

COMMITMENT TO EXCELLENCE (C2E) BEST PRACTICES

| | |
|-------------------------------------|------------|
| Total Performance Benchmarks | 97% |
|-------------------------------------|------------|

| | Yes | No | N/R | % |
|-----------------------------|------------|-----------|------------|----------|
| VEHICLE OPERATIONS | 22 | 4 | 0 | 88% |
| CONSTRUCTION | 34 | 0 | 0 | 100% |
| INFRASTRUCTURE | 16 | 0 | 13 | 100% |
| EMPLOYMENT PRACTICES | 21 | 0 | 0 | 100% |
| ERGONOMICS /FALLS | 29 | 0 | 0 | 100% |
| ERGONOMICS CLAIMS | 12 | 1 | 0 | 92% |

VEHICLE PROGRAM BEST PRACTICES

| Focus | Checklist | Yes | No | N/R | |
|--|--|------------|-----------|------------|------|
| 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 | | | |
| | Sub Total | 5 | 0 | 0 | 100% |
| 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 | | | |
| | Sub Total | 3 | 1 | 0 | 75% |
| 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 | | | |
| | Sub Total | 5 | 1 | 0 | 100% |
| 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 | | | |
| | Sub Total | 3 | 1 | 0 | 75% |
| 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 | | | |
| | Sub Total | 3 | 1 | 0 | 75% |
| 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 | | | |
| | Sub Total | 3 | 0 | 0 | 100% |
| Total Over all Vehicle Commitment | | 22 | 4 | 0 | 88% |

CONSTRUCTION PROGRAM BEST PRACTICES

| Focus | Checklist | Yes | No | N/R | |
|---|---|-----|----|------|------|
| 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 | | | |
| | Sub Total | 6 | 0 | 0 | 100% |
| 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 | | | |
| Sub Total | 8 | 0 | 0 | 100% | |
| 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 | | | |
| | <input type="checkbox"/> Pre-Job Review | X | | | |
| Sub Total | 6 | 0 | 0 | 100% | |
| Third Party Exposures | <input type="checkbox"/> Acceptance of Project | X | | | |
| | <input type="checkbox"/> Site Control | X | | | |
| | <input type="checkbox"/> Site Documentation, Site Inspection (Pre/Post Construction Inspection) | X | | | |
| | <input type="checkbox"/> Contract Language/Responsible Party | X | | | |
| | <input type="checkbox"/> Multi-Employer Exposures | X | | | |
| | <input type="checkbox"/> Lighting, Warnings | X | | | |
| | <input type="checkbox"/> Asset Inspection | X | | | |
| | <input type="checkbox"/> Third Party Exposure Inspection | X | | | |
| Sub Total | 8 | 0 | 0 | 100% | |
| Traffic Control | <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 | | | |
| Sub Total | 6 | 0 | 0 | 100% | |
| Total Over all Construction Commitment | | 34 | 0 | 0 | 100% |

INFRASTRUCTURE PROGRAM BEST PRACTICES

| Focus | Checklist | Yes | No | N/R | |
|---|--|-----|----|---------|---------|
| WATER LINE FAILURE | <input checked="" type="checkbox"/> Asset Identification | X | | | |
| | <input checked="" type="checkbox"/> Valve Exercising/Flushing | X | | | |
| | <input checked="" type="checkbox"/> Preventive Maintenance | X | | | |
| | <input checked="" type="checkbox"/> H ₂ O Loss Monitoring | X | | | |
| | <input checked="" type="checkbox"/> Emergency Response | X | | | |
| | Sub Total | 5 | 0 | 0 | 100% |
| SEWER BACKUP | <input type="checkbox"/> Inspection – Liftstation/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 | |
| Sub Total | 0 | 0 | 7 | #DIV/0! | |
| 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 | |
| | <input type="checkbox"/> Vegetation/Weed Control | | | X | |
| | Sub Total | 0 | 0 | 5 | #DIV/0! |
| THEFT / VANDALISM | <input checked="" type="checkbox"/> Security/Alarms/Cameras | X | | | |
| | <input checked="" type="checkbox"/> Equipment ID | X | | | |
| | <input checked="" type="checkbox"/> Fencing/Enclosures | X | | | |
| | Sub Total | 3 | 0 | 0 | 100% |
| FIRE | <input checked="" type="checkbox"/> Hotwork | X | | | |
| | <input type="checkbox"/> Controlled Burns | | | X | |
| | <input checked="" type="checkbox"/> Defensible Space | X | | | |
| | Sub Total | 2 | 0 | 1 | 100% |
| EQUIPMENT FAILURE | <input checked="" type="checkbox"/> Electric Surge | X | | | |
| | <input checked="" type="checkbox"/> Preventive Maintenance | X | | | |
| | <input checked="" type="checkbox"/> Animals/Insects/Bugs | X | | | |
| | <input checked="" type="checkbox"/> Lightning | X | | | |
| | <input checked="" type="checkbox"/> Backup Equipment | X | | | |
| | <input checked="" type="checkbox"/> Emergency Response | X | | | |
| Sub Total | 6 | 0 | 0 | 100% | |
| Total Over all Infrasture Commitment | | 16 | 0 | 13 | 100% |

EMPLOYMENT PRACTICES BEST PRACTICES

| Focus | Checklist | Yes | No | N/R | |
|---|--|------------|-----------|------------|------|
| 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 | | | |
| | Sub Total | 4 | 0 | 0 | 100% |
| 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 | | | |
| | Sub Total | 3 | 0 | 0 | 100% |
| 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 | | | |
| | Sub Total | 5 | 0 | 0 | 100% |
| 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 | | | |
| | Sub Total | 4 | 0 | 0 | 100% |
| 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 | | | |
| | Sub Total | 5 | 0 | 0 | 100% |
| Total Over all Employment Commitment | | 21 | 0 | 0 | 100% |

ERGONOMIC/FALL PROGRAM BEST PRACTICE

Ergonomics

| Focus | Checklist | Yes | No | N/R | |
|---------------------------------------|--|-----|----|-----|------|
| Ergonomic Program | <input type="checkbox"/> Written program with periodic review. | X | | | |
| | <input type="checkbox"/> Included in new employee orientation (NEO). | X | | | |
| | <input type="checkbox"/> Office/field evaluations. | X | | | |
| | <input type="checkbox"/> Evaluations performed internally. | X | | | |
| | <input type="checkbox"/> Responsible person identified | X | | | |
| | Sub Total | 5 | 0 | 0 | 100% |
| Ergonomic Training | <input type="checkbox"/> Provided all employees & on-going | X | | | |
| | <input type="checkbox"/> Provided during new employee orientation (NEO). | X | | | |
| | <input type="checkbox"/> Provided temporary workers. | X | | | |
| | <input type="checkbox"/> In-house trainer(s). | X | | | |
| | <input type="checkbox"/> TargetSolutions usage. | X | | | |
| | Sub Total | 5 | 0 | 0 | 100% |
| 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 | | | |
| | Sub Total | 6 | 0 | 0 | 100% |

Falls

| Focus | Checklist | Yes | No | N/R | |
|--|---|-----|----|-----|------|
| 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 | | | |
| | Sub Total | 4 | 0 | 0 | 100% |
| 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 | | | |
| | Sub Total | 6 | 0 | 0 | 100% |
| 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 | | | |
| | Sub Total | 3 | 0 | 0 | 100% |
| Total Over all Ergonomic/Falls Commitment | | 29 | 0 | 0 | 100% |

ERGONOMIC/FALL/CLAIMS PROGRAM BEST PRACTICES

Claims

| Focus | Checklist | Yes | No | N/R | |
|---|---|------------|-----------|------------|------|
| 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 | | | |
| | Sub Total | 4 | 0 | 0 | 100% |
| Job Descriptions | <input type="checkbox"/> Physical requirements identified & updated | X | | | |
| | <input type="checkbox"/> Pre-employment physicals. | X | | | |
| | <input type="checkbox"/> Considered in RTWP. | X | | | |
| | Sub Total | 3 | 0 | 0 | 100% |
| 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 | | | |
| | Sub Total | 4 | 0 | 0 | 100% |
| Aging Workforce Considerations | <input type="checkbox"/> Aging workforce planning. | | X | | |
| | <input type="checkbox"/> Interactive process provided. | X | | | |
| | Sub Total | 1 | 1 | 0 | 50% |
| Total Over all Eronomic/Falls Commitment | | 12 | 1 | 0 | 92% |

ACWA-JPIA Services

Please indicate if your District currently usage any of the below programs

| Focus | Checklist | Yes | No | Unaware Program Existed | |
|------------------|---|-----|----|-------------------------|------|
| ACWA JPIA | <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 |
| | Sub Total | 4 | 0 | 2 | 100% |