and the Corrections Training Academy shall appoint a Loss Control Committee of at least five appointive members and a coordinator to chair each committee. These appointments shall be announced using the **Agency Loss Control Plan Attachment (CD-160802.A)** (4 Pages).
2. Each committee shall elect a secretary from among the committee members annually.
3. The committee shall hold regular monthly meetings at the call of the chair or a majority of the committee members. The committee secretary shall keep brief minutes of the proceedings. The minutes shall be made available to the Loss Control Manager or a representative for review during the Corrections Department's annual Loss Control Program audit.
4. The Loss Control Committee's duties shall include, but are not limited to, the following:
 - a. Reviewing their respective activities loss information to ensure adequate measures are being taken to prevent recurrence of the same or similar losses. Where such measures are not adequate, the committee shall make recommendations or initiate additional action, as appropriate;
 - b. Establishing, evaluating and making recommendations for improvements in the Corrections Department's loss control activities; and
 - c. Performing any other functions, the committee deems useful and appropriate, and which are consistent with the Corrections Department's Loss Control Plans comply with state and federal laws. Wherever possible, however, efforts to meet the requirements of this policy and other applicable laws should be combined.

B. Self-Inspections:

1. Each committee shall institute and carry out self-inspections as part of the Loss Control Plan. Self-inspection of each operation shall be made as often as needed, at least semiannually the first year of the Corrections Department's Loss Control Plan's operation, and at least annually thereafter.
2. The Loss Control Chairman shall prepare the following check-lists to be used for self-inspection:
 - **Checklist for Offices Self-Inspection** form *(CD-160802.1)* ;
 - **Checklist for Institutions Self-Inspection** form *(CD-160802.2)*;
 - **Checklist for Institutions (Tools) Self-Inspection** form *(CD-160802.3)*;
 - **Checklist for Institutions (Mowers) Self-Inspection** form *(CD-160802.4)*.

Checklists shall be tailored to the specific work environment being inspected, and shall be specific as to the risks being inspected for.

3. A written report shall be made of all conditions noticed during self-inspections. A copy of any divisional or other-level report shall be furnished the Corrections Department's Loss Control Coordinator. For each noted unsatisfactory condition, a response shall be made describing the corrective action taken. The supervisory person responsible for the operation in which the unsatisfactory condition is found shall respond in writing within 30days of the time the condition is brought to his or her attention.

C. Loss Investigation:

1. Each committee shall establish and carry out procedures for investigating and evaluating losses as part of its Loss Control Plan. The procedures shall provide that losses be thoroughly investigated by the supervisory person most immediately responsible for the operation in which the loss occurred, the **Supervisor's Incident Investigation Report of Loss** form *(CD-160802.5)* shall be used to report this. The investigation shall be reduced to a written report describing:
 - a. The loss;
 - b. The investigator's opinion as to the cause of the loss; and
 - c. The investigator's recommendation for avoiding future losses of a similar nature.
2. A copy of the investigation report shall be furnished to the investigator's immediate supervisor and to each Corrections Department Loss Control Chairman.
3. If the number and complexity of losses makes loss investigation too great a burden on supervisors, the duty to investigate may be delegated with the Secretary's approval.
4. Within 30 days of receipt of a loss investigation report, the agency Loss Control Coordinator shall evaluate the adequacy of the action taken to avoid recurrence. Such evaluation shall be provided to the Loss Control Coordinator, the Loss Control Committee and the supervisor responsible for the report.

5. Any investigation and reports prepared pursuant to this policy are supplementary to and do not replace reports required to comply with state and federal laws. Wherever possible, however, efforts to meet the requirements of this policy and other applicable laws shall be combined.

D. Loss Control Training:

1. In order that all employees better understand why losses occur and how they can be avoided, the New Mexico Corrections Training Academy (NMCTA) shall provide loss control training to its employees on a regular basis. Integration of this training with other training programs is encouraged.
2. To be effective, the training must reach the worker and must be understood.
3. Training in the proper way to do the job is basic to loss control and shall be fully covered in initial training.
4. A review of losses within the Department, and an explanation of why losses occurred, shall be used to supplement formal training. The review shall be circulated to employees annually.
5. The New Mexico Occupational Health and Safety Act contains requirements that afford protection to employees against injury or illness on the job. The provisions of the Act shall be included as a continuing part of loss control training.

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Agency Loss Control Plan

DATE: _____

TO: All _____ Personnel

FROM: The Secretary

RE: State Agency Loss Control Plan

A State of New Mexico Loss Control Program has been implemented by General Services Department Rule 91-703, effective Nov. 14, 1991. The purpose of the program is to help control the cost of state government through the control of insurable losses. One of the factors used to determine what insurance premiums will be charged to state agencies for various insurance coverage is the number and amount of losses experienced in the past. Therefore, the reduction of losses will have a favorable effect on future premiums charged to an agency. Although the primary purpose of the program is to reduce the cost of state government, there are other worthwhile benefits that directly result from the reduction of losses. A reduction of worker's compensation claims means fewer of our fellow employees were injured on-the-job. Reduction in property losses means that less of our property, material and equipment was stolen, lost, damaged, or destroyed. Uncontrolled losses in either or both of these categories can seriously affect the efficiency with which we perform our function of government. All these factors make it important for agencies of the state government to make a joint effort to reduce their insurable losses and insurable loss exposure through implementation of an agency Loss Control Plan. Success will be rewarding to us all, as employees and citizens.

In compliance with and support of the State Loss Control Program, I am hereby implementing a state agency Loss Control Plan as of this date.

PROVISIONS:

1. Loss Control Committees:

a) I have appointed a Loss Control Committee consisting of the following personnel:*

- _____ - Deputy Warden
- _____ - Safety and Sanitation Officer
- _____ - Personnel Manager
- _____ - Food Services Director
- _____ - Physical Plant Supervisor
- _____ - Union Representative

*These are given as an example; actual make up of committees will vary by institution.

- b) The committee will meet quarterly or as otherwise scheduled by me.
- c) The chairman will insure that meeting minutes are prepared for items discussed by the committee during these meetings, and forwarded to me for my review, approval and signature. A copy of the minutes will then be forwarded to each committee member. Authorization for further distribution of the minutes by committee members will be indicated on the minutes.

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Agency Loss Control Plan
(Continued)

- d) Responsibilities and activities of the committee will be as outlined in the Corrections Department's Loss Control Program.
 - (1) Review loss summary information provided by the Risk Management Division of the General Services Department to identify adverse trends and develop corrective actions.
 - (2) Review loss investigation reports for adequacy of corrective action to reduce possibility of similar losses in the future and make recommendations where appropriate.
 - (3) Review summary findings of the self-inspection program, evaluate action taken, and follow up to insure final corrective action is taken as planned or recommended.
 - (4) Evaluate adequacy and effectiveness of the agency Loss Control Plan and make recommendations for improvement as appropriate.

2. Loss Control Coordinator:

- a) I have appointed _____ as the Loss Control Coordinator.
- b) The Loss Control Coordinator is a member of the Loss Control Committee and will perform the responsibilities outlined in the Corrections Department's Loss Control Program. These responsibilities include:
 - (1) Act as liaison between the agency and other state agencies, the Risk Management Division of the General Services Department, and insurance carriers.
 - (2) Receive loss summaries from the Risk Management Division or insurance carriers and provide the information to the Loss Control Committee for review.
 - (3) Ensure that a "Supervisor's Report of Loss" has been completed on all losses as required by this plan.
 - (4) Present briefings at Loss Control Committee meetings to indicate losses experienced during the current policy year as compared to previous policy year(s) and other briefings as directed by me.

3. Reporting of Losses:

- a) Any employee suffering an on-the-job injury is encouraged to notify his/her direct supervisor immediately so that the circumstances can be investigated and, if necessary, reported to the worker's compensation insurance carrier.
- b) Any employee who becomes knowledgeable of missing/damaged/destroyed property/materials/equipment that is owned/borrowed/rented or otherwise the responsibility of this agency to safeguard, is to report such knowledge to his/her direct supervisor as soon as possible.

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(Continued)

- c) Any employee who becomes knowledgeable of an incident resulting in an injury to someone other than an employee of this agency or the loss/ damage/destruction of his/her property is to report such knowledge to his/her direct supervisor as soon as possible.

4. Investigation of Losses:

- a) The person having direct supervisory responsibility will conduct an investigation of loss incidents, including those described above, as soon as possible after becoming aware of the incident.
- b) Investigation findings will be reported on agency form number CD-160802.5, *Supervisor's Incident Investigation Report of Loss*.
- c) If an employee on-the-job injury, state vehicle accident, theft, damage or destruction of state property is involved, the supervisor will ensure that the Administrative Services Division is notified so that the necessary notification can be made to appropriate insurance carriers.
- d) Investigation reports will be forwarded through supervisory channels to the appropriate Division Director. The Division Director will review and approve corrective action taken or planned or will direct other or additional corrective action. A copy of the report will then be forwarded to the Loss Control Coordinator and the Division Director will report on the loss at the next Loss Control Committee meeting.

5. Self-Inspection Program:

An inspection of division work areas and activities will be conducted annually; using the checklists attached (Forms 160802.1 thru 160802.4). The Division Director is responsible for determining when the inspection will be conducted and by whom. Division directors may add inspection items to these checklists, but are not to delete items unless they may not apply to the Division. Completed checklists will be forwarded to the Loss Control Coordinator. In addition to this self-inspection, Division Directors are encouraged to develop a self-inspection program that will more adequately cover the activities of their particular Division.

6. Loss Control Training:

Formal and on-the-job training required for employees to perform or improve the performance of their duties is considered a form of loss control training. However, it is anticipated that additional loss control training needs will be developed during self-inspections, and investigation of losses. Examples are: office safety, office security, fire prevention, lifting safety, etc. Determining the need and authorizing/directing its completion will be the responsibility of the Loss Control Committee. In addition, requests or recommendations for such training may be forwarded by any Division Director to the Loss Control Committee for consideration.

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Agency Loss Control Plan
(Continued)

7. *Support and Participation:*

I expect all agency employees to support this Plan by performing their duties as efficiently and safely as possible and reporting loss exposures and/or loss control suggestions to their supervisor or division chief.

Agency head signature block

Attachments:

1. *Supervisor's Report of Loss* Form
2. Annual Inspection Checklists

NEW MEXICO CORRECTIONS DEPARTMENT
Checklist for Offices Self-Inspection

OFFICES

Area Surveyed: _____

Surveyed By: _____ Date: _____

(Note: A "NO" answer indicates an unsatisfactory condition requiring corrective action.)

I. General

YES NO

- A. Are emergency phone numbers, i.e. Fire Department, Ambulance, Police, current and posted? _____ _
- B. Are employees trained on the proper use of portable fire extinguishers? _____ _
- C. Are there adequate passageways between desks (at least three feet)? _____ _
- D. Are office machines set away from the edge of desks or tables? _____ _
- E. Are machines which move during operation provided with rubber feet or pads? _____ _
- F. Are bookcases, shelving and tall file cabinets secured to the wall studs or floor? _____ _

II. Aisles and Stairways

- A. Are main passageways sufficiently wide? _____ _
- B. Are passageways through work areas kept unobstructed? _____ _
- C. Are walking surfaces and passageways kept free of tripping hazards such as electrical cords and telephone lines? _____ _
- D. Are rubber channels provided for cords that must cross the floor? _____ _
- E. Are aisles kept free of protruding objects such as open file drawers, pencil sharpeners, etc.? _____ _
- F. Is nonskid wax used on walking surfaces? _____ _
- G. Are handrails provided on both sides of stairways more than 44 inches wide but less than 88 inches wide? _____ _
- H. Are center rail(s) and side handrails provided for stairways wider than 88 inches? _____ _

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Checklist for Offices Self-Inspection
(Continued)

YES NO

III. Doors

- A. Are doors that open into pedestrian walkways outlined or specially marked with yellow and black-striped tape, bright yellow paint, etc., to indicate the path of their swing? —

- B. Are doors that open in pedestrian walkways provided with small glass view windows?
(Care shall be used where these glass windows are inserted into fire doors to ensure that the integrity and fire rating of the door is maintained.) —

- C. Are glass doors and full-length windows provided with metal guard rails at about 42 inches above the floor to warn and protect people from walking through them? —

- D. Are full-length windows that are adjacent to office areas provided with guardrails? —

IV. Light and Ventilation

- A. Is the illumination level adequate for work functions? —

- B. Do mechanical ventilation and air conditioning systems supply an adequate flow of air at a comfortable temperature? —

- C. Is ventilation adequate for duplicating machines utilizing hazardous liquids such as methanol and ammonia? —

V. Hazardous Noise

Where machines or other operations produce extremely high noise levels, has an effort been made to reduce the noise level by engineering or isolation? —

VI. Electrical Hazards

- A. Are there enough outlets of adequate amperage capacity provided to eliminate potential electrical and fire hazards? —

- B. Is darkroom equipment properly grounded to minimize the possibility of electrical shock in all areas which are in close proximity of water? —

- C. Is the darkroom electrical circuit provided with a GFI (ground fault interrupter) circuit breaker? —

- D. Are improvised cords prohibited? (The cords shall be an integral part of the attached plug connector and shall have no exposed current-carrying parts except for the plug prongs, blades, or pins.) —

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Checklist for Offices Self-Inspection
(Continued)

YES NO

E. Are extension cords routed through window or door openings or through walls?
(Desired Answer is "NO") —

F. Are extension cords routed over metal objects, i.e., electrical conduit, overhead pipes, metal racks, etc? (Subject to physical damage thus shorting to metal fixtures.) (Desired Answer is "NO") —

G. Are circuits within fuse boxes and circuit breakers identified as to the areas they control? —

H. Are employees encouraged to report electrical defects immediately? —

I. Are appliances and equipment (such as refrigerators, air conditioners, electrical water coolers, copiers, vending machines, etc.) properly grounded? —

I. Materials Storage

A. Are materials prohibited from blocking or restricting passageways? —

B. Are heavier, larger and more unstable packages and objects stored on lower shelves? —

C. Is overhead storage limited to minimize a possibility of materials falling onto an employee? —

D. Are step stools with retractable casters in conjunction with nonskid feet, provided for areas of storage? —

E. Are flammable liquids maintained within safety cans? —

F. Is smoking prohibited in areas of flammable liquid storage? —

G. Are designated smoking areas provided with self-extinguishing ashtrays? —

VIII. Office Equipment

A. Are office chairs built with a wide base to minimize the possibility of tipping? —

B. Are plastic or laminated fiberboard desk mats periodically turned over to minimize tripping hazards from edges curling upwards? —

C. Are plastic tops recommended for desks and tables in lieu of glass tops, where applicable? (Plastic tops will not crack or shatter as easily as glass tops.) —

D. Is all new equipment checked for sharp edges, slivers and burrs? —

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Checklist for Offices Self-Inspection
(Continued)

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| E. Are desk drawers provided with safety stops? | | _____ |
| F. Are positive-latching mechanisms provided for paper cutters and paper cutter blades secured in locked position after use? | | — |
| G. Are metal trash cans used instead of plastic ones to preclude the release of toxic substances in case of a trash can fire? | | — |
| H. Are office fans provided with nylon or other mesh guards of openings sufficient to prohibit the introduction of fingers into the case interior (1/4")? | | — |
| IX. <u>Filing Cabinets</u> | | |
| A. Are filing cabinet drawers closed immediately after use? | | — |
| B. Are filing cabinet drawers provided with safety stops? | | — |
| C. Are stools or chairs adequately stored out of passageways when not in use? | | — |
| X. <u>Other Office Hazards</u> | | |
| A. Are low-flammability and low-toxicity solvents used in printing and duplicating operations? | | — |
| B. Are metal waste safety containers provided for soiled rags impregnated with duplicating solvent? | | — |
| C. Are solvents handled with caution so that employees will not accidentally splash these materials onto parts of their bodies or into their eyes? | | — |
| D. Are spindles (spiked files) prohibited in offices? <i>(Many office hand injuries occur from these spindles.)</i> | | — |
| E. Is office machinery operated and maintained only by authorized persons? | | — |
| F. Is broken or defective office equipment reported by the employees to their supervisors, who in turn, notify the proper agency to have it repaired/replaced? | | — |
| G. Are maintenance personnel contacted for the movement of heavy pieces of office equipment? | | — |

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Checklist for Offices Self-Inspection
(Continued)

YES NO

XI. Life Safety

- A. Are at least two exits for each work area maintained with special attention to high hazard areas? ___ -

- B. Are fire emergency exits properly marked and illuminated? ___ -

- C. Are exit routes maintained clear and unobstructed? ___ -

- D. Are fire emergency doors installed so as to swing in the direction of exit travel? ___ -

- E. Are the fire emergency doors prevented from being locked from the inside, e.g. equipped with panic hardware or other quick-release devices? ___ -

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Checklist for Institutions Self-Inspection

INSTITUTIONS

Facility: _____ Location: _____ Date: _____

INSTRUCTIONS:

Enter Y (Yes), N (No), or N/A (Not Applicable) in the column to the right of the condition or area being inspected. N/A is appropriate only when such conditions/areas do not exist in a given facility.

I. Housekeeping

- A. Written housekeeping procedures are available. _____
- B. Garbage and waste are properly stored and disposed of. _____
- C. Lobby areas are clean, well-lighted and free of hazards. _____
- D. Corridors, walkways clean, well-lighted, free of hazards. _____
- E. Stairs are clean, well-lighted, and free of hazards. _____
- F. Walls are clean and in good repair. _____
- G. Ceilings are clean and in good repair. _____
- H. Floors are clean and in good repair. _____
- I. Premises are neat, clean, and free of rubbish. _____
- J. Other openings are provided with adequate protection from bug/rodent infestation. _____
- K. Exterior walls, paint, windows and railings are in good condition. _____
- L. Landscaping is free from weeds and trash. _____

Specify Deficiencies: _____

II. Living Unit

- A. Bedding (Mattress, Blanket, etc.) is clean and in good repair. _____
- B. Available bedding meets or exceeds needs for each inmate. _____
- C. Individual room/cell is clean and free from litter and dust. _____
- D. Closet/wardrobe/assigned clothes hanging area is available for each resident. _____

Specify Deficiencies: _____

NEW MEXICO CORRECTIONS DEPARTMENT

Checklist for Institutions Self-Inspection
(Continued)

III. Laundry

- A. Adequate hand washing facilities are available. —
- B. Adequate storage space exists for supplies. —
- C. Water temperature for washing machines exceeds 165 degrees Fahrenheit for 25 minutes. —

Specify Deficiencies: _____

IV. Restroom/Shower Facilities

- A. Restroom walls, grouting, ceiling, floors and mirror are clean and in good repair. —
- B. Commode is clean, properly sanitized, and in good repair. —
- C. Suitable hand cleansers and paper towels, or approved dryers are available. —
- D. Restrooms are well-ventilated and free from odor. —
- E. Showers and bathtubs are clean and sanitized. —
- F. Shower curtains are clean and in good repair. —
- G. Water temperature does not exceed 120 degrees Fahrenheit and is thermostatically controlled. —

Specify Deficiencies: _____

V. Hair Care Facilities

- A. Adequate tool storage is available. —
- B. Adequate facilities for sterilization of tools are available. —
- C. Adequate supply of clean towels is provided. —
- D. Neck strips/sanitary towels are available. —
- E. Head rest tissues are available. —
- F. Current barbering regulations are posted and followed. —

Specify Deficiencies: _____

Signature and Title of Inspector

NEW MEXICO CORRECTIONS DEPARTMENT

Checklist for Institutions Self-Inspection
(Continued)

Facility: _____ Location: _____ Date: _____

INSTRUCTIONS:

Enter Y (Yes), N (No), or N/A (Not Applicable) in the column to the right of the condition or area being inspected. N/A is appropriate only when such conditions/areas do not exist in a given facility.

I. Food

- A. Are there any spoiled foods? _____
- B. Foodstuffs are in original containers and properly labeled. _____

Specify Deficiencies: _____

II. Food Protection

- A. Perishable food is properly heated or refrigerated during storage, thawing, preparation display and transportation. _____
- B. Refrigerator and freezer thermometers are conspicuously displayed and accurate. _____
- C. Refrigerator/freezer temperatures are appropriate to the foodstuffs being stored within (*review temperature logs*). _____
- D. Food is appropriately covered/protected during storage, preparation, display, serving and transportation. _____
- E. Handling of food (including ice) is minimized and all food-handlers wear hats, hairnets and sanitary gloves. _____
- F. Dispensing utensils are properly stored while in use and between meals. _____

Specify Deficiencies: _____

III. Personnel

- A. Personnel with infections are restricted from the food service area. _____
- B. Food handlers have received pre-assignment and annual exams. _____
- C. Food handlers (and their clothing) are clean and neat. _____

Specify Deficiencies: _____

NEW MEXICO CORRECTIONS DEPARTMENT

Checklist for Institutions Self-Inspection
(Continued)

IV. Food Equipment and Utensils

- A. Food contact surfaces and utensils are clean and free of rust, corrosion, cuts, cracks, detergents and rough surfaces, and are properly stored. -
- B. Dishwashing facilities maintain appropriate temperatures and are functioning properly. Accurate thermometers and chemical test kits are provided. -
- C. Towels and wiping cloths are clean, properly stored and used. -
- D. Non-food contact surfaces and utensils are clean and utensils are properly stored. -

Specify Deficiencies: _____

V. Sewage, Garbage and Trash

- A. Sewage, garbage and trash are disposed of/removed as scheduled or required. -
- B. Garbage/trash containers are covered except during meal preparation and clean-up. -
- C. Garbage/trash containers are clean and insect/rodent proof. -

Specify Deficiencies: _____

VI. Plumbing

- A. Plumbing is leak-free, operable, and prevents backflow. -

Specify Deficiencies: _____

VII. Toilet and Hand Washing Facilities

- A. Facilities are convenient, accessible, functional and clean. -
- B. Toilet rooms are clean, enclosed and have self-closing doors. -
- C. Fixtures and equipment function properly, are clean and sanitary towels/tissues/hand dryers are provided. -

Specify Deficiencies: _____

NEW MEXICO CORRECTIONS DEPARTMENT

Checklist for Institutions Self-Inspection
(Continued)

VIII. Inspection and Rodent Control

- A. Area is insect/rodent-free. —
- B. Outer openings are protected; animals are prohibited. —
- C. Contracted services are performed as scheduled/needed. —

Specify Deficiencies: _____

IX. Floors, walls, ceilings, tables, dispensers, and attached equipment are clean and in good repair.

Specify Deficiencies: _____

X. Lighting, ventilation, noise levels and temperatures are appropriate to the setting.

Specify Deficiencies: _____

XI. Other

- A. Toxins, caustics and flammables are properly labeled and stored. —
- B. Premises are free of litter and cleaning equipment is properly stored, maintained and sanitized. —

Specify Deficiencies: _____

Signature and Title of Inspector

NEW MEXICO CORRECTIONS DEPARTMENT

Checklist for Institutions (Tools) Self-Inspection

Area Surveyed: _____

Surveyed By: _____ Date: _____

(Note: A "NO" answer indicates an unsatisfactory condition requiring corrective action.)

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| I. <u>Hand-Operated Tools</u> | | |
| A. Are proper tools, i.e. hammers, saws, screwdrivers, chisels, etc. used for the job? | | — |
| B. Are saws, chisels, knives, etc., kept sharp? | | — |
| C. Are tools kept in good repair, i.e. broken handles replaced, broken wrenches replaced, etc.? | | — |
| D. Are proper storage and control procedures for hand-tools maintained, e.g. tool crib, issuance, inspection and work order? | | — |
| E. Are personnel trained for specialized tool use? | | — |
| F. Are knives supplied with handle guards and finger rings (swivel)? | | — |
| II. <u>Power Tools</u> | | |
| A. Are hand-held circular saws equipped with constant-pressure switches? | | — |
| B. Are electric, hydraulic or pneumatic chain saws and tools without accessory-holding means equipped with constant-pressure switches? | | — |
| C. Are drills, tappers, fastener-drivers, belt sanders, reciprocating saws, etc. without accessory-holding means, equipped with constant-pressure switches? | | — |
| D. Are effective guards supplied at each nip point on all machines? | | — |
| E. Are cracked saw blades removed from service? | | — |
| F. Are electrical grounding requirements, e.g. double insulation or three wires, provided for portable working machinery? | | — |

NEW MEXICO CORRECTIONS DEPARTMENT

Checklist for Institutions (Tools) Self-Inspection
 (Continued)

| | | <u>YES</u> | <u>NO</u> |
|------|---|------------|-----------|
| G. | Are air tools equipped with tool retainers to prevent the inadvertent ejection of a tool during an operation? | - | - |
| H. | Are compressed-air hoses and connections approved for the operating pressure and service being performed? | - | - |
| I. | Are air hoses free from signs of wear, abrasion, oil damage, etc.? | - | - |
| J. | Is compressed air that is used for cleaning purposes limited to 30 pounds per square inch? | - | - |
| K. | Are proper precautions taken when cleaning with compressed air? (Safety goggles shall always be worn. The air nozzles shall never be directed toward the body.) | - | - |
| III. | <u>Abrasive Wheels</u> | | |
| A. | Are there wheel enclosures to restrain all pieces of the grinding wheel in the event the wheel explodes during an operation? | - | - |
| B. | Are abrasive wheels used only on machines provided with safety guards, e.g. shatterproof glass shields, tool rests, etc.? | - | - |
| C. | Are grinding wheels inspected for defects before use? | - | - |
| D. | Is grinding on the side of the grind wheel prohibited? | - | - |
| IV. | <u>Explosive-Actuated Fastening Tools</u> | | |
| A. | Do all operators and assistants wear approved face and eye protection? | - | - |
| B. | Does the muzzle end of the tool have a protective shield or guard? | - | - |
| C. | Is the guard designed to prevent flying particles from hitting the operator? | - | - |
| D. | Does the firing mechanism require at least two separate and distant operations to fire? (<i>Prevents an accidental discharge if inadvertently dropped or while being handled?</i>) | - | - |
| E. | Are all loads coded to identify power-load levels by color, number, configuration, or other appropriate method? (<i>Only trained personnel knowledgeable of these markings shall operate these fastener devices.</i>) | - | - |

NEW MEXICO CORRECTIONS DEPARTMENT

Checklist for Institutions (Tools) Self-Inspection
(Continued)

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| F. Are the fasteners used in tools limited to those specified by the manufacturer | - | - |
| G. Is storage of firing caps in accordance with OSHA standards? | - | - |
| H. Is the tool designed so that all breaching parts will be reasonably visible to allow a check for foreign matter which may be present? (<i>Operators may check from the breach end but NEVER FROM THE MUZZLE END.</i>) | - | - |
| I. Are operators trained in the use of the tool? | - | - |
| V. <u>Lifting Devices (Jacks)</u> | | |
| A. Are operators using properly-rated jacks to lift and sustain loads? | - | - |
| B. Is the rated load capacity stamped, marked, etc., on the jack? | - | - |
| C. Is the load blocked and secured in both the initial and the lifted position in order to prevent a serious accident? | - | - |
| D. Are jacks inspected at regular intervals for mechanical/hydraulic defects by supervisors? (<i>Employees shall be encouraged to report and turn in any defective jacks.</i>) | - | - |

NEW MEXICO CORRECTIONS DEPARTMENT

Checklist for Institutions (Mowers) Self-Inspection

Area Surveyed: _____

Surveyed By: _____ Date: _____

(Note: A "NO" answer indicates an unsatisfactory condition requiring corrective action.)

- | I. | <u>General</u> | <u>YES</u> | <u>NO</u> |
|----|---|------------|-----------|
| A. | Do all power lawn mowers and edgers have a metal sign affixed near the operating controls stating, "This Equipment will not be used unless the operator is wearing eye and foot protection"? | ___ | - |
| B. | Are power-driven chains, belts and gears so positioned or guarded as to prevent an operator's accidental physical contact with the moving parts during start-up and Operation of the machine? | ___ | - |
| C. | Are shutoff devices provided to stop operation of the motor or engine? | ___ | - |
| D. | Are all operating controls clearly marked? | ___ | - |
| E. | Are operators instructed to verify that the machine is in neutral position, if applicable, prior to starting the engine? | ___ | - |
| F. | Are warning instructions provided near the grass catcher opening stating that the mower shall not be used without a catch assembly or downward deflector guard in place? (These instructions shall be enforced by supervision. Further, the discharge opening should be marked with words, "CAUTION, DISCHARGE OPENING".) | ___ | - |
| G. | Is the mower handle securely fastened to the mower so as to prevent loss of control by unintentional uncoupling while in operation? | ___ | - |
| H. | Is a positive up-stop or latch provided for the mower handle in the normal operating position to prevent the handle from swinging upward or downward while the mower is being pushed? | ___ | - |
| I. | Are operators required to cut the power switch, where applicable, and to disconnect spark plug wire prior to making any mechanical adjustments? | ___ | - |

NEW MEXICO CORRECTIONS DEPARTMENT

Checklist for Institutions (Mowers) Self-Inspection
(Continued)

YES NO

- | | | |
|-----|---|-------|
| J. | Are repairs made by qualified employees? | _____ |
| K. | Are riding mowers supplied with stops to prevent jackknifing or locking of the steering mechanism? | — |
| L. | Are riding mowers equipped with brakes? | — |
| M. | Are employees briefed to not refuel with gasoline while the engine is running? <i>(In addition to the engine being turned off while refueling, the engine shall be allowed to cool first where there is danger of gasoline being spilled on the engine exhaust /exhaust manifold.)</i> | — |
| II. | <u>Electric Lawn Mowers and Edgers</u> | |
| A. | Are power cords checked for shorts and defects? | — |
| B. | Is defective electrical equipment tagged "OUT OF SERVICE" and repaired by qualified personnel? | — |
| C. | Are grounded or double insulated (if available) mowers and edgers used? | — |
| D. | Are U. L.-approved, three-wire extension cords used? | — |
| E. | Are outside plugs weather-proofed and protected with ground fault interrupters (GFI)? <i>(Portable GFI breakers may be used and installed into any outside outlet that is used.)</i> | — |

NEW MEXICO CORRECTIONS DEPARTMENT

Supervisor's Incident Investigation Report of Loss

To be completed by the supervisory person most immediately responsible for the operation in which the loss occurred as soon as possible after the occurrence. Forward report to the office/person designated by the institution. This information is for use in preventing similar losses in the future and claim assessments.

A. Type of Loss:

- 1.) Bodily Property Equipment
 2.) Injury Damage Loss Theft

Describe Loss:

Name of Injured Worker:

Job Title: Department:

Name(s) of Witness (es):

Witness Locations:

Date and Time of Loss:

Date and Time of Loss Reported:

General Location of Incident:

Specific Location of Incident:

Was injured employee performing normal job duties? Yes No N/A

If no, describe job when injury occurred:

Injury Information (check location and type if applicable): Right Side Left Side N/A

- | | | | | | |
|-----------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Face | Eye | Ear | <input type="checkbox"/> Nose | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Back | Chest | Abdomen | <input type="checkbox"/> Groin | <input type="checkbox"/> Buttocks |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Arm | <input type="checkbox"/> Elbow | <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand | <input type="checkbox"/> Pinky |
| <input type="checkbox"/> Fingers | <input type="checkbox"/> Thumb | <input type="checkbox"/> Index | <input type="checkbox"/> Middle | <input type="checkbox"/> Ring | <input type="checkbox"/> Toes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Leg | Thigh | Knee | Calf | Foot | Other: |

- | | | | |
|-------------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Laceration | <input type="checkbox"/> Contusion | <input type="checkbox"/> Abrasion | <input type="checkbox"/> Sprain/strain |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Fracture | <input type="checkbox"/> Amputation | <input type="checkbox"/> Puncture |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Crushing | <input type="checkbox"/> Electric Shock | <input type="checkbox"/> Chemical Exposure |

Other:

N/A

Describe activity at the time of injury (check related activities and provide description if applicable):

- | | | | | | |
|-----------------------------------|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Running | <input type="checkbox"/> Lifting | <input type="checkbox"/> Carrying | <input type="checkbox"/> Climbing | <input type="checkbox"/> Pushing |
| <input type="checkbox"/> Kneeling | <input type="checkbox"/> Jumping | <input type="checkbox"/> Pulling | <input type="checkbox"/> Bending | <input type="checkbox"/> Squatting | <input type="checkbox"/> Reaching |

Detailed description:

If material handling, describe object lifted/carried:

Object's weight: Dimensions:

Describe object, machine, or equipment involved in the incident:

Guards and safety devices in place? Yes No N/A

Describe:

Chemical involved in incident? Yes No

Describe:

Rush in production schedule or job duties? Yes No N/A

Describe:

Analysis of the Loss: (Give your opinion as to why the loss happened and how it could have been avoided) Continue on reverse side, if necessary:

Prevention: (What have you done or what would you recommend be done to prevent a similar loss?) Continue on reverse side, if necessary:

Person Completing Report (Print or Type):

Signature: _____ Date: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Supervisor's Incident Investigation Report of Loss
Employee and Witness Account of the Incident

Employee/Witness Name: Date:
Job Title: Department:

Describe where you were when the incident occurred:

Describe what you observed just before the incident occurred; be specific:

Describe what you observed when the incident happened:

Describe what you observed just after the incident occurred:

Employee/Witness Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Supervisor's Incident Investigation Report of Loss
Contributing Causes

Material, Equipment, or Machine Contributing Causes:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Was the correct equipment or tool used for the job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was the equipment inspected prior to use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did equipment design contribute to the incident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Was there an object too large or too heavy to be handled safely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Was a guard or safety device missing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Were lock-out and tag-out procedures correctly followed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Was any hazardous or defective condition reported? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. Other:

Environmental Contributing Causes:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Was the floor/surface wet or slippery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was there adequate lighting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did noise levels or temperature extremes contribute? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Was there sufficient workspace to do the job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did the location or layout of equipment/materials contribute? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Were materials stored or stacked improperly or unsafely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Was the hazardous condition recognized and reported? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Was there poor housekeeping? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. Other:

NEW MEXICO CORRECTIONS DEPARTMENT
Supervisor's Incident Investigation Report of Loss
Contributing Causes

Personnel Contributing Causes:

1. Was there a written safe work procedure for the job? Yes No
2. Did employee follow known safe work procedures? Yes No
3. Did someone lift or handle objects in an unsafe manner? Yes No
4. Are workers required to deviate from safe practices to do the job? Yes No
5. Was a worker moving or operating at an unsafe speed? Yes No
6. Were employees involved trained to do the job safely? Yes No
7. Was employee wearing appropriate PPE? Yes No
8. Are workers required to do repetitive tasks? Yes No
9. Was there any unsafe behavior or horseplay? Yes No
10. Are workers required to reach, overextend, or overexert? Yes No

11. Other:

Management Contributing Causes:

1. Was there a failure by management/supervisors to detect a hazard? Yes No
2. Was supervisor trained in accident prevention techniques? Yes No
3. Were previously recommended corrective actions not implemented? Yes No
4. Are workers required to work at an unsafe speed? Yes No
5. Have Job Safety Assessments been completed? Yes No
6. Has training been provided to employees? Yes No

7. Other:



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

| | | |
|---|---|---|
| CD-160803 Corrections Industries Loss Control Program | Issued: 02/18/85 Effective: 02/14/85 | Reviewed: 03/15/22 Revised: 03/09/15 |
| Alisha Tafoya Lucero, Cabinet Secretary | | <i>Original Signed and Kept on File</i> |

AUTHORITY:

Policy *CD-160800*

PROCEDURES:

A. Staff Safety Training:

1. Each facility shall establish health and safety rules that are to be distributed to all staff, volunteers, contractors, and inmates assigned to industries. These rules should include the appropriate use of mandatory safety equipment and clothing. **[2-CI-1A-1]**
2. All staff, volunteers, contractors, and inmates shall receive an orientation to safety and operating instructions for equipment prior to using the equipment. **[2-CI-1A-2]**
3. The Facility Manager at each Institution shall coordinate an ongoing formal safety training program for staff, volunteers, contractors, and inmates in industries. Training will be conducted semi-annually and documented. **[2-CI-1A-3]**
4. Corrections Industries shall adhere to applicable federal, state, local fire, sanitation, safety, and health standards. **[2-CI-1A-4]**
5. A designated representative from each Corrections Industries shall attend the facility quarterly safety meeting and shall address all safety issues and represent input and concerns from inmate workers. Following the quarterly meeting the designated staffmember shall meet with industry inmates and give follow-up instruction in general safety, fire prevention, fire evacuation, issuance of chemicals, and address all safety issues. The designated representative shall also document these meetings and forward a copy to the Deputy Director and Fire Safety and Sanitation Officer (FSSO). **[2-CI-1A-5]**

B. Inmate Safety Training:

1. Safety training is included in each inmate's initial indoctrination to Corrections Industries.
2. All potentially hazardous machines such as, circular saws, hand saws, panel saws, radial arm saws, planers, shapers, jointers, presses, paper cutters, fabric cutters, etc. shall be fitted with blade guards, fences, two-tripping switches or other appropriate safety devices to protect the operator and other employees in the area from injury. Machines will not be operated without these safety devices in place and operational guards for protection when grinding or cutting or otherwise processing materials.

3. Before any inmate operates a machine in any shop, he or she is to be instructed in the details of safe operation of that machine by the shop supervisor. The instruction will also include information on the use of safety devices, personal protective equipment and equipment as appropriate.
4. Use, service and maintenance of personal protective equipment must be cleaned and stored as required by the OSHA standards on a daily basis after each use as suggested by the manufacturer.
 - a. Eye Protection: In areas with designated potential eye hazards, the use of eye or eye and face protection shall be enforced. Anyone passing through, visiting or working in that area shall wear eye or eye and face protection at all times.
 - b. Head Protection: In areas where it has been determined that a potential hazard for head injury exists, the wearing of hard hats shall be mandatory.
 - c. Respiratory Protection: In areas where it has been determined that a potential respiratory hazard exists; personnel will be required to wear protective face masks of a type approved for the atmosphere in which they are used.
 - d. Hearing Protection: In areas where it has been determined that a potential hearing hazard exists; personnel shall be required to wear protective ear plugs or earmuffs.
 - e. Protective clothing: Other protective clothing such as aprons, coveralls, jackets, mitts or gloves will be made available to individuals working in potentially hazardous areas requiring such protection.
7. Additional safety instructions may be promulgated by shop supervisors with the approval of the Facility Manager so long as they are not in conflict with this procedure or those of their respective institutions.

**NEW MEXICO CORRECTIONS DEPARTMENT
CORRECTIONS INDUSTRIES**

General Safety Rules for All Industrial Areas

1. Secure approval from your supervisor for all work you plan to do.
2. Remain in your assigned area, no visiting from one shop to another.
3. Absolutely NO HORSE PLAY or running around in the workshop.
4. Develop a receptive attitude towards safety and be alert in making others aware of safety hazards and improper procedures.
5. Learn procedures to follow in case of fire or accident.
6. Report all injuries to your supervisor, regardless of how slight they maybe.
7. Do not operate any piece of equipment without being checked out by your supervisor and briefed on safety procedures for the equipment.
8. Use proper protective eye covering, clothing or equipment as directed.
9. Use the safety devices provided for your machine and do not start the machine without them in place and operational.
10. Wear appropriate clothing. Clothing should not be loose fitting. Roll up sleeves; remove rings, watches, necklaces and other jewelry.
11. Keep hair away from moving equipment parts. Extremely long hair is a safety hazard.
12. Report to your supervisor any machines or tools that do not function properly or show need of maintenance.
13. Keep cabinet drawers and doors closed.
14. Keep your work station and equipment clean; wipe up spills immediately to prevent falls.
15. Do not allow chips, scraps or other litter to accumulate on the floor.
16. Place oily rags and other combustible materials in fire proof metal containers.
17. Be careful in handling and storing materials; get help with long or heavy stock.
18. Insure that Safety Zones are identified.
19. Use traffic lanes, staying clear of safety zones unless operating equipment.
20. No riders when operating forklift, NO EXCEPTIONS.

Date

Shop Supervisor

Inmate's Signature