

PART A

Please return to ACWA-JPIA

COMMITMENT TO EXCELLENCE (C2E) BEST PRACTICES

OPPORTUNITY REVIEW

Please reference the Best Practices for the following C2E special emphasis areas and indicate which you would like assistance implementing or upgrading.

VEHICLE OPERATIONS
CONSTRUCTION
INFRASTRUCTURE
EMPLOYMENT PRACTICES
ERGONOMICS /FALLS
ERGONOMICS CLAIMS

VEHICLE PROGRAM BEST PRACTICES

Please indicate if you would like assistance with the Best Practices using the following checklist:

- **YES** (We do this already)
- **NO** (We don't do this at this time, but may be interested in the future)
- **NA** (This is not applicable for our district or something we have interest in)
- **HELP** (We desire assistance implementing this best Practice)

Focus	Checklist	Yes	No	NA	HELP
Driver Review/Qualification	<input type="checkbox"/> Applicable for all positions.	X			
	<input type="checkbox"/> Copy of DMV Report (pre-hire).	X			
	<input type="checkbox"/> Driver record point standard greater than DMV.	X			
	<input type="checkbox"/> Pull Notice Program used.	X			
	<input type="checkbox"/> Ride-along (test, re-test, post accident).	X			
Defensive Driver Training	<input type="checkbox"/> Required for all.	X			
	<input type="checkbox"/> Prior to driving assigned vehicle.	X			
	<input type="checkbox"/> Within 60 days of hire and every 2 years.		X		
	<input type="checkbox"/> Post accident tailgate/briefings.	X			
Accident Investigation Reporting	<input type="checkbox"/> Formal Accident Investigation and Report.	X			
	<input type="checkbox"/> Corrective action taken and documented.	X			
	<input type="checkbox"/> Formal management review (by GM).	X			
	<input type="checkbox"/> Investigation Report sent JPIA.	X			
	<input type="checkbox"/> Personnel action taken for at-fault incidents.	X			
Backing Accident Avoidance	<input type="checkbox"/> Employees acknowledge policy.		X		
	<input type="checkbox"/> Formal written policy.	X			
	<input type="checkbox"/> Non-compliance/at-fault discipline.	X			
	<input type="checkbox"/> Periodic Program Review.	X			
Cell/Texting/ Electronic Devices	<input type="checkbox"/> Policy acknowledged by drivers.		X		
	<input type="checkbox"/> Cell/Texting/Electronic Policy exceeds state standards.	X			
	<input type="checkbox"/> Disciplinary action points for policy violation.	X			
	<input type="checkbox"/> "E-Device" use reviewed following accidents.	X			
Safe Driver Award/Recognition	<input type="checkbox"/> Based on local milestones, improvements, achievements.	X			
	<input type="checkbox"/> Annual award recognition by the Board.	X			
	<input type="checkbox"/> Award pin, certificate, plaque, etc.	X			

CONSTRUCTION PROGRAM BEST PRACTICES

Please indicate if you would like assistance with the Best Practices using the following checklist:

- **YES** (We do this already)
- **NO** (We don't do this at this time, but may be interested in the future)
- **NA** (This is not applicable for our district or something we have interest in)
- **HELP** (We desire assistance implementing this best Practice)

Focus	Checklist	Yes	No	NA	HELP
USA/Line Location	<input type="checkbox"/> Marking Documentation	X			
	<input type="checkbox"/> Locator Qualification/Training	X			
	<input type="checkbox"/> Excavator Qualification Training	X			
	<input type="checkbox"/> Line GPS/Maps/Tracer Wire	X			
	<input type="checkbox"/> Using Damage Incident Reporting Tool (DIRT) Form	X			
	<input type="checkbox"/> USA Ticket Verification	X			
Risk Transfer	<input type="checkbox"/> Program	X			
	<input type="checkbox"/> Responsible Person and Backup	X			
	<input type="checkbox"/> Insurance Coverage Equals Risk	X			
	<input type="checkbox"/> Pre-Qualification Packet (Process)	X			
	<input type="checkbox"/> Emergency Response Risk Transfer	X			
	<input type="checkbox"/> Tracking Risk Transfer Requirements	X			
	<input type="checkbox"/> Permit Coordination	X			
	<input type="checkbox"/> Document Retention	X			
Contractor Qualification	<input type="checkbox"/> Pre-Qualification Packet/Program	X			
	<input type="checkbox"/> Insurance Requirements	X			
	<input type="checkbox"/> Reference Check	X			
	<input type="checkbox"/> Post-Project Evaluation	X			
	<input type="checkbox"/> Bid Writing/Loss Prevention Coordination	X			
Third Party Exposures	<input type="checkbox"/> Pre-Job Review	X			
	<input type="checkbox"/> Acceptance of Project	X			
	<input type="checkbox"/> Site Control	X			
	<input type="checkbox"/> Inspection)	X			
	<input type="checkbox"/> Contract Language/Responsible Party	X			
	<input type="checkbox"/> Multi-Employer Exposures	X			
	<input type="checkbox"/> Lighting, Warnings	X			
Traffic Control	<input type="checkbox"/> Asset Inspection	X			
	<input type="checkbox"/> Third Party Exposure Inspection	X			
	<input type="checkbox"/> Template/Formal	X			
	<input type="checkbox"/> Encroachment Permit	X			
	<input type="checkbox"/> Controlling Agency Coordination	X			
	<input type="checkbox"/> Inspection Program	X			
	<input type="checkbox"/> Trained Personnel (Qualified Person)	X			
<input type="checkbox"/> Equipment Storage	X				

INFRASTRUCTURE PROGRAM BEST PRACTICES

Please indicate if you would like assistance with the Best Practices using the following checklist:

- **YES** (We do this already)
- **NO** (We don't do this at this time, but may be interested in the future)
- **NA** (This is not applicable for our district or something we have interest in)
- **HELP** (We desire assistance implementing this best Practice)

Focus	Checklist	Yes	No	NA	HELP
WATER LINE FAILURE	<input type="checkbox"/> Asset Identification	X			
	<input type="checkbox"/> Valve Exercising/Flushing	X			
	<input type="checkbox"/> Preventive Maintenance	X			
	<input type="checkbox"/> H ₂ O Loss Monitoring	X			
	<input type="checkbox"/> Emergency Response	X			
SEWER BACKUP	<input type="checkbox"/> Inspection – Lift station/Pipe			X	
	<input type="checkbox"/> Inspections – Lift station			X	
	<input type="checkbox"/> Inspections – Entire Sewer System			X	
	<input type="checkbox"/> Lateral Responsibility			X	
	<input type="checkbox"/> Preventive Maintenance			X	
	<input type="checkbox"/> Asset Identification			X	
	<input type="checkbox"/> Emergency Response			X	
CANAL FAILURE/FLOODING	<input type="checkbox"/> Rodent Control			X	
	<input type="checkbox"/> Operations			X	
	<input type="checkbox"/> Inspection/Maintenance			X	
	<input type="checkbox"/> Construction/Design			X	
THEFT / VANDALISM	<input type="checkbox"/> Vegetation/Weed Control			X	
	<input type="checkbox"/> Security/Alarms/Cameras	X			
	<input type="checkbox"/> Equipment ID	X			
FIRE	<input type="checkbox"/> Fencing/Enclosures	X			
	<input type="checkbox"/> Hotwork	X			
	<input type="checkbox"/> Controlled Burns			X	
EQUIPMENT FAILURE	<input type="checkbox"/> Defensible Space	X			
	<input type="checkbox"/> Electric Surge	X			
	<input type="checkbox"/> Preventive Maintenance	X			
	<input type="checkbox"/> Animals/Insects/Bugs	X			
	<input type="checkbox"/> Lightning	X			
	<input type="checkbox"/> Backup Equipment	X			
	<input type="checkbox"/> Emergency Response	X			

EMPLOYMENT PRACTICES BEST PRACTICES

Please indicate if you would like assistance with the Best Practices using the following checklist:

- **YES** (We do this already)
- **NO** (We don't do this at this time, but may be interested in the future)
- **NA** (This is not applicable for our district or something we have interest in)
- **HELP** (We desire assistance implementing this best Practice)

Focus	Checklist	Yes	No	NA	HELP
Appropriate Documentation	<input type="checkbox"/> Up to date handbook/MOU	X			
	<input type="checkbox"/> Up to date job descriptions	X			
	<input type="checkbox"/> Regular performance appraisals given	X			
	<input type="checkbox"/> Management procedures and policies in place	X			
Effective Hiring	<input type="checkbox"/> Uniform hiring process	X			
	<input type="checkbox"/> Pre-employment checks on all hires	X			
	<input type="checkbox"/> Post-hiring process followed for all new staff	X			
Promoting Staff Development	<input type="checkbox"/> Organization aligned to support staff development	X			
	<input type="checkbox"/> Supervisor specific training	X			
	<input type="checkbox"/> Job specific training	X			
	<input type="checkbox"/> Sexual Harassment/Discrimination training	X			
	<input type="checkbox"/> Regular performance feedback	X			
Utilizing Professional Resources	<input type="checkbox"/> Designated and trained Human Resources staff	X			
	<input type="checkbox"/> Labor specific counsel utilized	X			
	<input type="checkbox"/> Involvement in professional organization(s)	X			
	<input type="checkbox"/> JPIA resources utilized	X			
Effective Communication	<input type="checkbox"/> All staff communication mechanism	X			
	<input type="checkbox"/> Routine management meetings	X			
	<input type="checkbox"/> Open door policy	X			
	<input type="checkbox"/> Internal complaint procedure	X			
	<input type="checkbox"/> Collaborative problem solving	X			

ERGONOMIC/FALL PROGRAM BEST PRACTICE

Ergonomics

Please indicate if you would like assistance with the Best Practices using the following checklist:

- **YES** (We do this already)
- **NO** (We don't do this at this time, but may be interested in the future)
- **NA** (This is not applicable for our district or something we have interest in)
- **HELP** (We desire assistance implementing this best Practice)

Focus	Checklist	Yes	No	NA	HELP
Ergonomic Program	<input type="checkbox"/> Written program with periodic review.	X			
	<input type="checkbox"/> Included in new employee orientation	X			
	<input type="checkbox"/> Office/field evaluations.	X			
	<input type="checkbox"/> Evaluations performed internally.	X			
	<input type="checkbox"/> Responsible person identified	X			
Ergonomic Training	<input type="checkbox"/> Provided all employees & on-going	X			
	<input type="checkbox"/> Provided during new employee orientation	X			
	<input type="checkbox"/> Provided temporary workers.	X			
	<input type="checkbox"/> In-house trainer(s).	X			
	<input type="checkbox"/> TargetSolutions usage.	X			
Ergonomic Operations Equipment	<input type="checkbox"/> Tools, equipment, resources obtained.	X			
	<input type="checkbox"/> Quantity & availability.	X			
	<input type="checkbox"/> Mechanical assistance.	X			
	<input type="checkbox"/> Workstations.	X			
	<input type="checkbox"/> Personal protective equipment (PPE).	X			
	<input type="checkbox"/> HR LaBounty Safety Award participation).	X			

Falls

Focus	Checklist	Yes	No	NA	HELP
Work Environment	<input type="checkbox"/> Housekeeping.	X			
	<input type="checkbox"/> Work area debris management.	X			
	<input type="checkbox"/> Work site access.	X			
	<input type="checkbox"/> Lighting.	X			
Fall Protection Personal Protective Equipment (PPE)	<input type="checkbox"/> Footwear/boots.	X			
	<input type="checkbox"/> Guardrails/walkways.	X			
	<input type="checkbox"/> Fall prevention/arrest systems.	X			
	<input type="checkbox"/> Ladders/stairs/ramps.	X			
	<input type="checkbox"/> Climbing systems.	X			
	<input type="checkbox"/> Maintenance & storage.	X			
Fall Protection Training	<input type="checkbox"/> Training for all personnel.	X			
	<input type="checkbox"/> PPE maintenance & inspection training.	X			
	<input type="checkbox"/> TargetSolutions usage.	X			

ERGONOMIC/FALL/CLAIMS PROGRAM BEST PRACTICES

Claims

Please indicate if you would like assistance with the Best Practices using the following checklist:

- **YES** (We do this already)
- **NO** (We don't do this at this time, but may be interested in the future)
- **NA** (This is not applicable for our district or something we have interest in)
- **HELP** (We desire assistance implementing this best Practice)

Focus	Checklist	Yes	No	NA	HELP
Claims Reporting	<input type="checkbox"/> Written procedures.	X			
	<input type="checkbox"/> Primary & Back-up responsible persons.	X			
	<input type="checkbox"/> Timely reporting to JPIA.	X			
	<input type="checkbox"/> Staff, NEO, training.	X			
Job Descriptions	<input type="checkbox"/> Physical requirements identified & updated	X			
	<input type="checkbox"/> Pre-employment physicals.	X			
	<input type="checkbox"/> Considered in RTWP.	X			
Return To Work Program	<input type="checkbox"/> Formal Program w/ periodic review.	X			
	<input type="checkbox"/> Return to work team.	X			
	<input type="checkbox"/> Fit-for-duty exams (not for WC claims).	X			
	<input type="checkbox"/> Temporary duty focus.	X			
Aging Workforce Considerations	<input type="checkbox"/> Aging workforce planning.		X		
	<input type="checkbox"/> Interactive process provided.	X			

ACWA-JPIA Services

Please indicate if your District currently uses any of the following programs:

	Yes	No	Unaware Program
<input type="checkbox"/> Target Solutions	X		
<input type="checkbox"/> Safety Awards Program	X		
<input type="checkbox"/> JPIA Webinars	X		
<input type="checkbox"/> Learning Management System (LMS)		X	
<input type="checkbox"/> Risk Transfer Manual /Hot Line	X		
<input type="checkbox"/> Employee Hotline		X	