

**SUBDIVISION,
GRADING, AND
PERMIT
INSPECTION
DESKTOP
PROCEDURES**

March 2020

SUBDIVISION, GRADING & PERMIT INSPECTION DESKTOP PROCEDURES ***TABLE OF CONTENTS**

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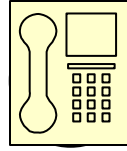
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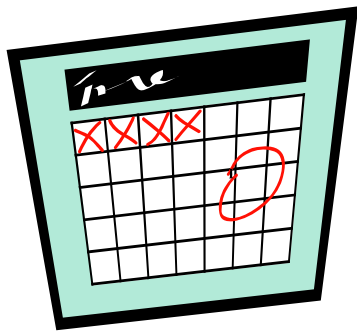
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TELEPHONE



ELL PHONE

&



WORK

SCHEDULES

Grading Inspection Phone List

(revised 12/09/19)

Name	Title	Desk #	Cell #	Flex Day
Satinder Verma	Manager	(714) 667-4975	(714) 673-0157	Non-Payday Friday
Nickelson Ballon	Staff Specialist	(714) 967-0822	(714) 483-1068	Non-Payday Friday
North County Inspection				
Jonathan Tucker	Supv. Construction Inspector	(714) 245-4544	(714) 599-0026	Non-Payday Friday
Dean Capalety	Sr. Construction Inspector	(714) 245-4546	(714) 478-7389	Non-Payday Monday
Charles Michinock	Sr. Construction Inspector	(714) 667-8877	(714) 932-8656	Payday Friday
Dave Koch	Sr. Construction Inspector	(714) 245-4540	(714) 448-8671	Payday Friday
Raymond Sanchez	Sr. Construction Inspector		(714) 448-9594	Payday Monday
South County Inspection				
Richard Sanchez	Supv. Construction Inspector	(714) 667-8813	(714) 932-8687	Payday Monday
Kevin Nguyen	Sr. Construction Inspector		(714) 448-8380	Payday Monday
Justin Le	Sr. Construction Inspector		(714) 932-8684	Non-Payday Monday
Kenneth Junio	Sr. Construction Inspector		(714) 936-9709	Non-Payday Friday
Jason Sotto	Sr. Construction Inspector		(714) 936-9819	Non-Payday Friday

Front Lobby: 78800
Mail Room: 79768

Hadi Cell: (714) 404-3761
Customer Care: (714) 667-8888

Code Enf: (714) 667-8853
Fax: (714) 667-7580

Phone Message Procedure

EXTERNAL

Hello, you have reached _____ County of Orange, Subdivision & Permit Inspection. I'm sorry that I'm unable to take your call. Please leave your message at the tone and I will return your call as soon as possible. Thank you for calling and have a great day.

INTERNAL

Hello, you have reached _____ County of Orange, Subdivision & Permit Inspection. If you have reached this message I am either on the phone or away from my desk. Please leave your message at the tone and I will return your call as soon as possible. Thank you for calling and have a great day.

Date: 3-6-2020

TO: OCSD/Control One

From: OCPW Inspection Services

Subject: Emergency Call-Out List (Effective 3-6-2020)

---Building Inspection for Damaged Structures---

Call out order:

1. Jayme Ahlo; work cell (949) 838-5950 / personal cell (714-580-3077)
2. Andrew Valle; work cell (714) 448-6398 / personal cell (657) 249-4252
3. Eric Clark; work cell (714) 559-0992 / personal cell (714) 365-8623
4. Larry Jeffery; work cell (714) 932-8680 / personal cell (714) 469-2276
5. Jeff McIver; work cell (714) 656-6726 / personal cell (310) 413-1538
6. Satinder Verma; work cell (714)-673-0157

General office phone number; (714) 667-8820 / Business hours 6:30am-4:00pm

---Grading Inspection for slope failures and slides---

1. Jonathan Ticker; work cell (714) 559-0026 / home (714) 697-3949
2. Richard Sanchez; work cell (714) 932-8687



EMPLATES



March 10, 2020

- Recommended font is Georgia, 11 point with 1.15 line spacing
- Left and right margins are set to .75"
- Template questions? Please email stratcomm@ocpw.ocgov.com



County Administration South
601 North Ross Street
Santa Ana, California 92701



P.O. Box 4048
Santa Ana, CA 92702-4048



info@ocpw.ocgov.com



(714) 667-8800



OCPublicWorks.com



County Administration South

601 North Ross Street
Santa Ana, CA 92701

P.O. Box 4048
Santa Ana, CA 92702

(714) 667-8800

info@ocpw.ocgov.com

OCPublicWorks.com



Administrative
Services



OC Development
Services



OC Facilities Design
& Construction
Management



OC Facilities
Maintenance
& CUF



OC Fleet Services



OC Construction



OC Environmental
Resources



OC Operations &
Maintenance



OC Infrastructure
Programs



OC Survey



MEMORANDUM

To: Name

From: Name

Date: Date

Subject: Subject

- Recommended font is Georgia, 11 point with 1.15 line spacing
- Left margin is 2.25"
- When pasting in copied text, choose "Keep Text Only" to cancel out old formatting from wider layouts.
- Template questions? Please email stratcomm@ocpw.ocgov.com

REPORT OF ABSENCE

EMPLOYEE:	
DIVISION: 8 Yj Ycda YbhGYfj JWg#Inspection 'GYfj JWg	
PERIOD OF ABSENCE	
Date From:	Time:
Date To:	Time:
Length of Absence	Total Hours

1. ☐ **AL** (ANNUAL LEAVE)
2. ☐ **ALUP** (ANNUAL LEAVE UNPLANNED)
3. ☐ **SICK LEAVE**
 - (a) ☐ **PERSONAL** (OVER 14 CONSECUTIVE CALENDAR DAYS MEDICAL RELEASE MUST BE SUBMITTED.)
 - (b) ☐ **SERIOUS ILLNESS IN FAMILY** (LIMITED TO 3 DAYS OR 24 HOURS - CHECK MOU)
 - (c) ☐ **OTHER (PERSONAL EMERGENCIES-** (MAX 30 HOURS PER FISCAL YEAR.)
4. ☐ **COMPENSATORY TIME OFF**
5. ☐ **VACATION**
6. ☐ **LEAVE WITH PAY** (OVER 120 HOURS REQUIRES PERSONNEL DIRECTOR AND C.E.O. APPROVAL.)
7. ☐ **LEAVE WITHOUT PAY**
 - (a) ☐ **DEPT. LEAVE** (15 CALENDAR DAYS OR LESS)
 - (b) ☐ **ABSENT WITHOUT AUTHORIZATION**
8. ☐ **BEREAVEMENT** (MAX 5 DAYS IN ANY ONE INSTANCE)
9. ☐ **JURY DUTY**
10. ☐ **WITNESS LEAVE/ SUBPOENA**
11. ☐ **MILITARY LEAVE**
 - (a) ☐ **WITH PAY**
 - (b) ☐ **WITHOUT PAY**
12. ☐ **ON THE JOB INJURY**
13. ☐ **WORKERS' COMP.**
14. ☐ **PIP LEAVE**

EMPLOYEE SIGNATURE DATE

APPROVED BY DATE

REPORT OF ABSENCE

EMPLOYEE:	
DIVISION: 8 Yj Ycda YbhGYfj JWg#bgdYWjcb ``GYfj JWg	
PERIOD OF ABSENCE	
Date From:	Time:
Date To:	Time:
Length of Absence	Total Hours

1. ☐ **AL** (ANNUAL LEAVE)
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12. ☐ **ON THE JOB INJURY**
13. ☐ **WORKERS' COMP.**
14. ☐ **PIP LEAVE**

EMPLOYEE SIGNATURE DATE

APPROVED BY DATE



County Administration South

601 North Ross Street
Santa Ana, CA 92701

P.O. Box 4048
Santa Ana, CA 92702

(714) 667-8800

info@ocpw.ocgov.com

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& Construction
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& CUF



OC Fleet Services



OC Construction



OC Environmental
Resources



OC Operations &
Maintenance



OC Infrastructure
Programs



OC Survey



MEMORANDUM

To: **{Director of Administration}**
From: OC Public Works /Inspections
Date: Date
Subject: Annual Leave Payout

- Recommended font is Georgia, 11 point with 1.15 line spacing
- Left margin is 2.25"
- When pasting in copied text, choose "Keep Text Only" to cancel out old formatting from wider layouts.
- Template questions? Please email stratcomm@ocpw.ocgov.com

I am requesting 60 hours of annual leave payout for pay period 5. This will be used to pay Property taxes that are coming due. I am in the supervisory management unit with this amount of eligible hours.

☐ STOP

NOTICE TO ☐ CORRECT WORK



COUNTY OF ORANGE, CA.
INSPECTION SERVICES
601 N ROSS STREET
SANTA ANA, CA 92701
PHONE (714) 245-450 FAX (714) 667-7580

JOB
NUMBER

JOB
ADDRESS

OWNER

INSPECTOR

DATE / TIME

REMARKS:

Tract File Contents

- ✓ Field Record and Completion Sheet
- ✓ Materials Report (w/ structural section circled)
- ✓ Landscape Certification (copy)*
- ✓ Confirmation from Valerie that Sewer and Water, and Monumentation Certification have been received*
- ✓ Grading Releases
- ✓ Semi-final Walk Punch List
- ✓ Request for Confined Space Inspection*
- ✓ Confined Space Inspection Punch List*
- ✓ RCP Certification*
- ✓ Compaction Results and Materials Testing Data, sorted categorically and chronologically (1 copy)
- ✓ Final Soils Report (from private lab) with Compaction Data*
- ✓ Traffic Signal Completion Memo*
- ✓ Miscellaneous Documents
 - Ledger size copy of index map
 - Correspondence
 - Memos
 - Mix Designs (requiring special approval)
 - Notices of Failing Material
 - Correct Work Notices
 - Plan Check Notes
 - Copies of Signed-off Permits and Construction and/or Landscape Inspection Assignment sheets*

**when required*

ORANGE COUNTY OC PUBLIC WORKS

8 Y Y cda Yb hGf j Wg #bg dWcb Gf j Wg

.....Subdivision, Grading, and Permit Inspection — (714) 245-4550

A semi-final inspection was made of _____ to determine those items to be completed or repaired prior to a final inspection and recommendation for acceptance. The inspector, or this office, shall be notified when this work is to be done. Inspector's field acceptance does not constitute official certification of completion and/or acceptance of the tract/parcel map. It is the developer's responsibility to maintain the project until such time that the Orange County Board of Supervisors can officially certify and accept the tract/parcel map improvements and authorize exoneration of securities. **NOTE: ALL ITEMS MUST BE COMPLETED WITHIN 30 DAYS OR THIS REPORT IS VOID.**

Attendees:

Subdivision, Grading and Permit Inspection,

When Recorded Mail To:
County of Orange/OC Public Works
601 N. Ross St. Santa Ana, CA 92701

**COUNTY OF ORANGE
OC PUBLIC WORKS/ DEVELOPMENT SERVICES**

WORK COMPLETION AGREEMENT

This agreement is entered into between _____, hereinafter referred to as "Principal"
(owner)
and the County of Orange, or its assignee, hereinafter referred to as "County", to ensure full completion of the requirements set forth by
Permit No. _____ for the property also known as:

(Type of Occupancy)

(Address on Grading Permit)

(Tract)

(Lots)

Prior to "County" finalizing the permit and releasing all associated financial assurance, Principal agrees to do the following:

Whereas, the **existing** posted financial assurances for this Permit is: \$ _____ bond type: _____ and an additional cash bond
amount of \$ 5,000 is required to insure completion of the above work items.

**INSPECTOR APPROVAL OF
W.C.A. AND FIELD CONDITIONS:**

initials

Now, therefore, it is agreed that:

1. The Principal agrees to temporarily forfeit any posted financial assurances associated with this permit until this agreement has been fully complied with.
2. If the Principal complies with all the provisions of the above permit(s) and other applicable regulations and special conditions of the County of Orange relative to the required work within 45 days of this agreement and to the satisfaction of the Building Official, then the said financial assurances shall be released to the Principal.
3. If the Principal fails to comply with the aforementioned requirements, the Building Official may order the work required by the permit(s) to be completed, or put in a condition acceptable to the building Official. In this event, the posted financial assurances shall be applied as necessary to pay for the completion of the required work. After completion of the work, any posted funds remaining shall be refunded to the Principal.
4. If the cost of work exceeds the amount of the posted financial assurances, the Principal hereby agrees to reimburse County for such excess costs.
5. The Principal further agrees that, if County brings suit to collect for any additional funds to complete the work required by the permit(s), that reasonable attorney fees, as fixed by the courts, shall be paid by the Principal.

Signature: _____

Principal or Authorized Agent

Print Name

Date

Manager Inspection Services/Development Services

NOTE: Signature of the Principal or authorized Agent shall be notarized.

Recording Requested by/and
When Recorded Mail To:

County of Orange
OC Public Works
601 N. Ross St. Santa Ana, CA 92701

RELEASE OF WORK COMPLETION AGREEMENT

Work Completion Agreement named below was recorded as Document No. .
The County of Orange has determined that compliance with said agreement has been
satisfactorily met, and is hereby released.

Legal Description:

Grading Permit No.:

Property Address:

The owner of the record for the above described property is purported to be:

COUNTY OF ORANGE
PLANNING AND DEVELOPMENT SERVICES

By _____
Satinder Verma
Division Manager, Inspection Services

National Pollutant Discharge Elimination System (NPDES) Compliance for Encroachment Permits

Date: _____ Application No. _____

Permittee Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Contact Person: _____ Phone: _____

PROJECT INFORMATION:

Location/Address of Work: _____

1. Does this project include disturbance of one acre or more of soil, **OR** is part of a larger project that encompasses one or more acres of soil disturbance?

Yes ☐ No ☐

If *yes*, your project is subject to the State Water Resources Control Board (SWRCB) Construction General Permit. Please submit three (3) copies of the Storm Water Pollution Prevention Plan (SWPPP) for the project. The SWPPP submittal will be required prior to permit issuance.

2. Is there a building or grading permit associated with this project? Yes ☐ No ☐

If *yes*, issuing Agency: _____

Permit No(s): _____

Signature _____ Date: _____



County of Orange Stormwater Program Inspection Form

☐ BUILDING PERMITS

☐ SUBDIVISION AND GRADING PERMITS

☐ ENCROACHMENT PERMITS

SECTION I - GENERAL

PROJECT ID: _____ INSPECTOR(S): _____

ADDRESS/TRACT: _____ THOMAS BROS. MAP/PG GRID: _____

ARRIVAL TIME: _____ DEPARTURE TIME: _____ PHOTOGRAPHS TAKEN ☐ Y ☐ N

WEATHER CONDITION: _____ INSPECTION DATE(S): _____

DEVELOPER/CONTRACTOR NAME _____

OWNER NAME _____

NAME OF THE SITE REPRESENTATIVE (PRESENT DURING INSPECTION) _____

EMERGENCY PHONE NO _____

DEVELOPMENT SIZE (ACRES): _____ PROJECTED DSA: _____ EST. % OF DSA TO DATE _____

PERMIT TYPE: ☐ GENERAL PERMIT (SWPPP)

WDID NO. : _____

Project Risk Level:

☐ Risk Level 1

☐ Risk Level 2

☐ Risk Level 3

☐ MUNICIPAL PERMIT (ESCP)

REGION :

☐ SANTA ANA-RWQCB (R8)

☐ SAN DIEGO-RWQCB (R9)

SEASON:

☐ WET (OCTOBER 1 THROUGH APRIL 30)

☐ DRY (MAY 1 THROUGH SEPTEMBER 30)

SITE PRIORITY:

☐ HIGH

☐ MEDIUM

☐ LOW

INSPECTION FREQUENCY (see page 5 & 6 for details)

☐ Weekly

☐ Biweekly

☐ Monthly

☐ 1 per season

☐ 2 per season

☐ As Needed

STORM DATA:

Time Elapsed Since Last Storm or Date of Last Storm: _____

Approximate Rainfall Amount (Inches): _____

TYPE OF CONSTRUCTION:

BUILDING PERMITS

GRADING PERMITS

☐ Residential

☐ Commercial

☐ Industrial

☐ Infrastructure

☐ Reconstruction

☐ Transportation

☐ Other

ENCROACHMENT PERMITS

☐ Road

☐ Flood

☐ Other

SECTION II – RESULTS OF INSPECTION				
Erosion Control Practices	Y	N	N/A	Comments
1. Are erosion controls being implemented and maintained on inactive and active disturbed soil areas (sheeting, mulch, hay, soil stabilizers, etc.)? <i>If NO, explain and refer to Section III for enforcement action.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there any erosion observed? <i>If YES, describe the evidence of the erosion, whether it is major or minor and refer to section III for enforcement action.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sediment Control Practices	Y	N	N/A	Comments
3. Are sediment controls being implemented and maintained on all significant slopes (silt fences, fiber rolls, etc. at the base of slopes) and the downstream perimeter? <i>If NO, explain and refer to Section III for enforcement action.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there any sediment discharge observed? <i>If YES, describe the evidence of the discharge and whether it is major or minor. (If the discharge could impact wildlife, sensitive habitat/endangered species, as impaired water body (303d listed) ESA or ASBS area, go to the "Evaluation of Potential Impacts to Human or Environmental Health" form). Refer to Section III for enforcement action..</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tracking Controls	Y	N	N/A	Comments
5. Are the entrances and exits to the construction site adequately protected (tier washout, stabilized entrances, rumble stripes)? <i>If NO, explain and refer to section III for enforcement.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are the roads free of sediment? <i>If NO, explain and refer to section III for enforcement action.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste and Disposal Management	Y	N	N/A	Comments
7. Are activities such as concrete/plastering, painting and fueling resulting in a discharge to the storm drain in violation of provisions of the Water Quality Ordinance? <i>If YES, describe the evidence of the discharge and whether it is major or minor and refer to section III for enforcement action.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are containers for construction waste and debris being utilized and are the adequate? <i>If NO, explain and refer to Section III for enforcement action.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are there any discharges of spills of sewage, oil, or toxic/hazardous materials, which may be in violation of provisions of the Water Quality Ordinance? <i>If Yes, explain and refer to Section III for enforcements action.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are there potential water quality problems that have been identified on the site, which may be in violation of provisions of the Water Quality Ordinance and may require further inspection by an Authorized Water Quality Ordinance Inspector? <i>If yes, explain and refer to Section III for enforcement action.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION III – ENFORCEMENT ACTIONS

PRIVATE CONSTRUCTION PROJECTS

- ☐ No Action Required
- ☐ Verbal Correction (Summarize below)
- ☐ Notice of Non-compliance / Correct Work Notice
- ☐ Stop Work Order
- ☐ Other (Explain below)

OTHER/COMMENTS:

[illegible]

**SUMMARY OF CONSTRUCTION SITE PRIORTIZATION
AND INSPECTION FREQUENCY
SANTA ANA REGION**

Construction Site Priority	Wet Season Inspection Frequency (Oct 1 - April 30)	Dry Season Inspection Frequency (May 1 - Sept 30)
High <ul style="list-style-type: none"> Sites 20 acres and larger Sites over 1 acre that are tributary to a CWA section 303(d) waters listed for sediment or turbidity impairments. Sites, regardless of size, that are tributary to and within 500 feet of an area defined by the Ocean Plan as an Area of Special Biological Significance (ASBS). 	Once per month	As Needed
Medium All sites between 5 and 20 acres of disturbed soil not meeting the criteria specified for 'high' priority sites.	Twice during the season	As Needed
Low All other sites not meeting the criteria for medium or high.	At least once during the season	As Needed
Note: When BMPs or BMP maintenance is deemed inadequate or out of compliance, an inspection frequency of once every week will be maintained until BMPs and BMP maintenance are brought into compliance (regardless of site prioritization).		

**SUMMARY OF CONSTRUCTION SITE PRIORTIZATION
AND INSPECTION FREQUENCY
SAN DIEGO REGION**

Construction Site Priority	Rainy Season Inspection Frequency (Oct 1 - April 30)	Dry Season Inspection Frequency (May 1 - Sept 30)
Highest <ul style="list-style-type: none"> Any site 30 acres or larger w/rough grading or active slopes during the wet season. Any site 1 acre or larger and tributary to a CWA section 303(d) water body segment impaired for sediment or within or directly adjacent to, or discharging directly to, the ocean or a receiving water within an ESA. Other sites determined by the Co-permittees or the Regional Board as a significant threat to water quality. 	Biweekly	Annually in August or September
Middle Construction sites with one acre or more of soil disturbance not meeting the criteria specified for highest priority sites	Monthly	As Needed
Lowest Construction sites that are less than one acre in size	As Needed	As Needed
Note: Re-inspection frequencies must be determined by each Co-permittee based upon the severity of deficiencies, the nature of the construction activity, and the characteristics of soils and receiving water quality.		

SANTA ANA REGION

Inspections of construction sites must include, but not be limited to:

- ✧ Check for coverage under the General Construction Permit (Notice of Intent (NOI) and/or Waste Discharge Identification No.) during initial inspections.
- ✧ Assessment of compliance with ordinances and permits related to runoff, including the implementation and maintenance of designated minimum BMPs.
- ✧ Assessment of BMP effectiveness.
- ✧ Visual observations for non-storm water discharges, potential illicit connections, and potential discharge of pollutants in storm water runoff.
- ✧ Education and outreach on storm water pollution prevention, as needed.
- ✧ Creation of a written or electronic inspection report.

SAN DIEGO REGION

Inspections of construction sites must include, but not be limited to:

- ✧ Verification of coverage under the General Construction Permit (Notice of Intent or Waste Discharge Identification Number, WDID Number) during the initial inspection.
- ✧ A documented review of the Erosion and Sediment Control Plan (ESCP) to ensure that the BMPs to be implemented on-site are consistent with the appropriate phase of construction (Preliminary Stage, Mass Grading Stage, Streets and Utilities Stage, etc.).
- ✧ Visual observation for non-storm water discharges and potential pollutant sources.
- ✧ Determination of compliance with local ordinances, permits, Water Quality Management Plans, Construction Runoff Guidance Manual, and other relevant requirements including the implementation and maintenance of BMPs required under local requirements.
- ✧ An assessment of the effectiveness of BMPs implemented at the site and the need for any additional BMPs.



Request for Working in OCFCD R/W During October 1 – April 30

Date: _____

Encroachment Permit No: _____

Permittee Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Contact Person: _____ Phone: _____

PROJECT INFORMATION:

Duration: From: _____ To: _____

Scope of Work: _____

Contingency Plan 48 hours prior to a likely precipitation event of $\geq 50\%$:



GRADING PERMIT #: _____

OWNER: _____

SITE ADDRESS: _____

SEDIMENT/EROSION CONTROL and STATE WATER QUALITY REQUIREMENTS:

Prevention measures to keep pollutants out of the storm drains and streambeds is a requirement 365 days a year, and is enforceable at any time. However, the official wet season is Oct. 1 thru April 30. During this time, all projects must have erosion control devices in place and functional. All sediment and construction contaminants must be contained within limits of permit so as to prevent deposition into downstream properties, including public streets, storm drains, creekbeds, and the ocean. The construction site will be subject to regular inspection for sediment control measure placement throughout the year. In addition, these requirements are enforceable throughout the entire year, including the dry season, especially if rain is imminent or practices on the project are cause for damage to water quality. The design and placement of control measures that mitigate water quality (called BMP's or Best Management Practices) must be designed by the project civil engineer. Erosion control plans, Storm Water Pollution Prevention Plans (SWPPP) and a suitable National Pollutant Discharge Elimination System (NPDES) must be current with the grading operation, available on site at all times, and be updated on a regular basis. If, in the opinion of the grading inspector, a lack of preparedness on the site is present for a possible rain event, or if housekeeping practices on the site impact requirements set forth within the SWPPP or NPDES, a stop work order may be given on construction activities until readiness is met. Further involvement by the County's authorized Water Quality Ordinance Inspector, or even the State of California Regional Water Quality Control Board inspector could result in severe fines for issues violating the Clean Water Act.

Please have your civil engineer review your site, erosion/sediment control devices, and approved erosion/sediment control plan.

Install and maintain erosion/sediment control devices per your approved grading permit immediately.

Grading Inspector Name

Senior Construction Inspector

Phone Number

E-mail @ocpw.ocgov.com



County Administration South
601 North Ross Street
Santa Ana, CA 92701

P.O. Box 4048
Santa Ana, CA 92702

(714) 667-8800

info@ocpw.ocgov.com

OCPublicWorks.com



Administrative
Services



OC Development
Services



OC Facilities Design
& Construction
Management



OC Facilities
Maintenance
& CUF



OC Fleet Services



OC Construction



OC Environmental
Resources



OC Operations &
Maintenance



OC Infrastructure
Programs



OC Survey



MEMORANDUM

To:

From:

Date:

Subject: **Request for Confined Space Inspection**

Facility or Tract to be inspected:

Final Inspection

Semi-final Inspection

Other

Construction Inspector:

Phone Number:

Job Code:

Tract#

Date Required:

A set of plans and specifications has been sent with this memo.

Comments:

GRADING

Precise Grading Permit Pre-Grading Meeting Form

Date: 1/31/2020
Inspector: Justin Le
Inspector: Jason Sotto
Supervisor: Richard Sanchez

Tel: 714-932-8684
Tel: 714-936-9819
Tel: 714-932-8687

Office Hours - Monday-Thursday: 6:30am –4:00pm
Friday: 6:30am – 3:00pm

GRADING PERMIT NO: **GRD19-0128**

TRACT: 9507

LOT # 48

PERMIT EXPIRES ON: **7/21/2020**

JOB ADDRESS: **23212 Pradera Rd, Coto De Caza, CA 92679**

OWNER: **Jeff & Beth Yellen**

I. General Requirements:

- A. An original approved set of grading plans*, preliminary soil report, and a copy of the grading permit shall be on the job at all times; working hours are Monday thru Saturday, 7 a.m. to 8 p.m. Work other than this time requires prior authorization and may involve approval by Board of Supervisors.

* *An approved grading plan is defined as the set of plans containing a Grading Section departmental stamp and signature.*

B. CALLING FOR INSPECTION:

- Inspection requests must be made the day **PRIOR** to the requested day of inspection.
- To request inspection by going to the County of Orange's web site at <https://myoceservices.ocgov.com/>. Requests can be made up to **5:00 PM** for the next business day's inspection. Future inspection requests can also be made.
- Use the Inspection Item Numbers identified during the pre-grade meeting to set up the required inspections.
- If a specific time is needed to set up the inspection, contact the inspector on the morning of the inspection during the office hours noted above. Inspections will be provided on that day if workload and logistics allow.
- You must recall your inspection if an inspection you called for was not made.
- If you must cancel an inspection, please do so before the inspector leaves for the field by contacting him during the above noted office hours to avoid show-up charges to the permit.

- C. **State Water Resources Control Board** requirements: This project must comply with State of California water quality standards. If this project is North of El Toro Road, refer to <http://www.swrcb.ca.gov/rwqcb8/> (Santa Ana Regional Water Quality Control Board); if South of El Toro Road, refer to <http://www.swrcb.ca.gov/rwqcb9/> (San Diego Regional Water Quality Control Board). Study the respective laws for their applications to this site. Inspectors from both the State and the County specializing in these water quality standards will routinely visit the site to verify compliance.

D. CHANGES TO APPROVED GRADING PLAN AND SITE CONDITIONS:

- Work covered by this permit must conform to the approved grading plans and soil reports. Changes found during an inspection may result in a STOP WORK NOTICE.. Clearing of brush and/or grading activities that encroach beyond the approved grading and permit limits shown on the plan is strictly prohibited.
- AS-BUILT PLANS ARE NOT ALLOWED. Talk to the grading inspector & engineer before making any changes.**
- Revisions to the plans must be submitted, reviewed, and approved PRIOR to starting the revised work.
- Submit 5 sets of revised plans, 2 copies of a geotechnical review of the revised plans, and the last approved set of grading plans (all as a package) to the Main Office, to the attention of your inspector noted above. Plan check review will be required of all revisions.

Precise Grading Permit Pre-Grading Meeting Form

INSPECTION CODE NO.

II. REQUIRED GRADING INSPECTION:

The **circled inspection codes** noted below are required grading inspections, specific to this project. If any work requiring inspection is covered or concealed by additional work without inspection, the grading inspector may require that the covered work be exposed for inspection.

801

A. START OF WORK: At time of brushing, clearing, demolition, and actual grading work.

- Limits of grading must be staked;
- Adequate water, erosion control, and toilet facilities must be on site;
- Erosion control devices (i.e., sandbags, siltfences, etc.) must be onsite.
- Sanitation facilities must be in place
- Working hours are Monday-Saturday 7am to 8pm; NO work allowed on Sunday and Federal Holidays

B. EXCAVATION AND FILL INSPECTION

802

1. **CANYON CLEANOUT:** After all brush and unsuitable material has been removed and an acceptable base has been exposed, and prior to fill placement.

- **Required paperwork** - memo from soil engineer/geologist approving area for fill.

803

2. **FILL OR BUTTRESS KEYWAY:** After suitable natural ground or bedrock is exposed; the bench or key must be excavated to design specifications; survey stakes are required to locate the toe of slope.

- **Required Paperwork** - memo from soil engineer/geologist approving buttress key.
- **Required Paperwork** – memo from soils technician approving fill slope bench.

804

3. **OVER-EXCAVATION:** After an area has been excavated to remove unsuitable material, and prior to any fill placement; any planned structures requiring over-excavation must be staked for location..

- **Required Paperwork** - memo from soil engineer/geologist approving area for fill.

805

4. **ROUTINE CUT & FILL:** Each working day of routine cut and/or fill; field memos for cut slopes and fill placement must be made available by the geotechnical firm, along with adequate engineered staking for limits of grading. **Note: Importing/exporting of soil may require traffic controls, flagman, and a haul route clearance. Clearance from Traffic Operations, or a Public Property Permit may be required. All exported soil must be taken to another site having a current grading permit, or a County dump/land-fill.**

806

4. **CANYON/BUTTRESS SUBDRAIN:** After filter fabric, gravel bedding, and pipe placement, but prior to covering pipe with gravel. .

- **Required Paperwork:** Memo from soils technician approving specifications and placement of filter fabric, subdrain pipe, and gravel.

Precise Grading Permit Pre-Grading Meeting Form

C. SEGMENTAL RETAINING WALLS (SWR) (i.e., Keystone, Loffel, crib, etc.):

820

1. **WALL SUBGRADE:** Prior to placing any wall material, the bench or subgrade to the area receiving the wall members must be inspected. Wall materials (concrete members, fabric, gravel, geogrid) shall be on site for inspection.

Requirements for inspection must be on job site:

- Engineered stakes must be set for wall location (s)
- Line and Grade Certification letter/memo from civil engineer*
- Memo from geotechnical engineer approving excavation **and all materials on site***

* signatures must be wet signed by registered engineer

821

2. **SUBDRAIN:** Prior to covering with rock and fabric.
 - **Required Paperwork** -- Memo from geotechnical engineer.

822

3. **GEOGRID:** At initial placement, and thereafter during placement.

823

4. **FILL AND WALL MEMBER PLACEMENT:** Daily inspection calls must be made during routine construction of wall once initial work above is completed memos from both design and geotechnical engineers may be required if work warrants clarification.

NOTE: Full-time inspection by the geotechnical engineer is required during placement of wall materials and fill during the above-noted stages of wall construction.. The design civil engineer must incorporate and show all geotechnical and manufacturer specifications on the plans.

D. ROUGH GRADE RELEASE INSPECTION

This inspection is required prior to any construction activities taking place but after completion of grading. After this inspection is made, the inspector may allow some aspects of the work to initiate, such as trenching for foundations and utilities. However, allowing the release for issuance of building permits will not occur until all required paperwork is submitted and approved. Granting the release for retaining wall construction or public works improvements must meet the requirements spelled out below.

This inspection may be called for as a partial release when portions of the grading work is being accomplished in stages, but must follow the requirements as noted below:

830

1. BUILDING PADS (for release of building permits):

Field requirements

- witness stake and blue-top for each pad elevation shown on plan;
- property corners, building corners (condos and single lot only) and top & toe of slope in accordance with inspector's requirements;
- terrace/down drains on slopes or any critical drainage structures must be completed

Precise Grading Permit Pre-Grading Meeting Form

Required paperwork

- line & grade from civil engineer at time of field inspection *
- memo/letter from soil engineer at time of field inspection *
- statement of compliance from grading contractor at time of field inspection
- **Geotechnical report** - a formal compaction report for the completed grading work must be submitted for review and approval prior to granting formal rough grade release of pads.

* must be wet signed by registered engineer or geologist.

832

2. **RETAINING WALL EXCAVATION (for release to building inspector):** The building inspector will not inspect and approve the steel in the foundation excavation until the grading inspector signs off the excavation for the wall on the approved plans. *For steel reinforcement inspections, refer to the RW permit inspection card for information.*

Field requirements

- off-set stakes set by surveyor locating face of wall or foundation;
- the back cut for the wall and the foundation excavation must be made

Required field paperwork

- civil engineer's certification for footing excavation location*
- memo/letter from soil engineer *

*must be wet signed by registered engineer and/or geologist, as applicable; memo from soil engineer must list referenced reports, and state if recommendations remain unchanged.

831

3. **STREET IMPROVEMENTS/UTILITY PLACEMENT (for release to public works inspector):**

Field requirements

- off-set staking by surveyor locating road template, contact the inspector just prior to staking for these requirements.

Required field paperwork

- line & grade from civil engineer *
- memo/letter from soil engineer *

*must be wet signed by registered engineer and/or geologist.

833

5. **FOUNDATION/CAISSON EXCAVATION INSPECTION:** If conditions warrant, excavation work may be needed to extend foundations of planned structures into specific geologic strata, as required in the geotechnical reports. This is not an inspection of any structural steel. An inspection under the RS or RW permit must be made, and inspection by the building inspector is required for all structural steel.

Precise Grading Permit Pre-Grading Meeting Form

At the time of this inspection, the excavations must be made and survey control stakes must be provided along with the following required paperwork.

Required field paperwork

- memo from the soil engineer/geologist*
- line & grade from the civil engineer may be required for location of excavations*

*must be wet signed by registered engineer/geologist, as applicable. Geotechnical memo must state if foundation recommendations are unchanged from previously recommended and the referenced reports must be listed on memo.

840 E. CONCRETE V-DITCH - TERRACE DRAINS, DOWN DRAINS, BROW DITCHES, AND RIBBON GUTTERS.

1. **Forms:** Reinforcement & thickness control-wires must be in place at the time of inspection;

Required Paperwork

- memo from soil engineer approving area to receive concrete and if type 5 concrete is needed;
- line & grade certification letter or memo from design engineer*

* must be wet signed by engineer

2. **Concrete or Guniting Placement:** Minimum 2500 P.S.I. required; load tickets from delivery truck must be available; soil subgrade must be moistened prior to concrete placement and reinforcement steel must be centered within concrete during placement of concrete.

841 F. PCC SLAB SUBGRADE (i.e., for driveways used as drainage devices & parking lots)

1. **Forms:** Required reinforcement and forms be in place at the time of inspection

Required Paperwork

- memo from soil engineer approving area to receive concrete and if type 5 concrete is needed
- **line & grade** memo from design engineer or survey party chief

2. **Concrete Placement:** Minimum 2500 P.S.I. required; load tickets from delivery truck must be available; soil subgrade must be moistened prior to concrete placement and reinforcement steel must be centered within concrete during placement of concrete.

Precise Grading Permit Pre-Grading Meeting Form

842

G. CURB & GUTTER

1. **Forms:** Required reinforcement (if any) must be in place with form-work in place. Off-set staking must be set by the surveyor for location of curb face.

Required Paperwork

- memo from soil engineer approving area to receive concrete
- line & grade letter or memo from design engineer or survey party chief

2. Concrete placement

H. STORM / AREA DRAIN AND INLET / JUNCTION STRUCTURES

Only the drainage devices shown approved grading plans, **not those shown on street or tract improvement plans approved with the public works department.**

843

1. **RCP delivery**; provide certificate of "D" load from manufacture.

844

2. **Pipe Placement** - prior to covering with backfill, pipe must be staked by engineer for location. All pipe bells shall be glued and face upstream.

Required Paperwork - line & grade from the design engineer and a soils memo from a soils engineer.

845

3. **Pipe Collar/Anchor Forms** – prior to concrete, with required reinforcement in place.

846

4. **Inlet/Junction Structure Forms** - with required reinforcement in place.

Required Paperwork - line & grade from design engineer.

847

5. **Outlet Structure/Rip Rap** - prior to placing concrete or gunite, with the required reinforcement in place.

PAVING INSPECTION: PREPAVING MEETING REQUIRED (for all commercial sites, and for driveways or asphalt placement exceeding 3000 square feet)

A prepaving meeting shall be held prior to the establishment of subgrade. The project coordinator must contact the inspector at least (4) working days in advance and must also contact the following principals to be represented at the meeting: paving contractor, civil engineer, owner, and soil engineer. The required inspections for paving shall be discussed at that meeting.

J. SEDIMENT/EROSION CONTROL and STATE WATER QUALITY REQUIREMENTS:

Prevention measures to keep pollutants out of the storm drains and streambeds is a requirement 365 days a year, and is enforceable at any time. However, the official wet season is Oct. 1 thru April 30. During

Precise Grading Permit Pre-Grading Meeting Form

this time, all projects must have erosion control devices in place and functional. All sediment and construction contaminants must be contained within limits of permit so as to prevent deposition into downstream properties, including public streets, storm drains, creek beds, and the ocean. The construction site will be subject to regular inspection for sediment control measure placement throughout the year. In addition, these requirements are enforceable throughout the entire year, including the dry season, especially if rain is imminent or practices on the project are cause for damage to water quality. The design and placement of control measures that mitigate water quality (called BMP's or Best Management Practices) must be designed by the project civil engineer. Erosion control plans, Storm Water Pollution Prevention Plans (SWPPP) and a suitable National Pollutant Discharge Elimination System (NPDES) must be current with the grading operation, available on site at all times, and be updated on a regular basis. If, in the opinion of the grading inspector, a lack of preparedness on the site is present for a possible rain event, or if housekeeping practices on the site impact requirements set forth within the SWPPP or NPDES, a stop work order may be given on construction activities until readiness is met. Further involvement by the County's authorized Water Quality Ordinance Inspector, or even the State of California Regional Water Quality Control Board inspector could result in severe fines for issues violating the Clean Water Act.

K. DUST CONTROL: Dust is considered a pollutant if excessive. All dust must be controlled during grading or heavy wind conditions. Failure to do so could result in all work being stopped or involvement by the AQMD (Air Quality Management District) who could impose fines.

Required inspections for typical erosion control

- | | |
|-----|--|
| 849 | 1. PRE-BUILD/SANDBAG PLACEMENT: Prior to starting erosion control work shown on erosion control plans, contact grading inspector to review erosion control program being planned and the required sand bag placement. |
| 850 | 2. <u>DESILTING BASIN INSTALLATION:</u> |
| | a. <u>Basin risers and outlet pipes</u> - prior to backfilling.
Required Paperwork <ul style="list-style-type: none"> • line & grade from design engineer |
| 851 | b. <u>Anti-seep collar forms</u> – prior to concrete placement; all required reinforcement must be in place. |
| 852 | c. <u>Spillways</u> - prior to gunite; required reinforcement and guide wires must be in place.
Required Paperwork <ul style="list-style-type: none"> • line & grade from design engineer • memo from soil engineer for 90% RC for subgrade and the desilt basin embankment fill placement. |
| 854 | 3. <u>COMPLETION OF EROSION CONTROL:</u> |
| | <p>When erosion control work is complete and readiness for the threat of rain is intact</p> <p>Required Paperwork</p> <ul style="list-style-type: none"> • line & grade from the design engineer may be required. |

Precise Grading Permit Pre-Grading Meeting Form

870

L. FINAL GRADING INSPECTION (to obtain Certificate of Occupancy) AND GRADING BOND RELEASE:

Field requirements - When all work shown on approved grading plan is complete, including drainage device installation, swales, driveways, monumentation, and slope planting is established. In no case will a final be considered if safety is an issue.

Final requirements:

1. **Final line and grade from civil engineer/architect**
2. **Final geotechnical report from soil engineer;** this report must include all work after the rough grade compaction report. Final reports must include interior & exterior utility trench backfill, retaining wall backfill, subgrade/base/asphalt testing and inspection, a slope stability statement, and any other geotechnical condition that may have arisen. Report must be reviewed and approved before any final can be given.
3. **Final revised plan from civil engineer/architect** - if site deviates from last approved grading plan (REVISED PLAN MAY NEED PLAN CHECK REVIEW AND COULD DELAY OCCUPANCY)
4. **Slope Planting and Irrigation** - slopes must be fully established with plant material and irrigated in accordance with the grading code. A certification from the landscape architect may be required.
5. **Fire Marshal Clearance (if required)** - contact Fire Marshal to meet any fuel modification requirements and have them notify the grading inspector when clearance is met.
6. **Public Works Clearance** – occupancy requests, or release of bonding for the grading permit is subject to clearance by the Public Works Inspector. Contact your PW Inspector ahead of time when such requests or releases are needed.
7. **Tract/site "Conditions of Approval"** - grading issues relating to those planning conditions set forth in the initial stages of the project must be met; review any planning documents to insure they are met.

Precise Grading Permit Pre-Grading Meeting Form

871

L. FINAL MONUMENTATION INSPECTION:

Lot and Tract corner monuments required of the recorded tract map must be inspected as a condition of finaling this permit, releasing the grading bond, and releasing all monumentation bonds. Prior to calling for this inspection, the monuments that designated on the tract map as "to be set" must be located and flagged for inspection. A copy of the recorded tract map and a letter from the engineer, certifying the setting of the monuments, is required at time of inspection.

Note: A grading permit and grading bond will not be released until all outstanding issues on the grading permit are complete including monumentation. It is responsibility of the permittee to maintain an active permit until this requirement is met. Permits that lapse and expire may have to be processed into new grading permits by the permittee.

M. OTHER CONCERNS /NOTES

Precise Grading Permit Pre-Grading Meeting Form

FINAL NOTICE TO OWNER, CONSULTANTS, AND CONTRACTORS (PLEASE READ)

Permit Number: GRD19-0128

The undersigned understands that the inspections and requirements set forth in this handout are considered part of the permit and specifications for the project. Any work item completed without inspection, and any changes made to the plans, soil reports, specifications, and field conditions without securing written approval and inspection from the Grading Section is subject to removal and/or correction. Any “as built” conditions presented to the inspector are NOT ALLOWED, and if presented to the inspector are subject to removal. The County of Orange does not subscribe to a policy of inspecting and approving work “after the fact.”

Owner _____

By _____

Address _____

Telephone _____

Civil Engr./Arch. _____

By _____

Address _____

Telephone _____

Soil Engineer _____

By _____

Address _____

Telephone _____

Geologist _____

By _____

Address _____

Telephone _____

Grading Contractor _____

By _____

Address _____

Telephone _____

Coordinator/Superintendent _____

By _____

Address _____

Telephone _____

Others _____

By _____

Address _____

Telephone _____

Others _____

By _____

Address _____

Telephone _____



Grading Inspection
601 N. Ross Street
Santa Ana, CA 92701
(714) 667-8820

**COUNTY OF ORANGE
OC PUBLIC WORKS
PRE-PAVING MEETING**

GRADING PERMIT NO: GB: _____ **TRACT#:** _____ **LOT #'s** _____

JOB ADDRESS: _____

OWNER: _____ **PERMIT EXPIRES ON:** _____

CIVIL ENGINEER OF RECORD: _____ **SOIL ENGINEER OF RECORD:** _____

PAVING CONTRACTOR: _____

I. General Requirements:

- A. An original approved set of grading plans*, preliminary soil report, and a copy of the grading permit shall be on the job at all times; working hours are Monday thru Saturday, 7 a.m. to 8 p.m. Work other than this time requires prior authorization and may involve approval by Board of Supervisors.

* *An approved grading plan is defined as the set of plans containing a Grading Section departmental stamp and signature.*

B. CALLING FOR INSPECTION:

- Inspection requests must be made the day **PRIOR** to the requested day of inspection.
- To request inspection, use the automated inspection line by calling **(714) 796-0407**, or by going to the County of Orange's web site at ocplanning.com. Requests can be made up to **11:00 PM** for the next business day's inspection. Future inspection requests can also be made.
- Use the Inspection Item Numbers identified during the pre-grade meeting to set up the required inspections.
- If a specific time is needed to set up the inspection, contact the inspector on the morning of the inspection during the office hours noted above. Inspections will be provided on that day if workload and logistics allow.
- You must recall your inspection if an inspection you called for was not made.
- If you must cancel an inspection, please do so before the inspector leaves for the field by contacting him during the above noted office hours to avoid show-up charges to the permit.

- C. **State Water Resources Control Board** requirements: This project must comply with State of California water quality standards. If this project is North of El Toro Road, refer to <http://www.swrcb.ca.gov/rwqcb8/> (Santa Ana Regional Water Quality Control Board); if South of El Toro Road, refer to <http://www.swrcb.ca.gov/rwqcb9/> (San Diego Regional Water Quality Control Board). Study the respective laws for their applications to this site. Inspectors from both the State and the County specializing in these water quality standards will routinely visit the site to verify compliance.

D. CHANGES TO APPROVED GRADING PLAN AND SITE CONDITIONS:

- Work covered by this permit must conform to the approved grading plans and soil reports. Changes found during an inspection may result in a STOP WORK NOTICE. Clearing of brush and/or grading activities that encroach beyond the approved grading and permit limits shown on the plan is strictly prohibited.
- **AS-BUILT PLANS ARE NOT ALLOWED. Talk to your grading inspector and engineer before making any changes.**
- Revisions to the plans must be submitted, reviewed, and approved PRIOR to starting the revised work.
- Submit 5 sets of revised plans, 2 copies of a geotechnical review of the revised plans, and the last approved set of grading plans (all as a package) to the Main Office, to the attention of your inspector noted above. Plan check review will be required of all revisions.

PAVING INSPECTION

Pavement, base course, and sub-grade specifications shall conform to any combination of the specifications and provisions established in the Orange County Grading & Excavation Code, the P.F.R.D. Standard Plans, the

Standard Specifications for Public Works Construction handbook ("Greenbook"), and the approved recommendations provided by the project engineers.

NOTE: The paving design must be reflected within County Grading Section approved grading plans and/or **approved** geotechnical reports prior to initiating any of the stages of work outlined below.

The approved paving section for this project is: _____ ASPHALT/_____ BASE [parking]
_____ ASPHALT/_____ BASE [drives]

**INSPECTION
ITEM NO.**

REQUIRED GRADING INSPECTIONS:

860 1) SUBGRADE:

After the sub-grade has been established to allow for the approved paving section noted above. The inspector may string-line the area to verify the required paving section if discrepancies are found.

Required Field Paperwork:

- **line & grade certification from civil engineer**
(must state actual paving section being certified)
- **memo from soil engineer** approving minimum 90% R.C.
(must include all utility trench or retaining wall backfill influencing areas to be paved)

FULL DEPTH ASPHALT SECTIONS: The sub-grade requirements for compaction shall be a minimum of 95% R.C.; weed killer is required on all sub-grade areas prior to AC placement when gravel base is not being used.

861 2) GRAVEL BASE:

After untreated gravel base has been placed, but prior to placement of prime coat and asphalt. Gravel material must be evenly spread (no segregation of larger rock from smaller-particle rock). The Inspector will string-line the area to verify the asphalt section will fit above the gravel section. Prime coat of base may be required if the area will not be paved within 48 hours.

Required Field Paperwork:

- **line & grade certification from the civil engineer**
- **memo from the soil engineer** approving minimum 95% R.C., providing gradation results of the gravel, and stating that the gravel meets the design specifications. Any suspected or potential deterioration of sub-grade condition (i.e.: rain) may require recertification.
- gradation and sand equivalency per green book (section 200-2)

862 3) ASPHALT LAYDOWN:

GENERAL:

- County inspection required each day of AC lay-down
- deterioration of prior work (i.e.: rain) may require recertification
- paving machine may be required if the area being paved is of substantial size that a paving machine is needed to insure a controlled and even placement of the design paving section
- 12 tone roller for initial or breakdown roll may be required, unless density testing of the asphalt can be made to verify 95%RC and if approved by the soil engineer.
- **FULL TIME INSPECTION REQUIRED** on the part of the engineer (i.e.: project geotechnical engineer) qualified in the area of asphalt placement.

ENGINEERING REPRESENTATIVE:

- Has the authority to stop any stage of work should the paving operation not comply with the required standards
- Must be on site just prior to first load of AC to verify condition of prior work, if proper equipment is in place, and if all vertical concrete edges meeting AC is tack-coated
- 3/8 lip on all concrete gutters
- Must check all AC truck deliveries to insure material meets required specifications of AC noted below, and temperature (260°F. to 320°F, and AR4000 or AR8000)

Type III C-3 (1/2" med) [BASE AND SURFACE COURSE]

Type III B-3 (3/4" med) [BASE COURSE ONLY]

Type III-D (3/8") [SURFACE COURSE]

OTHER _____

Deliveries not meeting these specifications must be rejected

- Must collect load tickets from asphalt plant and verify that required AC specification noted above is properly documented
- Must check AC lay-down procedure for thickness, temperature, and timely roller application; AC finish must be even and unsegregated
- Must insure that AC finish is a minimum of 3/8" above all adjoining concrete surfaces.
- Must test the AC for a minimum 95% R.C. when a 12 ton roller is not used on initial breakdown, or if asphalt compaction is a question due to site conditions or operational problems.

NOTICE:

The grading inspector will be randomly checking the site for the FULL TIME presence of the engineering representative, and that the above requirements are being met. Any failure to comply with these requirements will result in work being stopped, and/or the AC section being core-sampled and tested by project engineer. The results of those findings will need review by County engineering staff. Mitigating measures to bring the AC up to design and required standards may be required prior to permit final.

863 4) **WATER TEST:**

Prior to application of seal coat or striping, the paved areas shall be flooded with water. The

grading inspector must be present to check the flooded areas and require the patching of low spots. Another water test may be required after patching.

The water test will also verify the activity of the water, and if the drainage is being carried as per the plans and specifications. Corrections and/or plan revisions may be required.

870 5) **FINAL INSPECTION:**

When all work shown on the approved grading plan is complete, including all R&R work, drainage device(s), parking lot striping, and slope planting/irrigation. Site must be in a safe condition to allow public use. Required monumentation must be set.

In addition, the following is required for final:

- a) final line and grade certification and as-built plan from design engineer/architect
- b) final geotechnical report* to include (minimum):
 - backfill testing of utility trenches and retaining walls; include depth of backfill, soil material used, & method of placement; describe placement of sub-drains behind any retaining walls;
 - state the required paving section and if achieved;
 - sub-grade, curb & gutter, & gravel base test results; equipment used for compaction;
 - gravel base gradation results;
 - a detailed reporting of the asphalt work (material type, spreading & roller equipment [include roller weight], temperatures, testing, AC specification used [i.e. Type III, C-3] and random copies of material load tickets);
 - a map locating all tests taken for sub-grade, base, AC, utility trenches, and retaining wall backfill zones;
 - and a statement that the work is completed per County standards, project specifications, the Grading Code, and is suitable for the intended use.

***This report will need to be reviewed and approved prior to final of grading and release of bond.**

c) **Public Works Clearance**

FINAL NOTICE TO OWNER, CONSULTANTS, AND CONTRACTORS (PLEASE READ)

The undersigned understands that the inspections and requirements set forth in this handout are considered part of the permit and specifications for the project. Any work item completed without inspection, and any changes made to the plans, soil reports, specifications, and field conditions without securing written approval and inspection from the Grading Section is subject to removal and/or correction. Any “as built” conditions presented to the inspector are NOT ALLOWED, and if presented to the inspector are subject to removal. The County of Orange does not subscribe to a policy of inspecting and approving work “after the fact.”

Owner _____

By _____

Address _____

Telephone _____

Civil Engineer/Architect _____

By _____

Address _____

Telephone _____

Soil Engineer _____

By _____

Address _____

Telephone _____

Geologist _____

By _____

Address _____

Telephone _____

Grading Contractor _____

By _____

Address _____

Telephone _____

Coordinator/Superintendent _____

By _____

Address _____

Telephone _____

Paving Contractor _____

By _____

Address _____

Telephone _____

Others _____

By _____

Address _____

Telephone _____

March 10, 2020

.....**GRADING CONTRACTOR STATEMENT OF COMPLIANCE**

Job Address _____ Location _____

Tract No. _____ Lot No(s) _____

Owner _____ Grading Permit No. _____

I declare that the grading was done in accordance with the plans and specifications, the grading ordinance and the recommendations of the Civil Engineer, Soils Engineer and Engineering Geologist. It is understood that this declaration includes only those aspects of the work that can be determined by me, as a competent grading contractor.

The actual yardage involved in this grading project was:

Fill _____ c.y.

Import _____ c.y.

Export _____ c.y.

Grading Contractor/Owner: _____ License No. _____

Signature _____

Date _____

Instructions:

The owner should sign only if the grading was not done by a licensed Grading Contractor, or if the Grading Contractor is no longer in business. The owner, therefore, assumes the responsibility and liability for the grading as set forth in the above.



County Administration South
601 North Ross Street
Santa Ana, California 92701



P.O. Box 4048
Santa Ana, CA 92702-4048



info@ocpw.ocgov.com



(714) 667-8800



OCPublicWorks.com

COUNTY OF ORANGE
OC PUBLIC WORKS
ROUGH GRADE COMPACTION
GRADING INSPECTION FIELD REPORT

NOTE: Comments for inter-office communication only. Do not send as formal review sheet

Grading Permit #: _____

Site Address: _____

Tract No.: _____

Lot/Building #'s: _____

Developer/Owner: _____

Soils Engineer: _____

Engineering Geologist: _____

Other: _____

Geotechnical Consultant: _____ File No.: _____

Review of:	Report Date	Received	Main Office
Soils Report:	_____	_____	_____
Geologic Report:	_____	_____	_____
Other: _____	_____	_____	_____

Action: Field conditions are ☐ / are not ☐ adequately reflected in the report.

Remarks: _____

Reviewed: _____ Date: _____
Grading Inspector



County Administration South

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Maintenance



OC Infrastructure
Programs



OC Survey



MEMORANDUM

To: Design Civil Engineers and Architects

From: Grading Inspection

Date:

Subject: **Required Form for Rough and Final Grade Certification**

The following form letter contains the elements considered necessary for compliance with the substance and intent of the Grading and Excavation Code's procedures for **rough or final** grade certification. Accordingly, substantial conformance with this form letter is required for grade approval. The purpose is to achieve compliance/uniformity.

Please retype this letter on your company's letterhead including the appropriate paragraph for either **Rough** or **Final** Grading Certification.

CIVIL ENGINEER'S (ARCHITECT'S) LETTER HEAD

County of Orange
OC Public Works / Grading Permit Inspection
1152 E. Fruit St., Building #6
Santa Ana, CA 92701

Date:

Attention: _____, Area Grading Inspector

Subject: Civil Engineer's (Architect's) Grading Certification

Reference Project: Grading Permit No.

Address

Tract No. _____ Lot (s) _____, inclusive₃

Permitted Yardage: Cut _____ yr³; Fill _____ yr³

I hereby approve the rough grading for the referenced project in accordance with my responsibilities under the Orange County Grading and Excavation Code. **Rough** grading has been completed substantially in conformance with the approved grading plan which includes: Line and grade for all engineered drainage devices (graded and ready for paving or construction), staking of property corners for proper building location, location and inclination of all slopes, and construction of earthen berms and positive building pad drainage. (All exceptions must be noted.)

The volume of earth materials moved by cut and/or fill grading (agrees)/(does not agree) with the permitted yardage stated on the grading plan. The revised volumes of material moved are:
Cut _____ yr³ natural fill _____ yr³ borrow _____ yr³.

OR

I hereby approve the final grading for the referenced project in accordance with my responsibilities under the Orange County Grading and Excavation Code. **Final** grading has been completed substantially in conformance with the approved grading plan which include: Completion of all engineering drainage devices and retaining walls, setting of all monuments in accordance with the recorded tract map, location and inclination of all manufactured slopes, and construction of earthen berms and positive building pad drainage. (All exceptions must be noted.)

All structures constructed on property corners or property lines, and where monumentation is not required, have been located in compliance with the approved plot plan.

Signature (R.C.E. # _____) (A.I.A. # _____)

COUNTY OF ORANGE
OC PUBLIC WORKS/ INSPECTION
SUBDIVISION, GRADING & PERMIT SECTION

REVISED GRADING PLAN – INSPECTOR’S PRE-INSPECTION REPORT

TO PLAN CHECKER/GEOTECHNICAL REVIEWER: _____

FROM INSPECTOR: _____

DELTA REVISION #: _____

PERMITTEE: _____

PERMIT NO.: _____ TRACT NO.: _____ LOT/BLDG NO(s): _____

SITE ADDRESS: _____

Revision requires revised erosion control Plan? Yes ☐ No ☐

Review letter required from soil engineer? Yes ☐ No ☐

Latest approved revision number in file? Delta Revision #: _____

Route latest revised plan in file. Yes ☐ No ☐

Permittee has provided last approved set Yes ☐ No ☐

=====

Comments:

☐ No comments, recommend approval.

INSPECTOR: _____ DATE: _____

**COUNTY OF ORANGE
OC PUBLIC WORKS
INSPECTION SERVICES/GRADING**

Page ___ of ___

☐ **Main Office**
601 N. Ross Street
Santa Ana, CA 92701

GEOTECHNICAL REPORT REVIEW SHEET

REVIEW OF GEOTECHNICAL REPORTS INCLUDING

	<u>Report Date</u>	<u>Date Received</u>		<u>Type of Report</u>
<input type="checkbox"/> Final Soil Report	_____	_____	<input type="checkbox"/>	Preliminary (Initial)
<input type="checkbox"/> RG Compaction	_____	_____	<input type="checkbox"/>	Ingrading or Interim
<input type="checkbox"/> RG Recertification	_____	_____	<input type="checkbox"/>	Rough Grade Compaction
<input type="checkbox"/> Response #1	_____	_____	<input type="checkbox"/>	Rough Grade Recertification
<input type="checkbox"/> Response #2	_____	_____	<input type="checkbox"/>	Supplement or Addendum
<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/>	Grading Plan Review/Revision
			<input type="checkbox"/>	Paving Design
			<input type="checkbox"/>	Final

GEOTECHNICAL CONSULTANT: _____

Job # _____

Tract # _____ Site Address _____
Lot/Bldg#s _____

☐ Precise/Preliminary Grading Permit # _____

Distribution

Developer/Owner	_____	<input type="checkbox"/>
Address	_____	
General Contractor	_____	<input type="checkbox"/>
Address	_____	
Soil Engineer	_____	<input type="checkbox"/>
Engineering Geologist	_____	<input type="checkbox"/>

ACTION

- ☐ Report (s) Approved
- ☐ Report (s) Approved Subject to Condition Below:
- ☐ Prior to approval of report (s) attend to the following and resubmit response:

Report reviewed/approved by: _____

Date: _____



County Administration South

601 North Ross Street
Santa Ana, CA 92701

P.O. Box 4048
Santa Ana, CA 92702

(714) 667-8800

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OC Development
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OC Facilities Design
& Construction
Management



OC Facilities
Maintenance
& CUF



OC Fleet Services



OC Construction



OC Environmental
Resources



OC Operations &
Maintenance



OC Infrastructure
Programs



OC Survey



MEMORANDUM

To: Design Civil Engineers and Architects

From: Grading Inspection

Date:

Subject: **Required Form for Rough and Final Grade Certification**

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Please retype this letter on your company's letterhead including the appropriate paragraph for either **Rough** or **Final** Grading Certification.

CIVIL ENGINEER'S (ARCHITECT'S) LETTER HEAD

County of Orange
OC Public Works / Grading Permit Inspection
1152 E. Fruit St., Building #6
Santa Ana, CA 92701

Date:

Attention: _____, Area Grading Inspector

Subject: Civil Engineer's (Architect's) Grading Certification

Reference Project: Grading Permit No.

Address

Tract No. _____ Lot (s) _____, inclusive₃

Permitted Yardage: Cut _____ yr³; Fill _____ yr³

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All structures constructed on property corners or property lines, and where monumentation is not required, have been located in compliance with the approved plot plan.

Signature (R.C.E. # _____) (A.I.A. # _____)



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OC Fleet Services



OC Construction



OC Environmental
Resources



OC Operations &
Maintenance



OC Infrastructure
Programs



OC Survey



MEMORANDUM

To: Manager, County Surveyor
From: Manager, Inspection Services
Date:
Subject: **Monumentation Inspection**

Tract No.: _____

Grading Permit No.: _____

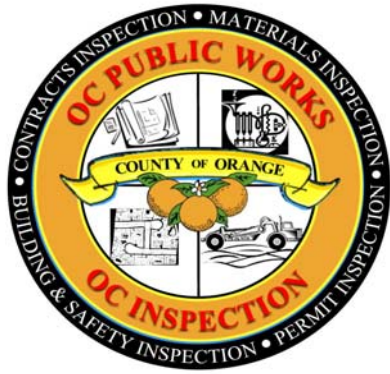
Lot No(s): _____

Grading Section has inspected lot corner and tract boundary survey monuments for subject grading permit and found them to be satisfactory.

☐ Tract Map attached.

Grading Inspector

Date: _____



POLICY & PROCEDURES

OC PUBLIC WORKS POLICIES & PROCEDURES

No. 1.7.412

TITLE: Personal Appearance Policy

Effective: February 17, 2009

I. PURPOSE

To provide guidelines regarding employee appearance in order to project a positive and professional image to the business community and the public, to prevent work injuries, and to prevent hostile work environments.

II. REFERENCES

N/A

III. DEFINITIONS

N/A

IV. POLICY

- A. Staff shall exercise good judgment in selecting the proper clothing for their planned activities. Staff shall dress according to anticipated job types, locations and circumstances, and shall consider personal safety and good taste.
- B. When interacting with the business community, staff shall dress no less professionally than those with whom they are dealing. For example, when attending court proceedings, Board of Supervisor meetings, Advisory Board meetings, or making formal presentations, both men and women shall wear suitable business attire.
- C. Clothing:
 - 1. Clothing and footwear shall be neat, clean, in good repair, and fit properly. Clothing and shoes must allow employees to safely perform their assignments including sitting, lifting, climbing stairs, entering vehicles, etc, without difficulty.
 - 2. Clothing shall not be overly revealing or transparent and must cover undergarments, midriff and buttocks.
 - 3. In most instances, the following clothing is inappropriate: sweats, work-out clothes, swim suits, tank tops, halter tops, and spaghetti straps.
 - 4. Clothing shall be generally free of writing, pictures and advertising that detract from a professional image. Logos and/or tags are subject to supervisor/program manager approval on a content neutral basis.
 - 5. Hats must be in good taste and not contain messages that detract from the professional image of the Department.
- D. Footwear

1. Shoes shall be appropriate for anticipated work locations and activities. Shoes should enhance professional appearance as well as maximize safety, e.g., prevent slippage.
2. In most instances, the following footwear is inappropriate: slippers and flip flops.

E. Grooming and Hygiene

1. Staff shall take necessary measures to maintain good personal hygiene (including body and breath odor) during the workday.
2. Hair shall be clean and neatly groomed. Long hair shall be pulled back and/or adequately confined as safety dictates (e.g., while near moving mechanical equipment).
3. As many employees are allergic to the chemicals used in perfumes and cologne, these items should be worn with restraint.
4. Hair color shall not be iridescent or multi-colored (unless in natural hair tones).
5. If moustaches or beards are worn, they shall be neat and trimmed. Staff, whose work involves using respirators, shall not have hair that will obstruct the safe and proper use of the respirator.

F. Tattoos and Body Art

1. Tattoos shall be covered if their content is offensive (e.g., obscene; sexually explicit; discriminatory to sex, race, religion, or national origin; extremist; and/or gang-related) or their location or extensiveness detracts from a professional business appearance.
2. Management shall be consulted prior to the issuance of a directive to cover a tattoo.

G. Body Piercing

1. Visible body piercing articles, jewelry, or ornamentation should not detract from a professional image, nor should the items increase safety risks.
2. Any non-conforming piercing shall be removed, covered with a bandage, or replaced with a clear, plastic spacer.
3. Management shall be consulted prior to the issuance of a directive to remove, cover or replace any non-conforming body piercing.

H. **Exceptions and Appeals**

1. Certain job assignments or medical conditions may necessitate a temporary exemption to this policy. Any such circumstances must be discussed with and approved by your supervisor prior to the start of your work shift.
2. Employee personal appearance is subject to managerial review and approval. Staff whose dress, grooming/hygiene, or personal appearance does not conform to this policy will be counseled by their supervisor. The immediate supervisor is responsible for informing staff of dress and appearance guidelines, and ensuring compliance with the policy.

3. If staff disagrees with a supervisor's assessment of their dress, grooming/hygiene, or personal appearance, a memo should be forwarded to the appropriate manager. The memo should describe the issue in question and include supporting documentation, justification, photograph, etc
4. The manager will review the information provided and will consult with the supervisor. In response, the manager will send a memo to staff and their supervisor indicating their findings.

V. ATTACHMENTS

N/A

OC PUBLIC WORKS POLICIES & PROCEDURES

NO.: 1.1.642

TITLE: Accidents Involving the Public

Effective: February 5, 1999

Revised: August 18, 2010

I. PURPOSE

Establish procedure for reporting accidents involving the public when County staff or property is involved.

II. REFERENCES

The following [underlined](#) reference is hyperlinked:

- A. [Report of Damage/Injury to Members of the Public](#)
- B. [County Emergency Procedures](#)
- C. [County Vehicle Rules and Regulations](#)
- D. [Vehicle Collision Report](#)

III. DEFINITIONS

N/A

IV. POLICY

Staff will immediately report incidents resulting in personal injury to the public or damage to public property. County employees are not authorized to commit the County for liability or payment of any claim. This decision is made by a trained claims representative.

V. PROCEDURE

- A. A copy of the [County Emergency Procedures](#) may be found online in the OC Public Works Portal.
- B. Report serious accidents or emergencies immediately by dialing 911 on the telephone or contacting "Control One" by 800 MHz radio. (On the County phone system, dial "9" to get an outside line, then 911).
 - 1. State, "this is an emergency." Speak slowly and distinctly.
 - 2. Give your name, location (building or address), and your telephone number.
 - 3. Describe the problem and what assistance is needed.
- C. In County facilities, the Sheriff's Department will handle the situation, and may instruct staff to assist.

- D. In compliance with County Emergency Procedures, report serious accidents and emergencies involving the public, requiring emergency services such as fire or law enforcement personnel, ambulances, or tow trucks immediately (day or night) to:
 - 1. Sheriff's Desk Officer at (714) 628-7008 or Radio Control 1 using 800 MHz radio.
 - 2. CEO/Risk Management Division at (714) 285-5500
 - 3. OC Public Works Safety Coordinator at (714) 667-9611
- E. Immediately contact the supervisory employee responsible for the division/section/unit in which the incident occurred.
- F. Report incidents resulting in personal injury to the public or damage to private property in which County personnel, property, vehicles or equipment are involved in writing to CEO/Risk Management Division. Supervisory employee responsible for division/section/unit in which incident occurs is responsible for completion of the [Report of Damage/Injury to Members of the Public](#) form and/or [Vehicle Collision Report](#) form. In all cases, record all facts relating to the emergency or accident, such as names and addresses of victims and witnesses, time date, place

(Note: Original forms must be forwarded to CEO/Risk Management Division and copies forwarded to the OC Public Works Safety Coordinator.)

G. Motor Vehicle Collisions Reports

- 1. In the event of a vehicle collision, the employee operating the vehicle shall request local police or CHP to make an investigation and advise them if paramedics are needed or if a traffic hazard is created by the damaged vehicles. Immediately advise your supervisor or CEO/ Risk Management Safety Manager, (714) 285-5535, of a collision with serious injuries.
- 2. Don't discuss details of the collision with anyone other than brief answers to questions of investigating officers. Do not argue or try to place blame for the collision. Do not attempt to negotiate with or make promises to the other parties.
- 3. Provide identification (driver's license) to other parties, tell them the County is self-insured and they can obtain information from CEO Risk Management, (714) 285-5500. Request the driver's license from the other driver and confirm that the address on it is current. Ask for residence and business telephone numbers from the other driver.
- 4. If the County vehicle can be driven, take it without delay to OC Public Works / OC Fleet Services, 445 Civic Center Drive, Santa Ana for inspection.
- 5. If the collision occurs after hours, deliver the vehicle to the garage on the next work day. If the vehicle can't be operated, arrange for towing through OC Fleet Services at (714) 834-2120, during normal business hours, or after business hours at (714) 628-7008. If the vehicle is equipped with an 800 MHz radio, call Control One for assistance.

Note: Do not arrange for removal of the vehicle by a private towing service under any circumstances unless approved by OC Fleet Services. If the local law enforcement agency performing the accident investigation arranges for towing due to safety and/or mitigating traffic conditions that is allowable.

6. At the scene of the accident complete the Vehicle Collision Report form located in the black binder or white note book titled [County Vehicle Rules and Regulations](#). This information can be found in the vehicle's glove compartment. Additional forms are available through OC Fleet Services. This form should be completed by the driver (you) immediately or as soon as possible so all information is easily recalled.
7. Transfer the information from the Vehicle Collision Report form that was documented at the scene of the accident to a full letter size [Vehicle Collision Report](#) form. Upon completing the form have your supervisor review and sign the report. After retaining a copy for your section/unit, forward the entire packet including photographs and addendums to the OC Public Works Safety Officer. The Safety Officer will be responsible for distributing the necessary documents to CEO Risk Management.
8. CEO/Risk Management will return findings to the respective division Director for distribution, signature and return of the pink copy.
9. If an employee is involved in a preventable motor vehicle accident, the employee shall take the 4-hour Defensive Driver Class within thirty days of the accident.

VI. ATTACHMENTS

N/A

I. PURPOSE

To standardize processing of requests for application of California Vehicle Code (CVC) to private streets in unincorporated areas.

II. REFERENCES

- A. CVC Sections (§§)21107.5, 21107.6 or 21107.7

III. DEFINITIONS

N/A.

IV. POLICY

Application procedures for CVC enforcement on private streets.

V. PROCEDURE

- A. Petitioner(s) submits a written request for the application of CVC to any private street to OC Public Works /OC Engineering/Traffic Engineering unit for review and processing. Request must include an engineering analysis.
- B. Engineering analysis must be performed by a licensed traffic engineer, at petitioner's expense. The analysis shall include in addition to traffic controls, radar speed surveys and the following traffic control device inventory:
1. County location map
 2. Scale plans, showing:
 - a. Existing street name
 - b. Driveway locations
 - c. Parking facilities
 - d. Existing and proposed traffic control devices
 - e. Sidewalks
 - f. Land use
 3. Photos of problem area
 4. Accident reports and records
 5. Completed traffic warrants or surveys for all controls or restrictions:

- a. Stop signs
 - b. Yield signs
 - c. Traffic signals
 - d. Speed zones
 - e. Parking restrictions
6. Licensed Traffic Engineer presents finding(s) at Orange County Traffic Committee Meeting.
- B. The proponent must prepare a petition requesting CVC application to the named private streets. This petition must have signature approval of a majority of the owners of the privately owned and maintained roads or a majority of the Board of Directors of the homeowners association. If the Board members sign the petition, a copy of the document conveying title for all common areas to the association must be submitted along with the petition. In addition, the petition must contain a statement that the association relinquishes all rights to traffic control on the private streets subject to CVC enforcement. The proponent must comply with all public notification requirements of the CVC (§§ 21107.5, 21107.6, or 21107.7).
- C. Traffic Engineering responsibilities:
1. Verify accuracy of petition.
 2. Forward the request to Sheriff's Department and California Highway Patrol for comment. If comments are not received within 30 calendar days, it is assumed that the request meets their approval.
 3. Prepare all correspondence as required for Traffic Committee meeting and schedule item on Orange County Traffic Committee agenda.
 4. Inform petitioner of any street signing, striping, or traffic control obligations that must be met before enforcement is begun.
 5. Forward Traffic Committee recommendation to the Board of Supervisors for action.
 6. Upon Board approval, notify petitioner of Board's action.
 - a. Verify petition has met all signing, striping and traffic control obligations;
 - b. Specify appropriate signing to be installed at entrance to private street system as required by CVC.

VI. ATTACHMENTS

N/A

OC PUBLIC WORKS POLICIES & PROCEDURES

No. 1.7.311

TITLE: Authorized and Unauthorized Absence

Effective: March 17, 1999

Revised: February 22, 2005

I. PURPOSE

To establish guidelines for request and approval of absences authorized in Memorandum of Understanding (MOU), Personnel and Salary Resolution (PSR) and California Labor Code.

II. REFERENCES

The following [underlined](#) references are hyperlinks:

- A. [P&P No. 1.7.414: Employee Discipline](#)
- B. [Memorandum of Understanding Documents](#)
- C. Personnel and Salary ([Memorandum of Understanding](#))
- D. California Labor Code 859, Section 230.8(a)
- E. Report of Absence (blue) form F850-149.6
- F. County of Orange Leave of Absence form

III. DEFINITIONS

N/A

IV. POLICY

Employees shall be on duty during assigned work schedules, except for absences authorized in accordance with State, County, or OC Public Works policy.

V. PROCEDURE

A. Employee Leave Requests are categorized as follows:

1. **Agency/Departmental Leaves**

- a. Authorized up to 15 calendar days maximum
- b. Employee completes form F850-149.6 "Report of Absence" (blue), attaching required documentation.
- c. All compensatory time accruals must be applied before a Departmental leave can be taken.

- d. If the Departmental leave is due to medical reasons, the original statement from the attending physician giving the prognosis and anticipated term of disability must be forwarded to OC Public Works/Human Resources immediately.

2. Official Leave Requests

- a. Employee completes County of Orange Leave of Absence Form, attaching required documentation.
- b. Official leave for medical reasons requires a statement from the attending physician giving prognosis and must include anticipated term of disability.
- c. County of Orange Leave of Absence (4-part form) must be used.
 - 1) Forms are available at OC Public Works/Human Resources.
- d. Agency/Departmental Leave must be expended and all compensatory time and vacation accruals applied before an official leave can be taken.

3. Family Medical Leave (FMLV)

- a. Must be granted to an employee for a period up to 12 weeks per calendar year.
- b. FMLV qualifying events are:
 - 1) Birth of a child
 - 2) Care for newborn child (up to 12 months after birth)
 - 3) Placement of a child for adoption or foster care (up to 12 months after placement or adoption)
 - 4) Care for seriously ill spouse, son, daughter or parent
 - 5) Employee's own serious illness
- c. Use of sick accruals may be applied if in compliance with provisions contained in the appropriate MOU.
- d. Procedures for requesting Family Medical Leave are to be followed as stated in the appropriate sections of the MOU.
- e. Family Medical Leave will be charged, even if the employee is using his/her current sick (annual leave unplanned), vacation, compensatory balances or on Workers Compensation Leave.

4. Pregnancy Leave

- a. A female employee taking a leave of absence due to pregnancy must complete and submit her County of Orange Leave of Absence Form and required documentation as soon as practical, but no later than during the fifth month of pregnancy.

- b. A pregnant employee may continue work if physically able to safely perform duties in the opinion of her attending physician and the County Physician.
- B. Requests for leaves of absence, personal business, emergency leaves, sick leave absences, and vacation days, are pursuant to the provisions contained in the California Labor Code, MOUs, PSR, and/or OC Public Works P&Ps.
 - 1. Requests are reviewed with consideration for Agency/Departmental needs and circumstances surrounding the request, and shall receive prompt review.
- C. Employee shall submit requests for time off through proper supervisory channels via the immediate supervisor.
 - 1. Level of approval shall be governed by type of leave requested as outlined in [Guidelines for Authorized Absences](#) (see Attachment A).
 - a. Employee must have earned sufficient vacation/sick leave/compensatory time balances (annual leave) to offset the time requested or be granted Departmental or Official Leave (only requires use of compensatory time).
 - b. Pursuant to California Labor Code Chapter 859, Section 230.8(a), employees who provide their supervisor reasonable advance notice of a request to visit the school of their child during the school day shall be allowed up to 40 hours vacation or compensation time off (per school year, per child enrolled in kindergarten through 12th grade) to do so.
 - 2. The immediate supervisor shall review the employee's request.
 - a. OC Public Works/Human Resources shall provide interpretation when assistance is needed.
 - b. All leave of absence denials are submitted to the appropriate Division Manager for approval/disapproval and returned directly to OC Public Works/Human Resources.
 - c. Leave requests for Division Managers and Executive Management are approved by the Director, OC Public Works.
 - d. Upon approval of official leave of absence, employee must complete leave of absence insurance forms to arrange discontinuance or payment of health insurance premiums to ensure continuation of health insurance plan.
 - 1) Forms are provided by OC Public Works/Human Resources.
- D. Employees who are absent from work due to an unavoidable and unanticipated circumstance, such as sudden illness, injury or vehicle malfunction, for which no authorization was obtained in advance, must notify their supervisors within 30 minutes after the start of the work shift.
 - 1. Field crew employees in Public Works/Operations, OC Parks, and Survey must notify their supervisors no later than 30 minutes prior to the start of the work shift.

2. If extraordinary circumstances prevent an employee from notifying the supervisor within the time limits prescribed above, the employee must notify the supervisor as soon as possible thereafter and provide an explanation of why the notification time limit was not observed
 3. Proper notification will not necessarily or automatically secure authorization for the absence.
 4. Authorization will depend on individual circumstances and must conform to applicable provisions of applicable Memorandum of Understanding or Personnel and Salary Resolution.
- E. OC Public Works/Payroll shall notify OC Public Works/Human Resources of any employee absent for more than five consecutive calendar days due to sick leave use.
- F. Upon notification of an employee absence, OC Public Works/Human Resources shall notify the employee and Supervisor of required procedures for returning to work.
1. Employee returning to work following an absence due to illness, injury or pregnancy of more than 14 consecutive calendar days shall contact HCA/Employee Health (714-834-5974) and schedule an appointment with the County Physician to obtain approval to return to work.
 2. Approval to return to work shall also be obtained when:
 - a. An employee is absent from work for over five calendar days due to surgery
 - b. Any lost time due to a workers compensation injury or claim (see Human Resources for approval)
 - c. Any work restrictions are recommended by a Physician or Medical Professional
 - d. The employee suffers any injury or illness that affects their ability to perform the essential functions of their job.
 3. Employee obtains and submits a release to return to work from his/her attending physician before the scheduled appointment with the County Physician for approval to return to work.
- G. After obtaining authorization to return to work, the employee shall report to OC Public Works/Human Resources before reporting to the job location.
1. An employee shall not be permitted to return to work without approval from the County Physician and clearance through OC Public Works/Human Resources, when absent due to illness, injury or pregnancy as described in this policy.
 2. Operations & Maintenance, Geomatics/LIS Operations, and OC Parks field employees must report to OC Public Works/Human Resources **the day before** they are scheduled to return to work.
- H. Absences resulting from suspension as a disciplinary action are covered under Policy and Procedure No. 1.7.414: Employee Discipline.
- I. Unauthorized Absences

1. OC Public Works/Human Resources shall be consulted on matters related to unauthorized absences.
2. Unauthorized absences shall be recorded as "unauthorized absence without pay" on the biweekly time sheet in increments to the nearest quarter hour.
3. Employees will not be compensated while on unauthorized absence, unless appropriate under reinstatement provisions that allow the use of compensatory time, vacation, or sick leave.
4. Supervisor shall document the absence and the action taken and counsel employee to prevent recurrence.
5. An employee may be found to have automatically resigned if he/she is absent without authorization for three consecutive working days.
 - a. OC Public Works/Human Resources mails written notification to the employee at least ten calendar days before the effective date of the proposed automatic resignation.
 - b. Employee response to notification must be received by OC Public Works/Human Resources before the effective date of the proposed automatic resignation, in order to receive consideration.
 - c. If the employee's response is received before that date, the appropriate manager and OC Public Works/Human Resources determine whether the employee's explanation and supporting documentation, if any, provide a sufficient basis to cancel the proposed automatic resignation.
 - d. Consult applicable MOU for specific provisions to be followed in implementing an automatic resignation and handling employee response.
6. The County may rescind automatic resignations pursuant to provisions contained in the appropriate MOU/PSR.

VI. ATTACHMENTS

A. [Guidelines for Authorized Absences](#)

GUIDELINES FOR AUTHORIZED ABSENCES*

AUTHORIZED ABSENCES	CONDITIONS			LEVEL OF APPROVAL		
	WITH PAY	WITHOUT PAY	DURATION	SUPERVISOR	DIVISION MANAGER	DIRECTOR, ROC Public
<u>Works</u>						
1. VACATION/COMP. TIME (includes school visits)	X		*	X	X	
2. SICK LEAVE						
A. Personal illness	X		*	X		
B. Medical/dental appointments	X		*	X		
C. Exposure to contagious disease	X		*	X		
D. Serious illness of immediate family (Exception: Craft & Plant Engineers Unit - critical illness of immediate family)	X		Up to 24 hours, each occurrence*	X		
E. Illness while on Paid Vacation	X		*	X		
F. Personal business (Administrative Management Only)	X		Up to 20 hours per payroll yr. (see PSR)**	X		
G. Personal Emergencies	X		Up to 30 hours per fiscal yr.	X		
H. Absence due to air pollution alert	X		*	X		
3. JURY DUTY LEAVE *Fees exclusive of mileage must be deposited with the treasurer	X		*	X		
4. COURT WITNESS LEAVE	X		*	X		
5. PARENTHOOD LEAVE		X	Up to 6 months	X	X	
6. BEREAVEMENT LEAVE	X		Up to 5 days, each occurrence*			
7. LEAVE FOR UNION BUSINESS		X	Up to 14 days*	X	X	
8. MILITARY LEAVE	X (Active duty)	X (Inactive duty)	Up to 30 days per fiscal yr. (see PSR)	X	X	
9. AGENCY/DEPARTMENTAL LEAVE	X		Up to 15 days*	X	X	
10. OFFICIAL LEAVE (not credited toward continuous service)		X	Up to 2 years*	X	X (up to 6 months)	X (over 1 year)

With pay only if employee has a balance (ALUP, CT, SP, OR VT)

*Refer to Memorandum of Understanding, Personnel and Salary Resolution, or California Labor Code for details.

**Administrative Management only.

OC PUBLIC WORKS POLICIES & PROCEDURES

No. 1.7.205

TITLE: Avoiding Conflicts of Interest

Effective: October 3, 2005

I. PURPOSE

To prevent actual or perceived favoritism or conflicts of interest based on personal or familial relationships.

II. REFERENCES

The following [underlined](#) reference is hyperlinked:

A. [P&P 1.7.202 - Employment of Relatives](#)

III. DEFINITIONS

- A. Vertical Supervisory Chain – Those job positions including an employee’s direct subordinates, supervisors and positions of authority above the supervisor in the same chain of command (section chief, division manager, function or program director and Department Director); the employment relationship must involve a direct chain of command and not merely tangential or even closely associated activities, i.e., the fact that one activity provides services such as HR, budget or purchasing to a division (e.g., OC Road & Flood, etc.) does not qualify as in the “same chain of command”
- B. Close family – Any relationship by birth, marriage adoption or guardianship of “first” cousin or closer relationship with an employee (i.e., biological, adoptive, in-law and step-parents, children, siblings, grandchildren, grandparents, aunts, uncles or first cousins)
- C. Spouse – Any person currently married to an employee or a person who currently cohabitates with an employee.

IV. POLICY

Conducting business with relatives or close personal associates is discouraged where it is believed that the relationship is detrimental to effective operations. Where OC Public Works (OCPW) activities require conducting business with private sources or other agencies and the potential for a perceived conflict of interest arises because of an OCPW employee’s relationship with a member of another agency, commission or private enterprise, the employee must make this relationship known immediately and remove him/herself from any selection process or competitive activity that could result in a direct benefit or detriment to the outside agency, commission or private enterprise, or in any way compromise OCPW’s ability to act in the best interest of the County of Orange.

V. PROCEDURE

A. Prohibited Conflicts

1. Direct Employment

- a. No employee should be in the same vertical supervisory chain as a spouse or member of her/his close family. See [P&P 1.7.202 - Employment of Relatives](#)

2. Confidential Information

- a. No employee should be employed in a position where the employee's spouse or member of their close family has access to their confidential personnel information.

3. Indirect Employment Conflict

- a. No employee should hold a position with duties that require interaction with any elected, appointed or voluntary board, commission, committee, agency or group on which their spouse or close family member is an officer or member with decision-making authority or is in a position of financial gain resulting from the interaction with the County of Orange.

4. Regulating Agencies Conflict

- a. No employee should hold a position in a function that is subject to the regulatory authority of an agency that employs the employee's spouse or member of their close family.

5. Direct Contracting Conflict

- a. No employee should be in the same vertical supervisory chain responsible for selecting, supervising or managing a contractor, A&E or consultant that employs the employee's spouse or any member of his/her close family, whether or not she/he participates in the contract services

B. Reporting Conflicts

1. Within 30 days of the effective date of this policy or within 30 days of a change in employment status any time hereafter that results in a potential conflict noted above, an employee with a spouse or close family member noted in A. 1 through 5 shall notify the Director, OCPW of the potential conflict.
2. Director, OCPW shall make adjustments in the employee's assignments and/or request the assistance of the employee to reduce or eliminate the potential conflict.
 - a. Exceptions may be made by the Director on a case-by-case basis where the Director is aware of the relationship and precautions have been taken to eliminate any appearance of impropriety
3. Failure to report a conflict may have consequences that could result in any or all of the following:
 - a. Disciplinary action
 - b. Dismissal
 - c. Criminal charges
4. Anyone aware of such a conflict that has not been reported may report the conflict to his/her supervisor

- a. If for any reason attempting to report to the supervisor would create additional concerns, the employee may report the conflict directly to the Director, OCPW.

VI. ATTACHMENTS

N/A

OC PUBLIC WORKS POLICIES & PROCEDURES

NO. 1.1.602

TITLE: CAL/OSHA Inspections

Effective: February 5, 1999

Revised: September 28, 2004

I. PURPOSE

To provide guidelines for responding to and participating in announced or unannounced CAL/OSHA inspections of a Department facility.

II. REFERENCES

N/A

III. DEFINITIONS

N/A

IV. POLICY

Managers and Supervisors are responsible for cooperating with CAL/OSHA Inspectors and documenting the purpose and details of any inspection.

V. PROCEDURE

- A. Managers and Supervisors are responsible to review each CAL/OSHA Inspector's credentials and determine the purpose and scope of the inspection.
 - 1. Record the Inspector's name, title, ID number and telephone number for future reference.
- B. Managers and Supervisors must notify the County Safety Officer immediately of a CAL/OSHA inspection by calling CEO/Risk Management at (714) 285-5500 (weekdays 8:00 am to 5:00 pm) or Sheriff Communications' 24-hour emergency number at (714) 628-7008 (all other times).
 - 1. Managers and Supervisors must notify the OC Public Works (OCPW) Safety Coordinator in Administration by calling (714) 834-3034 weekdays during normal business hours. Administration notifies the appropriate Division Safety Representative of the inspection.
- C. Managers and Supervisors should ask the CAL/OSHA Inspector to wait while the OCPW Safety Coordinator and the County Safety Officer are notified.
- D. Managers and Supervisors are required to make appropriate records available for the CAL/OSHA Inspector (e.g., safety training notebook, fire drill records), accompany the Inspector throughout the inspection, record all questions, comments and suggestions made by the Inspector and retain duplicates of all materials obtained by the Inspector.
- E. Managers and Supervisors are responsible to make a reasonable effort to immediately correct any apparent violations cited by the CAL/OSHA Inspector. If needed, the Safety Coordinator can assist Managers and Supervisors with correction of violations and development of subsequent safety related procedures.

- F. Upon completion of a CAL/OSHA inspection, Managers and Supervisors are responsible to notify the OCPW Safety Coordinator about the inspection and forward any notices and documentation received from CAL/OSHA to the OCPW Safety Coordinator. The Safety Coordinator will:
 - 1. Call CEO/Risk Management and report CAL/OSHA's findings. This report is not needed if the County Safety Officer is present at the CAL/OSHA inspection. If a CAL/OSHA report is available, send a copy to CEO/Risk Management.

Note: Any citation received from CAL/OSHA must be posted at or near the deficiency for a period of three days or until the deficiency has been abated, whichever is longer.

VI. ATTACHMENTS

N/A

OC PUBLIC WORKS POLICIES & PROCEDURES

No. 4.4.001

TITLE: Grading Plan Check

Effective: December 8, 2009

I. PURPOSE

To establish guidelines for grading plan check services.

II. REFERENCES

N/A

III. DEFINITIONS

N/A

IV. POLICY

Grading Plan Check will process plans with consistency, efficiency, and due diligence in order to streamline the process and ensure good customer service. Grading plan checkers will assume the role of project manager for projects for which they are checking either preliminary or precise grading plans and will take ownership of these projects and will be responsible for tracking and clearances of all plans.

V. PROCEDURE

A. Preliminary Review & Assignment

1. Supervisor

- a. (Or designated plan check staff) performs preliminary review and decides on clearances required prior to issuance of the permit.
- b. Assigns to staff in the most efficient manner in order to ***effectively balance workload and minimize turnaround time.***
- c. Remains available to assist project manager in resolving code or procedural interpretations.
- d. Periodically performs spot checks of staff work for quality control and training purposes.

2. Project Manager/Plan Checker

- a. When project manager picks up plans, enters "In review" in plan check section of Automated Permitting and Planning System (APPS).
- b. Works on that project continuously until completion.

B. Plan Check Process

1. First Review

a. Project Manager

- 1) Generates correction list in APPS
- 2) Upon completion of plan checking
 - a) Updates APPS status (Upload Correction List)
 - b) Fills out the National Pollutant Discharge Elimination System (NPDES) information
 - c) Notifies "correct" in most efficient manner, preferably by email and telephone

b. Applicant

- 1) Receives grading red-line corrections, comments and corrections from other sections.
- 2) May schedule time with project manager to review corrections to ensure subsequent checks will not be necessary if corrections are of a limited non-technical nature (i.e. clarifications).

2. Second Plan Check (Rechecks)

a. Applicant

- 1) Having complied with correction list.
 - a) Resubmits revised plans to project manager and (including but not limited to) red-line corrections and any requested additional data.
- 2) Collate plans and fill out transmittal for each submittal.

b. Project Manager

- 1) Reviews submittal for completeness.
- 2) Informs customer of any additional deposit necessary for additional plan check.
- 3) If yardage, elevations, drainage, or setbacks change, secures approval from zoning plan check.
- 4) If satisfactory, assists applicant in properly filling out resubmittal form.
- 5) Gives one copy of resubmittal form to Information Center to update in APPS and places plans on the grading plan checker's in basket.
- 6) Remaining procedures repeat actions of first submittal.
- 7) Repeat B.2 any additional rechecks.

3. Approvals

- 1) Once plans are approved, project manager notifies and assists contact person with any remaining steps necessary in order to receive permit.

C. Project Management

1. Project Managers

- 1) Grading plan checker assigned to check the set of plans is the project manager.
 - 2) Proactively works with clients and other sections' staff (e.g. review of conditions of approval, etc) to ensure that all clearances are obtained prior to issuance, and to minimize project delays. Cooperation with other sections' staff is mandatory.
 - 3) Tracks progress for clearances of all plans associated with their projects.
 - 4) Monitors deposit levels for permit application package.
 - a) Notifies applicant when deposits are low.
 - b) APPS generates a letter automatically at minimum and zero deposit levels as well.
 - 5) Checks revisions if they checked the original submittal.
 - a) Supervisors may assign the work to another project manager if it will enhance customer service.
 - 6) Checks production tract plans if they checked the model site grading plans.
 - a) Supervisors may assign the work to another project manager if it will enhance customer service.
 - 7) Divides up time in the work day to handle revisions as well as regular grading plan checks, in order to not delay revisions.
- b. Applicant
- 1) May schedule time with project manager to ensure that all clearances are met.

D. Turnaround Targets

1. New submittals have a target turnaround time of **15** business days.
2. Revisions have a target turnaround time of **10** business days.
3. Rechecks have a target turnaround time of **10** business days.

VI. ATTACHMENTS

N/A

OC PUBLIC WORKS POLICIES & PROCEDURES

No. 1.2.103

TITLE: Public Complaints, Compliments, and Suggestions:
Documentation, Investigation, Resolution, and Tracking

Effective: February 5, 1999
Revised: July 31, 2008

I. PURPOSE

To establish a procedure for receiving, documenting, investigating, tracking, and responding to complaints, compliments, and suggestions received from the public.

II. REFERENCES

The following underlined reference is hyperlinked:

- A. [Policy & Procedure No. 1.2.102 - Board of Supervisors Office Contacts](#)
- B. [Policy & Procedure No. 7.3.302 - Investigation of Visitor Complaints Regarding Park Rangers](#)
- C. [County Executive Office – Customer Care Tracking Policy & Procedure](#)
- D. [Customer Care Tracking – Information Flow Chart](#)

III. DEFINITIONS

- A. Constituent or Customer – Any person from the public not acting as a County employee or employee of an external government agency (city, district, state, federal, etc.).
- B. Customer Care Case (Case) – A complaint, compliment, or suggestion that is entered into the OC Public Works Customer Care Tracking System.
- C. Feedback – A complaint, compliment, or suggestion from a constituent.

IV. POLICY

Department employees shall provide a timely response to feedback from the public, and refer constituent to the appropriate County Agency/Department, or Department Division. In addition, as directed by the County Executive Office, any public complaints, compliments or suggestions shall be tracked and reported using the *Customer Care Tracking System* (available to designated users through the OC Public Works Intranet Portal on the Business Applications page).

V. PROCEDURE

- A. Receipt/Referral and Recording Constituent Feedback
 - 1. Respond to feedback from the public in a courteous manner, ensuring constituents that a timely response will be given to their concerns.
 - 2. Give constituents the telephone number of the appropriate County Agency/Department/Division prior to the call being transferred and remain on the line to ensure completion of the call.

3. Employees who receive a complaint, compliment or suggestion shall obtain and record the following information:
 - a. Constituent's name
 - b. Constituent's address
 - c. Constituent's telephone number
 - d. Constituent's e-mail address (if available)
 - e. Date and time of incident
 - f. Location of incident
 - g. Type of feedback (complaint, compliment, or suggestion)
 - h. Description of feedback details
 - i. Name of employee (or division) receiving feedback
4. Department staff that receives the public complaint, compliment, or suggestion are required to report the feedback to their direct supervisor.
5. Supervisors shall ensure that employees use the forms designated for their division to document and investigate complaints received from the public.
 - a. OC Parks shall use the "Regional Facilities" form for general facility complaints (see [Attachment A](#)).
 - b. Operations & Maintenance Division shall use the "Maintenance Inspection Report" form (see [Attachment B](#)).
 - c. OC Roads shall use the "Traffic Signal Operations Investigations" form (see [Attachment C](#)).
 - d. OC Planning/Building & Grading Inspection, and Code Enforcement shall use the "Regulation Complaint/ Investigation Report Form" (see [Attachment D](#)).
 - e. OC Parks Superintendent shall use the "Complaint/Investigation Record" form (see [Attachment E](#)).
 - f. Other divisions may use a memo to document a complaint, compliment, or suggestion.
6. Supervisors report the complaint, compliment, or suggestion to the Function Director, Division Manager, or designee.

B. OC Public Works Customer Care Tracking System

1. The Function Director, Division Manager, or designee determines if the complaint, compliment, or suggestion should be entered into the on-line *OC Public Works Customer Care Tracking System*. Include complaints that allege poor service, neglect or misconduct by an employee of OC Public Works or a County contracted service provider, and issues that are highly visible or escalating. The following are to be excluded:
 - a. Reports regarding zoning, grade, or building code violations.
 - b. Complaints of inspections unless escalating.
 - c. Reports of graffiti.
 - d. Reports regarding public works conditions or design (i.e. – no lights on the ABC Bridge).
 - e. Complaint regarding project subject to future public hearings.
 - f. Complaints threatening litigation against the County or employees.

- g. Reports alleging violations of law or ethics by County employees or contractors.
 - h. Complaints about the bidding or request for proposal on a specific project (i.e. – ABC Engineering is not qualified to bid on this project; sheet metal piles are not adequate for this project).
 - i. Complaints regarding any on-going investigation, related to an employee's health condition (HIPAA), or similar information.
 - j. Daily low-level complaints.
2. If the Function Director, Division Manager, or designee determines that the complaint, compliment, or suggestion should be reported through the on-line *OC Public Works Customer Care Tracking System* (for example see [Attachment F](#)), the designated division coordinator(s) enters the information into the system located on the Business Applications page of the OC Public Works Intranet Portal as follows: (* = required)

General Information:

- a. Feedback Type* - (Complaint, Compliment or Suggestion – *select from drop down menu in system*)
- b. Category* - (Employee, Facility, Process, Service Provider, Other – *select from drop down menu in system*) If Employee is selected the screen will refresh to add an Employee Name field below the Division field– see f. below.
- c. Function* - (*select from drop down menu in system*)
- d. Division* - (*select from drop down menu in system*)
- e. How Reported - (E-mail, Letter, Phone, Survey, Walk-in – *select from drop down menu in system*)
- f. Employee Name - This field will appear if the Category "Employee" is selected. The employee name will not be included on the report to the CEO. (*select from drop down menu in system*)
- g. Received By - Employee that initially received the feedback. (*select from drop down menu in system*)
- h. Date Reported* - (*select a date from the pop-up calendar*)
- i. Brief Summary* - Describe complaint, compliment or suggestion. Do not include employee names here or any identifying information about a specific employee.

Constituent's Information: (Do not enter into this system if the constituent requests to remain anonymous.)

- j. Constituent's First Name and Last Name
- k. Constituent's Address and City
- l. Constituent's State - (*select from drop down menu in system*)
- m. Constituent's Zip
- n. Constituent's Phone – (*format should be ###-###-####*)
- o. Constituent's E-mail - If available.

Feedback Resolution:

- p. Date Closed - Date final action was taken. (*select a date from the pop-up calendar*)
- q. Staff Respondent - Name of employee who responded to feedback. (*select from drop down menu in system*)
- r. Date Responded – Date response was provided to the constituent (*select a date from the pop-up calendar*)
- s. Action Taken – Describe how feedback was resolved or follow-up completed. This can include remedial actions, commendations, kudos, and response provided to constituent.

*Don't forget to click the SAVE button

3. The complaint, compliment, or suggestion is now considered a Customer Care Case (Case).
4. The OC Public Works Public Information Officer (PIO) is notified automatically through the system that a Case has been posted in on-line.
5. The Function Director, Division Manager, or designated division coordinator(s) edit the Case with updates of actions taken in response and/or resolution.
6. The OC Public Works PIO exports the data monthly from the system into an Excel report called the Constituent Customer Care Tracking Log (for example see [Attachment G](#)) and transmits the Excel report to the County Executive Office (CEO) by the 10th of each month.
7. The OC Public Works PIO also provides a quarterly report to the CEO 10 days from the beginning date of each quarter. The CEO will include customer care statistics in its quarterly CEO budget report to the Board of Supervisors.

C. Investigation/Recommendation

1. Supervisor investigates the complaint, documents the facts of the investigation and submits findings and recommendations to their supervisor.
2. Divisions may use memos, inspector's reports, computer files and hard copy files to document investigation of a complaint.
3. Investigate with due diligence all complaints to ensure a proper and defensible investigation in order to either rectify any deficiencies or to ensure all parties concerned that no transgressions were discovered.

D. Notification of Action

1. Notify the constituent in person, in writing or by telephone of the action taken or planned as a result of the investigation. This notice may be part of the initial contact with the constituent if sufficient facts and data are available for making a decision.
2. Consistent with County personnel policies and MOU provisions, the specific details of any resulting disciplinary action imposed upon an employee will not be disclosed.

E. Final Disposition

1. The supervisor retains documentation regarding the investigation, the final action taken to resolve the complaint and the method and date of notification to the constituent.

F. Board of Supervisors Inquiries/Complaints

1. If constituent feedback is forwarded by a Board office, employees shall comply with the request for information on or investigation of a complaint received from the public and shall notify the appropriate Division, Function and Department Director of contact with the Board office (refer to [P&P No. 1.2.102: Board of Supervisors Office Contacts](#)).

VI. ATTACHMENTS

A. [Regional Facilities Complaint Form](#)

- B. [Maintenance Inspection Report Form](#)
- C. [Traffic Signal Operations Investigations Form](#)
- D. [Regulation Complaint/Investigation Report Form](#)
- E. [Complaint/Investigation Record Form](#)
- F. [Customer Care Tracking System](#)
- G. [Constituent Customer Care Tracking Log](#)
- H. [County Executive Office – Customer Care Tracking Policy & Procedure](#)
- I. [Customer Care Tracking – Information Flow Chart](#)

COMPLAINT FORM

NUMBER: _____

RESOURCES & DEVELOPMENT MANAGEMENT DEPARTMENT
HARBORS, BEACHES AND PARKS

REGIONAL FACILITIES

Date: _____

Complaint: _____

Phone: _____

Address: _____

Work Phone: _____

City: _____

Details of the Complaint:

Thomas Bros. Guide Map - Page Number: _____

Complaint received by: _____

Given to: _____

Complainant contacted: ☐ YES ☐ NO

Inspection Record

Inspector: _____

Radio Number: _____

Contractor: _____

Phone Number: _____

Action:

Referred to: (City - Private Agency) _____ Phone Number:

MAINTENANCE INSPECTION REPORT**Request No:**

1110 Gen Maint. **1150** Graffiti **1170** Engineering Request Date _____
 Mgmt Unit

1130 Equip. Ops **1160** Contracts

Requestor Name First _____ Last _____

Source: I Inspection P Public M O&M Staff P Parks G Police/Fire B Board
 Other Gov.

Address _____ **Phone H** _____

City _____ **State** _____ **Zip** _____ **W** _____

Problem/need _____ **Status** N

Location: _____

Comments _____ **Taken By** _____

WORK ASSIGN	Prog _____ Activity _____ Location _____ Priority <u>7</u>
	C/O _____ Inspected By _____ Due Date ____/____/____
	Est. Qty _____ Follow up _____ More? _____
CLOSE OUT	Completion Date ____/____/____ Close-out Time _____ A.P. Closed by ____ Work _____

NOTES

**TRAFFIC SIGNAL OPERATIONS
INVESTIGATIONS**

Date/Time Received: _____ BY: _____
Intersection
Name: _____ At _____

Responsible Agency:**DANA POINT****LAGUNA NIGUEL****RDM/TRAFFIC ENGINEERING**

Other: _____ O

Description of Investigation

Name/Dept. Of Reporting Party

Response

Company Name/Dept. of Responding Party: _____

Person Responding: _____ Date/Time: _____

**REGULATION
COMPLAINT/INVESTIGATION REPORT FORM**

**REGULATION
COMPLAINT/INVESTIGATION REPORT FORM**

Complaint received by: _____ Date: _____ Time: _____

Report requested by: _____ Date: _____ Time: _____

TO: _____ Date: _____ Time: _____
(Show Division/Section)

NATURE OF COMPLAINT/INVESTIGATION: _____

--	--	--	--	--	--	--	--	--	--	--	--	--

LOCATION OF INVESTIGATION: _____

--	--	--	--	--	--	--	--	--	--

(Address)

(Area)

AP NO. _____ ZONE: _____

ALLEGED VIOLATOR: _____ ADDRESS: _____
(NAME)

Phone Nos: Res: _____ Bus: _____

LANDOWNER: _____ ADDRESS: _____

Phone Nos: Res: _____ Bus: _____

INFORMANT: _____ ADDRESS: _____

Phone Nos: Res: _____ Bus: _____

INFORMANT DESIRES REPORT: YES () NO () INFORMANT WILL BE A WITNESS YES () NO ()

FORWARDED TO: _____
(Investigator's Name)

RECORD OF PERMITS ISSUED ON PROPERTY: _____

ADDITIONAL INFORMATION: _____

INSTRUCTIONS: _____

ACTION TAKEN: _____

CODE SECTIONS IN VIOLATION: _____

CASE COMPLETED: YES () NO () CASE CLOSED: YES () NO ()

CASE FORWARDED TO: _____ DATE: _____

COMPLAINT/INVESTIGATION RECORD

Instructions:

Use this form for recording public complaints.

Be sure to check box under Type of Complaint.

PLEASE TYPE OR USE INK

ADDRESS (Street, City, Zip Code)

TELEPHONE NUMBER (Home Phone) (Work Phone) DATE/TIME OF INCIDENT

LOCATION OF INCIDENT

TYPE OF COMPLAINT (Please check)

Will complainant be a witness?

☐ Field conditions on work operations
☐ Employee performance
☐ Service systems
☐ Allegations of misconduct
☐ Other (Explain)

Yes ___ No ___

NAME OF EMPLOYEE RECEIVING COMPLAINT (First, Middle, Last)

(Work Phone)

INVESTIGATION

Information verified? Yes ___ No ___

RDM's responsibility? Yes ___ No ___

Complainant contacted? Yes ___ No ___

Others responsible? Yes ___ No ___

Details of Incident Attached

Yes ___ No ___ (If not, explain why) _____

RECOMMENDATION

Action ___ No Action ___ Referred to: _____

NOTIFICATION OF ACTION

___ In Person ___ In Writing ___ By Telephone ___ Date/Time

FINAL DISPOSITION ___ Complaint Resolved (Explain)

Complaint Forwarded to: _____

Name

Organization

Date



I CERTIFY THAT ALL THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.





Signature of Investigator

Date

Signature of Supervisor

Date





Customer Care Tracking System - New Case

General Information:

Case Id:

Feedback Type*:

Function*:

How Reported:

Received By:

Brief Description*:

Category*:

Division*:

Date Reported*:

Constituent's information:

First Name:

Last Name:

Address:

City:

State:

ZIP:

Phone:

Email:

Feedback resolution:

Created by:


Date Closed:

Staff Respondent:

Date Responded:

Action Taken:

Fields marked with * are required.



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* = minimum fields for confidential cases

Minimum fields for confidential cases																		
Case ID#	Function	Division	*Date Reported	*Type of Feedback	*Category	Received By	How Reported	Brief Summary	Constituent Name	Address	Constituent City	ST	Zip	Constituent Phone	Constituent Email	Staff Respondent	Action Taken	*Date Closed
EXAMPLE																		

OC PUBLIC WORKS POLICIES & PROCEDURES

NO. 1.1.641

TITLE: Reporting Accidents, Injuries, Illnesses or Deaths

Effective: August 30, 1999

Revised: July 17, 2008

I. PURPOSE

Provide guidelines for reporting job-related accidents, injuries, illnesses and all deaths whether job-related or not.

II. REFERENCES

The following [underlined](#) reference is hyperlinked:

- A. [Occupational Injury and Illness Reporting Packet](#)

III. DEFINITIONS

N/A

IV. POLICY

The County of Orange is self-insured for Workers' Compensation benefits, including medical treatment and hospitalization for job-related injuries and illnesses, disability compensation while employee is temporarily disabled, and permanent disability compensation if permanent impairment results.

CEO/Risk Management and OC Public Works seek to reduce job-related injuries and illnesses through appropriate preventive measures. Supervisory staff shall immediately report all on-the-job employee injuries, illnesses or deaths and assume an active role in securing medical treatment for an injured or ill employee. Supervisory staff shall take immediate corrective action to remedy safety hazards in the work area. Criminal penalties may be imposed for concealing safety hazards.

Supervisors should contact OC Public Works/Human Resources to obtain copies of all the forms referenced in this Policy and Procedure (P&P). Supervisors should follow the instructions on each form for each injury.

V. PROCEDURE

IN A SERIOUS, LIFE-THREATENING EMERGENCY, IMMEDIATELY CALL THE COUNTYWIDE EMERGENCY NUMBER (9-1-1), OR RADIO "CONTROL ONE" on channel "Tan-Call" (714-628-7000) TO OBTAIN HELP AND TRANSPORTATION. USE THE NEAREST PHYSICIAN OR HOSPITAL, WITHOUT REGARD TO THE WORKERS' COMPENSATION APPROVED LIST OF MEDICAL TREATMENT FACILITIES.

- A. [Reporting Accidents, Injuries, Illnesses or Deaths](#)

- 1. Employee promptly reports job-related accident, injury or illness to immediate supervisor.

2. Supervisor completes reports on job-related employee accidents, injuries, illnesses or deaths.
3. Supervisor immediately notifies by telephone the OC Public Works Safety Coordinator (714-834-3034), and Risk Management/Workers' Compensation and Safety Program Office (714) 285-5500) of serious injuries or illnesses as defined by Cal/OSHA:
 - a. A County employee who is hospitalized for a period in excess of twenty-four hours, other than for medical observation
 - b. A County employee who suffers any serious degree of permanent disfigurement or amputation of any part of his/her body
 - c. A County employee who is killed while in the performance of his/her duties

Note: Substantial fines will be imposed for late reporting. After hours contact Control One (714-628-7008) and request that the County Safety Officer be notified.

4. If the employee requires medical treatment (other than in a life-threatening emergency), supervisor completes a Medical Service Order located on the "Workers' Compensation Treatment Centers" and refers the injured or ill employee to the listed facility nearest the work site, or contacts Southern California Risk Management Associates, Inc. (SCRMA) at (714) 620-1300 or CEO Management at (714) 285-5500 to determine the nearest facility. Employees with "Designated Physician From" on file prior to the illness/injury may go to their designated doctor.

B. Form 5020: Employer's Report of Occupational Injury or Illness

1. Supervisor reports all on-the-job employee injuries, illnesses, or deaths on "Employer's Report of Occupational Injury or Illness" State of California Form 5020 within 8 hours of injury. Timely reporting of industrial injuries and illnesses is critical to avoid fines. Benefits cannot be paid on any injury or illness unless Form 5020 has been received by the CEO/Workers' Compensation and Safety Program Office.
2. This form must be submitted electronically and completed by a Supervisor or Manager, preferably the first-line supervisor, not the employee.
 - a. Invoke: [Occupational Injury and Illness Reporting Packet](#)
 - b. Click on "[New 5020 Employer's Report of Occupational Injury Online](#)"
 - c. Enter Username: workerscompensation@ocgov.com
 - d. Enter Password: [orange](#) (Use all lowercase)
3. Click on **Submit a new 5020** link just above **Start here to enter a new injury claim**.
4. Question **1A. POLICY NUMBER** leave blank
5. Question **3A. LOCATION CODE** leave blank.
6. Question **26. HOW INJURY/ILLNESS OCCURRED**. Describe the injury or illness to the best of your ability. Do not delay this report to obtain a professional medical diagnosis.

7. If first aid is given, show the name of the person who rendered treatment. If the employee refuses medical care, or if considered unnecessary.
8. If additional information is known which might be helpful in evaluating the alleged injury or illness, attach a separate memo (may be hand written) to Form 5020. This could include names and addresses of witnesses or other people involved in an accident.
9. Upon submitting of the electronic form 5020, click on "view 5020 details" Print the following form and include hardcopy in the following distribution injury packet to: (See section E. page 3 for distribution list)

The Occupational Injury and Illness Reporting Packet must include the following:

C. Form F293: Supervisor's Investigation of Employee Injury or Illness

1. Supervisor investigates the injury or illness and completes Form F293 for all injuries/illnesses reported on Form 5020 and determines the cause of the injury/illness.

D. Form DWC-1: Employee's Claim For Workers' Compensation Benefits

1. Supervisor sends original and two NCR copies to CEO/Workers' Compensation Office, gives one NCR copy to the injured or ill employee and keeps one photocopy.
 - a. Supervisor provides Form DWC-1 and "You and Your Injury" to the injured or ill employee within 8 hours of the supervisor's knowledge of the injury or illness to avoid fines. (Note: First class mail service to residence address may replace personal service)
 - b. Employee completes boxes 1-8 and returns DWC-1 form to supervisor.
 - c. Supervisor completes boxes 9-17.
2. Supervisor records hours absent due to injury or illness on the employee's Biweekly Time Sheet with a "WC" code below the "REG. CODE" column.

E. The Occupational Injury and Illness Reporting Packet includes the 5020 and the following:

1. Originals to CEO/Workers' Compensation Office (Include the Injury and Illness Reporting Packet minus the form 5020 since you have submitted it electronically).
2. One photocopy to Human Resources (Include the Injury and Illness Reporting Packet)
3. One photocopy to OC Public Works Safety & Training Officer (Include the Injury and Illness Reporting Packet)
4. One photocopy to immediate Supervisor (Include the Injury and Illness Reporting Packet)

F. Form OSHA 301: Injury and Illness Incident Report

1. Supervisor promptly completes Form 301 for all injuries/illnesses. Distribute Form 301 within seven calendar days as follows:
 - a. One copy to the Division Safety Representative or individual designated by Manager to maintain the OSHA Log

- b. One copy to OC Public Works Safety Coordinator

G. Injuries to Volunteer (Non-County Employee) Disaster Service Workers

1. Volunteer (Non-County) Disaster Service workers injured in the performance of assigned duties during an emergency or undergoing any authorized training activity must report the injury immediately to their supervisor.
2. Within five (5) days of the incident, volunteer disaster service worker completes form DWC-1, "Employee's Claim for Workers' Compensation Benefits" form.
3. If the injury is not life threatening, the disaster service worker may see a doctor of his/her choice after completing the forms listed above.
4. For a serious, life-threatening emergency, supervisor admits disaster service worker to the nearest hospital and completes the forms listed above immediately.

(Note: Motor vehicle fatalities do not require reporting to Cal/OSHA, but all other County reporting requirements remain in effect, including notifying the County Safety Officer of the incident.)

5. Human Resources, prepares a memo for OC Public Works Director's signature notifying the Clerk of the Board of Supervisors, the County Executive Officer and the Manager of CEO/Risk Management of the death of any on or off duty Department employee. This notification must take place within 8 hours of the Director's knowledge of the death. This memo shall include the legal name of the deceased, date of death, names of County employees with knowledge of the incident and a summary of the incident.
6. Human Resources, sends the "County of Orange Survivor Checklist" to the family of a deceased employee immediately upon notification of death.
7. Human Resources, prepares a letter of condolence to the next of kin or other known family member for the signature.
8. Division Manager immediately reports all fatalities and serious injuries or illnesses to County Safety Officer to avoid fines. Prepares an "Employee Death Notification FAX Form", and faxes to CEO/Office of Risk Management as soon as any employee death is known.
9. During normal work hours, call (714) 285-5500.
10. After normal work hours, call the Sheriff's Watch Commander directly at 714-628-7008 and request that the County Safety Officer be contacted and advised of the situation. Provide the Watch Commander with a call back telephone number so additional information can be obtained by the Safety Office.

H. Assigned Physician

1. If employees wish to be treated by their own physician in the event of an injury or illness, they should file a "Notification of Election of Personal Physician" form with the OC Public Works Human Resources and the CEO/Workers' Compensation and Safety Program Office. This form must be on file before the injury or illness occurs.

2. An injured or ill employee may request change of physician under certain circumstances. Employee must obtain advance authorization from Southern California risk Management Associates, Inc.; the County Workers' Compensation Claims Administrator (714) 620-1300.

I. Cal/OSHA Log and Record Keeping

1. The Division Safety Representative or other individual designated by the Manager of each division, will record on the OSHA 300 Log specified injuries in compliance with OSHA regulations. Entries must be made within seven calendar days of the knowledge that a recordable injury or illness has occurred.
 - a. A copy of the OSHA 300 Log will be sent to the OC Public Works Safety Coordinator in at the end of each month.
2. Post the Annual Summary OSHA Form 300A at each facility from February 1st to April 30th following the calendar year to which they relate. Retain copies of all OSHA 300 Log, Form 301 and 300A for five years after the calendar year to which they relate.
3. Representatives of the Department of Labor and Employee representatives may request a copy of the right half (items 10-18) of Form 301; and a copy of the entire Form 300. Employees may request a copy of the entire Form 301 for their own injuries and illnesses, and a copy of the entire Form 300.

J. Return to Work Authorization

1. An employee returning to work who has been off more than three (3) consecutive calendar days as the result of an occupational injury or illness must do the following:
 - a. Request physician to prepare report describing release/restrictions for "Employee's Return to Work"
 - b. Call HCA/Employee Health Services at 714-565-3780 to schedule an examination and report for examination with physician's release form. Employee receives "Authorization to Work" form if he/she passes the examination
 - c. Hand deliver "Authorization to Work" form to Human Resources prior to reporting to job assignment

(Note: An employee who has been off less than three (3) consecutive calendar days may be required to complete the same process, when deemed appropriate by their supervisor or manager.)

2. If the County physician determines that an employee has a physical/mental work restriction, employee's Division Manager or designee, and the Human Resources Manager or designee determine whether the employee may or may not return to work. Supervisor notifies the CEO/Workers' Compensation and Safety Program Office of the decision. If the employee returns to work for a brief period and then requires additional time off, it is critical to report this information by telephone to the Workers' Compensation and Safety Program Office.

K. Reporting and Correcting Safety Hazards

1. Supervisors immediately report safety hazards to the Division Manager.

2. Managers and Supervisors must take corrective actions to remedy identified safety hazards.
3. Administration Services Safety & Training Officer will be notified and informed of actions deemed necessary to correct the situation.

VI. ATTACHMENTS

N/A

I. PURPOSE

To establish a procedure for extending obligations under subdivision agreements.

II. REFERENCES

The following underlined references are hyperlinked:

- A. [Resolution No. 80-1318](#)
- B. [Time Extension Authorization for Subdivision Improvements](#)

III. DEFINITIONS

N/A

IV. POLICY

The Director, OC Public Works (OCPW) under the authority of [Resolution No. 80-1318](#) appoints the Director OC Engineering/Chief Engineer to authorize extensions of time ([Time Extension Authorization for Subdivision Improvements](#)) for the completion of subdivision improvements. The OC Engineering/Chief Engineer designates the OC Inspection Manager to authorize or deny extensions of time for the completion of subdivision improvements based upon whether:

- delays are justified
- purchasers of property within the subdivision or the public will be inconvenienced
- adequate security is furnished to guarantee completion of the remaining subdivision improvements

V. PROCEDURE

- A. Once a month, OC Inspection sends written notices to developers whose agreements will expire within approximately two months. Notices request improvement completion schedules and advise developers that they may submit a written request and justification to extend the time allowed for the completion of subdivision improvements.
- B. Upon receipt of a written request and justification from a developer to extend the time allowed for the completion of subdivision improvements, the OC Inspection Manager or his designated representative analyzes the request and justification and prepares a brief report for the OC Engineering/Chief Engineer or his designated representative to determine if an extension of time would create an inconvenience to purchasers of property within the subdivision, or the general public and sends notification letter to the developer.
- C. If an extension of time creates an inconvenience to purchasers of property within the subdivision or the general public, prior to granting an extension, the OC Engineering/Chief Engineer shall confer with the Supervisor in whose district the subdivision exists for concurrence.

VI. ATTACHMENTS

N/A

OC PUBLIC WORKS POLICIES & PROCEDURES

No. 3.6.002

TITLE: Construction Inspector and Construction Inspector
(NPDES Coordinator) Training; Senior Construction Inspector
Promotion Review

Effective: February 10, 1999
Revised: September 26, 2007

I. PURPOSE

Establish a training program for the Construction Inspector and Construction Inspector (NPDES Coordinator) classification and promotion review procedures for advancement to the Senior Construction Inspector classification.

II. REFERENCES

The following underlined references are hyperlinked:

- A. [OCPW Guidelines for Construction Inspector Training\) Construction Division](#)
- B. [County of Orange Job Classification Standards](#)
- C. [Training Partner](#)

III. DEFINITIONS

N/A

IV. POLICY

To conduct a training program to enhance the promotional opportunities of Construction Inspector and Construction Inspector (NPDES Coordinator) to Senior Construction Inspector. A Review Board will determine when a Construction Inspector is qualified to be promoted to Senior Construction Inspector.

V. PROCEDURE

A. Training Program

1. OC Public Works (OCPW)/Construction, Contracts and Subdivision and Permit Inspection, shall train Construction Inspectors to enable them to perform their duties more effectively and to advance to Senior Construction Inspectors.
2. The training program exposes Senior Construction Inspector candidates to areas with significant impact on the duties of the Senior Construction Inspectors. It shall provide supervisory/management personnel with the basis to evaluate potential candidates for promotion to Senior Construction Inspector.
 - a. Typically, a two-year training program is prepared for each individual considering the candidate's background and planned final assignment, and per the attached,

[“OCPW Guidelines for Construction Inspector Training\) Construction Division”](#) outlined in Attachment A.

NOTE: Completing the training program and having an above standard performance review is not sufficient for promotion to the Senior Construction Inspector. Candidates that are eligible to promote must meet the minimum qualifications listed in the County of Orange Job Classification Standards for Senior Construction Inspector.

B. Promotion Review

1. Review Board

- 1) The Review Board consists of key supervisory staff in the OCPW/Construction, Contracts and Subdivision and Permit Inspection.
 - a) OCPW/Construction Division Contracts Board members may include one or more of the following:
 - i. Administration Manager
 - ii. Resident Civil Engineer
 - iii. Principal and Supervisor Construction Inspectors
 - b) OCPW/Construction Division Subdivision and Permit Inspection Board members may include one or more of the following:
 - i. Engineering Supervisor, Subdivision & Permit Inspection
 - ii. Principal & Supervising Construction Inspectors
- 2) Prior to within two weeks of the conclusion of the training the Review Board convenes, confers, and determines if the candidate meets qualifications for the Senior Construction Inspector position as defined in the latest edition of the [County of Orange Job Classification Standards](#)
- 3) If the candidate meets the Senior Construction Inspector standards, the candidate is promoted to Senior Construction Inspector status effective the next pay period.
- 4) If the candidate does not meet the Senior Construction Inspector standards, the candidate may meet with his/her Supervisor or the Review Board to discuss deficiencies and minimum time frame for the next promotional review.

2. Special Evaluations

- a. If a Construction Inspector requests an unscheduled performance evaluation, the immediate Supervisor prepares one with input from the Review Board.
- b. After the employee review by the Board, a Board approved evaluation is forwarded to the employee's personnel file.

VI. ATTACHMENTS

- A. [OCPW Guidelines for Construction Inspector Training\) Construction Division.](#)

OCPW
GUIDELINES FOR CONSTRUCTION INSPECTOR TRAINING PROGRAM
CONSTRUCTION DIVISION

TRAINING AREA	ORGANIZATIONAL RESPONSIBILITY	TIME LIMITS*	SPECIAL INSTRUCTIONS
<ul style="list-style-type: none"> - Materials Plant Inspection - Compaction Testing - "R" Value Determination - P & CT - Preliminary Investigation 	Construction Division/ Materials Lab	0-4 weeks	Exposure to personnel duties, responsibilities and problems.
<ul style="list-style-type: none"> - Contract Record Keeping Procedures and Forms/ Safety 	Construction Division/ Administration Branch	0-1 Week	Training.
<ul style="list-style-type: none"> - Survey 	Construction Division/Contracts Branch/Geomatics	0-1 Week	Training in this area to be incorporated with inspection assignments.
<ul style="list-style-type: none"> - Contract Inspection 	Construction Division/Contracts Branch	26-52 Weeks	Trained in and assume duties of Resident Inspector.
<ul style="list-style-type: none"> - Subdivision and Permit Inspections 	Construction Division/Subdivision and Permit Inspection	26-52 Weeks	Training in OC Engineering and HB&P construction inspection.
<ul style="list-style-type: none"> - Permit Issuance 	County Property Permits	0-1 Week	Training in CPP process.
<ul style="list-style-type: none"> - Grading Inspection 	Construction Division/Subdivision & Permit Inspection	Read Grading Manual	
<ul style="list-style-type: none"> - Katella Yard Tour (Confined Space, Pavement, and Trails) 	Construction Division/Contracts Branch /O&M	0-4 Days	Exposure to personnel duties, responsibilities and problems.
<ul style="list-style-type: none"> - NPDES Training 	Construction Division/Contracts/SPI NPDES Coordinators	0-1 Day	Training.

*All time limits may be amended upon Construction Inspector Review Board assessment of trainee.

OCPW
GUIDELINES FOR CONSTRUCTION INSPECTOR (NPDES COORDINATOR) TRAINING PROGRAM
CONSTRUCTION DIVISION

TRAINING AREA	ORGANIZATIONAL RESPONSIBILITY	TIME LIMITS*	SPECIAL INSTRUCTIONS
- Materials Plant Inspection - Compaction Testing - "R" Value Determination - P & CT - Preliminary Investigation	Construction Division/ Materials Lab	0-2 days 0-1 Week 0-1 Day 0-1 Day 0-2 Days	Exposure to personnel duties, responsibilities and problems.
- Contract Record Keeping Procedures and Forms. Safety	Construction Division/ Administration Branch	0-1 Week	Training.
- Contract Inspection	Construction Division/Contracts Branch	4 Months	Construction Inspector training with an emphasis on NPDES inspections on various types of projects.
- Subdivision and Permit Inspections	Construction Division/Subdivision and Permit Inspection	4 Months	Training in OC Engineering and HB&P construction inspection with an emphasis on NPDES inspections.
- OC Watersheds	Construction Division/NPDES Coordinator	0-1 Week	Training.
- Permit Issuance	County Property Permits	0-1 Day	Training in CPP process.
- Katella Yard Tour (Confined Space, Pavement, and Trails)	O&M	0-1 Day	Overview of each department's responsibilities.
- NPDES	Construction Division/NPDES Coordinator	15 Months	Includes outside training. **

* All time limits may be amended upon Construction Inspector Review Board assessment of trainee.

** To be completed as available, and as needed. Required courses are in italics.

- Computer classes: [Training Partner](#), Outlook, Word, Excel, PowerPoint, etc.
- NPDES workshops and seminars: 24 hr. SWPPP, BIA NPDES Training, Web based APWA/OSA/CASQA, etc.
- Construction classes: Asphalt Institute, APWA Construction Inspector Training.
- Safety classes: Video check out (Personal Protective Equipment for the Employee, Traffic Control, Confined Spaces 1 & 2.
- PSI and Co. classes: Communication Skills, Office Management Skills, and other self-improvement courses leading to advancement.

NPDES Inspection Guidelines

Municipal Separate Storm Sewer Systems (MS4) inspection and reporting requirements:

- Federal regulations require that municipalities obtain MS4 permit to implement requirements of the Clean Water Act and Federal NPDES Stormwater regulations. The Regional Board issues an MS4 permit in order to establish the conditions under which pollutants can be discharged from the storm drain system to local streams, coastal lagoons, and the ocean.
- Order No. R8-2009-0030, NPDES No. CAS618030 (Santa Ana Region)
http://www.waterboards.ca.gov/santaana/board_decisions/adopted_orders/orders/2009/09_030_oc_stormwater_ms4_permit.pdf
- Order No. R9-2009-0002, NPDES No. CAS0108740 (San Diego Region)
http://www.waterboards.ca.gov/sandiego/water_issues/programs/stormwater/docs/oc_permit/updates_012710/FINAL_R9_2009_0002.pdf
- MS4 permit requires permittee to follow its Local Implementation Plan (LIP). Section A-8 of the LIP covers construction requirements. And Table A-8.1 (attached) shows the minimum construction site/project management measures. See below for the link to a completed Section A-8 of the LIP.
http://www.ocwatersheds.com/Documents/A_8_Construction.pdf
- Prior to start of construction, Inspectors should review and be familiar with the project ESCCP or SWPPP and its WPCDs, whichever is applicable.
- A documented review of the Erosion Sediment and Chemical Control Plan (ESCCP) or SWPPP to ensure that the BMPs to be implemented on-site are consistent with the appropriate phases of construction (preliminary stage, mass grading stage, streets and utilities stage, maintenance stage, etc...).
- During construction, once a month and prior to likely precipitations, inspectors should review the effectiveness of BMPs implemented at the site and the need for any additional BMPs. See below for the link to CASQA BMPs.
<http://www.ocwatersheds.com/ConstructionActivities.aspx>
- Inspection frequencies are based on attached frequency tables depending on the region and priority level.
- Inspectors shall use the attached Stormwater Program Inspection Form and checklist when perform NPDES site inspection.
- Work with NPDES Unit staff as needed for NPDES assessment.
- Identified BMP deficiencies shall be given to the Contractor to implement corrections within 72 hours and complete them as soon as possible and prior to likely precipitations (50% or more chance of rain).
- Inspection report shall be given to NPDES staff by the end of each month.
- The following enforcement actions shall apply if necessary:
 - Verbal Warning
 - Correct work notice; non-compliance letter of notification
 - Withhold payment
 - Stop work order

Construction General Permit (CGP) inspection and reporting requirements:

- Order No. 2009-0009-DWQ, NPDES No. CAS000002 (including LRP Modifications per Order No. 2010-0014-DWQ).

http://www.waterboards.ca.gov/water_issues/programs/stormwater/constpermits.shtml

- Once NPDES staff and the LRP's Approved Signatory accepted and signed the SWPPP, the inspector shall request from the Contractor a PDF copy of the accepted SWPPP to be uploaded to SMARTS by NPDES staff. For San Diego Region, Contractor is responsible for paying the annual fee. County will mail the check to receive a WDID number which is required prior to start breaking ground. It takes approximately two to seven days for State to issue a WDID number once State receives all Permit Registration Documents (PRDs). See CGP Attachment B for details.
- A documented review of the SWPPP to ensure that the BMPs to be implemented on-site are consistent with the appropriate phases of construction (preliminary stage, mass grading stage, streets and utilities stage, maintenance stage, etc...).
- Once a week and prior to likely precipitations, Contractors' QSP/project Inspectors shall perform visual inspection at the site to identify BMP effectiveness and the need for any additional BMPs.
- Inspectors shall use the attached Stormwater Program Inspection Form and check list when performing NPDES inspection.
- Identified BMP deficiencies shall be given to the Contractor to implement corrections within 72 hours and complete them as soon as possible and prior to likely precipitations (50% or more chance of rain).
- Inspection Monitoring requirements are different depending on the risk level and type of project. See table 3 (attached) for LUP summary of monitoring requirements, table 4 for LUP Types 2 & 3 effluent monitoring requirements, and table 5 for traditional project monitoring requirements.
- Annual report Forms 1 and 2 shall be given to the Contractor at the start of project to be filled out by Contractor's QSP and returned to NPDES unit after June 30 and before July 15 for uploading to SMARTS. Inspectors shall review and concur with the QSP prior to submit to NPDES staff. The annual report forms are available in Construction drive under folder "U:\NPDES\Reports\SMARTS Forms".
- Contractor's QSP shall develop a Rain Event Action Plan (REAP) 48 hours prior to any likely precipitation. Contractor's QSP shall begin implementation and make the REAP available on site no later than 24 hours prior to the likely precipitation event. Inspector and NPDES staff shall receive a copy for record.

Discharge Permit (De Minimus):

- Discharge Permit (De Minimus)

Order No. R8-2009-0003, NPDES No. CAG998001 (Santa Ana Region)

http://www.swrcb.ca.gov/santaana/board_decisions/tentative_orders/docs/tr8_2009_0003.pdf

Order No. R8-2007-0041, NPDES No. CAG918002 (San Diego Creek / Newport Bay Watersheds)

http://www.swrcb.ca.gov/rwqcb8/board_decisions/adopted_orders/orders/2007/07_041_gen_wdr_san_diego_crk_11302007.pdf

Amendment Order No. R8-2009-0045 (San Diego Creek / Newport Bay Watersheds)

http://www.swrcb.ca.gov/rwqcb8/board_decisions/adopted_orders/orders/2009/09_045_amendment_of_order_r8_2007_0041_SanDiegoCreek_NewportBayWatershed.pdf

Order No. R9-2008-0002, NPDES No. CAG919002 (San Diego Region)

http://www.swrcb.ca.gov/rwqcb9/board_decisions/adopted_orders/2008/r9-2008-0002.pdf

- Invite Watershed staff to pre-construction meeting.
- Forward any dewatering submittal to Watershed staff (Jonathan Curry) and NPDES staff for review and comment.
- Notify Watersheds at least two weeks in advance to schedule sampling and testing prior to plan of discharge.
- During construction, if dewatering is needed, remind Contractor to read and follow the De Minimus permit for discharge of water. Coordinate with Watershed for sampling and testing to make sure the effluent limits are not exceeded prior to discharge.
- As soon as the sampling results are available, forward the results to NPDES staff for uploading to SMARTS.



PROCEDURES

INSPECTOR DESK PROCEDURES

6:30 AM

Staff is to be at his/her assigned mobile office and ready to work

- Turn on Cell Phone, Cells Phones are to remain on from beginning of shift to end.

Supervising Inspector:

- Assigns inspection calls to all field Inspectors by disciplines that the Inspector has been trained/certified to perform.

Inspector reviews (LMS System) his/hers assigned inspection requests for:

- Inspection history
- Notes
- Prior approvals
- Outstanding correction notices
- Map out inspections (if needed)

Note: (See “Inspection Process” for additional information).

- create run sheet and make visible to Manager and administrative staff before 7:00am.
- Go to field to perform assigned inspections

LUNCH/BREAKS:

- 30 minute lunch (To be taken between 11:30am and 1:30pm)
- 2 – 15 minute breaks one before lunch and one after (not to be taken with lunch).

NOTE: *ALL INSPECTORS ARE TO CALL SWRGTXKUP I INSPECTOR PRIOR TO RETURNING TO RCTMUP I 'NQECVKQP TO SEE IF ANY OTHER INSPECTORS NEED ASSISTANCE IN COMPLETING THEIR ASSIGNMENTS.*

UPON RETURNING TO Mobile Office :

- Return to work station/TABLET
 - Check phone calls
 - Check E mails
- Log (LMS System) inspections with information following the “Inspection Procedures”
- If time permits Supervising Inspector may assign other work
- Study the code books or related job material

4:00 PM

End of shift (Monday – Thursday)
3:00 pm on Fridays

*** County issued cell phone is to be kept charged at all times**



FIELD RECORD & COMPLETION

Tract No.: _____ Date Rec.: _____ Inspector: _____

Location: _____

Subdivider: _____ Engineer: _____

Prime Contractor: _____ Address: _____

The following items are completed as per plan:

		Date Requested		Date Received
Rough Grade Certification				
Sampling for Structural Section				

Item	Contractor	Date Started	Date Completed	Compaction OK
1. Storm Drain Pipe, etc.				
2. Drainage Structures				
3. Sewer				
4. Curb & Gutter				
5. Water				
6. Dry Utilities				
7. Sub-grade				
8. A.B.				
9. A.C. level course				
10. Street signs				
11. Street lights				
12. Guard devices				
13. Sidewalk				
14. A.C. cap				
15. Seal coat				
16. Striping/stenciling				

Bonded Items Checked	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flood Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Survey points-record of survey needed.	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes explain below
Stop sign installed.	Yes <input type="checkbox"/> No <input type="checkbox"/> None Required <input type="checkbox"/>
Manholes raised to grade and patched.	Yes <input type="checkbox"/> No <input type="checkbox"/> None Required <input type="checkbox"/>
Street lights installed and energized.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landscape certification needed.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date Received: _____

A copy of plans and all information sent to Operations.

Remarks:

Inspector _____ Date _____

Supervising Inspector _____ Date _____

Frequently Asked Questions by Developers/Subdividers

- 1. We have completed all the improvements required by the Subdivision Agreement, when do we expect the release of our bonds (securities)?**

Answer: After the Inspector Completion Report and all the certifications required for the completed improvements are received by this office, normally it takes a month to get the Board of Supervisors acts on the release of securities. Faithful Performance Bonds are released as of the Board action date, and Labor and Material Bonds are released three (3) months from the Board action date provided there are no liens filed against the tract and securities for unpaid labor and materials. A Release Letter will be sent to your bonding company and a copy will be sent to you.

- 2. Do we get back the original bonds after the Board authorized the release of securities?**

Answer: No, only a release letter will be sent notifying your bonding company that the bonds that were provided to the County for the completed improvements have been exonerated.

- 3. Why wait for three (3) months before the Labor and Material Bonds are released or exonerated?**

Answer: This will give material and labor providers to the completed projects enough time to file a claim against the developers/bond for unpaid labors and materials.

- 4. We just purchased a tract and part of the purchased agreement is that we provide a substitute security for the required improvements. How do we go about replacing or substituting existing securities that were provided by the original subdivider?**

Answer: We need a letter from the title company naming your company as the new owner of the tract and the person/s authorized to sign agreement on behalf of the company. Additionally, we need a letter from you requesting a change of ownership and a processing fee of \$290. After the above documents and fee are received, this office will initiate the change of ownership process which will include the execution of an amendment to the existing agreement whereby your company will assume the responsibilities of completing all the improvements as required by the subdivision agreement and the acceptance of the substitute securities.

- 5. What are the different types of securities that are acceptable to guarantee completion and payment of Labor & Materials for a required improvement?**

Answers: The different types of securities that are acceptable to the County are as follows:

- a. Bonds
- b. Cash
- c. Savings Deposit (with power of attorney)
- d. Time Certificates (with power of attorney)
- e. Letters of Credit
- f. Certificates of Deposits

- 6. Why is it that you need to get City's acceptance of the public street improvements and concurrence to release the securities for a County inspected tract when all our securities are with the County?**

Answer: As a result of the annexation of the tract to a City, the City assumes the responsibility of maintaining the public street improvements. City is given the option to walk thru the completed street improvements before accepting it for maintenance and authorizing the release of security.

- 7. Part of the required private street improvements have been completed, can we request for a partial release or exoneration of securities for the completed improvements?**

Answer: Yes you can request for a partial release or exoneration of security for the completed improvements. The Board adopted on June 18, 1996 a resolution setting the conditions for Bond Reduction. I would gladly send you a copy of that Board's Resolution. (See attached Exhibit "BR" for a copy of the Board's Resolution).

- 8. We have already completed all the street improvements, how come the improvements have not been signed-off by the inspector and the bonds have not been released?**

Answer: The improvements may be completed and inspected by a County Inspector, however he cannot sign-off the completed improvements until the certifications for water, sewer and monumentation are received from the Agency having jurisdiction for these requirements. For water and sewer, Contact the Water and Sewer District having jurisdiction of the area, and for Monumentation, contact the County Surveyor's Office. After receipt of the required certifications, this office will initiate the certification of completion for the improvements, and also request the Board of Supervisors to authorize the release of security.

A re-walk of the completed and inspected improvements may be done if the certifications are not receipt in a timely manner (within a month) after the final inspection, and any damages to the improvements will have to be repaired or redone before it is signed-off and certified as complete.

- 9. The subdivision agreement only requires Monumentation and how come the inspector has to sign it off before the Monumentation Bond is released?**

Answer: To ensure that the improvements that are not bonded are completed and inspected before the County releases the bond.

- 10. All bonds for the tract have been released, how come you have not released the Grading Bond?**

Answer: This office only releases subdivision agreement bonds, Grading Bonds are released by the County Planning and Development Services Department/Subdivision and Grading Section.

EXHIBIT BK
Board's Resolution Adopting Bond Reduction Policy

RESOLUTION OF THE BOARD OF SUPERVISORS OF

ORANGE COUNTY, CALIFORNIA
June 18, 1996

On motion of Supervisor Saltarelli, duly seconded and carried, the following Resolution was adopted:

WHEREAS, Developers have contacted County staff soliciting reduction in their improvement bonds for tracts and parcel maps that are partially completed; and

WHEREAS, County has no policy to reduce improvement bonds for tracts and parcel maps that are partially completed; and

WHEREAS, in order to accommodate the housing industry and alleviate significant hardship to the building industry during economic downturn at minimal risk to the County;

NOW, THEREFORE, BE IT RESOLVED that this Board hereby adopts bond reduction policy under the following conditions:

1. No more than one bond reduction shall be permitted for each tract or parcel map.
2. The tract must be at least 75% complete and the bond reduction shall cause no inconvenience to the public and/or the tract or parcel map residents.
3. Maximum permitted bond reduction shall be 50%.
4. A Bond Reduction Agreement will be prepared for each tract or parcel map for Board execution after meeting the following criteria as determined and recommended by the Director of EMA or designee for partial reduction of subdivision improvement bonds:

Resolution No. 96-455
Amendment to OCCO No. 3106
Subdivision Imprv. Bonds

- a. There must be a logical separation between completed areas and partially completed areas already occupied, or ready to be occupied by new residents.
- b. All of the planned development (houses, commercial buildings etc.) within the completed area must be constructed and either occupied or ready for occupancy. If planned development is to be constructed on both sides of a street, then all houses, commercial buildings, etc. must be completed on both sides.
- c. Facilities to be considered as complete must be completed in accordance with approved improvement plans.
- d. Construction traffic shall not be permitted to pass through the portion of the tract/or parcel map considered as completed. Developer may be required to erect barriers to provide positive separation between residential and construction traffic.
- e. Adequate access for school age pedestrians and school buses must be provided.
- f. Access to a City or County Arterial Highway must be available via a City or County road/street or a completed and accepted private road intended to serve the area to be considered as completed.

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- g. Developer must obtain releases, including releases from appropriate Agencies, for all improvements required to be constructed within the area to be considered as completed. Release from utility companies, Edison, telephone companies, water districts etc.
- h. Developer must provide, for County review and approval, a current cost estimate for the remainder of the tract/parcel map improvements (i.e. cost to construct the incomplete portion of the tract/parcel map).
5. A Bond Reduction Agreement for Board execution shall include the following provisions:
 - a. The term of the Bond Reduction Agreement will be limited to two years from the date of its execution.
 - b. County shall have the option to review and increase bond amounts should prevailing construction costs increase more than 10%.
 - c. Should the time for completion of improvements under the Bond Reduction Agreement expire, any request to further extend the time for completion shall require payment of additional inspection fees, according to the Inspection Fee Schedule in effect at the time of said extensions of time to complete or \$500, whichever is greater.
6. A non-refundable fee of \$300 will be charged to cover Administrative expenses associated with processing the Bond Reduction Agreement.


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Chairman of the Board of Supervisors

SIGNED AND CERTIFIED THAT A COPY
OF THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD


KATHLEEN E. GOODNO
Acting Clerk of the Board of Supervisors
of Orange County, California

AYES: SUPERVISORS DONALD J. SALTARELLI, MARIAN BERGESON, JAMES W.
SILVA, WILLIAM G. STEINER, ROGER R. STANTON


NOES: SUPERVISORS NONE

ABSENT: SUPERVISORS NONE

STATE OF CALIFORNIA)
COUNTY OF ORANGE) ss.

I, KATHLEEN E. GOODNO Acting Clerk of the Board of Supervisors of
Orange County, California, hereby certify that the above and foregoing
Resolution was duly and regularly adopted by the said Board at a
regular meeting thereof held on June 18, 1996, and passed by a
unanimous vote of said Board.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this
June 18, 1996.


KATHLEEN E. GOODNO
Acting Clerk of the Board of
Supervisors of Orange County,
California



COUNTY OF ORANGE

RESOURCES & DEVELOPMENT MANAGEMENT DEPARTMENT

Bryan Speegle, Director

300 N. Flower Street
Santa Ana, CA

P.O. Box 4048
Santa Ana, CA 92702-4048

Telephone: (714) 834-2300

Fax: (714) 834-5188

DATE: SEP 13 2004

TO: Darlene J. Bloom, Clerk of the Board

FROM: Director, Resources & Development Management Department


SUBJECT: Minute Order August 24, 2004 (ASR 04-001864)

Resources and Development Management Department (RDMD) submitted ASR 04-001864 requesting the release of security for Tract 15817. The Board acted on the ASR (Agenda Item No. 14) on its August 24, 2004 meeting and a Minute Order was issued to authorize the release of security.

After receipt of the Minute Order and while processing the release of security, RDMD staff found an error to the submitted ASR. The subdivider and provider of security being referred to in the ASR should have been The Irvine Company instead of Standard Pacific Corporation.

This office now requests that the subject Minute Order and submitted ASR be corrected to reflect the correct subdivider's name. A revised copy of the ASR showing the correct name is attached.

Please call Paul Castillo of RDMD at (714) 567-7808 should you need or require additional information. Thank you.


Bryan G. Speegle, Director

Attachment

I. TITLE SHEET**A. JOB TITLE**

1. Title should be correct and specific and distinctly noted by tract number, Parcel Map, number or a street name referencing a tract, parcel map or Agreement Number (as required by Planning Commission Conditions of Approval)
2. If the proposal plan is a later part of a previous Tract or Parcel Map, then each plan is to be noted by a phase number in sequence.
3. If by street name, then limits should be noted by distance in miles from major cross streets.
4. If a portion of a tentative tract, that number should be referenced in title.
5. If storm drain facility such as a Master Plan of Drainage (MPD), title should have reach noted with stationing.

B. BONDING STATEMENT

1. Only required if proposed improvements are a Master Plan of Drainage (MPD) storm drain or if bonded under a different Tract or Parcel Map number.
2. If required, should be prominent and just below Title.

C. GENERAL NOTES

1. Should reference Standard Plan 1801, 1996 Edition. (Update as future editions are approved.)
2. Check and change striping note to be metric.
3. Delete carport note if non-applicable.
4. If no public-right-of-way encroachment, the delete any note for requirement of a permit.
5. If totally public, delete any references to private improvements
6. Check note (typically no. 3) for correct phone number. *567-7804*
7. May want to add: "All street sections to be determined by PFRD Materials Lab (714-567-7677). All reports for sampling of street soil shall be made to the County inspector and only after grade release and prior to any utility placement within street template.
8. May want to add: "Whenever the existing pavement joins proposed pavement widening, contractor shall sawcut and remove and/or cold-plane and overlay existing pavement as necessary to provide a uniform 1.7% finish surface crossfall to the satisfaction of the inspector."
9. May want to add: "All water and dry utilities not be installed prior to curb and gutter construction unless requested in writing and approval prior to installation by the County Inspector."
10. May want to add: "Where ~~underground~~ ¹ backfill is to be made under existing or previously placed conduits, ² sack slurry backfill will be provided."
11. May want to add: "Developer's Engineer shall provide written Certification of Compliance with the approved plan grades for subgrade,

A.B. grade and mark fills for cap paving prior to contractor proceeding with the next order of work to the satisfaction of the County inspector.”
This may be necessary in streets with varying cross-fall or excessive width.

12. May want to add: “Sidewalks shall be clear of all vertical obstructions unless approved by the County inspector.”

D. STORM DRAIN NOTES

1. Handout available from PDSD/Subdivision.
Check for note (#31 typically) specifying curb support hardware option.
(Preferred is Detail “A” as on Standard Plan 1306 Sht. 2 of 2 but Developer’s Engineer may choose optional Sht. 1 “bulb angle” type.
2. For local storm drain plans, a note should state: “All materials testing shall be provided by the PFRD Materials Lab.”
3. If Master Plan of Drainage (MPD) plan, then a note should state: “All material testing is to be by the Developer or Contractor with the number, location and frequency requested by the County inspector.”

E. STORM DRAIN MAINTENANCE STATEMENT

1. Whether all publicly or privately maintained.
2. May state: “Maintained by County of Orange only within street right-of-way.”
3. Should be prominent and in bold lettering.

F. PERMIT NUMBER(S) BLOCK

1. Required for the proposed plan if any portion of work encroaches in public right-of-way or easements (including scenic).

G. DEVIATION BLOCK (From PFRD Standard Plans)

4. Signature Line separate from overall signature blocks

H. SIGNATURE BLOCKS

1. PDSD (Pat Stanton) for overall plan approval
2. PFRD / Traffic Engineering
3. Water District
4. Fire Authority
5. PDSD (Pat Stanton) optional partial approval clearly stated as approval for storm drain or a specified wet utility only.
6. Other municipal agencies such as cities or Cal Trans, if applicable.

I. VICINITY MAP

1. Reference to Thomas Guide page helpful.

J. INDEX OF SHEETS

K. UTILITY INDEX

L. DEVELOPER'S BLOCK

M. ENGINEER'S BLOCK

N. LEGAL DESCRIPTION BLOCK

O. BENCHMARK BLOCK

P. BASIS OF BEARING BLOCK

II. CONSTRUCTION NOTE/QUANTITIES, TYPICAL SECTIONS

A. CONSTRUCTION NOTE/QUANTITIES

1. If proposed plan improvements are bonded under more than one tract number, quantities should be listed separately for each tract of the plan.
2. Structural sections thickness should be left blank and callout with composite _____ “A.C./ _____” A.B. with seal coat and prime coat.
 - All structural sections in subdivision shall be determined by the PFRD Materials Lab Report for the proposed project. (Private streets as well as public streets.)
3. Construction notes should reference PFRD, APWA – O.C. Standards or details on sheets as specified of plans.
4. If Standard Plans are modified, Const. Notes should call out per Standard Plan No. _____ “and modified per detail on sheet _____.”
 - Should be listed as a deviation for signature on title sheet.
5. Curb and gutter and A.C. dikes per Type and Standard Plan (120-0-0C).
6. Sidewalks shall be constructed by street improvement plans (not landscape plans).
 - Hardscape shown on landscape plans are for reference only.
 - Public street sidewalks should be per Std. Plan 1205 unless otherwise conditioned per Planning Commission. (Conditions of Approval in Admin. File).
 - Privately maintained sidewalks should be either by County Standard 1205 or by detail per shown on specified sheet number on street improvement plans.

- No welded wire mesh in publicly maintained sidewalks (as difficult to R & R by our maintenance.)
 - Sidewalk returns should fill in to R/W line (-2") and must be a corner cut-off design at any intersection with an Arterial Highway. (See Std. Plan III.)
 - Meandering sidewalks should show all dimensions, radii, stationing and treatment @ catch basins, utility vaults and vertical obstructions in vicinity of alignment on the street improvement plans.
7. Access Ramps should be specified by type per Std. Plan (1115)
- Curb options should be called out on specific locations.
 - Check for necessity of additional ramps to maintain circulation such as at end of walks and "T" intersections.
8. Driveway approaches with Std. Plan 1209, 1210 or APWA – OC. Specified.
9. Local Depressions per Std. Plan in public streets.
- In private streets, may be by strictly by Std. or by modified Std. per specified details.
 - Construction note should call out Std. Plan and detail on Sht. X of Plans.
10. Cross gutters should call out per Std. Plans or per details on sht. X.
- If downhill standard called out, "K" & "L" should be also noted.

11. Parkway culverts should specify which type of culvert, span "S", height, curb face at culvert and with or without a clean-out. (Reference Std. Plans 1309).

12. Concrete paving should be specified by detail.

- Thickness by PFRD Materials Lab Report.

13. Street lights per Std. Plan 1411 lumens called out.

14. Mailboxes per PFRD Std. Plan.

15. Street name signs per PFRD Std. Plan and schedule on sht. X .

16. Signing and striping may be per notes on that sheet.

17. Sawcut and remove existing (Pavement, c/g, sidewalk, etc.)

18. Sawcut and join existing.....

19. Remove and salvage existing

20. Remove and dispose of existing

21. Protect existing

22. RCP with size and d-load.

X-tra cones ?

23. Inlets by type

24. J.S.

25. Concrete collars

26. Slope Anchors

27. Inlets

28. Outlets

29. Rip – Rap per Std. Plan with dimensions

- Or detail on sheet x (as referenced).

B. TYPICAL SECTIONS (Reference Std. Plans 1100 to 1110.)

1. Public or private streets noted.
2. Street names prior to signature approval.
3. Limits for each dimensional variation noted.
4. Crossfall @ 1.7% or if varies show maximum % and 1.7% minimum.
5. 3/8" lip @ E.P. shown.
6. Level line with crown point vertical offset dimension given.
7. Sidewalk location and width with 2% crossfall.
8. Right-of-way line
9. Interim and ultimate design.
10. Any existing roads to be improved by this plan showing sawcuts or grind limits to join and maintaining uniform 1.7% crossfall.
11. Bike paths and trails to be constructed per this plan and reference noted if by other plan or future construction.
12. Dimensions of width total and from center-line.
13. Slope hinge points to be shown and dimensioned. (See Std. Plans)
14. Construction notes for pavement c & g, A.C. dikes, sidewalks, trails, etc. with right-of-way and easements shown.
15. Median areas should indicate hardscape treatment and either Alternatives I or II of Std. Plan 1114.
16. Check for deviations from Std. Plans to be on Title Sheet.

C. DETAILS

1. Local depressions

- May be on plan and profile sheets for convenience.
- Check for driveway depressions with limits of local extended to normal joint in driveway. (See Std. Plan 1309, Sht. 2 of 2)
- Elevations should be cross-checked with Plan Profile and Std. Plan 1308.
- Detail for L.D. at curb returns to be drawn to $\Delta/2$.
- Limits of L.D. at curb returns should be noted on detail.

2. Median drain inlets

3. Access ramps

- Detail if modified from our Std. Plan 1115

4. Transitional curbs

5. Pipe trenches in existing street showing slurry backfill and A.C. replacement in kind + 1" to 7" maximum.

6. Driveway approaches with less than 5' depth need detail to maintain 10% maximum grade.

7. Left turn pocket const. in exist street.

8. Special sidewalk configurations to comply with Std. Plan for Parkway Obstructions.

9. Special median hardscape or sidewalk treatments with all necessary specifications to be on street improvement plans.

10. Special street lights other than per Std. Plan. (with specifications)

11. Water details for typical water meter locations. (provided by Water District)
12. Water details for typical fire hydrant locations. (provided by Water District)
13. Water valve and manhole adjustment to finish surface detail.
14. Private street special entrance treatment required.
15. Turf block emergency access treatment.
16. Typical mailbox design and location for 1' - 0" clear of back of s/w.
17. Typical curb core or "bubbler" lot drain.

D. INDEX MAP (preferred on sht. 2)

1. Tract boundary prominently drawn.
2. Adjacent tract numbers or plan numbers for adjoining existing and proposed inputs.
3. Lot lines with numbers and/or letters.
4. Street names (public or private noted.)
5. Easements drawn and called out and drawn.
6. Sewer, water mains w/manhole nos. and fire hydrant location shown.
7. Storm drain lines shown and identified.
8. Street lights locations as proposed and for adjoining existing streets shown.
9. Sheet numbers and limits for st. inpvts. and storm drain.
10. Mail box cluster locations shown.
11. Street name sign locations.

12. Warning and regulatory sign locations shown with symbol and identified.
13. Sheet number or separate plan for reference (if any)
14. Legend
15. Catch basin and number shown.
16. Traffic signal (if any proposed) sheet or plan referenced.
17. Traffic control or detour plan references (if any).
18. Check single "dead end" streets for W53 (not a thru street) and multiple streets for W53A (no outlet) signs.

E. LEGEND

III. STREET IMPROVEMENT PLAN & PROFILE SHEETS

1. Street plan shown with name and whether public or private street should be noted when mixed.
2. Const. Notes listed as required for that specific plan sheet only.
3. Cross gutters, if any, showing transitions to 15' beyond E.C.R. – B.C.R.
 - Drawn to 8' width with 5' angle points per Std. Plans.
 - Flow line elevations @ P.I. and angle points (if any).
 - In private streets with 4' wide cross gutters, show spandrel at curb returns to eliminate Δ area of paving. (Detail if necessary)
 - Check % of center-line street and flow-line grades for Special Cross Gutter (Steep Grades) requirement per Std. Plan 1208.
4. Driveway depressions and approaches shown (with stationing and const. note on driveways. per Std. Plan 1206 or 1210.)
5. Local depressions shown & called out.

- Ask for details to be drawn for all.
 - Check for special conditions of driveway depressions possibly within local depressions and cross-reference dimensions and elevations with local depression details.
 - Local depressions (L.D.) details @ curb returns to be drawn showing access ramp depressions with limits of L.D. clearly shown. (For bidding purposes of two probable distinct contractors)
 - Sidewalk @ C.B. deck should be shown and if sidewalk behind deck should be poured monolithic.
6. Access ramps drawn accurately on plan with Type and whether with or without back curb called out.
 7. Check for min 1%' grades at flow line on all streets and min. 0.5% on parking aisles and driveways.
 8. Street light locations (to match index map).
 9. Sewer and water mains and laterals with Const. Note.
 10. Mail box locations
 11. On driveway approaches with less than 5' of r/w from curb face provide detail showing transition of back of sidewalk line to maintain maximum 10% on driveway slope.
 12. When extending and existing street and there is no redwood header, saw-cut to join existing pavement (2' min.) and remove exist barricades.
 13. Construct Type II barricades @ pavement end where street is proposed as continuing per future plan.

14. Reference adjoining plan number.
15. Show locations if any for W53 or W53A signs (if any) & match to index map locations.
16. Check for R(1) sign with stop bar locations @ collectors and arterials if not shown on separate signing and striping plan.
17. On condo tracts, check for emergency access location and detail paving treatment with depressed curbs @ 4" curb heights.
18. Show private street enhanced paving on street impvt. plan, (not to be const. by landscape plan) with const. note referencing detail on sht X .
19. On condo projects, trash enclosures require min 10" thick have limits support trash truck (Discuss with your supervisor).
20. In condo projects, trash enclosures shown on street impvt plan for reference only.
21. Check R/W @ intersection for full 8' radius landing and corner cut-off landings to fill 8' or 9' _____ pts @ E.C.R. – B.C.R.
22. Check index map and plans for any proposed underground construction across existing Arterial highways or collector streets.
 - Ask on plans, if will bore or proposing for "open-cut" method. If an existing arterial is proposed for "open-cut" advise that developer must request by separate letter justifying no bore and agreeing to all conditions of open-cut memo.

- Advise on open-cut of existing collector to show method clearly with const. Notes and recommend slurry backfill per a detail. Add detail for sawcut, slurry, back-fill to -7", grind min. 0.12" to 1-0" beyond trench limits.
23. Require a Traffic Control Plan for any proposed work requiring lane closures on Arterial Highway to be a part of the proposed street in pvt. Plans and approved by County Traffic Engineering.
 24. Check profile curb return elevations and lengths match plan data.
 25. Check local depression stationing on plan to make L.D. details and to match profile elevations.
 26. On median noses, check for typical treatment.
 27. Check plan for any questionable sight distance intersections. Ask engineer if meets std. plan.
 28. Look for separate catch basins that function together for continuous 4' gutter.
 29. Check cul-de-sacs for driveway locations requiring continuous depression of curb and advise engineer to relocate any vertical obstructions. (St. lights, utility pedestals)
 30. Ask engineer if there will be any curb cores or "bubbler" lot drains impacting sidewalk, driveways, approaches or curbs.
 31. Check for median drains to tie into proposed or existing storm drain.
 32. Shown pavement % crossfall with arrow on plan where varies from 1.7%.

33. Future proposed street intersections per other plans, should be shown on the presently proposed street improvement plans as dashed for reference only. (Best guess)
34. Check adjoining plans for consistency of all plans if possible.
35. On profile of cul-de-sacs, check radius comply with Std. Plan _____ for radius & min. 1.7% cross-fall with finish surface of radius point being 0.30 above highest T.C. point @ back of cul-de-sac.
36. On condo plans watch for grade breaks
37. On profiles, when crown line deviates from design CL of street on plan should be noted on profiles.
38. Storm drain mains & lat'ls to be shown on profile of sewer lines where cross.
39. On profile show sewer line with manholes.
40. Look for maintenance roads with lockable gates that may be proposed to maintain storm drains, drainage structure or utilities per conditions of approval. Should be per street improvement plan.

IV. STORM DRAIN PLAN & PROFILE SHEETS

1. Existing lines to be shown as dashed and reference as line x as shown on sheet # of Tract No. xxxxx.
2. Check for grades of storm drain with grades over 20% (5:1) requiring slope anchors @ 7' vertical differential per Std. Plan 1333.
3. Check for grade breaks horizontal & vertical grade breaks requiring REINFORCED CONCRETE COLLAR PER PFRD Std. Plan 1317.

4. Check all lines to be identified by letter.
5. Check profiles for depth of manhole with note "B" of Std. Plans 1310, 1311 and 1312 for any necessity of requiring Deep Manhole Landings per Std. Plan 1508. (20' or greater)
6. Check all lines for a profile length and D-load called out with elevations and grades.
7. Check that construction notes are used and listed on all sheets of S.D. plans & profiles.
8. Check catch basin numbers, elevations with street improvement plan sheets to match. (Cross check with street plan.)
9. Catch basins should have const. note with type listed per Std. Plan 1301, 1311, 1314 & 1315.
10. Junction structures should have const. note with type listed per Std. Plan 1310, 1311, 1312, 1313, 1314 & 1315.
11. Check for median drains (if any) lines to be shown on Storm Drain plans and profile (cross check with street plan).
12. Master Plan of Drainage storm drain plans and local storm separate plans.
Local storm drains are to be shown on tract improvement plans.
13. Check local storm drain lines to be clearly noted whether public or private maintained with dividing line clearly & prominently shown on plans & profiles. (Might check conditions of approval if any question.)
14. If multiple tracts shown on set of plans, tract boundaries to be clearly shown on S.D. plans also.

15. Inlet and outlet structures with proper elev. Call-outs with rip-rap placement shown on plan & profile (Min. 33" thick)

16. Rip-rap shown & called out by const. note with dimensions on plan view.

Const. note should refer to Std. Plan 1309 for Special Provisions.

17. Angles should be called-out between main line S.D. and laterals.

18. For shallow storm drains, check profile for J.S.'s minimum requirements of

$H=4'$ and $M=2' - 10\frac{1}{2}"$ min. for paved streets and min 3' - 6" min. for unpaved areas.

19. Check for J.S. type III, IV and V for values of A, B & C, A and Elev. S to be called-out on plan.

20. Utility crossings to be shown on plan & profile.

21. Brick and mortar plugs at temporary ends of storm drain.

V. STORM DRAIN DETAILS AND NOTES

1. On drainage structure where top of walls are more than 3.5' to flow line, show safety barrier (chain link fence, etc.) on details.

2. Rip-rap (25' min. length @ outlets, 10' min. length @ inlets and thickness min. 33").

3. Structural notes

4. Rip-rap notes

5. Any concrete collars for storm drain diameters greater than 66" to be detailed.

VI. ADDITIONAL NOTES

1. Ask Engineer for a Phasing Plan and, if seems problematic, discuss with your Supervisor for possible alternative phasing.

2. Ask Engineer to submit a Model Site Plan for your review if you haven't received one through the County.
3. May need to request Engineer to provide you with a copy of the Precise Grading Plan with additional plan check rounds.
4. Request that any Fire Authority signing and striping requirements to be a part of the proposed street improvement plan.
5. Check on Enhanced Paving Blocks (if any) to be Olson (80 mm) as only pre-approved type by the County Materials Lab.
6. Check ^{side}overdrain drains (if any) for all dimensions required by Std. Plan.
7. Water valves should be shown out of cross gutters and if necessary request a detail of main water lines re-aligned to avoid conflicts.

S & PI Permit Procedures

Permit Review

Supervisor:

- Receives electronic permit, as well as, hard-copy draft and plans.
 - Checks assignment, gives cursory look at plans, and distributes.
 - Routes electronically to Insp.

Inspector:

- Receives electronic permit, as well as, hard-copy draft and plans, from supervisor.
- Field review.
 - Note existing conditions. Not only what exists, but also its condition.
 - Note accuracy of the permit. i.e. plans vs. existing conditions.
 - Note traffic conditions. Will they need an approved T.C. plan, or will the MUTCD be sufficient? Make sure that your comments include the need for traffic control, or not.
 - Take photos if they will help.
- Office review.
 - Check for conformance to Co. Std.
 - Address any NPDES issues.
 - Make comments electronically, on plans, and written (keep a copy and attach copy to permit/plans).
 - ❖ Get as much info as you need on the plans and in the Specials now. It will make the job easier later.
 - ❖ When making comments, try not to duplicate what is already in the Standard Provisions of the permit unless it warrants highlighting.
 - Make calls to engineers, agencies, etc., for clarification, if necessary.
 - Ask for further review (ask for previous check, with next check) or okay to issue.
 - Return electronic comments to CPP. Check with supervisor to see if he wants hard copy and plans rerouted through him. If not, send directly to CPP.

Issued Permit

Supervisor:

- Receives issued permit and plans. Distributes to Insp.

Inspector:

- When permit and plans are received, review and file.
 - How you file your permits and plans, for easy access and use, is preferential and will vary, but some sort of organized system should be in place.
 - ❖ Suggestion: put permits associated with tracts in the tract file. e.g. joint trench, access, etc. (keep the plans in the truck) — Keep other permits in truck (make it portable). Flood, by permit number, and all others alphabetically, by street name. A plastic file box with hanging folders works well.
- Familiarize yourself with larger or more involved projects. Anticipate potential problems and discuss at, or prior to, the pre-const. meeting.
- Call Permittee (he may call you first) for intro. and to discuss any prerequisites. Inquire about a pre-const. meeting.
 - At the pre-const., mtg. highlight any Special Provisions and remind permittee/developer/contractor of Co. requirements pertaining to the project. This is the time to express any concerns and let them know what they can and cannot do. Ask questions.
- For larger projects, it is a good idea to keep a file with notes, photos, materials testing results, etc. For smaller ones, keep notes on the back of the permit.
- If permit is billable (i.e. an RU), keep track of time and log-in daily or every other day — keep charges current.
- Once the job starts, inspect as called, or as needed. A surprise visit is always good practice.
 - The key is good communication between you and the Permittee/Contractor. Emphasize this at the pre-con.
- Have an R and R walk, if and when necessary.

- At the completion of the project, meet with Permittee/Contractor for a semi-final walk (for larger projects, invite O & M and your supervisor). Schedule Underground Crew for Flood projects, if necessary.
- When punch-list items are complete, walk again, either alone or with the Permittee/Contractor.

Signing Off A Permit

Inspector:

- Signoff Supt.'s copy from book, as well as electronic signature in the CPP system. If Flood permit, sign off file copy as well.
- Submit permit to supervisor for signature.
- Keep Insp. copy, along with file or notes, for a time. This is for reference or questions.

Supervisor:

- Sign off hard copy and provide electronic signature in the CPP system.
- Give to Nellie (or to whomever happens to be the secretary at that time) to route to Chuck.

Other Thoughts

- Take pre, during, and post-construction photos (see photo P and P Memo, 11/27/07)
- As time allows, keep permits organized and up to date.
- Check inactive projects or older permits that haven't been signed off.
- Sign off permits promptly and check status of "old dogs" to sign off.
- Submit charges accurately and often.

TRACT ACCEPTANCE PROCEDURES

Outline of Tract Acceptance Procedures

I. Overview

II. Procedures for Tract Acceptance

III. Tract File

IV. Appendices

A. Memos and Information

1. General Security Exoneration Steps

B. Forms

- 1. Field Record and Completion Sheet**
- 2. Tract File Contents Checklist**
- 3. Request for Confined Space Inspection**
- 4. Punchlist Template**

C. Example Information

Overview

The purpose of these procedures is to establish a uniform and consistent method of tract acceptance by the Subdivision, Grading and Permit Inspection section of the County of Orange. These procedures can be adapted, in part, to the acceptance of any project (TPM, permit, flood facility, etc.).

It should be noted that the distribution of the "Field Record and Completion Sheet" does not constitute the acceptance of the tract by the County.

- Public tracts are still the responsibility of the developer to maintain and the inspector's responsibility to ensure that it is maintained, until the tract is accepted by the Board of Supervisors.
- Private tracts are the responsibility of the developer to maintain and the inspector's responsibility to ensure that it is maintained, until the tract is certified to the H.O.A. by the Deputy Director/Chief Engineer of OC Engineering.

Procedures for Tract Acceptance

1. Verify that all improvements have been completed and give developer a copy of the General Security Exoneration Steps.
2. Schedule and perform semi-final walk with developer to create a "punch list".*
3. Request confined space inspection (CSI) on storm drain improvement, if any. CSI group will generate punch list (It is imperative that you verify with the developer that all storm drain improvements are complete and that the system is clean and ready for inspection.)
4. Request copy of certification for landscaping, if security was provided. Include this item on the punch list, as well as the requirement that certification for the sewer and water and Monumentation be submitted to the County, if necessary (see example in Appendix C.
5. Verify that any permit work. Traffic Signals, Construction and! or Landscape Assignments. or separate agreements associated with the tract is complete. Sign-off on these items where applicable, keeping a copy for the file.
6. Verify that any separate flood facility work, bonded with the tract, is complete and acceptable.
7. Schedule final confined space inspection after developer has completed storm drain punch list items, if absolutely necessary. (It is our intent to have the CSI team inspect one time.)
8. Perform final walk after developer has completed punch list items.
9. Fill out "Field Record and Completion Sheet". Provide name and address of H.O.A./Property Management Co. along with a contact person and phone number, if private streets, under "Remarks".
10. Organize and purge the file.
11. Submit file and completion sheet (with inspector's signature) to supervisor for review and signature.
12. Make sure a copy of the Materials Report has the structural section used for construction, circled. This, along with the landscape certification, per the current Field Record and Completion Sheet memo (if necessary), will be distributed with the completion sheet.
13. Give the tract file to the secretary for distribution and filing. Note any special routing instructions on the front of the file.

**If County will maintain improvements, invite area maintenance inspector (if Co. maintained landscaping or trails are involved also notify (Chief of OC Engineering/ OC Operations & Maintenance System. If improvements will be H.O.A. maintained (i.e Private Streets), invite a representative. In all, -cases, invite) Area Supervisor and Administrative Manager.*

Tract File Contents

- Field Record and Completion Sheet
- Materials Report (w / structural section circled)
- Landscape Certification (copy)
- Confirmation from Paul that Sewer and Water, and Monumentation Certifications have been received*
- Grading Releases
- Semi-final Walk Punch List
- Request for Confined Space Inspection
- Confined Space Inspection Punch List*
- RCP Certification*
- Compaction Results and Materials Testing Data, sorted categorically and chronologically (1 copy)
- Final Soils Report (from private lab) with Compaction Data*
- Traffic Signal Completion Memo
- Miscellaneous Documents
 - Ledger size copy of index map
 - Correspondence
 - Memos
 - Mix Designs (requiring special approval)
 - Notices of Failing Material
 - Correct Work Notices
 - Plan Check Notes
 - Copies of Signed-off Permits and Construction and! or Landscape Inspection Assignment sheets*

**when required*

Appendix A

Security Exoneration steps

And

Grading Bond Release Process

OC PUBLIC WORKS

GENERAL SECURITY EXONERATION STEPS

1. Upon completion of the required improvements, developer needs to contact **field inspector at 714-245-4513** to schedule final walk. Inspector will then file the completion report.
2. Developer should contact Orange County Surveyor's Office (**contact person: Brad Tippet, 714-967-0842**) to check monumentation certification requirements and to make sure an inspection of the monuments is scheduled. (Brad also needs a release from the Grading Inspector.
3. Developer should also contact the **appropriate sewer and water district** to request a letter to OC Public Works/OC Engineering/OC Inspection/Subdivision, Grading & Permits Inspection certifying sewer and water improvements if security was provided.
4. When all the **above mentioned requirements are met**, OC Public Works/OC Engineering/OC Inspection/Subdivision, Grading & Permits Inspection will recommend for Board of Supervisors' action: the certification of completion and acceptance of public improvements (if necessary), and the release of security.
5. Upon receipt of the copy of Minute Order or Resolution of Board's action, approximately two (2) weeks after the agenda date, OC Public Works/OC Engineering/OC Inspection/Subdivision, Grading & Permits Inspection will send release letter to the bonding company. A copy of the release letter is provided to the developer.

Any questions regarding the exoneration process can be directed to Valerie Oxford @ (714) 245-4518.

Any correspondence can be mailed to:

OC Inspection/Subdivision, Grading & Permits Inspection
P.O. Box 4048
Santa Ana, CA 92702

NOTE: INSPECTOR'S FIELD ACCEPTANCE DOES NOT CONSTITUTE OFFICIAL CERTIFICATION OF COMPLETION AND/OR ACCEPTANCE OF THE TRACT/PARCEL MAP. ONLY THE ORANGE COUNTY BOARD OF SUPERVISORS CAN OFFICIALLY CERTIFY AND ACCEPT TRACT OR PARCEL MAP PUBLIC IMPROVEMENTS AND AUTHORIZE EXONERATION OF SECURITIES.

OC ENGINEERING

OC INSPECTION

GRADING BOND RELEASE PROCESS

Step by Step

Step 1. Pull out copy of grading permit and bond documents from the permit file/folder. These will give you all the information needed to prepare the bond release. You will need the following information. (See examples below):

1. Date of Bond
2. Type of Bond
3. Amount of Bond
4. Bond # (Check # for cash bond)



County of Orange

Resources & Development Management Department

(This permit will expire after 2 years of inactivity and the applicant is responsible for tracking and maintaining it active. For more information, visit our website.)

For Inspections* Call: (949) 472-7922 or (714) 796-0407 or Visit us on the web at: <http://www.ocplanning.net>

Main Office
300 N. Flower Street
Third Floor
Santa Ana, CA
92702

Inspection Office
22921 Triton Way
Laguna Hills, CA
92653

PRELIMINARY GRADING PERMIT

Grading Permit Number: GA080015

Issue Date: 7/29/08

Description of Work/Use: New GA for Change of Ownership and Erosion Control

Issued By: Javid Mohsenzadeh

Job Address: 16 Crespi Cr, Ladera Ranch

Owner: Murray Pastornack (Applicant)

Additional Address:

Address: P.O. Box 73160

Assessor Parcel No: 741-263-06

San Clemente, CA 92673

Legal Description: 15985 59 TR

Phone: 949-481-9906

Related Permits: GA020002 GA020002

Waste Discharge ID No. (WDID): N/A

Approval Info: Grading Plan Check

Approved By: Javid Mohsenzadeh Date: 7/29/08

Current Planning/Zoning

Martin Angel Date: 7/29/08

Applicant: Murray Pastornack P.O. Box 73160 San Clemente, CA 92673 (Permittee)

Company: Capital bank

Type of Bond: Cashiers Check

Amount: \$1,000.00

Bond#: 001020

Verify that the information on the permit matches the information on the bond documents.

COUNTY OF ORANGE
PLANNING AND DEVELOPMENT SERVICES

GRADING PERMIT CASH BOND*

This agreement is entered into between MURRAY PASTERNAK, hereinafter referred to as "Principal" and the County of Orange, or its assigns, hereinafter referred to as "County", to insure the completion of grading required by Grading Permit Application No. CA080015 at 16 Crespi Circle
(Project Address) Ladera Ranch, CA 92694

NOW, THEREFORE, IT IS AGREED that:

1. Principal does herewith post a cash bond in the amount of \$1000.00 dollars for which County acknowledges receipt
2.
 - a) If Principal complies with all the provisions of "the Orange County Grading and Excavation Code" Article 8 of Division 1 of Title 7 of the Codified Ordinances of the County of Orange, commencing with Section 7-1-800 thereof; and other applicable laws and ordinances, and
 - b) Complies with all of the terms and conditions of the permit for excavation or fill to the satisfaction of the Building Official; and
 - c) Completes all the work contemplated under the permit within the time limit specified in the permit, and any extension or extensions thereof, or completes the work to a safe condition satisfactory to the Building Official, the cash bond shall be released.
3.
 - a) If Principal fails to comply with the aforementioned requirements, the Building Official may order the work required by the permit to be completed or put in a safe condition to his satisfaction.
 - b) The cash bond shall be used as necessary to pay for the completion of this work. After completion of the work, any funds remaining in this bond shall be refunded to Principal.
 - c) If the cost of the work exceeds the amount of this bond, Principal hereby agrees to reimburse County for such excess costs.
 - d) Principal agrees that if County brings suit to collect for the work contemplated by this permit, that the reasonable attorney's fees as fixed by the Court, shall be paid by the Principal.

*NOTE: "Cash" shall be either cash or Cashier's Check. No Personal Checks will be accepted.

Date: 6/17/08

Murray Pasternak
Principal (Notarized Signature)
MURRAY PASTERNAK

Step 2: Process Bond Release Letter.

1. Click Start Button
2. Click on "My Computer"
3. Click on "Building & Safety on PDSfiler1" (Building & Safety share drive)
4. Click on SCRB-Grade
5. Click on Bond Releases

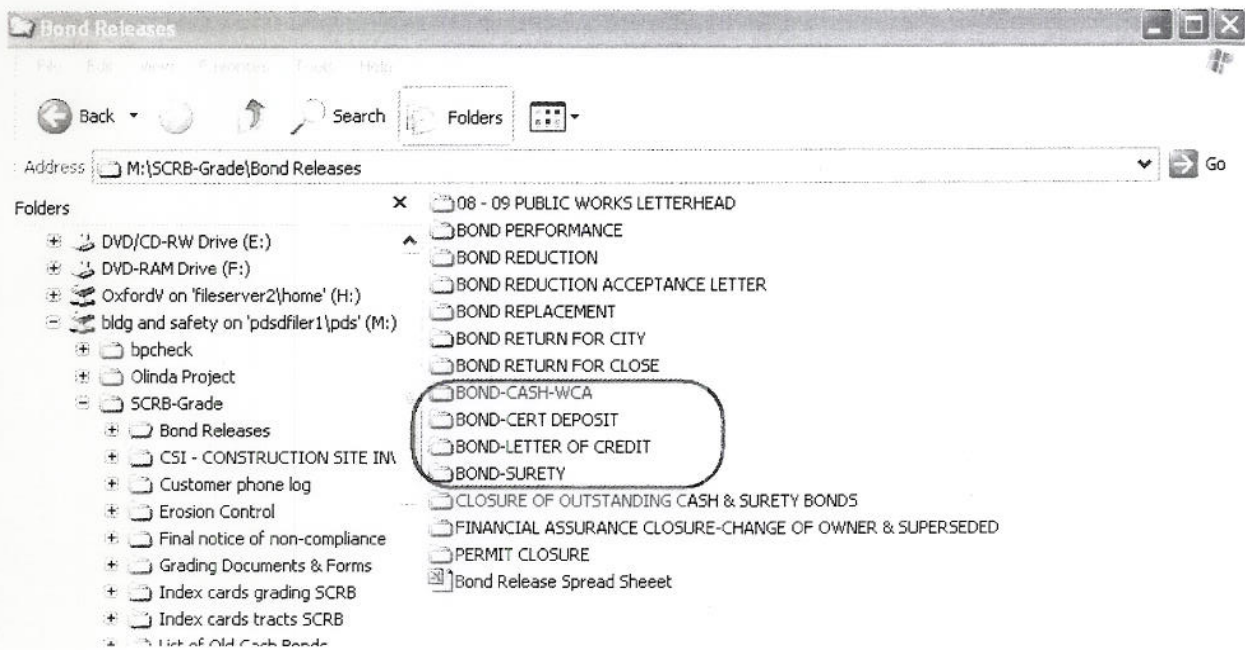
There are (4) different types of bonds that could be released, which are:

1. Cash Bond
2. Surety Bond
3. Letter of Credit
4. Certificate of Deposit

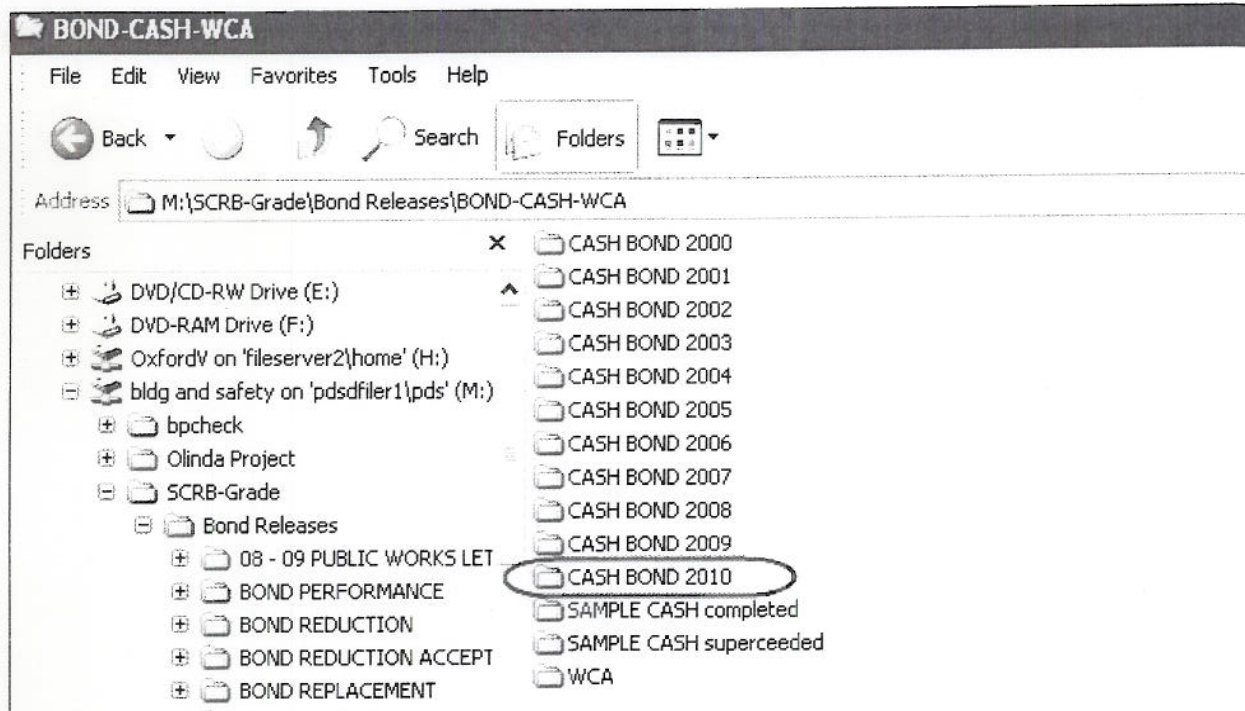
The permit and/or bond documents should tell you what type of bond you are going to release.

Now, choose the folder for they type of bond you are going to release:

1. Bond-Cash-WCA
2. Bond-Cert Deposit
3. Bond-Letter of Credit
4. Bond-Surety



Choose the folder for the year we are in today.



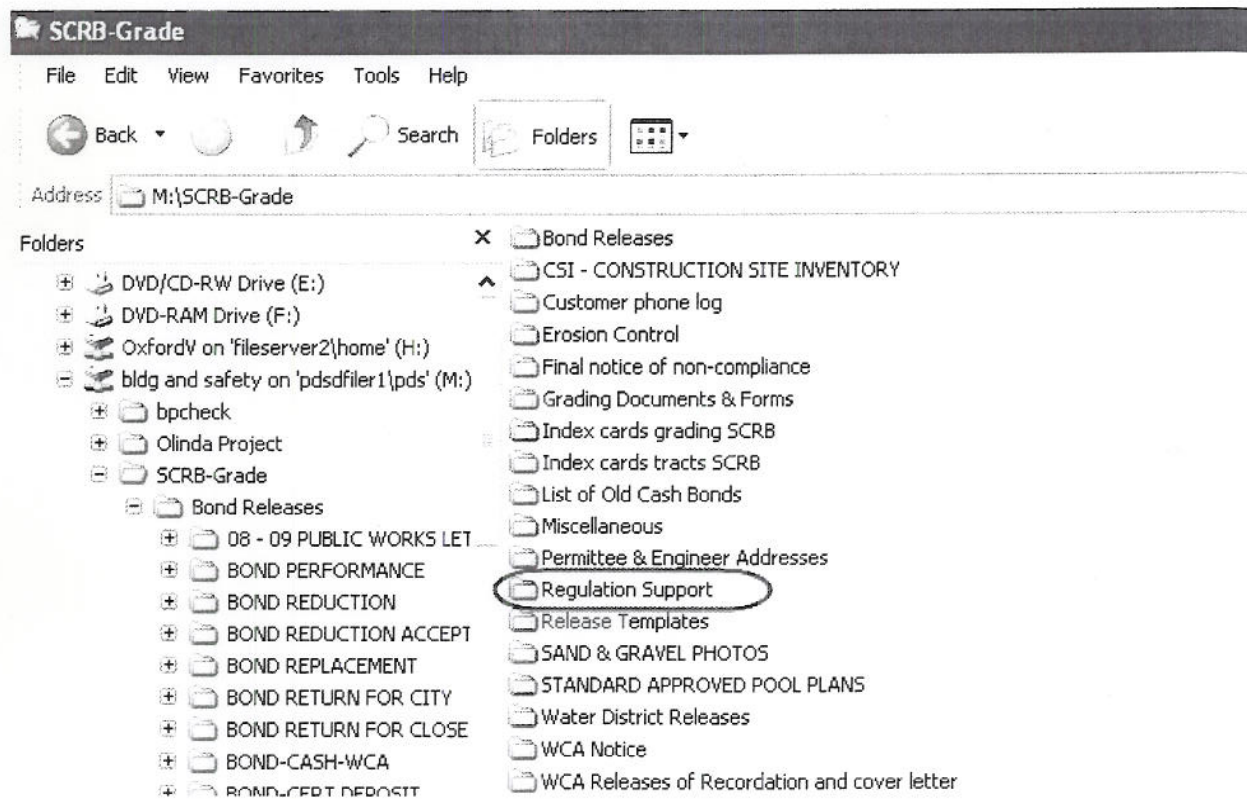
Once you are in the correct folder, select the file titled "New Template"

1. Update the letter using information from the permit and bond documents.
2. Once letter is finished, "Save As" and name the document using the permit number.
3. The newly created letter will be saved leaving the template available for next time.
4. Print the newly created bond letter
5. Give to signor for signature
6. Once signed, scan bond release letter/memo with permit and bond documents.
7. Make additional 2 copies of bond release package
 - a. *Cash bond* – Mail original bond letter with copies of permit and bond documents to owner, pony original memo and copies of bond documents to accounting, hard copies of letter and memo and **original bond documents go into the file.**
 - b. *Surety bond* – Mail original letter and **original surety bond to owner.** Hard copies of letter and surety bond go to the file.

- c. *Letter of Credit* – Mail original letter with copies of permit and bond documents to the owner. Pony original memo and copy of Letter of Credit to accounting. Place a copy of the letter and memo with the ***original letter of credit in the file.***

Step 3: Filing Process

1. Click on Start Button
2. Click on "My Computer"
3. Click on "Building & Safety on PDSfiler1" (Building & Safety share drive)
4. Click on SCRB-Grade
5. Select "Regulation Support" folder



Now select "Bond Release Process" Folder.

1. Chose word document called "Bond Release After August 2009" and scroll down to the end to input data.
 - a. Owners Name
 - b. Address bond was mailed to
 - c. Permit Number
 - d. Bond Type

NAME/DATE	ADDRESS BOND MAILED TO	PERMIT NO.	BOND TYPE
Marcella & Steven Brecker 08/25/2010	P.O. Box 2663 Mission Viejo, CA	GB100022 92690	CB
Coral Blue LLC 08/25/2010	2 Galaxy Isle Ladera Ranch, CA	GB060115 92694	CB
Murray Pasternack 08/25/2010	P.O. Box 73160 San Clemente, CA	GA080015 92673	CB
Gregory Clarke 08/25/2010	28 Morro Bay Irvine, CA	GA070021 92602	CB

After you input data, make sure to save and close document.

2. Choose word document titled "Box Label" and scroll down to the end and input the permit number in the current box. (make sure there is still enough room in your existing box to add permit, if not start a new box, giving it the next box number and add permit). Make sure to save and close document.

When your box is full, print out the box number with the permit numbers contained in the box. Attached pony mail route slip and pony the whole box with lid to the Custodian of Records/Scanning, Administration/Special Services, with a note on route slip saying "Completed-Released Grading Files, ready for archive."

Step 4: Time Charge/Closing File in APPS

1. Click Internet Explorer to open OCPW Home Page
2. Click the Applications Icon
3. Select APPS Home
4. Click Login button
5. In the menu bar highlight Permit Processing
6. Select Permit Final Processing from the drop down list

7. When the list populates on the bottom, select the permit number you are releasing.

Permit Final Processing

Certificate Of Occupancy Required? Yes No

Grading
Water
Plumbing
Mechanical
Electrical
Structural
L.E.A.
OCFA

Finished Year: 2010

Cleared Date

Save Permit Status
Create CoFO
View CoFO View Permit Attach Files

Comments:
Related Permits:

Name:
Address:
City: State: Zip:

Add Remove Closed


Permit Number	Status	Created Date	Address	City	State	Zip	Bond	Flags	Cancel	Delete	AutoClose
08870100	Finalized	11/2/09	6292.40 20362 Santa Ana Av Santa Ana	456	9	4 TR	project		Isabel And Julia Hernandez	SystemUserS	N Y
08880111	Finalized	9/19/10	2812.71 251 Emerald Bay Laguna Beach	977	27	TR	Precise Grading			JerryA	N Y
08990038	Finalized	8/27/10	8160.18 2711 Woodstock Rd Los Alamitos	3189	237	TR	new precise grading for new 1 story sfd			SystemUserS	N Y

8. Click the permit number to open the permit file in apps.
9. Scroll down to check that inspector and inspector supervisor have both reviewed and completed permit final. (If not give back to Supervising Construction Inspector for final).

INSPECTION REQUESTS							
Requested	Assigned	Inspection Type(s)	Inspected	Result	Inspected By	Completed	Inspector Comments
09/09/10	09/10/10	PF-ADMIN-PERMIT FINAL	09/10/10	Approved	William Stiles	✓	ok for final, file reconstructed and sent to Val O
09/09/10	09/09/10	PF-ADMIN-PERMIT FINAL				NO TIME	Unable to locate original file. Composed required replacement docs on order to release bond. When original file is found (if at Fruit Street offices) it will be forwarded to the Flower street main office. Replacement File Contents include: copy of bond, copy of fee receipt (dated 1/12/09), copy of line & grade for SDR drain pipe (dated 8/23/10), original final line & grade letter (dated 7/7/10), original final soils report (dated 8/8/10) and
09/09/10	09/09/10	RPF-ADMIN-READY FOR PERMIT FINAL	09/09/10	Approved	Chris Stieler	✓	














10. At the top click the tab titled "Notes"
11. Scroll down and add note "Permit final processing and bond release." Add 15 minutes and click Save.

CREATE NOTE

Action Date	Time Worked <input type="checkbox"/> No Charge <input type="checkbox"/> OT
Action Date 9/13/10 	Hours 0 <input type="button" value="v"/> Mins 15 <input type="button" value="v"/>
----- Select a standard note ----- <input type="button" value="v"/>	6200 (113) - Subdivision & Grading <input type="button" value="v"/>

New Note

Paragraph Font Size ☐ View HTML source

    **B** *I* U         

Permit Final processing and bond release. |

12. Next Click the "Attached Files" tab at the top
13. Scroll down to Attach Document and select the document category of "Grading-Original Bond and Release Letter". Under Step 3 click "Browse" and select the scanned copy you made and saved. Then click Attach.

ATTACH DOCUMENT

Step 1. Select the Document Category

Grading -Original Bond and Release Letter

Step 2. Enter the Document Title

Grading -Original Bond and Release Letter

Step 3.

(Option 1 - Attach File)

Browse...

File name:

attach

Status: None

14. Close the Permit Summary box and you will be back at the Permit Final Processing screen. Select the circle next to the permit number and then above in the permit status, use the drop down list to change the status from Finaled to Closed and click Save Permit Status.

Permit Final Processing

Certificate Of Occupancy Required? ☐ Yes ☒ No

Finalized Year: 2010 GB000111: 251 EMERALD BAY LAGUNA BEACH

Cleared Date: New Permit Status Closed 9/13/10

Create CoFO View CoFO View Permit Attach Files

Comments:

Related Permits: PA070064 RS030454

Name:

Address:

City: State: Zip:

Save	Add	Remove Closed	Temp. CoFO	Bond	Flags	Cancel	Delete	AutoClose
<input type="radio"/> GB070100	Finaled 11/2/09 6262.40 20302 Santa Ana Av Santa Ana 456 9 4 TR			project		Isabel And Julia Hernandez	SystemUserS	N Y <input type="checkbox"/>
<input checked="" type="radio"/> GB000111	Finaled 9/10/10 2812.71 251 Emerald Bay Laguna Beach 977 27 TR			Precise Grading			JerryA	N Y <input type="checkbox"/>
<input type="radio"/> GB090033	Finaled 6/27/10 6160.18 2711 Woodstock Rd Los Alamitos 3189 237 TR			new precise grading for new 1 story afd			SystemUserS	N Y <input type="checkbox"/>

The permit status will change to Closed-Complete and permit will disappear from the list at the bottom of the screen.

At this point the Bond Release process is finished.

Appendix B

Forms



County of Orange

OC Public Works

Main Office
300 N. Flower Street
Santa Ana, CA 92702-4048

FOR INSPECTIONS Visit us on the web at: <http://www.ocplanning.net>

ELECTRICAL INSPECTION RECORD

Building Permit Number: EL170149

Date: 03/14/2017

Description of Use: (1) Temporary Power Meter Pole for construction use only - Tr17571 - William Lyon Homes - RMV PA2.1

INSPECTION RESULTS Approved Inspection Items

Inspection Type(s)	Inspected On	Approved By
PF-Permit Final	03/14/2017	Linda Hochgurtel
495-Electrical Final	03/13/2017	Lonnie Partch

Building Permit Number: EL170149**Date: 03/14/2017****Description of Use:**(1) Temporary Power Meter Pole for construction use only - Tr17571 - William Lyon Homes - RMV PA2.1

INSPECTION HISTORY**All Inspection Items**

Requested On	Assigned To	Inspection Order	Inspection Type(s)	Inspection On	Inspection Status	Inspected By
03/13/2017	Linda Hochgurtel	0/0	PF-Permit Final	03/14/2017	Approved	Linda Hochgurtel
03/13/2017	Lonnie Partch	13/21	495-Electrical Final	03/13/2017	Approved	Lonnie Partch
03/13/2017	Linda Hochgurtel	0/55	PF-Permit Final			

Tract File Contents Checklist

	Ledger size copy of index map
	Field Record and Completion Sheet
	Materials Report (w / structural section circled)
	Landscape Certification (copy)-
	Confirmation from Paul that Sewer and Water, and Monumentation Certification have been received*
	Grading Releases
	Semi-final Walk Punch List
	Request for Confined Space Inspection*
	Confined Space Inspection Punch List*
	Rep Certification*
	Compaction Results (with retests clearly notated) and Materials Testing Data, sorted categorically and chronologically.
	Final Soils Report (from private lab) with Compaction Data-
	Traffic Signal Completion Memo
	Project Manager's name and phone number

Miscellaneous Documents

	Correspondence
	Memos
	Mix Designs (requiring special approval)
	Notices of Failing Material
	Correct Work Notices
	Plan Check Notes
	Copies of Signed-off Permits and Construction and/or Landscape Inspection Assignment sheets*.



County of Orange

MEMO

DATE:

TO: AJ Jaime, Admin Manager II, OC O&M/ Maintenance Programs

FROM:

PHONE:

SUBJECT: Request for Confined Space Inspection.

Facility to be inspected: _____

Final Inspection ☐

Semi-final Inspection ☐

Other ☐

Construction Inspector: _____

Phone number: _____

Job code: -----

Tract #: -----

Date requested: -----

A set of plans and specifications has been sent with Utis memo.

Comments:

OC PUBLIC WORKS

OC ENGINEERING / OC INSPECTION

Subdivision, Grading, and Permit Inspection - (714) 245-4550

A semi-final inspection was made of to determine those items to be completed or repaired prior to a final inspection and recommendation for acceptance. The inspector, or this office, shall be notified when this work is to be done. Inspector's field acceptance does not constitute official certification of completion and/ or acceptance of the tract/ parcel map. It is the developer's responsibility to maintain the project until such time that the Orange County Board of Supervisors can officially certify and accept the tract/parcel map improvements and authorize exoneration of securities. NOTE: ALL ITEMS MUST BE COMPLETED WITHIN 30 DAYS OR THIS REPORT IS VOID.

Attendees:

Subdivision, Grading and Permit Inspection,

Appendix C

Example Information



FIELD RECORD & COMPLETION

Tract No.: _____ Date Rec.: _____ Inspector: _____

Location: _____

Subdivider: _____ Engineer: _____

Prime Contractor: _____ Address: _____

The following items are completed as per plan:

		Date Requested		Date Received
Rough Grade Certification				
Sampling for Structural Section				
Item	Contractor	Date Started	Date Completed	Compaction OK
1. Storm Drain Pipe, etc.				
2. Drainage Structures				
3. Sewer				
4. Curb & Gutter				
5. Water				
6. Dry Utilities				
7. Sub-grade				
8. A.B.				
9. A.C. level course				
10. Street signs				
11. Street lights				
12. Guard devices				
13. Sidewalk				
14. A.C. cap				
15. Seal coat				
16. Striping/stenciling				

Bonded Items Checked	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flood Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Survey points-record of survey needed.	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes explain below
Stop sign installed.	Yes <input type="checkbox"/> No <input type="checkbox"/> None Required <input type="checkbox"/>
Manholes raised to grade and patched.	Yes <input type="checkbox"/> No <input type="checkbox"/> None Required <input type="checkbox"/>
Street lights installed and energized.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landscape certification needed.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date Received: _____

A copy of plans and all information sent to Operations.

Remarks:

Inspector _____ Date _____

Supervising Inspector _____ Date _____



County Administration South
601 North Ross Street
Santa Ana, CA 92701

P.O. Box 4048
Santa Ana, CA 92702

(714) 667-8800

info@ocpw.ocgov.com

OCPublicWorks.com



Administrative
Services



OC Development
Services



OC Facilities Design
& Construction
Management



OC Facilities
Maintenance
& CUF



OC Fleet Services



OC Construction



OC Environmental
Resources



OC Operations &
Maintenance



OC Infrastructure
Programs



OC Survey



MEMORANDUM

To:

From:

Date:

Subject: **Request for Confined Space Inspection**

Facility or Tract to be inspected:

Final Inspection

Semi-final Inspection

Other

Construction Inspector:

Phone Number:

Job Code:

Tract#

Date Required:

A set of plans and specifications has been sent with this memo.

Comments:

OC PUBLIC WORKS/OC ENGINEERING/OC INSPECTION
SUBDIVISION, GRADING, AND PERMIT INSPECTION

May 4, 2011

A semi-final inspection was made of Tract 13297 to determine those items to be completed or repaired prior to a final inspection and recommendation of the tract for acceptance. The inspector or this office shall be notified when this work is to be done. **NOTE: ALL ITEMS MUST BE COMPLETED WITHIN 30 DAYS OR THIS REPORT IS VOID.**

Attendees: OC Public Works: Mike Hess, John Striffler, Tom Webb
Hearthside Homes: Carlos Cueva, Dolly Smit, Josh Spengler

General:

1. Submit Monumentation certification.
2. Submit letter of certification from MNWD for sewer and water.
3. Complete storm drain punch list per underground crew.
4. Remove and reconstruct PCC as marked.
5. Remove and reconstruct AC as marked.
6. Patch AC as marked.
7. Patch PCC as necessary.
8. Remove PCC slobber as necessary.
9. Provide bolts for catch basin and parkway culvert lids as necessary.
10. Adjust all water meter boxes to proper grade behind curb or sidewalk.
11. Clean out all catch basins and parkway culverts.
12. Trim PVC drain pipes.
13. Grind gutter flow line as marked.
14. Fog seal streets after completion of this punch list.

Coastal Oak:

1. Clean up and grade (2% per plan) in R.O. W., on east side.
2. Obtain encroachment permit for #65.
3. Remove temporary power and fence, across from #59.
4. Remove ground from behind curb across from #53.
5. Repair AC at #'s 53 & 51.
6. Install grate behind catch basin across from #47 (see storm drain punch list').

Tom Webb, Sr. Const. Inspector

OC PUBLIC WORKS/OC ENGINEERING/OC INSPECTION
SUBDIVISION, GRADING, AND PERMIT INSPECTION

May 4, 2011

A semi-final inspection was made of Tract 13297 to determine those items to be completed or repaired prior to a final inspection and recommendation of the tract for acceptance. The inspector or this office shall be notified when this work is to be done. **NOTE: ALL ITEMS MUST BE COMPLETED WITHIN 30 DAYS OR THIS REPORT IS VOID.**

Attendees: OC Public Works: Mike Hess, John Striffler, Tom Webb
Hearthside Homes: Carlos Cueva, Dolly Smit, Josh Spengler

General:

1. Submit Monumentation certification.
2. Submit letter of certification from IR WD for sewer and water.
3. Complete storm drain punch list per underground crew.
4. Remove and reconstruct PCC as marked.
5. Remove and reconstruct AC as marked.
6. Patch AC as marked.
7. Patch PCC as necessary. (Redo any old patches that are damaged)
8. Remove PCC slobber as necessary.
9. Skin patch AC around manholes and valves as needed.
10. Adjust all water meter boxes to proper grade behind curb or sidewalk.
11. Clean out all catch basins.
12. Grind gutter flow lines as marked.
13. Submit signed, revised plans, showing catch basin relocation, existing sidewalk dimensions, and existing typical section (i.e., anywhere that 2% cross fall, behind sidewalk, is away from back of sidewalk).
14. Submit final soils report.
15. Construct AC slurry (Type I) on streets indicated on plot plan.
16. Straighten trash bars on catch basins as needed.
17. Replace all Type IV inlet grates with the cast nodular grates. See Std. Plan 1307.
18. Fog seal streets after completion of this punch list.

Newport Coast Dr.

1. Skin patch AC curb slot at fire entry.
2. Remove and reconstruct sidewalk as marked.
3. Replace traffic signal box as marked.
4. Replace IRWD valve box lid as marked.

Pacific Pines

1. Restripe entry after AC slurry.
2. Raise water valve can at Torrey Pines.
3. Patch crack in local depression at Silver Pine.

Stone Pine

Patch catch basin throat at # 1.

Monterey Pine

Remove and reconstruct AC at #65.

Silver Pine

1. Adjust water valve can to grade, at Monterey Pines.
2. Correct drainage problem at parking bay gutter, in cul-de-sac.
3. Repair AC at #'s 39/41 and sand slurry AC from #'s 39/41 to the cul-de-sac.

Sugar Pine

Correct drainage problem in curb and gutter, at #'s 8 & 6.

White Pine

Adjust storm drain manhole and water valve can to grade, at # 1.

Tom Webb, Sr. Construction Inspector

FIELD RECORD & COMPLETION SHEET

Tract No.: 14999 Date Rec.: 4/27/02 Inspector: Tom Webb
Location: Sprucewood
Subdivider: Koll Communities/Hearthside Homes Engineer: Van Dell and Associates
Prime Contractor: Koll Communities/Hearthside Home Address: 17801 Cartwright, Irvine, CA

The following items are completed as per plan:

	Date Requested	Date Received
Rough Grade Certification		3/27/02
Sampling for Structural Section		5/17/02

Item	Contractor	Date Started	Date Completed	Compaction OK
1. Storm Drain Pipe, etc.	Eyler & Hakker	3/02		4/02
2. Drainage Structures	CB Construction			
3. Sewer	Eyler & Hakker			
4. Curb & Gutter	Jezowski			
5. Water	Eyler & Hakker			
6. Gas	Spraggins / Gas Co			
7. Electric	Spraggins / SCE			
8. Telephone	Spraggins / Pac Bell			
9. Sub-grade	RJ Noble			
10. Lime	Not Applicable			
11. A.B.	Not Applicable			
12. Prime	Not Applicable			
13. A.C. level course	RJ Noble			
14. Street signs	Orange County Striping			
15. Street lights	SCE			
16. Guard devices	Not Applicable			
17. Sidewalk	PBC			
18. A.C. cap	RJ Noble			
19. Seal coat	RJ Noble			
20. Striping/stenciling	Not Applicable			
21.			6/28/02	04/04

Flood Agreement Yes <input type="checkbox"/> - no <input checked="" type="checkbox"/>	Landscape Plan Yes <input type="checkbox"/> - no <input checked="" type="checkbox"/>
Survey points-record of survey needed.	Yes <input type="checkbox"/> - no <input type="checkbox"/> - if yes explain below
Stop sign installed.	Yes <input type="checkbox"/> - no <input type="checkbox"/> - none required <input checked="" type="checkbox"/>
Sewer manholes raised to grade and patched.	Yes <input checked="" type="checkbox"/> - no <input type="checkbox"/>
Storm drain manholes raised to grade and patched.	Yes <input checked="" type="checkbox"/> - no <input type="checkbox"/> - none required <input type="checkbox"/>
Street lights installed and energized.	Yes <input checked="" type="checkbox"/> - no <input type="checkbox"/>
Landscape work under separate bond & reported separately	Yes <input type="checkbox"/> - no <input type="checkbox"/> - not applicable <input checked="" type="checkbox"/>
Landscape certification needed.	Yes <input type="checkbox"/> - no <input type="checkbox"/> Date received:

A copy of plans and all information sent to Operations. Bill Reiter 7/6/04
Name Date
Check Grading Approval Tom Webb 7/6/04
Name Date
Check with Operations Mike Hess 7/6/04
Name Date

Remarks:

Inspector: _____ Date _____
Sup. Inspector Hunter Smith _____
Date _____

Moulton Niguel Water

November 4, 1999

Hearthside Home
6 Executive Circle
Suite 250
Irvine, CA 92614

Attention: Dolly Smit

Regarding: improvement District 6
Water and Sewer Systems for Tract No. 13367
Dear Dolly:

The water and sewer system for the subject project has been built in substantial conformance with the construction plans and specifications and is now acceptable to the Moulton Niguel Water District. The District will now take this project over for maintenance and operation.

Enclosed are the bonding documents that the District was holding for this project. The water and sewer bond No. 38M 909 069 00 is in the amount of \$208,000.

If you should have any questions regarding this bond please contact me.

Sincerely,

MOULTON NIGUEL WATER DISTRICT

..

Valerie Gavin

Valerie Gavin Administrative Assistant

Enclosure:

cc: Dolly Smit Hearthside Homes

a public agency at:
27500 La Paz Road, Laguna Niguel, CA 92677-3489
Mailing Address: P.O. Box 30203, Laguna Niguel, CA 92607-0203
714/643-2584 FAX 714-647-2489

HUNSAKER & ASSOCIATES

IRVINE, INC.

PLANNING
ENGINEERING
SURVEYING
GOVERNMENT RELATIONS

February 7, 2000

IRVINE
RIVERSIDE
SAN DIEGO

COUNTY OF ORANGE
Public Facilities & Resources Department
300 North Flower
Room 252
Santa Ana, CA 92701

Attention: Mary Godshall

Re: Tract No. 15491
Grading Permit #'s: GB 97-0195 & GB 98-0045
Monument Bond Exoneration

All of the monuments required to be set per the above referenced map have been set and we have been compensated for the services. Pending inspection of monumentation by County Grading Inspector and Client. We therefore request that the monument bond be exonerated.

Centerline tie notes are not required for this tract.

Very truly yours,

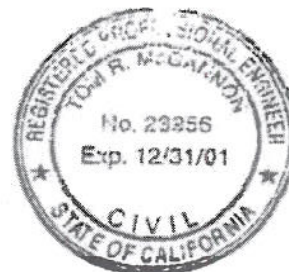
HUNSAKER & ASSOCIATES IRVINE, INC.

Tom R. McGannon

Tom R. McGannon, R.C.E. 23956

Vice President

Registration Expires 12/31/01



RICHARD HUNSAKER
TOM R. MCGANNON
JOHN A. MICHLER
DOUGLAS G. SNYDER

cc: Bart Hayashi - Brookfield Homes
Tim Hertel - South County Regional
Kristy Wheeler - Hunsaker & Associates
Marv Harwood - H & A Project Manager

Three Hughes
Irvine, California
92618-2021
(949) 583-1010 PH
(949) 583-0759 FX
www.hunsaker.com

W.O. 1873-19
M. Harwood:ms
Monuments Completed: 1/28/00

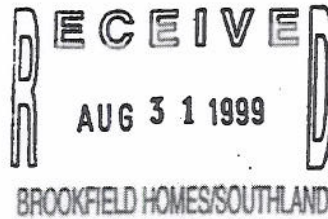
T-379 P.05/06 F-746

7144276868

JUN 28 '00 16:17 FROM: BROOKFIELD HMS

7144276868 -> CONSTRUCTION; Page 5

Received: 8/28/00 4:06PM



PLANNING
LANDSCAPE ARCHITECTURE
URBAN DESIGN

Mr. Bill Eckles, Manager
ORANGE COUNTY E.M.A.
Building and Safety - South County
22921 Triton Way
Laguna Hills, CA 92656



Re: Newport Ridge - Tesoro
Tracts 15372, 15484, 15485, 15480, 15487,
15488, 15489, 15490, 15491, 15492 and 15493
Production, Entry, Slopes and
Fire Fuel Modification Slopes
Landscape Substantial Conformance

Dear Mr. Eckles:

Construction, irrigation and planting improvements for the above referenced project are complete. The landscape construction began in September 1997 and was completed August 1999.

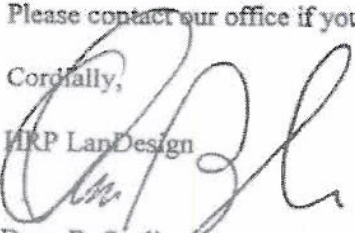
HRP LanDesign did make periodic review of the construction, planting and irrigation work during the installation process. In addition, we were retained in a professional consulting capacity to review the final irrigation and planting work.

At the time of our final reviews for each project phase, the construction and planting was in conformance with the County approved plans and the latest revision Delta 12 dated August 1999. The irrigation system was installed in conformance and adjustments made to restrict overspray off of the streets, walks, walls, utilities and buildings.

Please contact our office if you have any questions regarding this correspondence.

Cordially,

HRP LanDesign


Dana B. Seelig
Senior Principal

DBS:pjm
(A/AUG99/SPTESOROSUBCONFLTR-#B4116

Enclosure - Park West Substantial Conformance Letters
XC: Bob Roper - Standard Pacific
Bart Hayashi - Brookfield Homes

3242 HALLADAY, SUITE 203, SANTA ANA, CA 92705 / (714) 557-5852 / FAX (714) 557-7621
E-Mail: hrpinfo@hrplandesign.com / LICENSE 1364

TO: Brent Jones, Area Inspector, PFRD, Construction
FROM: Patrick Stanton, Manager, PDSO, Subdivision and Grading Services
SUBJECT: CONSTRUCTION INSPECTION ASSIGNMENT

Information regarding a project requiring construction inspection by your staff is given below:

PROJECT: Newport Coast Ph. 3 / Vista Ridge Road

PROJECT LIMITS: As shown on sheet 1

LOCATION: Newport Coast

DRAWING NO: LS00-39 TR. 15393

DEVELOPER/PRINCIPAL: Irvine Community Development Co.

Two (2) sets of construction drawings are attached for your use.

REMARKS:

please do general inspection shown on sheet 1
for Release of Bond.

The "Completion Report" shown below should be completed and this form returned to Planning and Development Services, Tract Section once construction is complete. Inspection work shall be charged to W.O. No. ER 69110.

Attachment:
Construction Drawings

COMPLETION REPORT

DATE COMPLETED: 3/4/02

REMARKS: Work is complete and satisfactory

Construction of the above mentioned facility has been completed satisfactorily.

Signed: _____

P.S. White
Senior Construction Inspector

Signed: _____

[Signature]
Supervising Construction Supervisor

Assi. ment Date: 8/28/92
Termination Date: _____

TO: MIKE REETZ, Area Inspector EMA/PW/Construction
FROM: Pat Stanton, Manager EMA/Reg/Subdivision
SUBJECT: CONSTRUCTION INSPECTION ASSIGNMENT

Information regarding a project requiring construction inspection by your staff is given below:

FACILITY: J02 P08-713-2
PROJECT LIMITS: STA. 4+06 TO STA. 12+11
LOCATION: SOUTH OF S.D.H.T.C. & WEST OF PACIFIC PARK DR.
DRAWING NO. J02 P08-713-2
AGREEMENT NO. BONDED WITH TR. 13297
DEVELOPER/PRINCIPAL: AMERACORP LAGUNA AUDUBON

Two (2) sets of construction drawings and a copy of the agreement giving details of the project are attached for your use.

REMARKS:

The "Completion Report" shown below should be completed and returned with a set of "As-Built" drawings to EMA Subdivision once construction is complete. Inspection work shall be charged to W.O. No. F69110.

Attachments: Agreement
Construction Drawings

Robert Young

COMPLETION REPORT

FACILITY: J02P08 DATE ASSIGNED: 8/28/93
DRAWING NO.: J02P08-713-2 DATE COMPLETED: 4/8/93
CONTRACTOR: Lumsdaine/Crume SURETY: _____

LIABILITY INSURANCE:

REMARKS: Work is complete and satisfactory
Inspected by underground crew 4/1/93

Construction of the above mentioned facility has been completed satisfactorily. Attached is a set of "As-Built" plans for use by EMA-Subdivision.

Signed: F.S. Whitford
Construction Inspector

DATE:

TO: Dan Richards

DEPT: Traffic Engineering

FROM:

PHONE:

SUBJECT:

The subject project has been completed by the contractor, for and the following has been received:

1. Mylar for traffic signal controller cabinet.
2. Five sets of blue lines.
3. As-builts of the traffic signal
4. Two sets of keys for controller cabinet
5. Maintenance manual for all controller units
6. Guaranty

The above submittals have been transmitted on to Traffic Engineering and accepted. This completes the subject project.

Cc:

Time Extension of Subdivision Agreements

Subdivision agreements usually have a 2-year duration to complete the improvements. Months prior to the expiration of subdivision agreements, we take the following steps to process the time extension of Subdivision Agreements:

- Step 1. Engineering Technician filters information from Subdivision database for Subdivision Agreements that have expired or are near expiration and generate a list by Inspector using the filtered information.
- Step 2. Engineering Technician notifies the developer of the subdivision that the Agreement is about to expire and asks the developer to request for time extension in writing, stating the reason for the delay in completion and developer's plan to complete the project including the schedule for completing the improvements. (See attached Sample "NL"- Notification Letter)

Possible conditions are:

- A. Developer responds and provides reason for the delay and request for time extension in writing **and** Inspector Report recommends Time Extension. (See Step 4, I)
- B. Developer does not respond and ignores the notice.
 1. Write a second letter (registered with return receipt) and compel the subdivider to respond within 15 days or the case will be referred to the County Counsel. (See attached Sample "SL")
 - a. Developer responds, states the reason for the delay and asks for time extension.
 1. **Go to Step 2A** to complete the extension process.
 - b. Developer ignores the second letter.
 1. Call subdivider by phone. If developer responds and requests for time extension, **go to Step 2A**.
 2. If subdivider still ignores the phone call. The Bonding Company is notified, in writing, that the developer has defaulted and compel the bonding company to complete the required improvements.

- Step 3. Engineering Technician prepares Inspection Information Requests and distributes to the Supervising Construction Inspectors for completion and input. (See attached Sample "IR")

This step is taken about the same time as when the notification letter is sent to the developer.

- Step 4. Special Projects inspectors complete the Inspection Information Requests and return to Subdivision Contract Administration.

Depending on the outcome of the Inspector's report, time extension maybe granted or denied.

- I. Inspector's report provides updated percentage completion of the project and **recommends extension of agreement**. Time extension is usually granted if time extension does not create inconvenience to the homeowners or unsafe condition to the public.

Prepare a memo (see attached sample "RE") to the Chief Engineer of PFRD for approval of the recommended time extension. Upon approval by the Chief Engineer, notify the subdivider in writing (See attached sample "TE") that the time for completion has been extended for one year from the date of approval. Update the Subdivision database to reflect the new expiration date.

- II. Inspector report provides updated percentage completion of the project and **may not recommend extension** of the completion date if it will impact the homeowners and safety of the public.

Engineering Technician notifies the developer that the Agreement will expire and/or has been extended several times and that Special Projects recommends that the work be completed due to the project's impact on public safety and inconvenience to the property owners on the tract. The shortest time schedule for completing the improvements is also required from the Developer. (See attached Sample "CN")

- A. Developer responds with a schedule to finish the project. If the project is completed as scheduled, the County exonerates the bonds for the project.

- B. Developer responds but cannot finish the project. We refer the case to County Counsel and do not extend the agreement. County Counsel instructs Engineering Technician for proper course of action.

Surety may takeover the project and finishes the improvements to the satisfaction of County inspectors for the tracts. Construction administration exonerates the bond. The agreement should be extended as requested by the Surety to finish the improvements. Should a new agreement between the Surety and County be made, then no extension is necessary. The new agreement governs.

Should the Surety refuse to finish the project, then the case is forwarded to County Counsel to enforce the terms of agreement. County Counsel instructs Engineering Technician for proper course of action.

SAMPLE
NOTIFICATION LETTER
"NL"



County of Orange
Public Facilities & Resources Department
Vicki L. Wilson, Director

MAY 21 2002

Tract 15809

Toll Land XX
2100 W. Orangewood Ave., #180
Orange, CA 92868

Subject: Tract 15809 - Expiration

Gentlemen:

Your agreement with the County of Orange, for Tract No. 15809, provides for your completion of certain improvements by the expiration date of March 28, 2002. The time to complete the improvements has lapsed and the improvements have not yet been completed to date.

It is requested that you provide, within 30 days, an estimated date of completion for the required improvements. If completion, including submittal of all certifications, is not anticipated in the next 30 days from the date of this letter, please provide a written request for an extension of time along with an explanation for the delay. An extension of one year may be granted. Time extension will be based on the progress of construction, public welfare and safety.

Please direct your written response to the undersigned at:

PFRD/Engineering & Permit Services
1152 E. Fruit Street
Santa Ana, CA 92701

You will be notified as to whether or not an extension has been approved. If you have any questions regarding this matter, please call Paul Castillo of my staff at (714) 567-7808.

Very truly yours,

J. A. Miller
J. A. Miller, Manager
Engineering & Permit Services

PFC:pfc(expnot15809-1st)
xc: Continental Insurance Co., Bond/Surety Dept.
re: Bond Nos. 929121009, 929121012 and 929121013

LOCATION:
1152 E. FRUIT ST.
SANTA ANA, CALIFORNIA

MAILING ADDRESS:
P.O. BOX 4048
SANTA ANA, CA 92702-4048

TELEPHONE:
(714) 567-7800
FAX # 567-7810

July 2002

SAMPLE
SECOND LETTER
"SL"



COUNTY OF ORANGE

PUBLIC FACILITIES & RESOURCES DEPARTMENT

VICKI L. WILSON, DIRECTOR

FEB 14 2001

File: TR 13707
Certified R.R.R.

Golden Rain Foundation of Laguna Hills
P.O. Box 2220
Laguna Hills, CA 92654
T13707

Attention: Kirk Watilo

Subject: Tract No. 13707

Gentlemen:

On January 8, 2001, this office sent you a letter (copy enclosed) regarding your agreement with the County of Orange for Tract No. 13707 improvements.

To date, we have not received any written response from you as requested. Your response to said letter, if received within 15 days of your receipt of this letter, will forestall any need to refer this matter to legal counsel for appropriate action.

If you have any questions or comments regarding this matter, please contact Ben Bolisay of my staff at (714) 567-6554.

Very truly yours,

A handwritten signature in black ink, appearing to read "D. Marshall", with a horizontal line extending to the right.

David N. Marshall, Manager
Construction Division

bbb:TimeExtSECOND

Enclosure: First Request Letter

xc: County Counsel
LC by Wells Fargo, Bond/Surety Dept.
re: Bond LC No. NZS268740

CONSTRUCTION DIVISION:
1152 EAST FRUIT STREET
SANTA ANA, CALIFORNIA

MAILING ADDRESS:
P.O. BOX 4048
SANTA ANA, CA 92702-4048

TELEPHONE:
(714) 567-7800
FAX # 567-7813

July 2002

SAMPLE
INSPECTION INFORMATION REQUEST
"IR"

PFRM/PERMITS & SUBDIVISION INSPECTION

INSPECTION INFORMATION REQUEST
for Time Extension of the Subdivision Agreement for:

Tract No. 15809

Subdivider
of Record: Toll Land XX

Expiration Date of
Subdivision Agreement: March 28, 2002

Inspector: Regarding the above referenced subdivision, please respond to the questions below and return the completed form within one week. If you are no longer assigned to inspect this subdivision or never were, please give this request to the current inspector if known, or to your supervisor for reassignment.

1. Approximate percent of subdivision that is occupied: 70 % (previous report = %)

2. Approximate percent that fieldwork is complete: 75 % (previous report = ~~80~~%)

3. If fieldwork is less than 100% complete, then:

Is construction in progress?

Yes X No

Will a delay in completing the improvements beyond today create an inconvenience to the purchasers of this property, or to the general public?

Yes No X

4. Comments (if any):

D. Ho 15755 should complete by 5-03

Inspector of Record: Bill Stiles

WB Stiles
Reporting Inspector
(Please Sign)

5-14-02
Date

CDR:FormDocInspInfoR10-99.doc

Attachment: Location Map

SAMPLE
MEMO TO CHIEF ENGINEER
"RE"



COUNTY OF ORANGE
PUBLIC FACILITIES & RESOURCES DEPARTMENT

Vicki L. Wilson, Director
300 N. Flower Street
Santa Ana, CA
P.O. Box 4048
Santa Ana, CA 92702-4048
Telephone: (714) 834-2300
Fax: (714) 834-5188

DATE: JUN 10 2002

TO: Ken R. Smith, Director Public Works/Chief Engineer, PFRD

FROM: James A. Miller, Manager, Engineering & Permit Services

SUBJECT: Report on Request for Extension of Time
on Agreement No. S1099-2655
for Tract No. 15809

Subdivider's Address:

Toll Land XX
c/o Toll Brothers
725 Town and Country Rd., Suite 500
Orange, CA 92868

The subject subdivision is located west of Southbend Road and south of Crown Valley Parkway in the Coto De Caza area (Thomas Guide 923-A6).

This subdivision contains 63 numbered and 26 lettered lots, and is approximately 75% complete. Construction is currently in progress to complete the remaining improvements. A delay in completing the improvements beyond the time allowed will not create an inconvenience to the purchasers of this property, or to the general public. This subdivision is 70% occupied.

An extension of time until June 30, 2003 is recommended.

Staff will proceed with this time extension after receipt of your concurrence to the recommended new completion date. If, however, you have any comments or questions, please contact Paul Castillo at 567-7808.

J. A. Miller

Concurrence: Ken R. Smith

PFC:pc(MemoTe15809)
Attachments: Inspection Information
Location Map

July 2002

**SAMPLE
TIME EXTENSION NOTIFICATION
"TE"**



County of Orange

Public Facilities & Resources Department

Vicki L. Wilson, Director

Tract 15809

JUN 12 2002

Toll Land XX
c/o Toll Brothers
725 Town and Country Rd., Suite 500
Orange, CA 92868

SUBJECT: Tract 15809 - Time Extension

Gentlemen:

Your request for an extension of time for completion of improvements to Tract No. 15809 has been approved. The time for completion is extended to June 30, 2003.

If you have any questions, please call Paul Castillo of my staff at (714) 567-7808.

Very truly yours,

James A. Miller

James A. Miller, Manager
Engineering & Permit Services

PFC:pc(ext-Tract15809)
cc: Continental Insurance Co., Bond/Surety
Re: Bond Nos. 929121009, 929121012 and 929121013

LOCATION:
1152 E. FRUIT ST.
SANTA ANA, CALIFORNIA

MAILING ADDRESS:
P.O. BOX 4048
SANTA ANA, CA 92702-4048

TELEPHONE:
(714) 567-7804
FAX # 567-7810

July 2002

**SAMPLE
NOTIFICATION TO COMPLETE IMPROVEMENTS
"CN"**



COUNTY OF ORANGE
PUBLIC FACILITIES & RESOURCES DEPARTMENT

Vicki L. Wilson, Director
300 N. Flower Street
Santa Ana, CA
P.O. Box 4048
Santa Ana, CA 92702-4048
Telephone: (714) 834-2300
Fax: (714) 834-5188

File: TRACT 14595

JUL 25 2000

Rancho Santa Margarita Joint Venture
c/o Santa Margarita Management Company
30211 Avenida de las Banderas
Rancho Santa Margarita, CA, 92688

Attention: Thomas A. Jones

Subject: Tract No. 14595

Gentlemen:

On October 27, 1992, you entered into Agreement No. S792-2166 with the County of Orange to complete, within two (2) years, certain subdivision improvements as one of the conditions for the approval of subject tract. The completion date of October 27, 1994 has been extended several times and expired on October 27, 1998.

The construction inspector of the tract, Frank Rosas (714 567-7869), has informed this office that the unfinished improvements are causing inconvenience to the public and posing safety hazards to the homeowners. It is mandatory that you complete the improvements immediately.

Please inform this office, within thirty (30) days, how you plan to complete the improvements and the shortest tentative date of completion. If we do not hear from you, your bonding company will be notified and the matter will be referred to County Counsel for legal actions.

If you have any questions, please call Ben Bolisay of my staff at (714) 567-6554.

Very truly yours,

A handwritten signature in dark ink, appearing to read "D. Marshall", with a long horizontal flourish extending to the right.

David N. Marshall, Manager
Construction Division

BBB:TimeExtHold

cc: County Counsel
Developers Insurance Company
Bond Nos. 234080S & 234079S

July 2002

Update of Subdivision Status Report

On a quarterly basis, the Subdivision Status Report is updated to reflect percentage completed on unexonerated tract/parcel map improvements

1. Engineering Technician generates reports, by Inspector, of all unexonerated tract/parcel maps.
2. The reports are distributed to the Inspectors for update.
3. After receipt of the updated reports from the inspectors, the subdivision database is then updated to reflect the changes.

OUTLOOK USE

Schedule a meeting in Outlook

1. On the **File (Exhibit “B” #1)** menu, point to **New (Exhibit “B” #2)**, and then click **Meeting Request (Exhibit “B” #3)**.

Keyboard shortcut To create a new meeting request, press CTRL+SHIFT+Q.

2. In the **Subject** box, type a description.
3. In the **Location** box, type a description or click **Rooms** to choose from rooms available for automatic scheduling by using Microsoft Exchange.
4. In the **Start time** and **End time** lists, select the start and end time for the meeting. If this is an all day event, select the **All day event** check box.

An all day event is a full 24 hour event lasting from midnight to midnight.

NOTE By default, the current time zone setting on your computer system is used to schedule meetings. If you want to schedule meetings based upon an alternate time zone, on the **Meeting** tab, in the **Options** group, click **Time Zones**.

5. Type any information that you want to share with the recipients, attach any files, or create a Meeting Workspace.

For more information about Meeting Workspaces, see the **See Also** section.

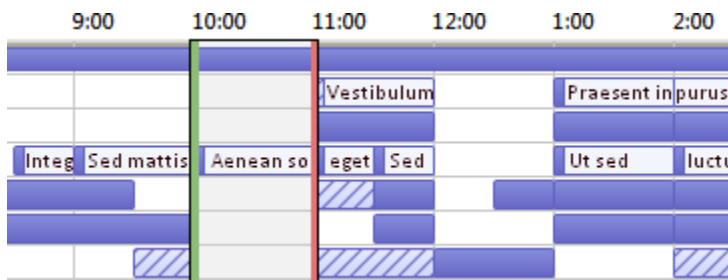
6. On the **Meeting** tab, in the **Show** group, click **Scheduling Assistant**.

The **Scheduling Assistant** helps to find the best time for your meeting.

7. Click **Add Others**, and then click **Add from Address Book**.
8. In the **Select Attendees and Resources** dialog box, in the **Search** box, enter the name of a person or resource that you want to invite to the meeting. If you are searching with the **More Columns** option, then click **Go**.
9. Select the name from the results list, and click **Required**, **Optional**, or **Resources**, and then click **OK**.

Required and **Optional** attendees appear in the **To** box on the **Meeting** tab, and **Resources** appear in the **Location** box.

The free/busy grid shows the availability of attendees. A green vertical line represents the start of the meeting. A red vertical line represents the end of the meeting.



The **Suggested Times** pane locates the best time for your meeting, which is defined as the time when most attendees are available. The best meeting time appears at the top of the pane. To select any of the suggested times, click the time suggestion in the **Suggested Times** pane. You can also manually pick a time on the free/busy grid.

Suggested Times

September 2007

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

Duration: 1 hour

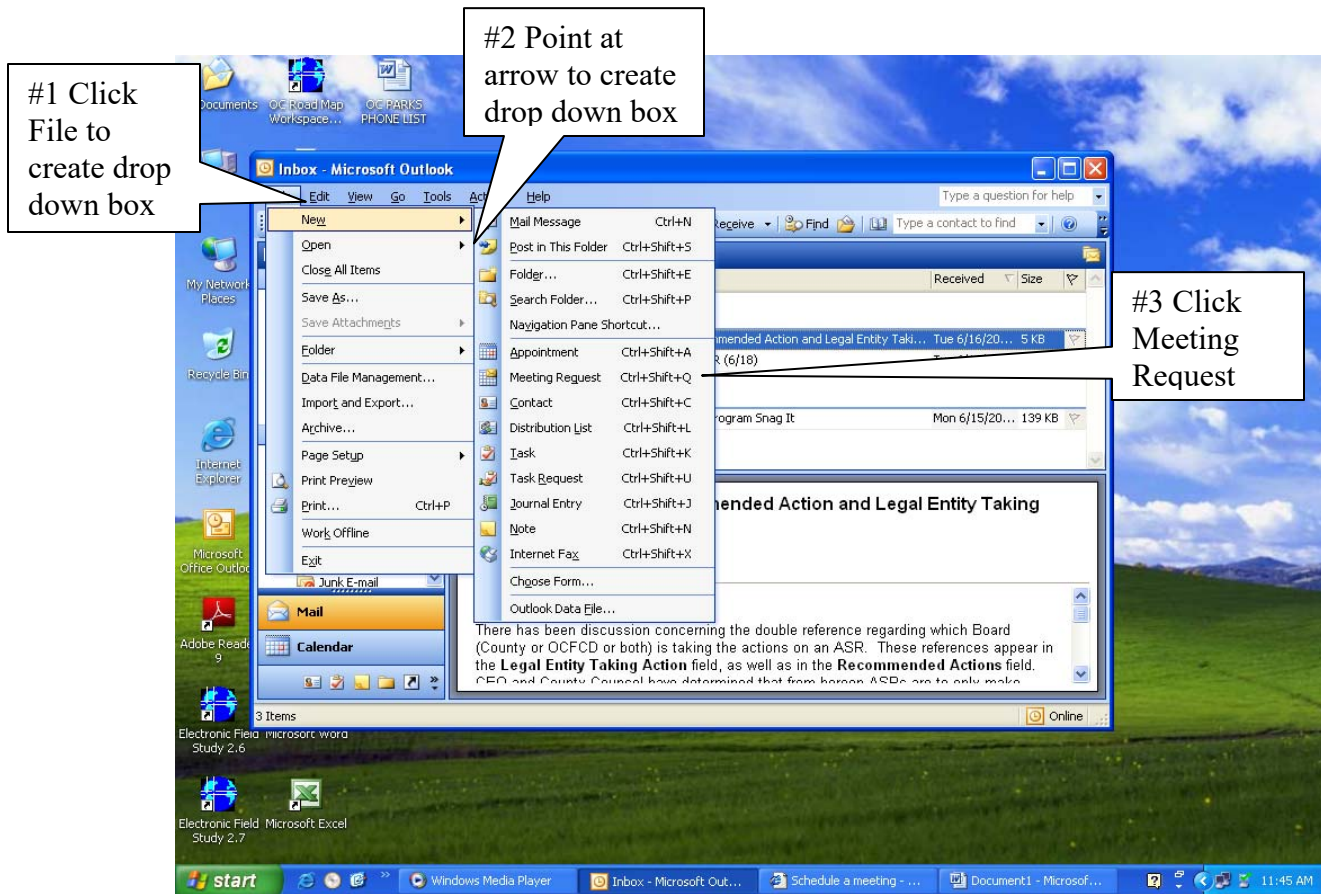
10:00 AM 5 of 6 free
12:00 PM 4 of 6 free
3:30 PM 4 of 6 free
3:00 PM 4 of 6 free

- If you want to make the meeting recur, on the **Meeting** tab, in the **Options** group, click **Recurrence**, select the recurrence pattern, and then click **OK**.

When you add a recurrence pattern to a meeting request, the **Meeting** tab changes to **Recurring Meeting**.

- On the **Meeting** tab, in the **Show** group, click **Appointment**.
- Click **Send**.

EXHIBIT "B"



Change a meeting

1. Open the meeting that you want to change.
2. Do one of the following:
 - **Change options for a meeting that is not part of a series**
 1. Change the options, such as subject, location, and time, that you want to change.
 2. Click **Send Update**.
 - **Change options for all meetings in a series**
3. Click **Open the series**.
4. Change any options, such as subject, location, and time, that you want to change.
5. To change recurrence options, on the **Recurring Meeting** tab, in the **Options** group, click **Recurrence**, change the options, such as time, recurrence pattern, or range of recurrence, and then click **OK**.
6. Click **Send Update**.
 - **Change options for one meeting that is part of a series**
7. Click **Open this occurrence**.
8. On the **Recurring Meeting** tab, change the options, such as subject, location, and time, that you want.
9. Click **Send Update**.

TIP In **Calendar**, you can drag the meeting to a different date and you can also edit the subject by clicking the description text, pressing F2, and then typing your changes.

Make a meeting recurring

1. Open the meeting that you want to make recurring.
2. On the **Meeting** tab, in the **Options** group, click **Recurrence**.
3. Click the frequency—**Daily**, **Weekly**, **Monthly**, or **Yearly**—with which you want the meeting to recur, and then select options for the frequency, and then click **OK**.
4. Click **Send Update**.

Make a meeting private

1. Create or open the meeting that you want to make private.
2. On the **Meeting** tab, in the **Options** group, click **Options**, and then click **Private**.

IMPORTANT You should not rely on the Private feature to prevent access by other people to the details of an meeting, contact, or task. To make sure that other people cannot read the item that you marked as private, do not grant them read permission to your **Calendar**, **Contacts**, or **Tasks** folder. A person with read permission to access your folders could use programmatic methods or other e-mail applications to view details of a private item. Use the Private feature only when you share folders with people who you trust.

Set up or remove a reminder

Do one of the following:

For all new meetings that you will create

1. On the **Tools** menu, click **Options**.
2. To have a reminder automatically turned on or off for new meetings, select or clear the **Default reminder** check box.
3. If you selected the check box, enter the amount of time before the meeting that you want the reminder to appear.

For existing meetings

1. Open the meeting or series if the meeting is recurring.
2. To have a reminder turned on or off, on the **Meeting** tab, in the **Options** group, select **None** or a listed reminder time.

MEETING NOTIFICATION PROCEDURE

If you have been notified that you are requested to attend a meeting for any reason please follow the procedure below:

- If you receive an emailed notification, verify the message contains the following information; the time (i.e. from 10:00 am to 11:00am), date, location and purpose or subject of the meeting then please forward the notification you received to your supervisor or manager (if supervisor is not available).
- If you did not receive an emailed meeting notification then send an email to your supervisor or manager (if supervisor is not available) with the time (i.e. from 10:00 am to 11:00am), date, location and purpose of the meeting.
- When you leave the area notify your supervisor or manager (if supervisor is not available) and sign yourself out on the “sign-in/out” message board.
- Upon your return report back to your supervisor (before you go to break/lunch) and brief your supervisor on the main points that were discussed at the meeting and any issues that were identified or resolved, and if any action items were assigned to you or the Building & Inspection Department staff.

To create a signature in Outlook

1. From the main Microsoft Outlook window, on the **Tools** menu, click **Options**, and then click the **Mail Format** tab.
2. In the **Compose in this message format** list, click the message format that you want to use the signature with.
3. Under **Signature**, click **Signatures**, and then click **New**.
4. In the **Enter a name for your new signature** box, enter a name.
5. Under **Choose how to create your signature**, select the option you want.
6. Click **Next**.
7. In the **Signature text** box, type the text you want to include in the signature.

Note: You can also paste text to this box from another document.

8. To change the paragraph or font format, select the text, click **Font** or **Paragraph**, and then select the options you want. These options are not available if you use plain text as your message format.
9. To add an electronic business card — vCard — to the signature, under **vCard options**, select a vCard from the list, or click **New vCard from Contact**.
10. Click **Finish** when you are done editing the new signature.

EXHIBIT “C”

1 - Click
on tools tab
for drop
down box

2 - Click
options

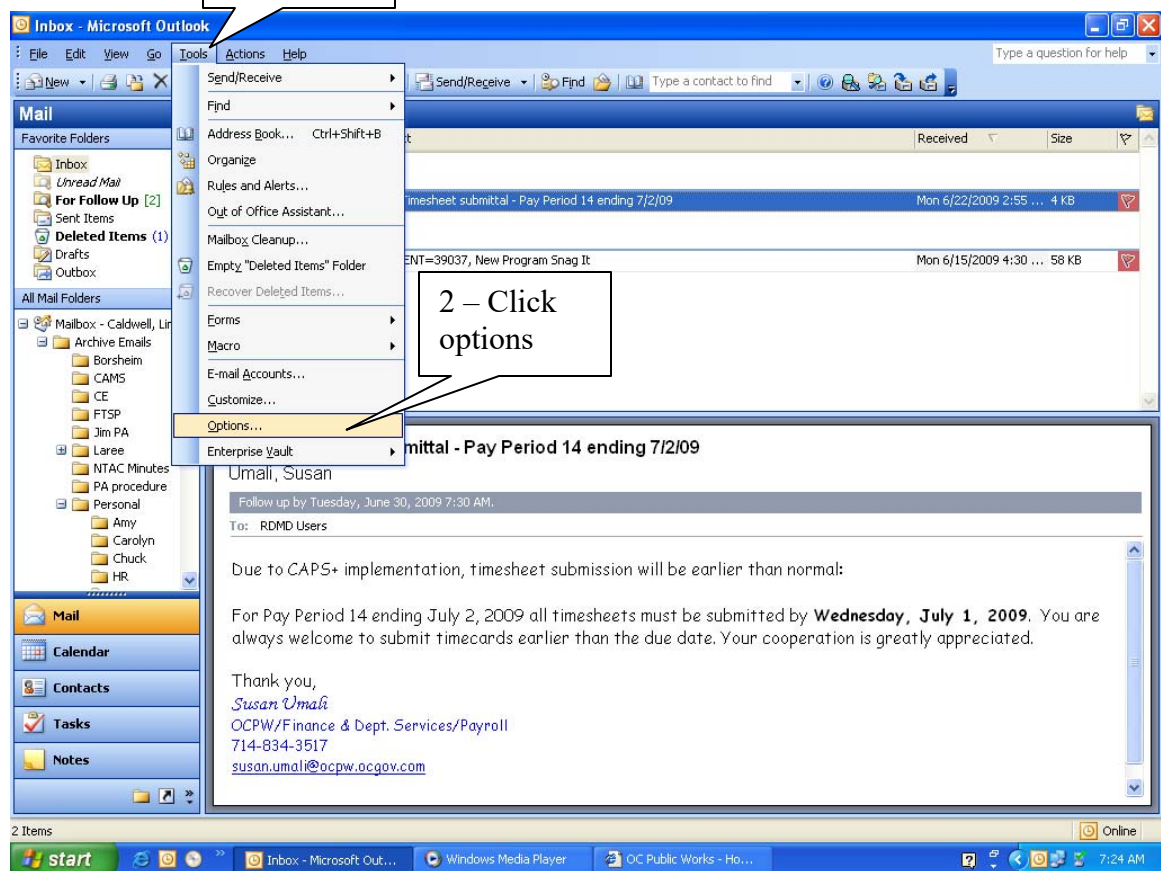


EXHIBIT “C” (Cont.)

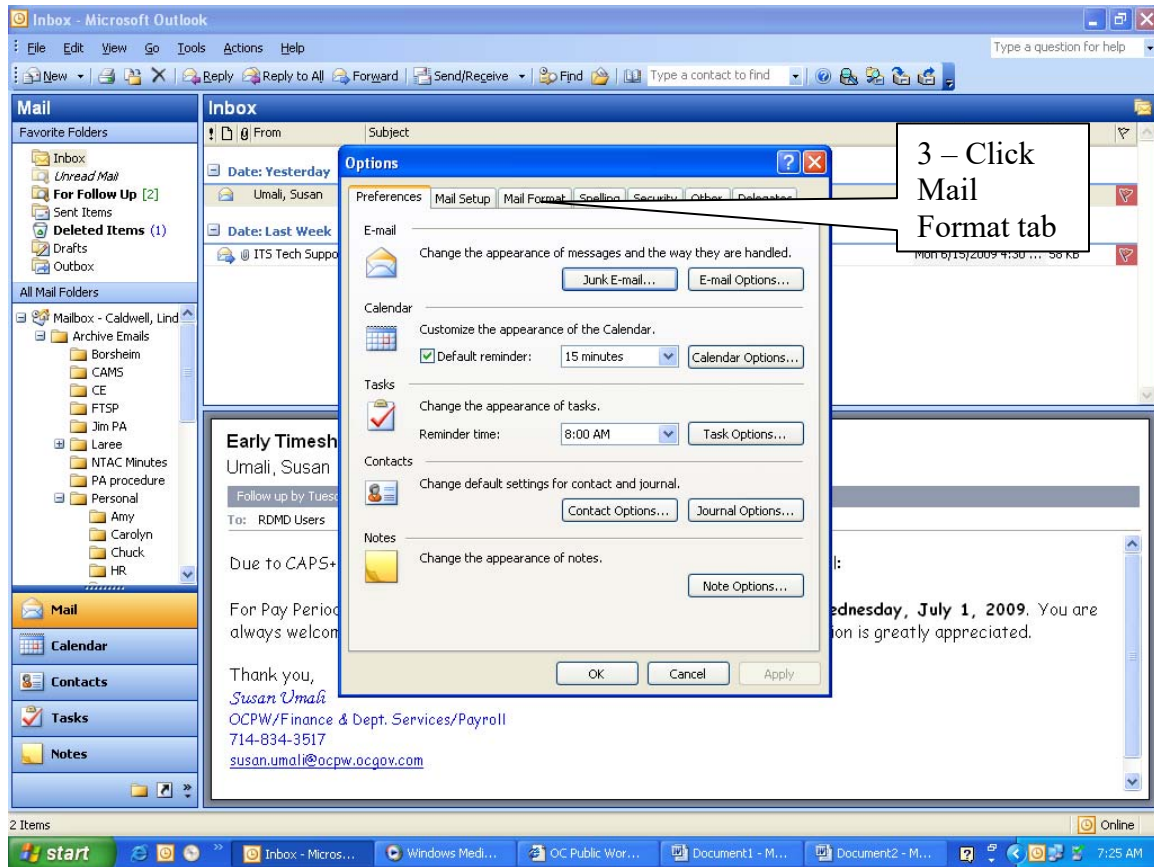


EXHIBIT “C” (Cont.)

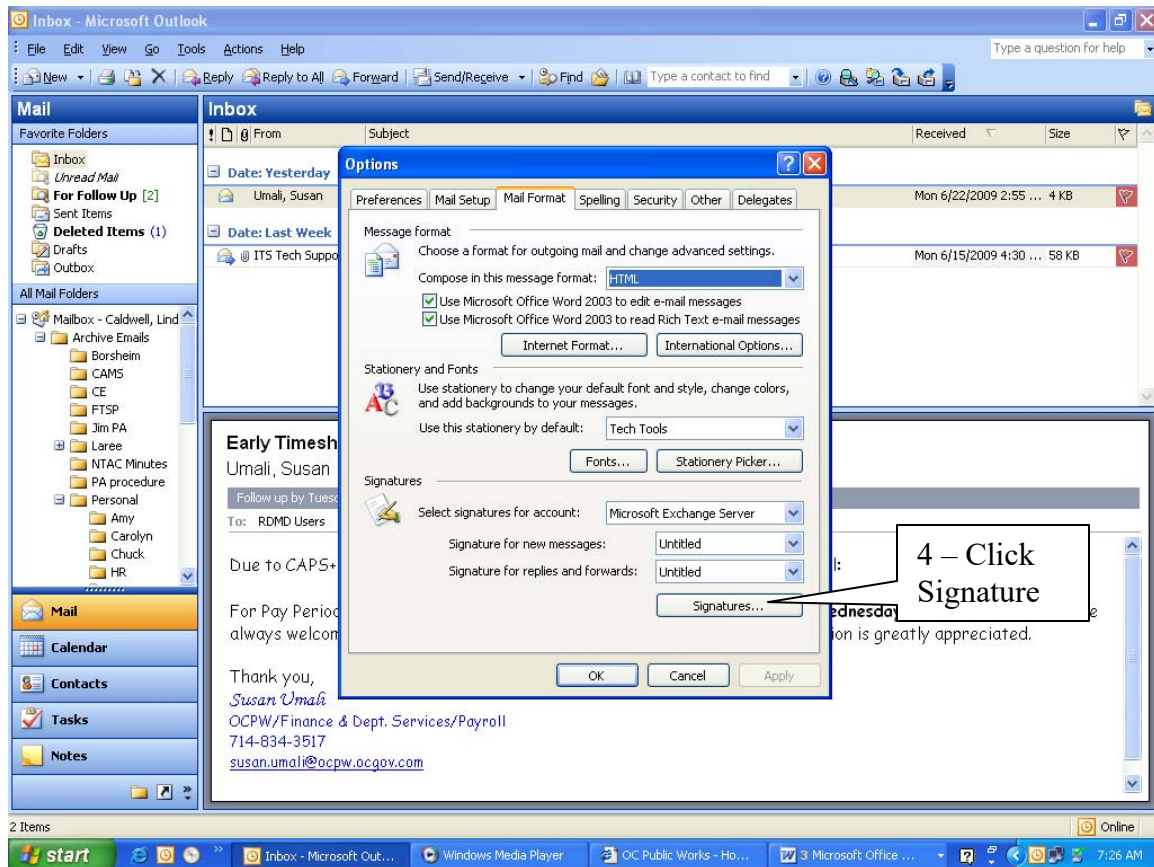


EXHIBIT “C” (Cont.)

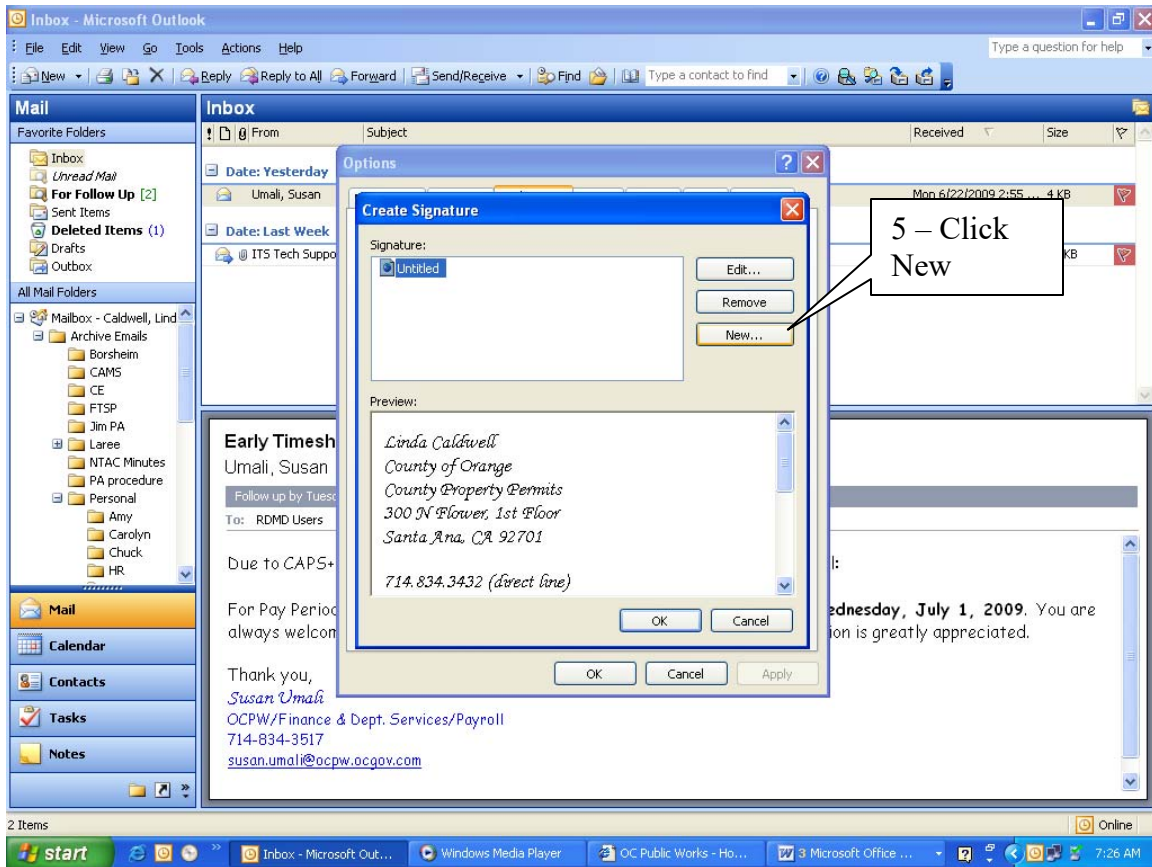
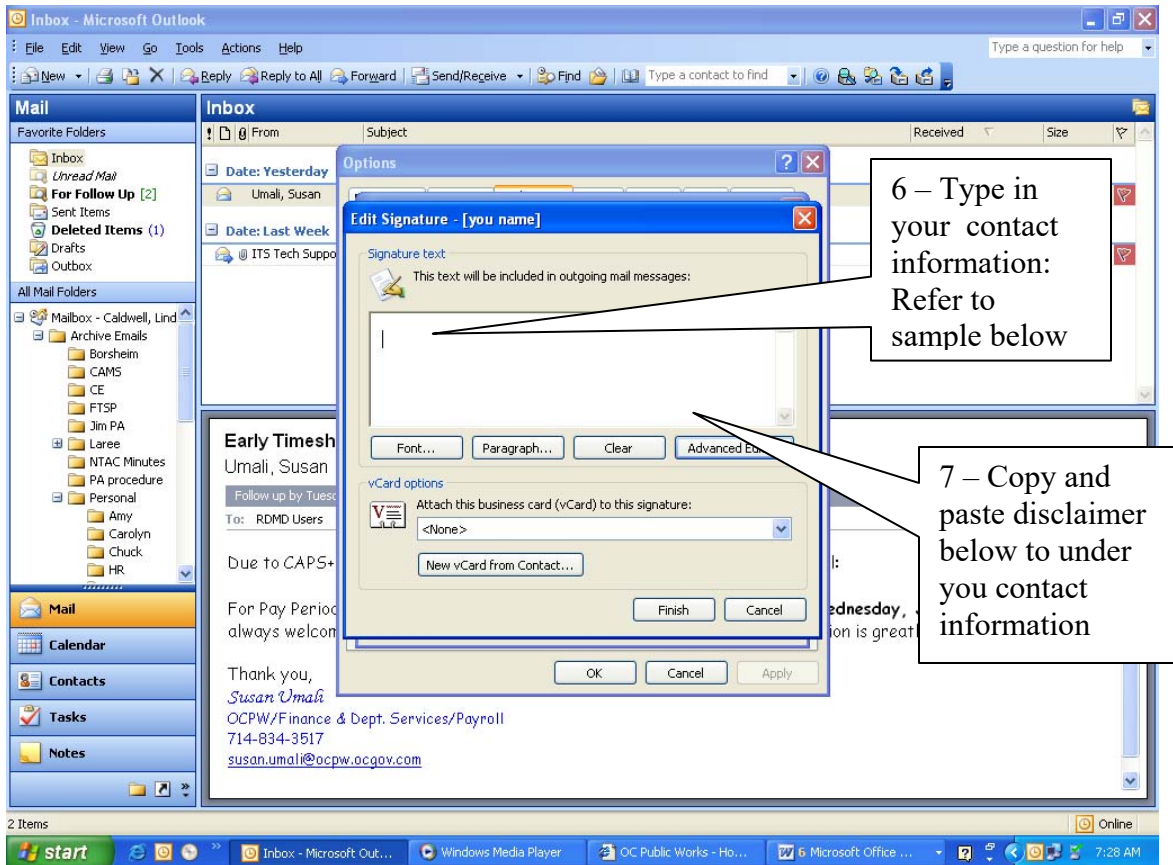


EXHIBIT "C" (Cont.)



#6

Regards,

YOUR NAME

County of Orange

Building and Grading Inspection Department

714.667.YOUR PHONE #

714.567.6563 (fax)

#7

This message contains information that is confidential or privileged. The information is intended for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this electronic transmission in error, please notify the sender and delete this message and any attachments.

Dos and Don'ts of Signature File Use

October 13, 2008 by Judith

Signature files have been around since, well, before most current Netizens were even aware that email existed. Before the Web, folks generally had basic contact info and included their favorite quote to indicate their feelings or perspective on certain issues. Now, most will use their properly left-aligned signature file as a quick identifier of who they are and what they do and provide a link to their Web site while those online for personal use will still serve up witty, clever and many times interesting quotes.

The most important reason to use a sig file is that signature files allow you to promote your site or opinions indirectly, by simply going about your daily online business. Whether you are posting on message boards, emailing other site owners or participating in mailing lists, your signature file gets your basic information and a link to your Web site in front of everyone you email or those who may just read your post on a message board. Your sig file's contents can help you solidify yourself as an astute technology user, a caring human being and if you have a business to soft sell your enterprise to your contacts. Signature files are the ultimate in online passive promotion when used properly and effectively.

Let's first cover the DON'Ts:

1. **DON'T** have your signature file start right after the last sentence line in your email. Looks unprofessional. Make a point of setting up an extra line break in your email program or just be sure to hit "enter" one extra time when typing your email is completed. Keep your sig file no more than 4-6 lines. No, there is no law that will send you to the pokey if you break this guideline however, this is a role that most follow and is a recommended guideline so you don't appear too pushy.
2. **DON'T** have everything about you including the kitchen sink in your sig file. If you have a Web site, include a pointer to your URL to ensure folks can find out whatever they like about you - that is really what your sig file is for. To have your pager, cell, home, business, work, accreditations, and slogan about how great you are will lead to the perception that you are tad bit self-enclosed. You also do not need to include your full "all about me" signature file on every email in ongoing conversations or with those who already are aware of all your information. Instead, for ongoing conversations, use a simpler less info-packed version, maybe one that just includes your most used sign-off and your name.
3. **DON'T** use inflammatory quotes in your signature file. Hey, everyone has the right to an opinion - that is one of the great things about the online environment is the free exchange of information and ideas. I've seen many a witty and humorous quote in emails. However, to intentionally have a quote you know is very controversial or offensive simply isn't courteous to those you email. Save those type of "opinions" for those who know you well and will understand your need for attention.

4. **DON'T** throw in any sales pitchy type hype. Credibility online is very difficult to attain and maintain without undermining your efforts. Refraining from overzealous sales hype that ends in exclamation marks tends to lead to you being perceived as a seasoned professional. A short and sweet comment about your product or service is sufficient. Let your Web site do the selling for you!
5. **DON'T** use formatting in your sig file (or your business emails). This includes ASCII formatting, font colors and bolding or including graphic files in lieu of a plain text signature. Graphic files many times are displayed as attachments. You are in essence then contributing to the recipient's attachment folder unnecessarily requiring they have to weed through your signature file graphics to get to the important attachments they were expecting. If you wouldn't turn your name or title bright red on your company letterhead - don't do it in email.
6. **DON'T** close with your signature file reflecting anything but proper punctuation. Please capitalize your name formally: John A. Smith, John Smith, John. Not typing your name formally with appropriate capitalization reflects a lack of education and business savvy.
7. **DON'T** start using your sig file until you have verified, reviewed and double-checked that all the information is correct. I see signature files with errors every day! Sigs with errors lend to the perception that you lack attention to detail.

FACTOID: Sig-Separators

You may be asking what is a sig-separator? In the beginning of all this when folks used Newsgroups quite a bit (now known as groups) it was important to have a “-” and a line break before your signature file. (Hyphen, hyphen, space, newline.) At that time Newsgroups were pretty much it and had quite heavy traffic. So to allow the smooth flow of conversations, the sig-separator allowed news software to strip out signature files when replying. Check with your newsgroup or group as to if a sig-separator is desired or required for participants. Here's an example:

-

At your service,
Judith
NetManners.com

There is a downside to sig-separators though. Top posters will find that the entire previous post (which is then below the sig because they are incorrectly top posting [[Learn how to properly reply and down-edit your e-mails.](#)]) is then removed. Top posting in general doesn't lend to clarity in your communications let alone when using a sig-separator that strips out the previous conversation below your sig. Therefore it is best if you don't put your signature file as the very last thing in an e-

mail to refrain from using a signature file separator.

The majority, unless online from the start, have never heard of a sig-separator and many feel this traditional sig-separator looks rather silly when interposed into a regular e-mail. So the jury is out as to whether sig-separators will ever be able to gain a foothold in regular e-mail and communities that prefer a letter-like style.

8.

Now to the Do's:

1. **DO** align your sig's text with spaces rather than tabbing. Tabs and text are displayed differently on different machines, which can make your layout look yucky. Also keep in mind that you want to keep your sig file to 70 characters or less, as that is the set screen width default for most email programs.
2. **DO** make sure that your signature file contains the basic info folks need to contact you. No need to include your email address - that is automatically noted at the top of every email you send. The only instance where you would want to include your primary email address in your signature file is if you are using a different or secondary email address to send the email in question.
3. **DO** setup your email program to automatically append your signature file and make sure to include your sign-off so that you do not have to type your name with every email. So, for example you can have:

Thank you,
John A. Smith
Widgets Sprockets
Web Site Address Here
Slogan or Additional Information Here

4. **DO** make sure that when you include your Web site address that you add the "http://" before your site's URL. In some email programs without the http:// the program will not recognize the address as a link and it may not be clickable within your email. One of the neat things about sig files is they allow you to have every email be one click away from your Web site. Don't miss this opportunity by forgetting the http:// .
5. **DO** have several signatures that you can switch dependent on tone or issue at hand. Sig files are an excellent way of setting a tone and directs the ongoing communication's priority or level of formality. Sincerely, Best, Regards, Respectfully - each can be used differently depending on whom you are communicating with and the tone you would like to set. You can also set up signatures that have your formal name and a less informal version to set a comfort zone with the other party such as Elizabeth vs. Lizzy. Keep in mind to not be

overly informal too soon with new contacts. Formalities are in place for a reason - especially in business communications.

6. **DO** have signature files that relay a different message based on where and to whom you are emailing. If you are marketing on message boards or newsgroups, use a signature file that reflects your new product or the current promotion that is directed to that specific audience. Different terms and words have different affectivity depending on the market. Be sure to include a call to action such as: Download now... Contact Us today about... Get your free... - you get the idea - sans hype. Don't use multiple exclamation marks or question marks.

The beauty of your sig file is that you do not have to say anything about your own site, in the body of a posting ... unless it would be relevant/appropriate and it is the proper forum. This is a great way to subtly market to those you do not know. Keep in mind however, the last thing you want to do is post gratuitously or send an email with a one word answer just for the sake of getting your signature file in front of folks. That is one of the oldest tricks in the books and folks will know what you are up to and may complain directly to you and/or the moderator. Credibility lost.

7. **DO** keep in mind that the perception your signature file gives will lend to the perception of who you are, what you believe in, if you follow the rules, if you know how to use technology - or not. Quotes are fine and sometimes apropos depending on the conversations tone and topic, however, keep in mind who will be reading the email and the perception your opinion via the quote you include will leave. Humorous or controversial quotes are best left to personal email.

So, there you have it. The basics you need to know to use signature files properly. Use these tips to build your own personal library of signature files. Always update and work on your signature files - there is always something new to say about yourself or your business!

Business E-mail Etiquette Basics

DO'S & DON'TS

When it comes to your business e-mail communications, you need to make an impression that can lend to the determination that you are a credible professional enterprise and someone that will be easy and a pleasure to do business with. You only have one chance to make that first impression which will be invaluable to building trust and confidence. These are the issues business owners and their employees need to be aware of in their day-to-day online communications to ensure the best possible results.

Read the e-mail before you send it

1. **Be concise and to the point.**

Do not make an e-mail longer than it needs to be. Remember that reading an e-mail is harder than reading printed communications and a long e-mail can be very discouraging to read.

2. **Answer all questions, and pre-empt further questions.**

An e-mail reply must answer all questions, and pre-empt further questions – If you do not answer all the questions in the original e-mail, you will receive further e-mails regarding the unanswered questions, which will not only waste your time and your customer's time but also cause considerable frustration. Moreover, if you are able to pre-empt relevant questions, your customer will be grateful and impressed with your efficient and thoughtful customer service. Imagine for instance that a customer sends you an e-mail asking which credit cards you accept. Instead of just listing the credit card types, you can guess that their next question will be about how they can order, so you also include some order information and a URL to your order page. Customers will definitely appreciate this.

3. **Use proper spelling, grammar & punctuation.**

This is not only important because improper spelling, grammar and punctuation give a bad impression of your company, it is also important for conveying the message properly. E-mails with no full stops or commas are difficult to read and can sometimes even change the meaning of the text. And, if your program has a spell checking option, why not use it?

4. **Make it personal.**

Not only should the e-mail be personally addressed, it should also include personal, i.e. customized content. For this reason auto replies are usually not very effective. However, templates can be used effectively in this way, see next tip.

5. **Answer swiftly.**

Customers send an e-mail because they wish to receive a quick response. If they did not want a quick response they would send a letter or a fax. Therefore, each e-mail should be

replied to within at least 24 hours and preferably within the same working day. If the e-mail is complicated, just send an e-mail back saying that you have received it and that you will get back to them. This will put the customer's mind at rest and usually customers will then be very patient!

6. **Do not attach unnecessary files.**

By sending large attachments you can annoy customers and even bring down their e-mail system. Wherever possible try to compress attachments and only send attachments when they are productive. Moreover, you need to have a good virus scanner in place since your customers will not be very happy if you send them documents full of viruses!

Read the e-mail before you send it

7. **Use proper structure & layout.**

Since reading from a screen is more difficult than reading from paper, the structure and lay out is very important for e-mail messages. Use short paragraphs and blank lines between each paragraph. When making points, number them or mark each point as separate to keep the overview.

8. **Do not write in CAPITALS.**

IF YOU WRITE IN CAPITALS IT SEEMS AS IF YOU ARE SHOUTING. This can be highly annoying and might trigger an unwanted response in the form of a flame mail. Therefore, try not to send any e-mail text in capitals.

9. **Do not overuse "Reply to All".**

Only use "Reply to All" if you really need your message to be seen by each person who received the original message.

10. **Mailings use the Bcc: field or do a mail merge.**

When sending an e-mail mailing, some people place all the e-mail addresses in the To: field. There are two drawbacks to this practice: (1) the recipient knows that you have sent the same message to a large number of recipients, and (2) you are publicizing someone else's e-mail address without their permission. One way to get round this is to place all addresses in the Bcc: field. However, the recipient will only see the address from the To: field in their e-mail, so if this was empty, the To: field will be blank and this might look like spamming. You could include the mailing list e-mail address in the To: field, or even better, if you have Microsoft Outlook and Word you can do a mail merge and create one message for each recipient. A mail merge also allows you to use fields in the message so that you can for instance address each recipient personally. For more information on how to do a Word mail merge, consult the Help in Word.

11. **Take care with abbreviations and emoticons.**

In business e-mails, try not to use abbreviations such as BTW (by the way) and LOL (laugh out loud). The recipient might not be aware of the meanings of the abbreviations and in business e-mails these are generally not appropriate. The same goes for emoticons, such as the smiley :-). If you are not sure whether your recipient knows what it means, it is better not to use it.

12. **Do not request delivery and read receipts.**

This will almost always annoy your recipient before he or she has even read your message. Besides, it usually does not work anyway since the recipient could have blocked that function, or his/her software might not support it, so what is the use of using it? If you want to know whether an e-mail was received it is better to ask the recipient to let you know if it was received.

13. **Do not ask to recall a message.**

Biggest chances are that your message has already been delivered and read. A recall request would look very silly in that case wouldn't it? It is better just to send an e-mail to say that you have made a mistake. This will look much more honest than trying to recall a message.

Read the e-mail before you send it

14. **Do not copy a message or attachment without permission.**

Do not copy a message or attachment belonging to another user without permission of the originator. If you do not ask permission first, you might be infringing on copyright laws.

15. **Do not use e-mail to discuss confidential information.**

Sending an e-mail is like sending a postcard. If you don't want your e-mail to be displayed on a bulletin board, don't send it. Moreover, never make any libelous, sexist or racially discriminating comments in e-mails, even if they are meant to be a joke.

16. **Use a meaningful subject.**

Try to use a subject that is meaningful to the recipient as well as yourself. For instance, when you send an e-mail to companies requesting information about a product, it is better to mention the actual name of the product, e.g. "Product A Information" than to just say "product information" or the company's name in the subject.

17. **Use active instead of passive.**

Try to use the active voice of a verb wherever possible. For instance, “We will process your order today”, sounds better than “Your order will be processed today”. The first sounds more personal, whereas the latter, especially when used frequently, sounds unnecessarily formal.

18. **Avoid using URGENT and IMPORTANT.**

Even more so than the high-priority option, you must at all times try to avoid these types of words in an e-mail or subject line. Only use this if it is a really, really urgent or important message.

19. **Don't send or forward e-mails containing libelous, defamatory, offensive, racist, obscene remarks, virus hoaxes and/or chain letters.**

By sending or even just forwarding one libelous, or offensive remark in an e-mail, you and your company can face court cases resulting in multi-million dollar penalties. If you receive an e-mail message warning you of a new unstoppable virus that will immediately delete everything from your computer, this is most probably a hoax. By forwarding hoaxes you use valuable bandwidth and sometimes virus hoaxes contain viruses themselves, by attaching a so-called file that will stop the dangerous virus. The same goes for chain letters that promise incredible riches or ask your help for a charitable cause. Even if the content seems to be bona fide, the senders are usually not. Since it is impossible to find out whether a chain letter is real or not, the best place for it is the recycle bin.

20. **Keep your language gender neutral.**

In this day and age, avoid using sexist language such as: “The user should add a signature by configuring his e-mail program”. Apart from using he/she, you can also use the neutral gender: “The user should add a signature by configuring the e-mail program”.

21. **Don't reply to spam.**

By replying to spam or by unsubscribing, you are confirming that your e-mail address is “live”. Confirming this will only generate even more spam. Therefore, just hit the delete button or use e-mail software to remove spam automatically.

22. **Use cc: field sparingly.**

Try not to use the cc: field unless the recipient in the cc: field knows why they are receiving a copy of the message. Using the cc: field can be confusing since the recipients might not know who is supposed to act on the message. Also, when responding to a cc: message, should you include the other recipient in the cc: field as well? This will depend on the situation. In general, do not include the person in the cc: field unless you have a particular reason for wanting this person to see your response. Again, make sure that this person will know why they are receiving a copy.

Read the e-mail before you send it

23. **Read the e-mail before you send it.**

A lot of people don't bother to read an e-mail before they send it out, as can be seen from the many spelling and grammar mistakes contained in e-mails. Apart from this, reading your e-mail through the eyes of the recipient will help you send a more effective message and avoid misunderstandings and inappropriate comments.

To Recover a Deleted E – mail

A deleted E – mail may still be recoverable:

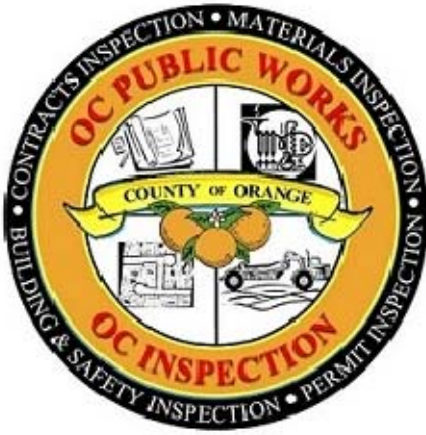
Open you inbox and click on Deleted Items

On the tool bar click on Tools to produce drop down

From the drop down click on Recovered Deleted Items

Locate the deleted and click on it

At the top of page on the left side there is an envelope with a blue arrow over the top, click on that and it will send the deleted item back into you Deleted Items in you mail box.



INSPECTIONS

SENIOR CONSTRUCTION INSPECTOR TYPICAL DUTIES

SPECIAL PROJECTS

A. TRACTS & PARCEL MAPS

1. Review initial plan submittals for concept and adherence to approved County standards and specifications.
2. Review subsequent plan submittals (as many as three or four) to insure initial comments were incorporated.
3. Attend pre-grading meetings to explain our requirements.
4. Consult with Grading Inspector to resolve grading problems affecting street and drainage right of way.
5. Insure all required permits have been obtained, plans signed, and fees paid.
6. Obtain required grading release from grading inspector.
7. Request R-value sampling by the County soils lab for determining structural sections.
8. Require permits and/or plan revisions for items not shown on plans.
9. Conduct preconstruction meetings with developer and individual contractors.
10. Meet with design engineers to resolve discrepancies and require changes and require changes to plans.
11. Schedule and coordinate all compaction testing of utility trench backfill, storm drain backfill, road subgrade, sidewalks, etc., and make decisions of accepting work or requiring additional compaction effort and re-testing.
12. Inspect the installation of storm drainpipe and related structures (junction structures, inlet structures, outlet structures, energy dissipators, slope anchors, manholes, etc.) and the placement and compaction of backfill.
13. Inspect desilting and retarding basins and related outlets and spillways
14. Inspect installation of riprap protection.
15. Schedule underground inspection team to inspect the inside of storm drain. OSHA does not allow anyone in confined spaces without specialized equipment.
16. Inspect the sewer line location and the placement and compaction of backfill.
17. Insure proper concrete mix design is used for all concrete placed on projects.

18. Inspect the installation of curb and gutter to insure conformance to specifications and line and grade as specified on plans.
19. Inspect installation of cross gutters.
20. Inspect waterline installation for location and depth and compaction of backfill. Also check to insure that valves will not interfere with curb and gutter or cross gutters and that fire hydrants are in proper location.
21. Inspect installation of dry utilities (gas, tele, TV, elect.) for location, depth, and compaction of backfill (permits).
22. Inspect traffic control for public safety and require permits for any traffic control within existing County right of way.
23. Respond to claims and complaints from the public.
24. Require contractors to conform to County noise ordinance.
25. Inspect installation and location of streetlights.
26. Inspect driveway locations to insure alignment with garages and conformance to County Standard Plans.
27. Check road subgrade for compaction and elevation (grade) prior to paving.
28. Schedule plant inspection for aggregate base and check placement for compaction and grade.
29. Schedule plant inspection for asphalt concrete and inspect placement to insure temperature is within specifications and proper rolling techniques are used to obtain required density. Also inspect for proper thickness and mix design, leaving surface low for final lift to be placed after houses are completed.
30. Require developer to keep streets as clean as possible while houses are being constructed.
31. Inspect for proper installation of any required barricades, safety fencing, signs, etc., necessary to protect the public. Make decisions to install additional safety devices not shown on plans as necessary.
32. Schedule walk to mark all damaged concrete and asphalt to be removed.
33. Schedule plant inspection and inspect the installation of sidewalk after certifying the soil is compacted properly.
34. Require that all safety measures have been met (as outlined in Use and Occupancy Checklist) prior to allowing occupancy.

35. Check grades for placement of final lift of asphalt concrete, schedule plant inspection, and inspect placement for thickness, temperature, compaction, proper rolling, and surface smoothness tolerances.
36. Inspect installation of all signs and striping required.
37. Schedule semi-final walk of improvements with developer and operations inspector
38. Walk for final acceptance to insure all required corrections have been completed to inspector's satisfaction.
39. Sign off all permits associated with subject tract.
40. Certify improvements by completing "Field Completion Report" and submit for Board of Supervisors approval to accept improvements and exonerate securities.

B. ARTERIAL HIGHWAYS

1. Review initial plan submittals for concept and adherence to approved County standards and specifications.
2. Review subsequent plan submittals (as many as three or four) to insure initial comments were incorporated.
3. Attend pre-grading meetings to explain our requirements.
4. Consult with Grading Inspector to resolve grading problems affecting street and drainage right of way.
5. Insure all required permits have been obtained, plans signed, and fees paid.
6. Obtain required grading release from grading inspector.
7. Request R-value sampling by the County soils lab for determining structural sections.
8. Require permits and/or plan revisions for items not shown on plans.
9. Conduct preconstruction meetings with developer and individual contractors.
10. Meet with design engineers to resolve discrepancies and require changes to plans.
11. Erosion control inspection
12. Drainage ditch inspection.
13. Bridge construction inspection:
14. Reviewing plans
15. Pile driving
16. Placement of footings and pile caps

17. Abutment construction
18. Falsework erection
19. Placement of forms
20. Placement of reinforcing steel
21. Concrete mix design
22. Schedule plant inspection for concrete
23. Placement of concrete for soffit, stems, griders, deck, and sidewalk.
24. Observing post tensioning of pre-stressing cables.
25. Inspection of concrete curing methods
26. Approaches, railing, etc.
27. Installation of gunite slopes protection and riprap slope protection

28. Superspan (arch steel multiplate undercrossing usually used for horse and bike trails)
construction inspection:
29. Review plans
30. Obtain certification for steel
31. Placement of footings
32. Placement of steel arch including bolt tightening.
33. Inspection backfill, constantly checking for compaction to insure equal pressure on each side to prevent deflection of arch.
34. Monitor tests to determine deflection under heavy loads
35. Installation of erosion protection.

36. Schedule and coordinate all compaction testing of utility trench backfill, storm drain backfill, road subgrade, sidewalks, etc., and make decision of accepting work or requiring additional compaction effort and re-testing.

37. Inspect construction of reinforced concrete box drainage structures:
38. Excavation to subgrade
39. Placement of gravel sub-base
40. Installation of forms.
41. Installation of reinforcing steel
42. Placement of concrete
43. Energy dissipators.
44. Wing walls.
45. Riprap
46. Backfill placement and compaction, etc.

47. Construction of retaining walls.

48. Inspect the installation of storm drainpipe and related structures (junction structures, inlet structures, outlet structures, energy dissipators, slope anchors, manholes, etc.) and the placement and compaction of backfill.

49. Inspect de-silting and retarding basins and related outlets and spillways.

50. Schedule underground inspection team to inspect the inside of storm drain. OSHA does not allow anyone in confined spaces without specialized equipment.

51. Inspect the sewer line location and the placement and compaction of backfill.

52. Insure proper concrete mix design is used for all concrete placed on project.
53. Inspect the installation of curb and gutter to insure conformance to specifications and line and grade as specified on plans.
54. Inspect installation of cross gutters.
55. Inspect waterline installation for location and depth and compaction of backfill. Also check to insure that valves will not interfere with curb and gutter or cross gutters and that fire hydrants are in proper location.
56. Inspect installation of dry utilities (gas, telephone, TV, elect.) for location, depth, and compaction of backfill.
57. Inspect installation and location of streetlights.
58. Inspect driveway locations to insure conformance to County Standard Plans.
59. Check road subgrade for compaction and elevation (grade) prior to paving.
60. Schedule plant inspection for aggregate base and check placement for compaction and grade.
61. Schedule plant inspection for asphalt concrete and inspect placement to insure temperature is within specifications and proper rolling techniques are used to obtain required density. Also inspect for proper thickness and mix design, leaving surface low for final lift to be placed after houses are completed.
62. Inspect construction of bike and horse trails.
63. Require developer to keep streets as clean as possible while houses are being constructed.
64. Inspect for proper installation of any required barricades, safety fencing, signs, etc., necessary to protect the public. Make decisions to install additional safety devices not shown on plans as necessary.
65. Signal construction:
66. Work with signal inspector to insure plans are adhered to.
67. Inspect all signing and striping.
68. Coordinate traffic control
69. Coordinate signal turn-on.
70. Inspect any required detours, make suggested changes (with concurrence of traffic section) and implement.
71. Fence installation.
72. Schedule walk to mark all damaged concrete and asphalt to be removed.

73. Schedule plant inspection and inspect the installation of sidewalk after certifying the soil is compacted properly.
74. Inspect installation of landscaping to insure it is per plan.
75. Require that all safety measures have been met (as outlined in Use and Occupancy Checklist) prior to allowing occupancy.
76. Check grads for placement of final lift of asphalt concrete, schedule plant inspection, and inspect placement for thickness, temperature, compaction, proper rolling, and surface smoothness tolerances.
77. Inspect installation of all signs and striping required.
78. Schedule semi-final walk of improvements.
79. Walk for final acceptance to insure all required corrections have been completed to inspector's satisfaction.
80. Sign off all permits associated with subject tract.
81. Certify improvements by completing "Field Completion Report" and submit for Board of Supervisors approval to accept improvements and exonerate securities.

C. MITIGATION

1. Inspect mitigation areas for endangered species:
 - a. Plant type
 - b. Irrigation
 - c. Establishment of plants
 - d. Walk with Dept. of Fish and Game
 - e. Walk with US Fish and Wildlife
2. Inspect mitigation for wetlands:
 - a. Plant type
 - b. Irrigation
 - c. Establishment of plants
 - d. Walk with Dept. of Fish and Game

D. MASTER PLAN FLOOD CONTROL PROJECTS

Plan and revision review for all OCFCD associated with new subdivisions or by agreement.

1) Inspect trapezoidal channels:

1. Earth type:
 - a. grading and excavation
 - b. concrete drop structures
 - c. riprap drop structures
 - d. energy dissipators
 - e. erosion control
 - f. fencing
 - g. access roads
2. Riprap type:
 - a. grading and excavation
 - b. construction of drop structure (concrete or riprap)
 - c. placement of filter fabric
 - d. placement of gravel blanket
 - e. placement of riprap
 - f. placement of grout
 - g. construction of energy dissipators
 - h. fencing
 - i. access roads
3. Gunit type:
 - a. grading and excavation
 - b. construction of drop structures (concrete or riprap)
 - c. placement of forms
 - d. Placement of wire mesh or steel reinforcement bars.
 - e. placement of gunit
 - f. curing of gunit
 - g. fencing
 - h. access roads
4. Concrete type:
5. Keystone block type:

2) Inspect vertical wall channels:

1. excavation
2. placement of gravel blanket
3. placement of forms
4. placement of reinforcing steel
5. placement of concrete
6. subdrains
7. wing walls
8. entry structures
9. outlet structures
10. energy dissipators
11. backfill and compaction
12. fencing
13. access roads

- 3) Inspect reinforced concrete boxes (RCB). Structures can be from one to as many as five barrels.
 - a. excavation
 - b. placement of gravel blanket
 - c. placement of forms
 - d. placement of reinforcing steel
 - e. placement of concrete
 - f. subdrains
 - g. wing walls
 - h. entry structures
 - i. outlet structures
 - j. energy dissipators
 - k. backfill and compaction
 - l. fencing
 - m. access roads
- 4) Inspect reinforced concrete pipe (RCP). Pipes can be as large as 10' diameter:
 - a. excavation of trench
 - b. placement of gravel blanket
 - c. placement of pipe
 - d. Construction of junction structures, manholes, collars and slope anchors.
 - e. Construction of inlet and outlet structures and energy dissipators
 - f. Placement of backfill and compaction
 - g. Placement of riprap
- 5) Cast in place concrete pipe:
 - a. excavation and shaping of trench
 - b. check soil conditions to insure support of pipe
 - c. check equipment to be used for extruding pipe
 - d. inspect concrete placement
 - e. inspect placement of plastic curing membrane
 - f. Inspect any related structures (junction, manhole, inlet, outlet, etc.)
 - g. inspect backfill and compaction after concrete achieves required strength
- 6) Soil cement channels: ----- will complete
- 7) Dams and Retarding Basins: ----- will complete
 - a. Bee Canyon Dam and Retarding Basin
 - b. Hicks Canyon Dam and Retarding Basin
 - c. East Hicks Canyon Dam and Retarding Basin
 - d. Marshburn Dam and Retarding Basin
 - e. Agua Chinon Dam and Retarding Basin

E. STREET RIGHT OF WAY

1. Installation of underground dry utilities associated with subdivisions (gas, telephone, TV cable, electric)
2. Access to new subdivisions from existing street right of way (also shows proof of insurance).
3. Utility tie-ins to existing local and arterial highways associated with new subdivisions (storm drain, water, sewer, electric, telephone, gas, TV) and related traffic control.
4. Street widenings including pavement, curb and gutter, sidewalk, street lights, utilities, signing, driveways, etc.
5. Traffic control for public safety including lane closures, detours, etc.
6. Driveways
7. Signals
8. ADA access ramps
9. Emergency repairs to utilities (gas leaks, waterline breaks, etc.)
10. Routing repair of all underground utilities.
11. Installation of landscaping and irrigation.
12. Installation of cathodic protection for underground utilities.
13. Pedestrian bridges.
14. ----- will complete
 - a. Flood control District R/W
15. ----- will complete
 - a. Harbors, Beaches, and Parks R/W
16. ----- will complete



FIELD RECORD & COMPLETION

Tract No.: _____ Date Rec.: _____ Inspector: _____

Location: _____

Subdivider: _____ Engineer: _____

Prime Contractor: _____ Address: _____

The following items are completed as per plan:

		Date Requested		Date Received
Rough Grade Certification				
Sampling for Structural Section				

Item	Contractor	Date Started	Date Completed	Compaction OK
1. Storm Drain Pipe, etc.				
2. Drainage Structures				
3. Sewer				
4. Curb & Gutter				
5. Water				
6. Dry Utilities				
7. Sub-grade				
8. A.B.				
9. A.C. level course				
10. Street signs				
11. Street lights				
12. Guard devices				
13. Sidewalk				
14. A.C. cap				
15. Seal coat				
16. Striping/stenciling				

Bonded Items Checked	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flood Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Survey points-record of survey needed.	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes explain below
Stop sign installed.	Yes <input type="checkbox"/> No <input type="checkbox"/> None Required <input type="checkbox"/>
Manholes raised to grade and patched.	Yes <input type="checkbox"/> No <input type="checkbox"/> None Required <input type="checkbox"/>
Street lights installed and energized.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landscape certification needed.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date Received: _____

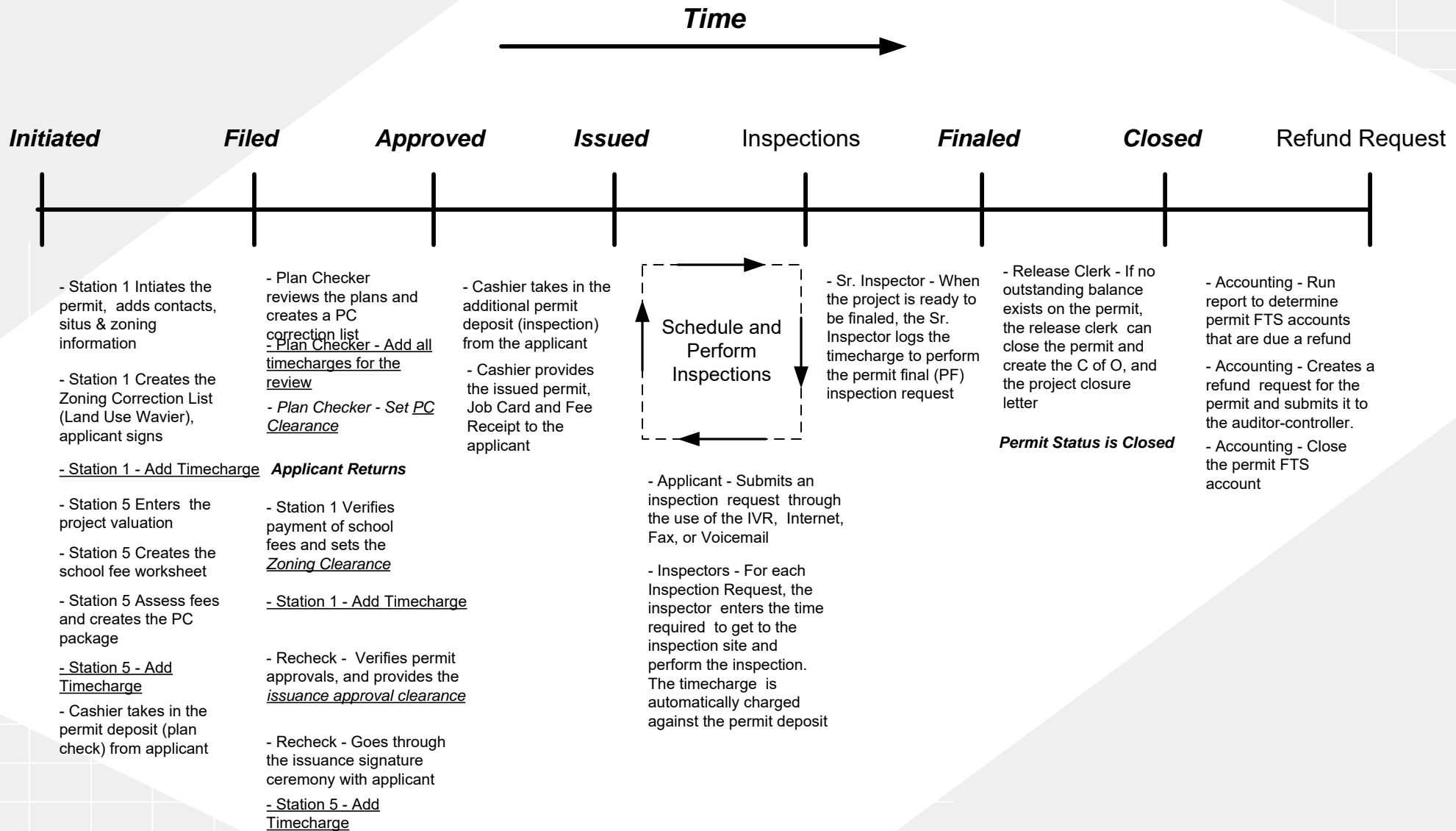
A copy of plans and all information sent to Operations.

Remarks:

Inspector _____ Date _____

Supervising Inspector _____ Date _____

Typical Cost Recovery Permit Process Timeline



Notes:

Station 1 - Zoning
 Station 5 - Plan Check
 Recheck - Plan Check
 FTS - Fee Tracking System

Log In

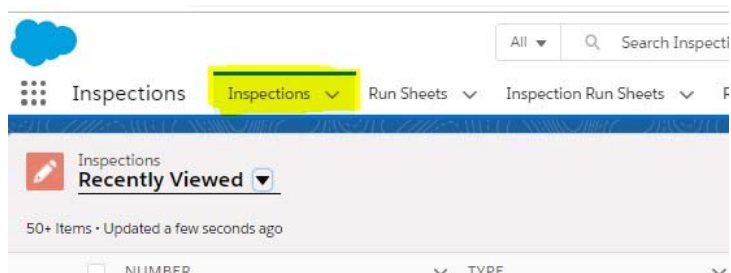
Website: <https://ocgov.my.salesforce.com/>

Username: [firstname.lastname@oc.prod](#)

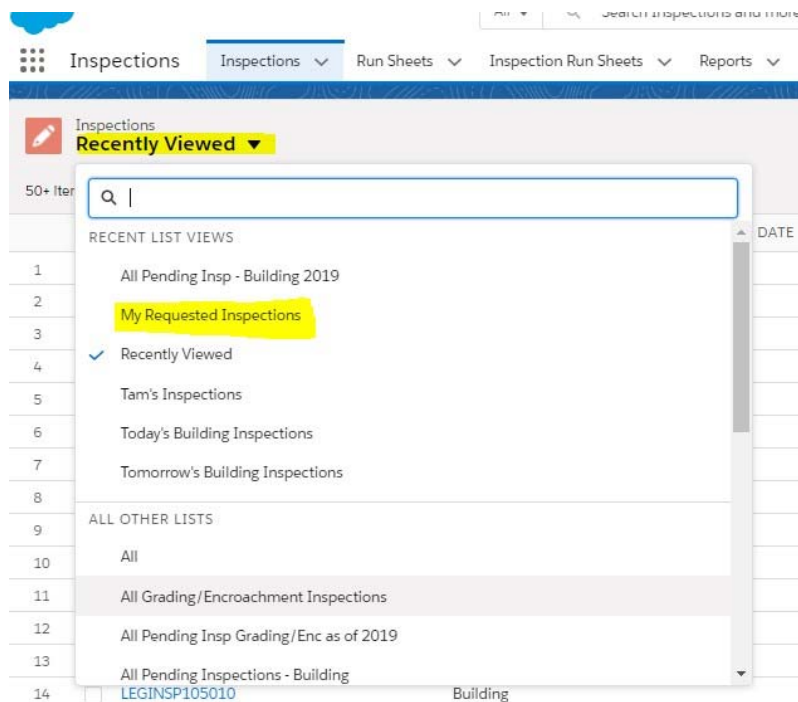
Password: Your password

START OF DAY – CREATING RUNSHEET

1. Click on Inspections tab



2. Click on Inspection drop down menu and choose “My requested Inspections”



3. Select all Inspections and add to **“Todays Runsheet”** (DO NOT CLICK TOMORROWS!!!!)

Inspections
My Requested Inspections Change Owner Add To Today's Run Sheet Add to Tomorrow's Run Sheet

0 Items • Sorted by Requested Date • Filtered by my Inspections • Status, Permit, Requested Date • Updated 2 minutes ago

Search this list...

PER... PERMIT ADDRESS C... COMMENTS REQUEST... ASS... STAT... NUMBER

4. Click on Submit and go to Run Sheet

https://ocgov.lightning.force.com/lightning/r/LMS_Run_Sheet_c/a4p00000000r0DnAAK/view

Inspections Run Sheets Inspection Run Sheets Reports Permits Special Inspectors Inspector Schedules Inspector Assignments Properties Dashboards BMP Contacts More

Run Sheet
TamTrac-01/29/2019 + Follow Edit Delete Clone

Inspection Run Sheets (6+) New Mass Edit

DAILY RUN SHEET NAME	SEQUENCE NUMBER	PERMIT	INSPECTION CODE
IRS LEGSW122005 on 01/29/2019		SW180260	545
IRS LEGSW12753 on 01/29/2019		SW180260	505
IRS LEGINSP105009 on 01/29/2019	2	DM180138	705
IRS LEGINSP105010 on 01/29/2019	2	DM180138	715
IRS LEGINSP105014 on 01/29/2019	2	DM180138	705
IRS LEGINSP105016 on 01/29/2019	2	DM180138	710

[View All](#)

[Run Sheet Route](#)

Time Entries (6+) New

Details Time ADMIN/TRAVEL TIME Mileage

Run Sheet Name: **TamTrac-01/29/2019** Owner: **Tam Trac**

Run Sheet Date: **1/29/2019**

Inspector: **Tam Trac**

Created By: **Tam Trac, 1/29/2019 6:29 AM** Last Modified By: **Tam Trac, 1/29/2019 6:29 AM**

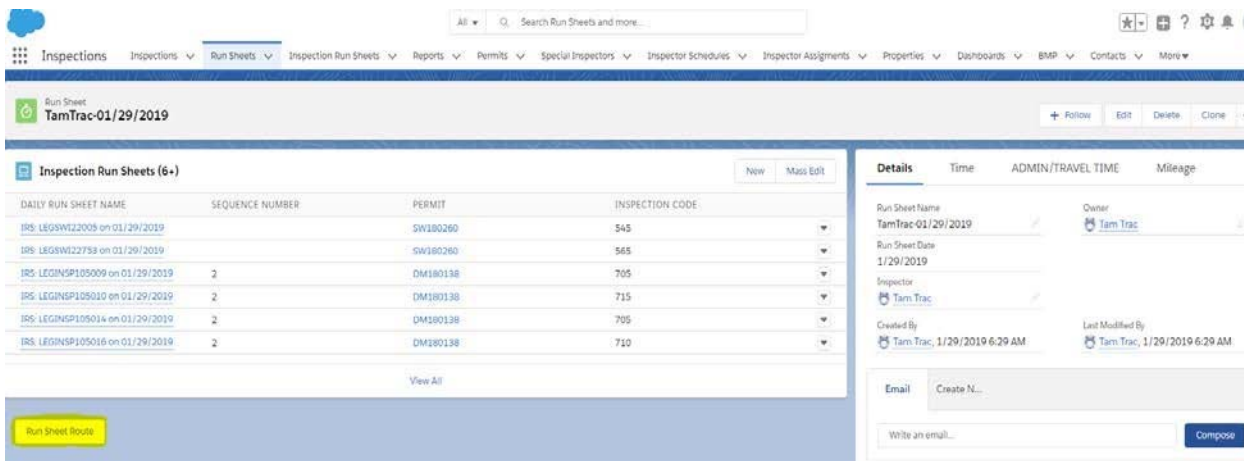
Email Create N...

Write an email... Compose

Filters: All time - All activities - All types

SEQUENCING YOUR RUNSHEET

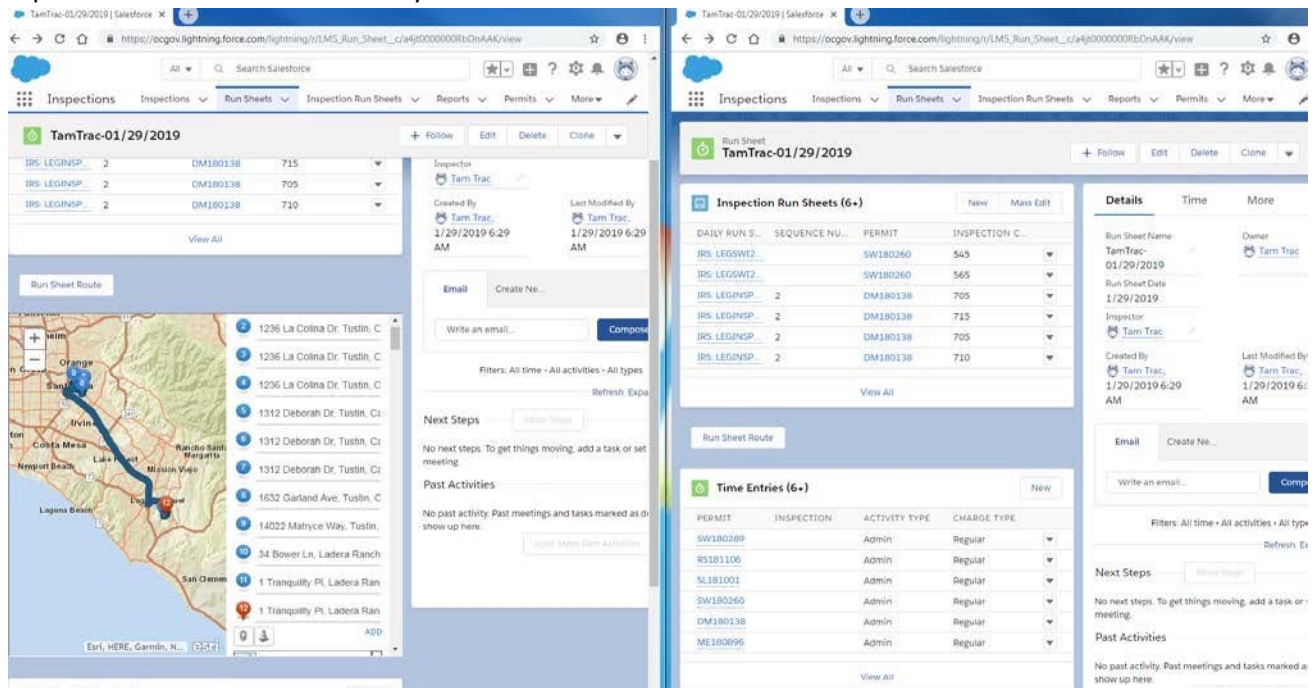
1. Use Run Sheet Route to route your inspections on the Map (Hint: you can use google maps or Bing Maps if you prefer)



The screenshot shows the Salesforce interface for the 'Run Sheet' section. The 'Run Sheet Route' button is highlighted in yellow. The 'Inspection Run Sheets' table is visible, showing columns for DAILY RUN SHEET NAME, SEQUENCE NUMBER, PERMIT, and INSPECTION CODE. The table contains several rows of data, including permits like SW180260 and DM180138.

DAILY RUN SHEET NAME	SEQUENCE NUMBER	PERMIT	INSPECTION CODE
IRS LEGSWT2005 on 01/29/2019		SW180260	545
IRS LEGSWT2753 on 01/29/2019		SW180260	565
IRS LEGINSP105009 on 01/29/2019	2	DM180138	705
IRS LEGINSP105010 on 01/29/2019	2	DM180138	715
IRS LEGINSP105014 on 01/29/2019	2	DM180138	705
IRS LEGINSP105016 on 01/29/2019	2	DM180138	710

2. Duplicate window and show side by side



The screenshot shows two side-by-side Salesforce windows. The left window displays the 'Run Sheet Route' map, which shows a route on a map of the San Diego area. The right window displays the 'Inspection Run Sheets' table, which is identical to the one in the first screenshot. The 'Run Sheet Route' button is highlighted in yellow in both windows.

3. Click View All

Note: All modifications made on the page will be lost if Return button is clicked without clicking the Save button first.

Name	Address	Sequence Number	Permit	Inspection Code
IRS: LEGSWI22964 on 01/2	14022 MATRYCE WY TUSTIN	4	SW180289	570
IRS: LEGINSP111906 on 01/	1312 DEBORAH DR TUSTIN	1	EL181462	415
IRS: LEGINSP132786 on 01/	34 BOWER LN LADERA RANCH		SL181001	495
IRS: LEGINSP111856 on 01/	1312 DEBORAH DR TUSTIN	1	RS181106	140
IRS: LEGINSP105010 on 01/	1236 LA COLINA DR TUSTIN	2	DM180138	715
IRS: LEGINSP105016 on 01/	1236 LA COLINA DR TUSTIN	2	DM180138	710
IRS: LEGINSP111926 on 01/	1312 DEBORAH DR TUSTIN	1	ME180896	311
IRS: LEGSWI22005 on 01/2	1 TRANQUILITY PL LADERA RANCH		SW180260	545
IRS: LEGINSP105014 on 01/	1236 LA COLINA DR TUSTIN	2	DM180138	705
IRS: LEGINSP105009 on 01/	1236 LA COLINA DR TUSTIN	2	DM180138	705
IRS: LEGINSP4681 on 01/2	1632 GARLAND AV TUSTIN	3	RF190012	295
IRS: LEGSWI22753 on 01/2	1 TRANQUILITY PL LADERA RANCH		SW180260	565

6. Runsheet is now sequenced and you are ready to go do inspections.

Run Sheets > TamTrac-01/29/2019

Inspection Run Sheets

12 Items • Sorted by Sequence Number • Updated a few seconds ago

	DAIL...	SE...	PERMIT	INSPEC...	INSPECTIO...	ADDRESS	LEGAL...	CONTACT PHO...	INSPECTION REQUEST COMMENT	INSPECTION
1	<input type="checkbox"/>	IRS: LEG...	1	RS181106	140	Correction	1312 DEBORAH DR TUSTIN	2560 36... (714) 492-2471		LEGINSP111856
2	<input type="checkbox"/>	IRS: LEG...	1	EL181462	415	Approved	1312 DEBORAH DR TUSTIN	2560 36... (714) 492-2471		LEGINSP111906
3	<input type="checkbox"/>	IRS: LEG...	1	ME180896	311	Denied	1312 DEBORAH DR TUSTIN	2560 36... (714) 492-2471		LEGINSP111926
4	<input type="checkbox"/>	IRS: LEG...	2	DM180138	705	Approved	1236 LA COLINA DR TUSTIN	A0815 3... (714) 299-3400	Gated driveway. Inspector: please call homeowner Markus at 714-299-3400 for gate access.	LEGINSP105009
5	<input type="checkbox"/>	IRS: LEG...	2	DM180138	715	Approved	1236 LA COLINA DR TUSTIN	A0815 3... (714) 299-3400	Gated driveway. Inspector: please call homeowner Markus at 714-299-3400 for gate access.	LEGINSP105010
6	<input type="checkbox"/>	IRS: LEG...	2	DM180138	705	Approved	1236 LA COLINA DR TUSTIN	A0815 3... (714) 299-3400	There is a locked driveway gate. Please contact homeowner Markus at 714-299-3400 for gate access. Thank you.	LEGINSP105014
7	<input type="checkbox"/>	IRS: LEG...	2	DM180138	710	Approved	1236 LA COLINA DR TUSTIN	A0815 3... (714) 299-3400	Gated driveway. Inspector: please call homeowner Markus at 714-299-3400 for gate access.	LEGINSP105016
8	<input type="checkbox"/>	IRS: LEG...	3	RF190012	295	Approved	1632 GARLAND AV TUSTIN	5059 16... (562) 941-7459	This is actually for plumbing final (didn't pop up as an option), hwh in the garage. 1632 Garland Ave, Tustin	LEGINSP4681
9	<input type="checkbox"/>	IRS: LEG...	4	SW180289	570	Denied	14022 MATRYCE WY TUSTIN	4483 4 TR 9493789061	am request	LEGSWI22964
10	<input type="checkbox"/>	IRS: LEG...	5	SL181001	495	Denied	34 BOWER LN LADERA RAN...	16356 1... (951) 282-4247	Please have this inspection done in the afternoon, thank you.	LEGINSP132786
11	<input type="checkbox"/>	IRS: LEG...	6	SW180260	545	Approved	1 TRANQUILITY PL LADERA ...	16505 1... (630) 404-0947	I am the owner/builder. This inspection should be for approval to pour decking only. Permit card is in plastic envelope taped to door under covered patio. Please call with any questions. Thank you.	LEGSWI22005
12	<input type="checkbox"/>	IRS: LEG...	7	SW180260	565	Request Cance...	1 TRANQUILITY PL LADERA ...	16505 1... (630) 404-0947	I am the owner/builder. This inspection should be for approval to pour decking only. Permit card is in plastic envelope taped to door under covered patio. Please call with any questions. Thank you.	LEGSWI22753

COMPLETING INSPECTIONS

1. To update the inspection record and your results click on the Inspection Record Number

Run Sheets > TimTrac-01/29/2019

Inspection Run Sheets

12 Items • Sorted by Sequence Number • Updated 3 minutes ago

	<input type="checkbox"/>	DAIL...	SE...	PERMIT	INSP...	INSPECTIO...	ADDRESS	LEGA...	CONTACT PHO...	INSPECTION REQUEST COMMENT	INSPECTION
1	<input type="checkbox"/>	IRS-LEG...	1	RS181106	140	Correction	1312 DEBORAH DR TUSTIN	2560 36...	(714) 492-2471		LEGINSPI11856
2	<input type="checkbox"/>	IRS-LEG...	1	EL181462	415	Approved	1312 DEBORAH DR TUSTIN	2560 36...	(714) 492-2471		LEGINSPI11906
3	<input type="checkbox"/>	IRS-LEG...	1	ME280896	311	Denied	1312 DEBORAH DR TUSTIN	2560 36...	(714) 492-2471		LEGINSPI11926
4	<input type="checkbox"/>	IRS-LEG...	2	DM180138	705	Approved	1236 LA COLINA DR TUSTIN	A0815 3...	(714) 299-3400	Gated driveway. Inspector please call homeowner Markus at 714-299-3400 for gate access.	LEGINSPI05009
5	<input type="checkbox"/>	IRS-LEG...	2	DM180138	715	Approved	1236 LA COLINA DR TUSTIN	A0815 3...	(714) 299-3400	Gated driveway. Inspector please call homeowner Markus at 714-299-3400 for gate access.	LEGINSPI05010

2. Under Inspection Details update the Status, Completed Date, and make you are the assigned Inspector. Leave any comments in the Inspector Comments section for all to view.

Permit Details	
Permit RS181106	Address
Sub-type	Parcel
Permit Address 1312 DEBORAH DR TUSTIN	
Flag associated <input checked="" type="checkbox"/>	
Order Number	
Inspection Details	
Inspector Comments Gave Partial on card - Missing shear special inspections and poly seal. Everything else ok.	Status Correction
Code 140	Completed Date 1/29/2019
Type of Inspection FRAMING	Run Sheet Sequence
Priority 2 Normal	Assigned Inspector Unavailable <input type="checkbox"/>
Assigned Inspector Tam Trac	Complaint
Requirement	Inspection Follow up Reason
Inspection Followup <input type="checkbox"/>	Action <input type="checkbox"/>
Inspection Scheduling	

3. Make sure to click Save on the bottom

Inspection Details

Inspector Comments:
 Gave Partial on card - Missing shear special inspections and poly seal. Everything else ok.

* Code: 140

Type of Inspection: FRAMING

Priority: 2 Normal

Assigned Inspector: Tam Trac

Requirement: --None--

Inspection Followup: ☐

* Status: Correction

Completed Date: 1/29/2019

Run Sheet Sequence:

Assigned Inspector Unavailable: ☐

Complaint: Search Complaints...

Inspection Follow up Reason:

Action: ☐

Inspection Scheduling

Requested Date: 1/29/2019 11:26 AM

Requested Time Period:

Cancel Save

4. NOW LOG IN YOUR TIME
5. Double check that the following fields are correct:
 - a. Name
 - b. Date
 - c. Hours - Make sure you choose 00 for nothing
 - d. Minutes
 - e. Charge Type – Regular
 - f. Activity Type – Inspection
 - g. Job Code –
 - h. Action Type – Field Inspection

TIME Activity Chatter

* Logged in User: Tam Trac

* Action Date: Jan 30, 2019

* Hours: 00

* Minutes: 15

* Charge Type: Regular

* Activity Type: Inspection

* Job Code (VTI): EB35000

Action Type: Field Inspection

Notes:

Reset Submit

6. Click Submit at the bottom and Confirm time entry submittal
7. Go back to your Runsheet and go to the next inspection until all inspections are complete.

INSPECTIONS COMPLETED

Once all inspections on your Runsheet are complete, the Status should have all changed and none should show "Scheduled" anymore.

1. Make sure all Inspection status has a result
2. Click (your name + date) at the top to go back to the front page of your runsheet and check time entries

Run Sheets > TamTrac-01/29/2019
Inspection Run Sheets New

12 Items - Sorted by Sequence Number - Updated 22 minutes ago

	DATL	SE	↑	PERMIT	INSPEC	INSPECTIO	ADDRESS	LEGA	CONTACT PHO	INSPECTION REQUEST COMMENT	INSPECTION
1	IRS LEG...	1		RS181106	140	Correction	1312 DEBORAH DR TUSTIN	2560 36	(714) 492-2471		LEGINSPI11856
2	IRS LEG...	1		EL181462	415	Approved	1312 DEBORAH DR TUSTIN	2560 36...	(714) 492 2471		LEGINSPI11906
3	IRS LEG...	1		ME180896	311	Denied	1312 DEBORAH DR TUSTIN	2560 36...	(714) 492-2471		LEGINSPI11926
4	IRS LEG...	2		DM180138	705	Approved	1236 LA COLINA DR TUSTIN	A0815 3...	(714) 299 3400	Gated driveway. Inspector: please call homeowner Markus at 714-299-3400 for gate access.	LEGINSPI105009
5	IRS LEG...	2		DM180138	715	Approved	1236 LA COLINA DR TUSTIN	A0815 3...	(714) 299-3400	Gated driveway. Inspector: please call homeowner Markus at 714-299-3400 for gate access.	LEGINSPI105010
6	IRS LEG...	2		DM180138	705	Approved	1236 LA COLINA DR TUSTIN	A0815 3...	(714) 299-3400	There is a locked driveway gate. Please contact homeowner Markus at 714-299-3400 for gate access. Thank you.	LEGINSPI105014
7	IRS LEG...	2		DM180138	710	Approved	1236 LA COLINA DR TUSTIN	A0815 3...	(714) 299-3400	Gated driveway. Inspector: please call homeowner Markus at 714-299-3400 for gate access.	LEGINSPI105016
8	IRS LEG...	3		RF190012	295	Approved	1632 GARLAND AV TUSTIN	5059 16...	(562) 941-7459	This is actually for plumbing final (didn't pop up as an option), mwn in the garage 1632 Garland Ave, Tustin.	LEGINSPI4681
9	IRS LEG...	4		SW180289	570	Denied	14022 MATRYCE WY TUSTIN	4483 4 TR	9493/89061	am request	LEGSWI22964
10	IRS LEG...	5		SL181001	495	Denied	34 BOWER LN LADERA RAN...	16356 1...	(951) 282-4247	Please have this inspection done in the afternoon, thank you.	LEGINSPI32786
11	IRS LEG...	6		SW180260	545	Approved	1 TRANQUILITY PL LADERA ...	16505 1...	(630) 404-0947	I am the owner/builder. This inspection should be for approval to pour decking only. Permit card is in plastic envelope taped to door under covered patio. Please call with any questions. Thank you.	LEGSWI22005
12	IRS LEG...	7		SW180260	565	Request Cance...	1 TRANQUILITY PL LADERA ...	16505 1...	(630) 404-0947	I am the owner/builder. This inspection should be for approval to pour decking only. Permit card is in plastic envelope taped to door under covered patio. Please call with any questions. Thank you.	LEGSWI22753

3. Click on Admin/Travel Time to view your INSPECTION TIME TOTAL
4. Subtract the inspection time from your 9 hour day and input the rest into Admin and Travel time.
5. Click Submit and Confirm
6. ONLY DO THIS ONCE
7. PLEASE NOTE THE INSPECTION TIME DOES **NOT** CHANGE. IT IS FOR THE INSPECTION TIME ONLY.
8. TO CHECK FURTHER INSPECTION TIME VS ADMIN/TRAVEL TIME PLEASE RUN YOUR TIME REPORT
9. MAKE SURE IT ADDS UP TO YOUR TOTAL TIME WORKED FOR THE DAY (USUALLY 9 HOURS) AND YOU ARE FINISHED.

CHECKING EXPIRED PERMITS, INSPECTION HISTORY, AND CLEARANCES:

SITUS:

1. Click on the Permit Number

Run Sheets > TarrTrac-01/29/2019
Inspection Run Sheets

12 Items - Sorted by Sequence Number - Updated 3 minutes ago

	DAILY	SE	PERMIT	INSPC.	INSPECTO.	ADDRESS	LEGA.	CONTACT PHO.	INSPECTION REQUEST COMMENT	INSPECTION
1	<input type="checkbox"/>	IRS	LEG.	1	RS181106	140	Correction	1312 DEBORAH DR TUSTIN 2560 36...	(714) 492-2471	LEGINSPI11856
2	<input type="checkbox"/>	IRS	LEG.	1	EL361462	415	Approved	1312 DEBORAH DR TUSTIN 2560 36...	(714) 492-2471	LEGINSPI11906
3	<input type="checkbox"/>	IRS	LEG.	1	ME180896	311	Denied	1312 DEBORAH DR TUSTIN 2560 36...	(714) 492-2471	LEGINSPI11926
4	<input type="checkbox"/>	IRS	LEG.	2	DM180138	705	Approved	1236 LA COLINA DR TUSTIN A0815 3...	(714) 299-3400	LEGINSPI05009
5	<input type="checkbox"/>	IRS	LEG.	2	DM180138	715	Approved	1236 LA COLINA DR TUSTIN A0815 3...	(714) 299-3400	LEGINSPI05010
6	<input type="checkbox"/>	IRS	LEG.	2	DM180138	705	Approved	1236 LA COLINA DR TUSTIN A0815 3...	(714) 299-3400	LEGINSPI05014
7	<input type="checkbox"/>	IRS	LEG.	2	DM180138	710	Approved	1236 LA COLINA DR TUSTIN A0815 3...	(714) 299-3400	LEGINSPI05016
8	<input type="checkbox"/>	IRS	LEG.	3	RF190012	295	Approved	1632 GARLAND AV TUSTIN 5059 16...	(562) 941-7459	LEGINSPI4681
9	<input type="checkbox"/>	IRS	LEG.	4	SW180289	570	Denied	14022 MATRYCE WY TUSTIN 4483 4 TR	9493789061	LEGINSPI22964
10	<input type="checkbox"/>	IRS	LEG.	5	SL181001	495	Denied	34 BOWER LN LADERA RAN... 16356 1...	(951) 282-4247	LEGINSPI32786
11	<input type="checkbox"/>	IRS	LEG.	6	SW180260	545	Approved	1 TRANQUILITY PL LADERA... 16505 1...	(630) 404-0947	LEGINSPI22005
12	<input type="checkbox"/>	IRS	LEG.	7	SW180260	565	Request Cance...	1 TRANQUILITY PL LADERA... 16505 1...	(630) 404-0947	LEGINSPI22753

2. At the permit page click on the Parcel address

Cloud icon

Search Salesforce

Inspections Inspections Run Sheets Inspection Run Sheets Reports Permits Special Inspectors Inspector Schedules Inspector Assignments Properties Dashboards

Permit R5181106 + Follow Bluebeam Pdf

Permit Subtype: Addition Status: Issued Sub-status: Parcel: 1312 DEBORAH, TUSTIN 103 154-08 Owner: Counter Queue

Issued

Applications Balance Notice

Related List Quick Links

- Properties (1)
- Related Addresses (1)
- Related Applications (0)
- Submission Items (0)
- Submittal (1)
- Reviews (0)
- Related To Permits (0)
- Related From Permits (0)
- Conditions (0)
- Inspections (10+)
- Work Items (0)
- Work Types (2)
- Contacts (8)
- Fees (6)
- Deposits (0)
- Payments (8)

Show All (40)

Documents Financial Admin Permit Property Reviews ALL FLAGS

FLAG NAME	EFFECTIVE DATE	TYPE	STATUS	RELATED GROUP
Flag-R5181106	1/29/2019	Notice	Open	Inspection

Other Attached Flags

FLAG NAME	EFFECTIVE DATE	TYPE	STATUS	RELATED GROUP
-----------	----------------	------	--------	---------------

Details Time Ch

Permit Application

Permit Number: R5181106

Permit Subtype: Addition

Package: DM180151 EL181462 ME180896 R5181106

Project:

Description: PERMIT TO REMODEL AND

3. Click on Permits as property

https://ocgov.lightning.force.com/lightning/r/MUSW_Parcel_c__a010000002R8nGAA5/view

Inspections Inspections Run Sheets Inspection Run Sheets Reports Permits Special Inspectors Inspector Schedules Inspector Assignments Properties Dash

Situs
1312 DEBORAH, TUSTIN: 103-154-08

Related List Quick Links

- Complaints (0)
- Complaints as Property (0)
- Violations (0)
- Plan Checks (0)
- Projects as Property (0)
- Permits as Property (5)
- Contacts (0)
- Situs History (1)
- Related Flags (0)
- Inspections (0)
- Applications (0)
- Permits (5)
- Projects (0)
- Licenses (0)
- Files (0)
- Notes & Attachments

Show All (21)

Related Details

Location

Name
1312 DEBORAH, TUSTIN: 103-154-08

Address
1312 DEBORAH

Street
DEBORAH

City
TUSTIN

Alert

Assessor Parcel Number
103-154-08

Parcel Number Alternate
103-154-08

Primary Contact

Activity

Email Create N...

Write an email...

Mark Krause

4. Permits issued on the property will be displayed here

Situses > 1312 DEBORAH, TUSTIN: 103-154-08

Permits as Property

5 items • Sorted by Permit Status • Updated a few seconds ago

	PERMIT	PERMIT TYPE	LEGAL DESCRIPTION	PERMIT STATUS
1	RS071422	Residential Building (BLD)	2560 36 TR	Closed-Complete
2	RS181106	Residential Building (BLD)	2560 36 TR	Issued
3	EL181462	Electrical Permit (ELE)	2560 36 TR	Issued
4	ME180896	Mechanical Permit (MEC)	2560 36 TR	Issued
5	DM180151	Demolition Permit (DMO)	2560 36 TR	Issued

INSPECTION HISTORY

1. Click on Permit Number or go back to the Permit you were working on by hitting the back button or arrow

The screenshot shows the Salesforce Lightning interface for a permit. The browser address bar displays the URL: https://ocgov.lightning.force.com/lightning/r/MUSW__Parcel__c/a0it0000002R8nSAAS/view. The page header includes the Salesforce logo and a search bar. The main content area shows the permit details for "1312 DEBORAH, TUSTIN: 103-154-08". Below this, there is a "Related List Quick Links" section with various links and counts: Complaints (0), Complaints as Property (0), Violations (0), Plan Checks (0), Projects as Property (0), Related Flags (0), Inspections (0), Applications (0), Permits (5), Projects (0), and Licenses (0). A "Show All (21)" link is also present.

2. Click on Inspections in the Related List Quick Links area

The screenshot shows the Salesforce Lightning interface for a permit. The browser address bar displays the URL: https://ocgov.lightning.force.com/lightning/r/MUSW__Parcel__c/a0it0000002R8nSAAS/view. The page header includes the Salesforce logo and a search bar. The main content area shows the permit details for "1312 DEBORAH, TUSTIN: 103-154-08". Below this, there is a "Related List Quick Links" section with various links and counts: Properties (1), Related Addresses (1), Related Applications (0), Submission Items (0), Submittal (1), Reviews (0), Related To Permits (0), Related From Permits (0), Conditions (0), Inspections (10+), Work Items (0), Work Types (2), Contacts (8), Fees (6), Deposits (0), Payments (8), and Recalls (0). A "Show All (40)" link is also present. A yellow box highlights the "Inspections (10+)" link, and a blue arrow points to it.

3. View the Inspection History
 - a. Type of Inspection
 - b. The results for that inspection (Status)
 - c. The Completed Date of Inspection
 - d. The Assigned inspector that did the inspection

Permits x EL181462

Inspections

17 Items • Sorted by Completed Date • Updated 2 minutes ago

<input type="checkbox"/>	NUMBER	TYPE OF INSPECTION	COMPLETED	STATUS	C	STOP WORK/...	STOP WORK/CORR...	INSPECTOR COMMENTS	TYPE	ASSIGNED INSPECTOR
1	<input type="checkbox"/> LEGINSP111906	ROUGH ELECTRICAL	1/29/2019	Approved	415	<input type="checkbox"/>			Building	Sam Trac
2	<input type="checkbox"/> LEGINSP111900	Rough Wiring/Hard Lid		Unscheduled	416	<input type="checkbox"/>			Building	
3	<input type="checkbox"/> LEGINSP111901	Temporary Gas for Testing		Unscheduled	905	<input type="checkbox"/>			Building	
4	<input type="checkbox"/> LEGINSP111902	Signage Mounting		Unscheduled	417	<input type="checkbox"/>			Building	
5	<input type="checkbox"/> LEGINSP111903	UFER		Unscheduled	400	<input type="checkbox"/>			Building	
6	<input type="checkbox"/> LEGINSP111904	ELECTRICAL UNDERGROUND		Unscheduled	405	<input type="checkbox"/>			Building	
7	<input type="checkbox"/> LEGINSP111905	FIXTURE/T-BAR CEILING		Unscheduled	410	<input type="checkbox"/>			Building	
8	<input type="checkbox"/> LEGINSP111907	WORK WITH RELEASE		Unscheduled	455	<input type="checkbox"/>			Building	
9	<input type="checkbox"/> LEGINSP111908	ELECTRICAL FINAL		Unscheduled	495	<input type="checkbox"/>			Building	
10	<input type="checkbox"/> LEGINSP111909	TEMPORARY OCCUPANCY RELE...		Unscheduled	925	<input type="checkbox"/>			Building	
11	<input type="checkbox"/> LEGINSP111910	Service Release for Cabling		Unscheduled	421	<input type="checkbox"/>			Grading	
12	<input type="checkbox"/> LEGINSP111911	Service, Main Electrical		Unscheduled	420	<input type="checkbox"/>			Building	
13	<input type="checkbox"/> LEGINSP111912	Subpanels, Xfmr's		Unscheduled	422	<input type="checkbox"/>			Building	
14	<input type="checkbox"/> LEGINSP111913	Temporary Elec for Testing		Unscheduled	915	<input type="checkbox"/>			Building	
15	<input type="checkbox"/> LEGINSP111914	Generator		Unscheduled	430	<input type="checkbox"/>			Building	
16	<input type="checkbox"/> LEGINSP111915	House Meter Release		Unscheduled	450	<input type="checkbox"/>			Building	
17	<input type="checkbox"/> LEGINSP111916	Fire Alarm		Unscheduled	425	<input type="checkbox"/>			Building	

Click the back arrow again as needed to return to your last page.

CLEARANCES

1. At the permit, click on Clearances under the Related Quick Links Area

Permit EL181462

Follow Bluebeam Project Review for Issuance

Permit Subtype: Added or Altered: 50 or More electrical fixtures (new construction / alterations)

Status: Issued Sub-status: Permit: 1312 DEBORAH, TUSTIN: 103-154-08 Owner: Counter Queue

Related List Quick Links

- Properties (1)
- Related Addresses (1)
- Related Applications (0)
- Submission Items (0)
- Submittal (1)
- Reviews (0)
- Related To Permits (0)
- Related From Permits (0)
- Clearances (6)**
- Conditions (0)
- Inspections (10+)
- Work Items (0)
- Work Types (0)
- Contacts (7)
- Fees (3)
- Deposits (0)
- Payments (3)
- Receipt Documents (1)

Show All (40)

Documents Financial Admin Permit Property Reviews ALL FLAGS

Files (1)

ELECTRICAL PERMIT
Dec 11, 2018 • 33KB • pdf

Add Files

View All

Details Time Chatter Activity

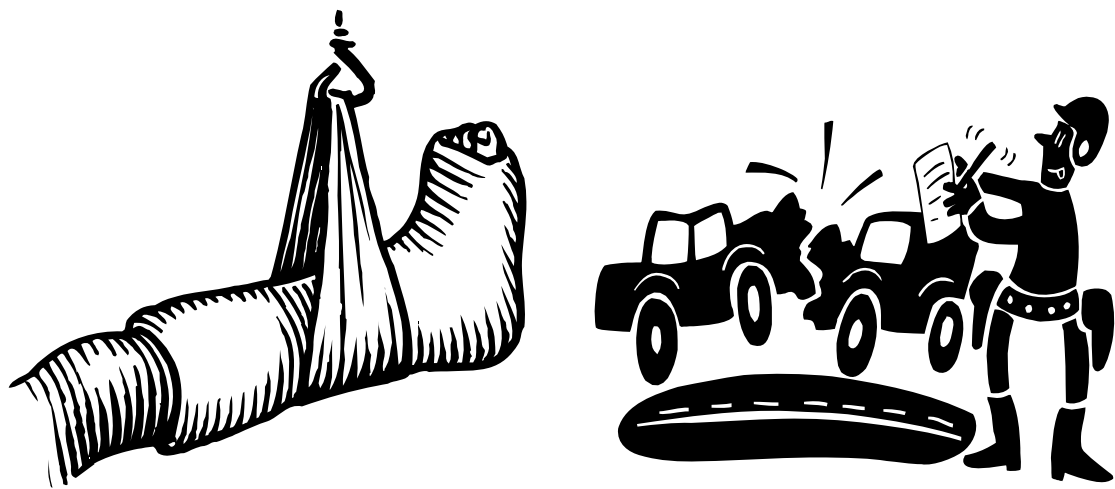
Permit Application

Permit Number: EL181462 Status: Issued

Permit Subtype: Added or Altered: 50 or More Substatus: electrical fixtures (new)

2. Any required or not required clearances will be displayed under the status column

Permits > EL181462							
Clearances							
6 Items • Sorted by Status • Updated a few seconds ago							
	<input type="checkbox"/> CLEARANCE NUM...	CLEARANCE DESCRIPTION	STATUS	CLEARED BY	DATE C...	LAST MODIFIE...	
1	<input type="checkbox"/> Withdrawn	This field will be populated by the description in the clearance selected in the lookup. If you wish to edit the description, please save this record first, and make edits after.				1/25/2019 1:41 PM	
2	<input type="checkbox"/> Current Planning/Zoning	Initiates and approves ministerial permits, and provides public information regarding development projects and zoning. Provides zoning approval for projects requiring discretionary permits. PDSD-Development Processing Center, Station 1 Re				1/25/2019 1:46 PM	
3	<input type="checkbox"/> Temporary Power	~				1/25/2019 1:50 PM	
4	<input type="checkbox"/> Renewals, Extensions	~				1/25/2019 1:53 PM	
5	<input type="checkbox"/> Issuance Approval	<p>Permit has met all plan check requirements</p>	Approved	Behrouz Azarvand	12/11/2018	1/25/2019 1:44 PM	
6	<input type="checkbox"/> Electrical Plan Check	<p>Plans submitted for building permits are reviewed for compliance with County Building Ordinances (Building, Plumbing, Mechanical, and Electrical Codes) and State building regulations such as Energy Conservation Regulations and Handicapped Accessibility	Approved	Behrouz Azarvand	12/18/2018	1/25/2019 1:55 PM	



ACCIDENTS & JOB RELATED INJURIES



OC Public Works Incident Report

Date of Incident: _____ Time of Incident: _____

Location (Building/Facility) _____

Address: _____

Department: _____ Division: _____

Other Site Information (i.e., garage, lunchroom, etc.): _____

Reported By:

Name: _____

Department: _____ Division: _____

Telephone #: _____ Date Reported: _____

Nature of the Incident:

☐ Theft Description of items taken: _____

☐ Other Other (describe): _____

Other Person(s) Involved:

Witness to Incident:

Brief Summary of the Incident:

Action Taken:

☐ Supervisor Notified ☐ Police Contacted ☐ Sheriff Contacted

Name: _____

Report #: _____ City: _____ Badge #: _____

☐ Workers' Compensation Claim Filed ☐ Employee Health Notified

Other: _____

Additional Information: _____

SERIOUS INJURY ACCIDENT REPORT

Supplemental Information to P&P 1.1.641

County of Orange
OCPublicWorks/ Administration-HR
300 N. flower, Room 539
Santa Ana, CA 92702
FAX (714) 834-2272

Immediately call the OCPW Safety Coordinator at 667-9611. Do not leave a voice mail message as untimely notification may result in a fine from State regulatory agencies. Also call the CEO/Office of Risk Management at 714-834-2721.

Agency-Department

Name: RDM / # Employees: 1500
Division

Address: _____
Street City Zip Code Telephone #

Type of Business: County Government

Accident Location:

_____ X / / _____
Street City Date Time Hrs

Reported by: _____
Name Title Telephone #

Site Contact: _____
Name Title Telephone #

() Fatality

Injured Employee:

Name Title Age Injury

Accident Description: (what happened, how did it occur)

Hospital: _____
Name Address Telephone #

Law Enforcement Agencies: _____ DR #

Workers' Compensation Insurance Carrier: Cambridge Intergrated Services , P.O.Box 1738, Santa Ana, CA 92702

Procedure: If a department should experience a Serious Injury (as defined in CEO Safety and Loss Prevention Resource Manual, Document #1001) the following procedure should be followed when reporting the injury. Do not leave a voice mail message as untimely notification could result in a fine from State regulatory agencies.

During normal operating hours – Immediately call the OCPW Safety Coordinator at 667-9611. Also call the CEO/Office of Risk Management at 714-834-2721 and request the County Safety Officer be contacted.

After normal operating hours, week-ends and holidays – Immediately call the County Safety Officer directly at 714-981-6288; or page at 714-628-3000 and follow the recorded message, entering pager ID number 5080, and your return telephone number; or contact the Sheriff's Watch Commander at 714-628-7000 and request someone from the County Safety Office be contacted.



COUNTY OF ORANGE

Supervisor's Investigation of Employee's Injury or Illness

Supervisors must complete this form for all injuries/illnesses that are reported on Workers' Compensation form 5020, Employer's Report of Occupational Injury or Illness. Email to vernon.goad@ocgov.com

SECTION I			
Employee's Name:		Job Title:	
Agency/Department:	Date of Injury/Illness	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location Where Injury or Illness Occurred:			
SECTION II			
INJURY OR ILLNESS (Check appropriate box in each column)			
Type of Injury	Part of Body	Unsafe Condition	Unsafe Act
<input type="checkbox"/> Lifting <input type="checkbox"/> Pulling <input type="checkbox"/> Pushing <input type="checkbox"/> Twisting <input type="checkbox"/> Struck Against <input type="checkbox"/> Struck By <input type="checkbox"/> Caught in Between <input type="checkbox"/> Slip/Trip/Fall <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Skin Irritation <input type="checkbox"/> Inhalation <input type="checkbox"/> Noise <input type="checkbox"/> Cut/Puncture <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Other:	<input type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Chest <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other:	<input type="checkbox"/> Overcrowded Conditions <input type="checkbox"/> Absent/Improper Safety Guards <input type="checkbox"/> Unsafe/Defective Equipment <input type="checkbox"/> Hazardous Work Procedure <input type="checkbox"/> Inadequate Personal Protective Equipment/ Warning <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Slippery Surface <input type="checkbox"/> Storage or Placement of Materials <input type="checkbox"/> Improper Ventilation <input type="checkbox"/> Inadequate Lighting or Noise Control <input type="checkbox"/> Inattention <input type="checkbox"/> No Unsafe Condition <input type="checkbox"/> Improper Positioning of Workstation/ Equipment <input type="checkbox"/> Other:	<input type="checkbox"/> Operating Without Authority <input type="checkbox"/> Improper Use of Equipment <input type="checkbox"/> Operation at Unsafe Speed <input type="checkbox"/> Unsafe Procedure <input type="checkbox"/> Use of Defective Equipment <input type="checkbox"/> Protective Equipment Not Used <input type="checkbox"/> Failure to Secure Objects <input type="checkbox"/> Unsafe Position or Posture <input type="checkbox"/> Horseplay <input type="checkbox"/> No Unsafe Act <input type="checkbox"/> Other:
SECTION III			
Describe Injury/Illness (Include what employee was doing at time of injury, how it happened, any witnesses to incident).			
Was employee using equipment at time of injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was equipment in proper working order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION IV			
What corrective action will be taken by Supervision to prevent a recurrence? (Check appropriate box)			
<input type="checkbox"/> Training scheduled/provided <input type="checkbox"/> Personal protective equipment ordered <input type="checkbox"/> Develop policy/procedure <input type="checkbox"/> Warning signs ordered		<input type="checkbox"/> Equipment placed out of service <input type="checkbox"/> Employee counseled <input type="checkbox"/> Work order submitted <input type="checkbox"/> Other:	
SECTION V			
Witness Statements—attach separate sheets - include any photos taken.			
Supervisor's Name		Phone Number	
Supervisor's Signature _____		Date	

U-TIP SAFETY HOTLINE 834-2817

DISTRIBUTION: 1- CEO/Risk Management Safety; 1- Department Head; 1-Supervisor.
 (Department must retain in accident investigation records as a part of the Injury and Illness Prevention Program)



COUNTY OF ORANGE VEHICLE COLLISION REPORT

If you should need assistance in
completing this form, call (714) 285-5535

FOR SAFETY OFFICE USE ONLY

Reviewer's Initial _____

Date Report Entered _____

Type of Collision _____

Classification of Incident _____

Email to: safety@ocgov.com **OR**
Pony Mail: Risk Management-600 W. Santa
Ana Blvd., Santa Ana, Suite 104

	Name of driver	Department	Division	
County Driver	Work Address of driver	Office Phone	<input type="checkbox"/> Personal Vehicle	
	Employee ID #	Date of Birth (m/d/yy)	<input type="checkbox"/> Parked/unattended	
	County vehicle #	Department		
County Vehicle	Make of vehicle	Body type	Year	License #
	Describe damage to County vehicle:			
	Occupant of County vehicle	Phone #		
County Passengers	Address			
	Occupant of County vehicle	Phone #		
	Address			
Time and Place	Date of Incident (mm/dd/yy)	Time (hour: minute am/pm)		
	Where did it occur (address or intersection)			
	City			
What Happened, How, Why	State how accident occurred (provide all details; if additional space is needed, attach a sheet of paper):			
	Vehicle license #	Make of vehicle	Body type	
Other Vehicle	Name of owner	Address:		
	Name of Driver	Address		
	Driver's license #	Insurance Company Name		
	Name	Address	Phone #	
Persons Injured	Approximate age	Nature of Injury		
	If applicable, to what hospital was injured person taken?			
	Name	Address	Phone #	
	Approximate age	Nature of Injury		
	If applicable, to what hospital was injured person taken?			



COUNTY OF ORANGE
VEHICLE COLLISION REPORT

Page 2

	Name	Address	Phone #
Witnesses	Name	Address	Phone #
	Name	Address	Phone #
	Name	Address	Phone #
	Name	Address	Phone #

What, if anything, was said by driver of other vehicle:

If Applicable, what were the road conditions or hazard that contributed to the accident:

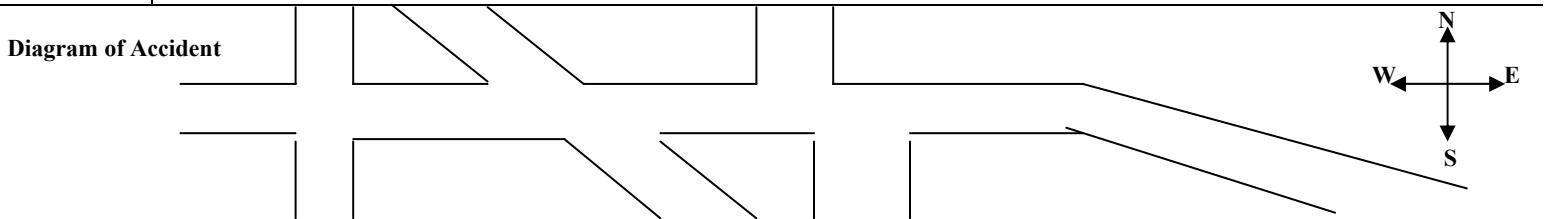
☐ Wet Road ☐ Fog ☐ Rain ☐ Object in road ☐ Other Describe:

What direction were you traveling? On what street What speed

What direction was the other driver traveling? On what street What speed

Where was other vehicle when you first saw it?

Investigated by Police, CHP	<input type="checkbox"/> CHP <input type="checkbox"/> Sheriff <input type="checkbox"/> Police <input type="checkbox"/> No Investigation	City of
	Officer's Name	Badge #
	Was a citation given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	To Whom What charge



Additional comments, explanations:

What, if anything, could have been done to prevent the accident:

Driver (Name)	Date (mm/dd/yy)	
Supervisor (Name)	Date (mm/dd/yy)	Telephone Number
Department Head/Designee (Name)	Date (mm/dd/yy)	



OCCUPATIONAL INJURY AND ILLNESS REPORTING PACKET

COUNTY OF ORANGE
COUNTY EXECUTIVE OFFICE
RISK MANAGEMENT – WORKERS' COMPENSATION PROGRAM
PHONE: (714) 285-5500
FAX: (714) 285-5598

EMAIL: workerscompensation@ocgov.com

OC INTRANET FORMS PAGE:

<https://ocgov.sharepoint.com/Collab/SvcAreas/GRC/Risk/Pages/OccupationalInjuryIllnessReporting.aspx>

REVISED NOVEMBER 28, 2017

WHAT TO DO IF ONE OF YOUR EMPLOYEES IS INJURED

For critical work-related injuries or illnesses, call paramedics by dialing 911. If a death or serious injury such as an amputation occurs, or if the employee is hospitalized, call the County of Orange Safety Office immediately during business hours at (714) 285-5500. After hours, call (714) 981-6288 to advise the County Safety Manager. If there is no answer, please leave a detailed voice mail message and call back number.

Always offer medical treatment to an employee reporting any work related injury or illness. Forms are available in the current version of the Occupational Injury and Illness Reporting Packet which can be found on the Risk Management pages on SharePoint.

<https://ocgov.sharepoint.com/Collab/SvcAreas/GRC/Risk/Pages/OccupationalInjuryIllnessReporting.aspx>

Provide the injured worker with the most current list of **Initial Treatment Facilities** and direct him/her to the closest facility on the **Initial Treatment Facility list**.

Complete and sign the **Initial Treatment Authorization Form** and give a copy to the injured worker. A map or a ride to the closest workers' compensation treatment center¹ may also be needed.

If the employee reports he/she has been exposed to an infectious disease, **prior to sending the employee for treatment**, call the medical facility to advise them. They will provide instructions on precautionary steps to take before the employee enters the facility to minimize the risk of exposure to other patients.

Provide the injured worker with the **Mitchell Script Advisor Card** for prescriptions.

Provide the injured worker with a copy of the **Guide to Your Workers' Compensation Medical Care** and a copy of the **WellComp** brochure.

Provide the injured worker with a blank **Employee's Report of Occupational Injury or Illness** form. This can be done in person if the injured employee is still on the job, or by mailing the form to the employee's home address if he/she is unable to work. Do not complete the Employee's Report for the injured worker. The form is to be completed within two business days with one copy sent to Risk Management, one to the employee and one kept by the supervisor.

Within 24 hours, provide the employee with a blank **Workers' Compensation Claim Form & Notice of Potential Eligibility** (DWC-1) form, revised 1/1/2016. This can be done in person if the injured employee is still on the job, or by mailing the form to the employee's home address if he/she is unable to work. Do not complete the Employee section (at the top) form on the injured workers' behalf. Do not sign and date the Employer section (at the bottom) of a blank form.

If the employee completes the Employee section of the DWC-1 form and gives it to you, then you should complete and sign the Employer section. Make a copy for the employee, a copy for your records and send a copy to Risk Management.

¹ An employee with an accepted **Designation of Personal Physician** form on file with CEO/Risk Management may elect to go to his/her personal physician for treatment of a workers' compensation injury.

To complete and submit the **Employer's Report of Occupational Injury or Illness** Form 5020 (revised June 2002), go to the Risk Management website and click on Submit a New 5020. <https://ocgov.sharepoint.com/Collab/SvcAreas/GRC/Risk/Pages/OccupationalInjuryIllnessReporting.aspx> The user name is **workerscompensation@ocgov.com** and the password is **orange**. The 5020 must be submitted within 24 hours after the injury was reported to you.

Those without internet access can complete the blank 5020 in the Occupational Injury and Illness Reporting Packet. Complete and sign the form **within 24 hours** of the injury, make a copy for your records and send a copy to CEO/Risk Management.

Provide the workers' compensation program staff and the County's claims administrator (York Risk Services Group) with any information about the injury to assist in a fast, accurate assessment of the claim. Do not delay submission of the 5020 form for report writing, investigation, or completion of other forms.

Delaying the submission of the 5020 form to Risk Management may delay benefits to the employee!

Complete the **Supervisors Investigation of Employee's Injury or Illness** (Form 293-Form Safety.2E Revised 2/14) and submit to CEO/Risk Management within two days. Forms can be emailed to Safety@ocgov.com.

If the injured employee gives you a copy of a work restriction, status notice, medical report, bill or any other injury-related form, please fax or email to CEO/Risk Management.

Work with Human Resources Services, Risk Management and York Risk Services Group to assist the employee in returning to work as soon as possible.

CONTACT INFORMATION

County of Orange Workers' Compensation Program		P. O. Box 327 Santa Ana, CA 92702
600 W. Santa Ana Blvd., Suite 104, Santa Ana, CA 92701		
Phone (714) 285-5500	Fax (714) 285-5598	Email: workerscompensation@ocgov.com
York Risk Services Group Inc.		P.O. Box 619079, Roseville, CA 95661
Phone (714) 620-1300	Fax (714) 922-6239	Website: yorkrsg.com
WellComp Medical Provider Network (ID # 2387)		P.O. Box 59914, Riverside, CA 92517
Phone (800) 544-8150	Fax (888) 620-6921	Email: info@WellComp.com

FORMS

All workers' compensation and safety forms are available on the on the Risk Management pages on SharePoint.

<https://ocgov.sharepoint.com/Collab/SvcAreas/GRC/Risk/Pages/OccupationalInjuryIllnessReporting.aspx>

COUNTY OF ORANGE WORKERS' COMPENSATION PROGRAM

INITIAL TREATMENT FACILITIES

<u>City</u>	<u>Facility</u>	<u>Address</u>	<u>Hours</u>	<u>Telephone</u> *
Anaheim	Concentra (Orange Medical)	1101 S. Anaheim Blvd.	24 hours 7 days	714-937-1919
Anaheim	Kaiser on the Job/Anaheim	3460 E. La Palma, Bldg. 1	M-F 8:30 am - 5 pm	714-644-6450
Anaheim	Gateway Urgent Care Center	1006 W. La Palma	M-F 8 - 10, Sat/Sun 9 - 5	714 778-3838
Anaheim Hills	Sunrise Multi-Specialty Med Group	5475 E. La Palma, #100	M-F 7am - 10 pm; Sat/Sun 9am - 5pm	714-970-0911
Brea	Brea Urgent Care	395 W. Central Avenue, Suite A	M-F 8 am - 8 pm, Sat/Sun 8 am - 6 pm	714-494-2828
Irvine	Kaiser on the Job/Sand Canyon	6670 Alton Parkway	M-F 8 am - 5:30 pm	949-932-5899
Irvine	U.S. Health Works	15751 Rockfield Blvd.	24 hours 7 days	949-206-9100
Irvine	Sand Canyon Urgent Care/Occ. Med.	15775 Laguna Canyon Road, Suite 100	M-F 8am - 7pm, Sat 9am - 5pm	949-417-0272
Irvine	U.S. Health Works	2362 Morse Avenue	24 hours 7 days	949-863-9103
Laguna Niguel	South Coast Family Medical Group	25500 Rancho Niguel Road, Suite 100	8 am - 7:30 pm M-F, 9 am - 4:30 pm	949-643-0500
La Palma	Concentra	26 Centerpoint Dr. #115	24 hours 7 days	714-522-8020
Lake Elsinore	A+ Walk-In Urgent Care	31571 Canyon Estates Drive #100	M - F 8 am - 8 pm, Sat/Sun 9 am - 5 pm	951-696-7587
Lake Forest	Saddleback Family & Urgent Care	22855 Lake Forest Drive Suite A	8 am - 8 pm M-F Sat/Sun 8 am - 4 pm	949-452-7544
Lake Forest	U.S. Health Works	22741 Lambert Street	M-F 8am - 6pm	949-581-3011
Mission Viejo	Saddleback Family & Urgent Care	23962 Alicia Parkway	8 am - 8 pm 7 days	949-452-7687
Murrieta	U.S. Health Works	25115 Madison Avenue	M-F 8 am - 7 pm	951-600-9070
Newport Beach	Newport Urgent Care	1000 Bristol Street North, Suite 1B	M-F 8 am - 8 pm, S/S 9 am - 5 pm	949-752-6300
Orange	Restore Orthopedic Urgent Care	1120 W. La Veta Ave., Suite 300	M - F 8 am - 5 pm	714-598-1745
Orange	Sunrise Multiple Specialty Group	867 S. Tustin Avenue	New injuries: 24 hours 7 days	714-771-1420
Orange	U.S. Health Works Medical Group	1045 N. Tustin Avenue	M-F 7am - 6pm	714-288-8303
Orange	UCI Medical Center Occupational Hlth	101 The City Dr. South, Pavilion 3	M-F 8:30 am - 5 pm	714-456-8300
Placentia	Concentra	640 S. Placentia Ave.	M-F 8 am - 6 pm	714-579-7772
Santa Ana	U.S. Health Works	800 N. Tustin, Suite A	M-F 8 am - 6 pm	714-245-0800
Santa Ana	Coast Line Urgent Care	1421 W. MacArthur Blvd., Suite E	M-F 9 am - 6 pm, Sat 10 am - 3 pm	714-710-3070
Santa Ana	Pacific Medical Clinic	1534 E. Warner, Suite A	M-F 8 am - 6 pm	714-557-5599
Santa Ana	U.S. Health Works	3100 W. Warner Avenue	M-F 7am - 5 pm	714-546-4233
Santa Ana	U.S. Health Works	1530 E. Edinger Avenue	M-F 8 am - 6 pm	714-541-8464
Santa Ana	U.S. Health Works	1619 E. Edinger Avenue	New injuries: 24 hours 7 days	714-542-8904
			Appointments: M – F 7 am - midnight; Sat 8 am – 5 PM	
Santa Ana	Kaiser on the Job/Harbor-MacArthur	3401 S. Harbor	M-F 8:30 am - 5:00 pm	714-830-6660
Temecula	Healthpointe	27455 Tierra Alta Way, Suite A	M-F 8 am - 5 pm	951-699-5282
Tustin	Hoag Urgent Care Tustin	2560 Bryan Avenue, #A	8 am - 8 pm daily	714-389-3500

Use the facilities below ONLY when the Workers' Compensation treatment facilities are closed (EMERGENCY 1x VISIT ONLY)				
Anaheim	Anaheim Regional Medical Center	1111 W. La Palma Avenue	24/7	714-774-1450
Anaheim	Kaiser Anaheim Medical Center	3440 E. La Palma Avenue	24/7	714-644-2800
Bellflower	Kaiser Bellflower Medical Center	9440 E. Rosecrans Avenue	24/7	562-461-3400
Fontana	Kaiser Fontana Medical Center	9961 Sierra Avenue, Bldg. 3 1st	24/7	909-427-5521
Fullerton	St. Jude Medical Center	101 E. Valencia Mesa Drive	24/7	714-871-3280
Los Alamitos	Los Alamitos Medical Center	3751 Katella Avenue	24/7	714-826-6400
Mission Viejo	Mission Hospital Regional Medical Center	27700 Medical Center Road	24/7	949-364-1400
Orange	UCI Medical Center	101 The City Drive	24/7	714-456-6011
Riverside	Kaiser Riverside Medical Center	10800 Magnolia Ave	24/7	951-353-3800
Riverside	Parkview Community Hosp. Occup. Health	9041 Magnolia, Suite 302	24/7	909-354-8020
San Clemente	Saddleback San Clemente Hospital	654 Camino de los Mares	24/7	949-489-4593
Santa Ana	Orange County Global Medical Center	1001 N. Tustin Avenue	24/7	714-953-3500

WellComp Medical Provider Network (MPN Identification #2387)
P.O. Box 59914, Riverside, CA 92517
Phone (800) 544-8150 Fax (888) 620-6921 Email info@WellComp.com
www.wellcomp.com.

York Risk Services Group 714-620-1300

Any questions about provider selection, please call (800) 544-8150, email info@WellComp.com

Or contact your York Risk Services Group claims adjuster at 714-620-1300

*** If an employee reports exposure to an infectious disease, prior to sending the employee for treatment, call the medical facility to advise them. Their staff will provide instructions on precautionary steps to take before the employee enters the facility to minimize the risk of exposure to others.**

INITIAL TREATMENT AUTHORIZATION FORM

County of Orange Workers' Compensation Program
Administered by York Risk Services Group, Inc.

FOR INITIAL MEDICAL TREATMENT, TAKE THIS FORM TO:

Name of clinic: _____

Address of clinic: _____

Name of employee: _____

Date/time of injury/illness: _____

Address where injury/illness occurred: _____

INITIAL TREATMENT FOR THIS EMPLOYEE IS AUTHORIZED BY:

Name and title of supervisor or manager: _____

Signature: _____

Telephone number: _____

Department/Agency: _____

Facility address: _____

Date/time form given to employee: _____

CLINIC STAFF:

Please provide treatment as required by the State of California Workers' Compensation Act. Payment is guaranteed for the initial visit only. Subsequent treatment is subject to further authorization by York Risk Services Group.

This authorization form must be signed and dated by a supervisor or manager of the County of Orange. Lack of valid signature may impact payment for services.

Please call the County of Orange Workers' Compensation Program (714) 285-5500 or York Risk Services Group (714) 620-1300 with any questions.

DO NOT bill the employee! Send all invoices to:

York Risk Services Group, Inc. P.O. Box 619079 Roseville, CA 95661

**PLEASE FAX ALL WORK STATUS AND RESTRICTION NOTICES TO
(714) 285-5598 (COUNTY OF ORANGE) AND (714) 922-6239 (YORK)**





Mitchell **ScriptAdvisor**

Prescription Benefit Card

Member Name: TBD
Member ID#: TBD
Rx BIN: 004410
PCN: SCI

Mitchell **ScriptAdvisor**

Your Updated Prescription Benefit Information

The County of Orange wants to get you on the road to recovery as soon as possible.

Early access to your prescribed medications can have a positive impact on your recovery which is why The County of Orange is working with Mitchell **ScriptAdvisor** to give you access to quality pharmaceutical care through a trusted network of more than 67,000 pharmacies nationwide including those in your area. Please be advised that you are not required to use this program and may fill your workers comp injury-related prescriptions at the pharmacy of your choice.

EFFECTIVE JULY 5th, 2017



Present Your New Prescription Benefit Card at the Pharmacy Starting 07/05/2017

Mitchell **ScriptAdvisor** has a large network of pharmacies where pharmacists can quickly find and verify your claim information and get you on the road again.

1. FIND A PHARMACY

Call: 866.846.9279

Click: www.ipsusa.com

View: 12 nearest pharmacies listing attached

Visit your local Pharmacy



2. SHOW YOUR MITCHELL **SCRIPTADVISOR** CARD

Your pharmacy benefit card is to be used for prescriptions related to your workers comp injury covered under your insurance policy.

As of 07/05/2017, please discard any previous pharmacy benefit cards for this workers comp claim.



Home Delivery

Mitchell **ScriptAdvisor** can also deliver your medications directly to your door. For more information and to sign up, please contact us at 866.846.9279.



Questions?
Contact us at
866.846.9279

This card is to be used for prescriptions related to your workers comp injury-related injuries covered under your insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.



Mitchell International
Ipsusa.com | 866.846.9279
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Guide To Your Workers' Compensation Medical Care

Good medical care is important – to you, your family and your employer. The County's Third Party Claims Administrator, York Risk Services Group Inc., believes that quality medical treatment, given at the right time for the right diagnosis is the quickest way to recovery.

1) How do I obtain medical care?

Within one working day of receiving the claim form, your employer will refer you to an initial care provider who can evaluate your medical condition, provide initial medical care and determine if follow-up care by a specialist is required. In addition, the doctor will be familiar with workers' compensation requirements and will report promptly to ensure that your benefits are not delayed.

2) Can I treat with my own doctor?

You can be treated right away by your personal doctor (either a medical doctor or a doctor of osteopathy) as long as that doctor agrees to provide medical care for your workers' compensation injury, has treated you in the past and maintains your medical records and you have given your employer notice of the doctor's name and address in writing before the injury. If you have given your employer the name of your personal chiropractic or acupuncturist before the injury, different rules apply, and you may need to see an employer selected doctor first. Check with your employer or claims adjuster.

3) Why is there a limit to physical/occupational therapy, and chiropractic visits?

For all dates of injury on or after January 1, 2004 a limitation of up to 24 visits of physical therapy, 24 visits of occupational therapy and 24 visits of chiropractic treatment per injury was established by legislation outlined in Labor Code 4604.5(d).

York works closely with your doctor and/or physical therapist to ensure that education is being provided on a home exercise program that can maximize the benefits of your supervised therapy sessions and/or maintain your progress level. In special circumstances, such as recent and/or preventative surgery, your employer may make recommendations to allow additional sessions.

4) If my injury happened before January 1, 2004 do the limitations described above still apply?

The physical modality limitations defined in Labor Code 4604.5 (d) only applies to injuries occurring on or after January 1, 2004, the process of Utilization Review applies to all dates of injury and may limit these visits as well. Therefore York will apply the medical guidelines and/or medical based evidence to process any request for physical therapy, occupational therapy and chiropractic visits.

5) What is Utilization Review?

Utilization review is not new to the medical industry, however, up until January 1, 2004 it was not required for the delivery of workers' compensation medical care. You have most likely experienced utilization review, through your private medical insurance plans such as your HMO or PPO care provider. Based on legislation introduced and signed into law in 2004, a utilization review process became mandatory as part of the delivery of workers' compensation medical care.

“Utilization Review” is the evaluation of treatment requested in comparison with nationally recognized guidelines of medical care and treatment protocols. This evaluation can take place prospectively, concurrently or retrospectively based upon the format in which the request is received. The goal of utilization review is to ensure that the appropriate medical care is provided at the right time for the correct diagnosis.

6) How long does Utilization Review take?

York will work very closely with your doctor and provide him/her with all the necessary information to comply with nationally recognized guidelines. This is done to ensure timely response once all information is obtained. In most circumstances an authorization will be provided in a matter of a day or two of our receipt of the written request from your treating physician. However, if the treatment and/or procedure is more complex, we will request additional information and/or testing results from your doctor along with review by our Medical Director. If your doctor doesn't and/or is unable to provide the information within 14 days of the original request for the procedure/treatment and/or a medical review is necessary, we will send a delay notice advising you why the decision cannot be made within that time frame. Once again, we work very closely with your doctor to avoid any delays and we will move forward with finalizing the process upon receipt of the requested information from your doctor.

7) If Utilization Review denies my doctor's request for treatment, what are my options?

If your doctor's request is denied by the Medical Director, we will provide a letter outlining why the treatment request is inappropriate and may provide alternative treatment options. We strongly encourage you to discuss the results with your doctor, since your doctor may decide to seek an alternative treatment plan. In addition, there are appeal options available for both you and your doctor.

Your doctor may request an alternative treatment plan and/or appeal the denial. The appeal must be submitted in written format from the requesting/treating physician within 10 days from his/her receipt of the written denial. Your doctor should use scientifically based medical evidence to support the appeal or treatment requested. The medical director will then review the additional information and provide his determination.

You will also have an opportunity to request a Panel Qualified Medical Evaluation (QME) from the State of California. The State will provide you with a list of three specialists in your area from which to choose for the rebuttal of the treatment denial. This evaluator is required to provide a report that makes a recommendation regarding the appropriateness of the treatment in question. As with all prior medical reporting, this recommendation must be supported by nationally recognized guidelines or scientific evidence based medicine. Note, if this dispute involves a spinal surgical procedure, you will be provided with a different appeal procedure.

8) If I have an Award for future/life time medical care, why does it have to go through utilization review?

The application of utilization review is for all treatment requested on or after January 1, 2004 not withstanding a prior award. If your doctor has determined that a specific treatment and/or medication will be required for your lifetime and/or for an extended period of time, we recommend that your treating physician provide us with a narrative (written) report explaining the need for and duration of the treatment and/or medication. This report will then be used to prepare a “one time” referral to the medical director so he can establish the appropriate authorization for the recommended period of time. Once this process has been completed all further requests for that specific treatment and/or medication should be immediate.

Access to Medical Care

Welcome to WellComp

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you. Your employer has received the approval from the State of California to cover your workers' compensation medical care needs through the WellComp Network. You are automatically covered by the WellComp Network if your date of injury or illness is on or after your employer's MPN implementation date and if you have not properly pre-designated a personal physician prior to your injury or illness.

In the event that you have an injury or illness, you may carry this pamphlet with you to present to your medical service provider for access to care.

This pamphlet is not required to receive medical services

■ Initial Care

In case of an emergency, you should call 911 or go to the closest emergency room.

In the event that you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

■ Subsequent Care

If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.com or call WellComp Patient Services.

■ Emergency Care

In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

■ Hospital and Specialty Care

Your primary treating provider in the WellComp Network can make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

■ Choosing a Treating Physician

If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the Medical Access Assistant in the WellComp Patient Services Department or discuss your options with your initial care provider.

■ Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact the Medical Access Assistant in the WellComp Patient Services Department or your Claims Examiner.

■ Changing Primary Treating Physician

If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

■ Obtaining a Specialist Referral

As long as you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

1. Your primary treating provider in the WellComp Network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
2. You may select an appropriate specialist by accessing the WellComp Directory.
3. You may contact your Medical Access Assistants in the WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating provider makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

■ Continuity of Care

What if I am being treated by a WellComp doctor and the doctor leaves WellComp?

Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.

If you are being treated for a work-related injury in the WellComp Network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp Network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

■ Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp Network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp Network. If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. If your current treating physician is not a participating physician within WellComp and you have not yet been transferred into the MPN, your physician can make referrals to providers within or outside the MPN. Your current doctor may be allowed to become a member of WellComp.

You will not be transferred to a doctor in WellComp if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.
- For a complete copy of the Transfer of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

■ Care Transfer Disputes

Notice of determination, from the employer or claims examiner, shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible. If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN. If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision. If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved.

Second Opinion, Third Opinion and Independent Medical Review Process:

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

■ Obtaining Second and Third Opinions

If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- ✓ Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp Network who have the recognized expertise to evaluate or treat your injury or condition.
- ✓ Select a physician or specialist from the list.
- ✓ Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- ✓ Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- ✓ You will be provided information and a request form regarding the Independent Medical Review (IMR) process at the time you select a third opinion physician. Information about the IMR process can be found in the MPN Employee Handbook.

If the Second/Third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If the 2nd/3rd opinion doctor agrees with your need for a treatment or test, you may be allowed to receive that recommended treatment or test from a provider inside or outside the MPN, including the 2nd or 3rd opinion physician.

■ Obtaining an Independent Medical Review (IMR)

If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed MPN Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the Independent Medical Review process and the form to request an Independent Medical Review.

If the second opinion, third opinion or IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician if MPN contains a physician who can provide the recommended treatment. If the IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp Network.

Any physician chosen outside of the WellComp Network must be within reasonable geographic area. The treatment or diagnostic test is limited to the recommendation of the MPN/ IMR.

■ Treatment Outside of the Geographic Area

WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating provider, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:

The following is a summary of Workers' Compensation medical services that are available to employees covered by the WellComp Network.

Primary treating and specialty services including consultations and referrals

Examples of primary treating or specialty providers include: general medical practitioners, chiropractors, dentists, orthopedists, surgeons, psychologists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services

Examples of inpatient hospital and outpatient surgery center providers include: acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services

Examples of ancillary care providers include: diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services including outpatient and out-of area emergency care



WellComp Provider Directory

For more information about the MPN including access to a roster of all treating physicians in the MPN, go to www.WellComp.com where you can search by medical specialty, zip code, physician or provider group. For website assistance or to access a hard copy of the regional area listing and/or an electronic copy of the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator):

WellComp Information

For questions about the use of MPN's or complaints The MPN contact is: Gale Chmidling, MPN Manager (800)544-8150

WellComp has individuals available to answer questions, provide website assistance, and generate provider listings. Medical Access Assistants are available to assist with finding an MPN physicians of your choice, including scheduling and confirming physician appointments. Assistants are available 7am to 8pm Pacific Standard Time, Monday through Saturday at the contact information below:

WellComp
Patient Services Department
P.O. Box 59914
Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.com



Employee Notification

This pamphlet contains important information on accessing the WellComp Medical Provider Network:

- ✓ Find out if you are covered
- ✓ Access medical care
- ✓ Learn about continuity of care
- ✓ Choose your own physician
- ✓ Transfer into the WellComp Network
- ✓ Contact WellComp

MPN Identification Number:

This pamphlet is available in Spanish. For a free copy, please contact WellComp Medical Provider Network.

Este folleto esta disponible en el Español. Para una copia gratis, favor de llamar a WellComp Medical Provider Network

COUNTY OF ORANGE
Risk Management/Workers' Compensation Program
600 W. Santa Ana Blvd., Suite 104
Santa Ana, CA 92701
(714) 285-5500 Fax (714) 285-5598



EMPLOYEE'S REPORT OF
OCCUPATIONAL INJURY OR ILLNESS

REPORT FOR RECORD ONLY:
YES ☐ NO ☐

DIRECTIONS: To be completed by the injured employee and submitted to Risk Management as soon as possible following injury or illness.

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____
SOCIAL SECURITY # xxx-xx _____ WORK LOCATION: _____
AGENCY/DEPT: _____
HOME ADDRESS: _____
HOME TELEPHONE NUMBER: _____

OCCUPATIONAL INJURY OR ILLNESS INFORMATION

DATE OF INJURY/ILLNESS: _____ TIME: _____ AM ☐ PM ☐
ADDRESS/LOCATION OF INJURY/ILLNESS: _____

DID YOU REPORT THIS TO YOUR SUPERVISOR: YES ☐ NO ☐ IF YES, PLEASE LIST SUPERVISOR'S
NAME, TELEPHONE NUMBER AND DATE REPORTED: _____

DESCRIBE YOUR INJURY AND PART(S) OF BODY AFFECTED: _____

DESCRIBE YOUR ACTIVITIES AT THE TIME OF INJURY AND ANY EQUIPMENT OR TOOLS USED: _____

LIST ANY WITNESSES: _____

DID YOU/WILL YOU MISS WORK AFTER YOUR INJURY? YES ☐ NO ☐ IF YES, LIST DATE(S): _____

DID YOU/WILL YOU RETURN TO WORK? YES ☐ NO ☐ IF YES, DATE OF RETURN: _____

IF YOU FEEL AN UNSAFE CONDITION CONTRIBUTED TO YOUR INJURY, PLEASE DESCRIBE: _____

HAVE YOU REQUESTED MEDICAL CARE FOR YOUR INJURY/ILLNESS? YES ☐ NO ☐ IF YES, GIVE
NAME, ADDRESS AND PHONE NUMBER OF THE DOCTOR OR MEDICAL FACILITY: _____

NAME OF PERSON AUTHORIZING MEDICAL CARE: _____

DATE OF FIRST MEDICAL TREATMENT: _____

LIST THE NAMES AND ADDRESSES OF ANY OTHER PHYSICIAN WHO HAS TREATED YOU FOR THIS
INJURY/ILLNESS: _____

ADDITIONAL COMMENTS: _____

DATE SIGNED: _____ DATE PREPARED: _____
PREPARED BY: _____

SIGNATURE OF EMPLOYEE: _____



Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility *Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad*

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDDB): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo un curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance- SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401**. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al **(800) 736-7401** para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. ☐ Check if you agree to receive notices about your claim by email only. ☐ Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail. _____ Correo electrónico del empleado. _____
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*
9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

10. Name of employer. *Nombre del empleador.* _____
11. Address. *Dirección.* _____
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
16. Insurance Policy Number. *El número de la póliza de Seguro.* _____
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD




☐ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado ☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado



TO COMPLETE AND SUBMIT THE 5020 FORM (EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS ELECTRONICALLY:

1. Log into SharePoint (<https://ocgov.sharepoint.com>)
2. Navigate to CEO/Risk Management:
<https://ocgov.sharepoint.com/Collab/SvcAreas/GRC/Risk/Pages/OccupationalInjuryIllnessReporting.aspx>
3. Click on the link to submit a "New 5020 Employers Report of Occupational Injury" online:
<https://5020.yorkrsg.com/clients/5020/> Screen shot is below:

Occupational Injury and Illness Reporting Packet

Occupational Injury and Illness Reporting Packet	
What To Do If Your Employee Is Injured	
To Access the "On-line Injury Reporting Tutorial".	

To Submit a "New 5020 Employer's Report of Occupational Injury Online".

4. Enter the following USERNAME & PASSWORD:
Username: workerscompensation@ocgov.com
Password: [orange](#) (lower case letters only)
5. Click on SUBMIT A NEW 5020
6. Complete the 5020 form
7. Type your name and telephone number at the bottom
8. Click "SUBMIT"
9. Select "VIEW 5020 DETAILS"
10. Print the 5020 and/or save a copy for your records.
11. Click "CONTINUE"
12. Log out

For those without Internet access, please complete the hard copy "Employer's Report of Occupational Injury or Illness" (Form 5020) in the Occupational Injury and Illness Reporting Packet and send to CEO/Office of Risk Management/Workers' Compensation Program:

Email: workerscompensation@ocgov.com

Fax: (714) 285-5598

Mail: 600 W. Santa Ana Blvd., Suite 104, Santa Ana, CA 92701

Any questions, please call (714) 285-5500 Monday through Friday 7 am to 5 pm

State of California				OSHA Case No.	
EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS				<input type="checkbox"/> Fatality	
Any Person who makes or causes to be made any knowingly false or fraudulent statement or y material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.		NOTICE: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury/illness or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.			
EMPLOYER	1. FIRM NAME			1A. POLICY NUMBER	DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Number, Street, City and Zip)			2A. PHONE NUMBER	Case No.
	3. LOCATION, IF DIFFERENT FROM MAILING ADDRESS (Number, Street, City and Zip)			3A. LOCATION CODE	Ownership
	4. NATURE OF BUSINESS, e.g., painting contractor, wholesale grocer, sawmill, hotel, etc.		5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.		Industry
6. TYPE OF EMPLOYER <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> SCHOOL DIST. <input type="checkbox"/> OTHER GOVERNMENT - SPECIFY _____					Occupation
INJURY OR ILLNESS	7. DATE OF INJURY OR ONSET OF ILLNESS (mm/dd/yy)		8. TIME INJURY/ILLNESS OCCURRED _____ A.M. _____ P.M.		9. TIME EMPLOYEE BEGAN WORK _____ A.M. _____ P.M.
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		12. DATE LAST WORKED (mm/dd/yy)		13. DATE RETURNED TO WORK (mm/dd/yy)
	15. PAID FULL WAGES FOR DAY OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. SALARY BEING CONTINUED? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. DATE OF EMPLOYER'S KNOWLEDGE/NOTICE OF INJURY/ILLNESS (mm/dd/yy)
	18. DATE EMPLOYEE WAS PROVIDED EMPLOYEE CLAIM FORM (mm/dd/yy)				
	19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS, if available, e.g., second degree burns on right arm, tendonitis of left elbow, lead poisoning.				
	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street and City)		20A. COUNTY		21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., shipping department, machine shop.			23. OTHER WORKERS INJURED/ILL IN THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., acetylene, welding torch, farm tractor, scaffold.				
	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., welding seams of metal forms, loading boxes onto truck.				
	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, eg., worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.				
	27. NAME AND ADDRESS OF PHYSICIAN (Number, Street, City and Zip)			27A. PHONE NUMBER	
	28. HOSPITALIZED AS AN INPATIENT OVERNIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES THEN, NAME AND ADDRESS OF HOSPITAL (Number, Street, City and Zip)			28A. PHONE NUMBER	
			29. EMPLOYEE TREATED IN EMERGENCY Room? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.					
NOTE: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.*					
EMPLOYEE	30. EMPLOYEE NAME			31. SOCIAL SECURITY	32. DATE OF BIRTH (mm/dd/yy)
	33. HOME ADDRESS (Number, Street, City and Zip)			33A. PHONE NUMBER	
	34. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	35. OCCUPATION (Regular job title - NO initials, abbreviations or numbers)			36. DATE OF HIRE (mm/dd/yy)
	37. EMPLOYEE USUALLY WORKS hours _____ per day days _____ per week total _____ weekly hours		37A. EMPLOYMENT STATUS (check applicable status at time of injury) <input type="checkbox"/> regular full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		37B. Under what class code of your policy were wages assigned?
38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g., tips, meals, lodging, overtime, bonuses, etc.)? <input type="checkbox"/> YES, \$ _____ per _____ <input type="checkbox"/> NO			
*Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.					
Completed by (type or print)		Signature		Title	Date (mm/dd/yy)



COUNTY OF ORANGE

Supervisor's Investigation of Employee Injury or Illness

Supervisors or the designated Department Safety Representative (DSR) must complete this form (in accordance with the accident investigation procedures outlined in Safety and Loss Prevention Resource Manual policy #401

http://intra2k3.ocgov.com/ceo_risk_mgmt/manuals/slp/SLP%20MANUAL.pdf) for all work related injuries / illnesses.

Regardless of whether the DSR conducts the investigation and completes the form, **it must still be signed by the injured employee's supervisor.** If more space is needed, continue on reverse side of form (or use additional sheet[s] of paper).

This form may also be used to document "near-miss" incidents which *could* have resulted in serious injury or death. For further information, contact the Safety Manager at 714-285-5500. Email completed form to safety@ocgov.com

SECTION I

Employee's Name:		Job Title:	
Agency/Department:	Date of Injury/Illness:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Address Where Injury or Illness Occurred:			
Name of Witness:		Work Phone:	
Name of Witness:		Work Phone:	

SECTION II If you "check" a blank box, be sure to elaborate in the space provided

NATURE OF INJURY	PART OF BODY	ACCIDENT TYPE	UNSAFE CONDITION	UNSAFE ACT
<input type="checkbox"/> Cut/Puncture	<input type="checkbox"/> Head	<input type="checkbox"/> Slip/Fall same level	<input type="checkbox"/> Inadequate/No Safety Guards	<input type="checkbox"/> Operating without authority
<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Face	<input type="checkbox"/> Slip/Fall different level	<input type="checkbox"/> Poor Housekeeping	<input type="checkbox"/> Using defective equipment
<input type="checkbox"/> Contusion (bruise)	<input type="checkbox"/> Eye <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Struck Against	<input type="checkbox"/> Unsafe/Defective Equipment	<input type="checkbox"/> Improper use of equipment
<input type="checkbox"/> Burn (heat or chemical)	<input type="checkbox"/> Neck	<input type="checkbox"/> Struck By	<input type="checkbox"/> Inadequate Illumination	<input type="checkbox"/> Failure to make secure
<input type="checkbox"/> Fracture	<input type="checkbox"/> Shoulder <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Caught In/Between	<input type="checkbox"/> Inadequate Protective Equipment	<input type="checkbox"/> Failure to use safety device
<input type="checkbox"/> Crush Injury	<input type="checkbox"/> Arm <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Strain/Overexertion	<input type="checkbox"/> Improper Ventilation	<input type="checkbox"/> Safety rule was violated
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Elbow <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Inhale/Ingest	<input type="checkbox"/> Hazardous Procedure	<input type="checkbox"/> Unsafe carrying/lifting
<input type="checkbox"/> Skin Irritation	<input type="checkbox"/> Hand <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Electrical	<input type="checkbox"/> Slippery Surface	<input type="checkbox"/> Unsafe position/posture
<input type="checkbox"/> Infection	<input type="checkbox"/> Finger	<input type="checkbox"/> Temperature	<input type="checkbox"/> Congestion/Close Clearance	<input type="checkbox"/> Operating at unsafe speed
<input type="checkbox"/> Foreign Object	<input type="checkbox"/> Back	<input type="checkbox"/> Attack/Assault	<input type="checkbox"/>	<input type="checkbox"/> Unsafe procedure
<input type="checkbox"/> Splash	<input type="checkbox"/> Hip <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Bite/Sting		<input type="checkbox"/> Failure to secure object
<input type="checkbox"/> Environment	<input type="checkbox"/> Leg <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Cut/Puncture		<input type="checkbox"/> Horseplay
<input type="checkbox"/>	<input type="checkbox"/> Knee <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Vehicular		<input type="checkbox"/> Inattention
<input type="checkbox"/>	<input type="checkbox"/> Ankle <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foot <input type="checkbox"/> Left <input type="checkbox"/> Right			
<input type="checkbox"/>	<input type="checkbox"/>			

SECTION III

If you are using terms like "None / N/A / Unpredictable / Unavoidable" Please explain what this means

A. WHAT HAPPENED AND WHERE DID IT HAPPEN? Describe accident/incident, the Injury/Illness and location at above address where accident occurred.

B. CAUSE OF ACCIDENT/INCIDENT? *What contributed most directly to accident/incident i.e. WHY did the accident/incident occur i.e. what was the "root cause" of the accident/incident?*

C. CORRECTIVE ACTION *What action has been taken, will be taken, or is recommended, to prevent recurrence? **Must Complete***

SECTION IV

Witness Statements—attach separate sheets - include any photos taken.

Supervisor's Name
Print or Type name

Phone Number

Supervisor's Signature _____

Date

U-TIP SAFETY HOTLINE (714) 285-5597

DISTRIBUTION: 1 – CEO / Risk Management Safety; 1 - Department Head; 1 - Supervisor
(Department must retain in accident investigation records as a part of the Injury and Illness Prevention Program)



OC Public Works Incident Report

Date of Incident: _____ Time of Incident: _____

Location (Building/Facility) _____

Address: _____

Department: _____ Division: _____

Other Site Information (i.e., garage, lunchroom, etc.): _____

Reported By:

Name: _____

Department: _____ Division: _____

Telephone #: _____ Date Reported: _____

Nature of the Incident:

☐ Theft Description of items taken: _____

☐ Other Other (describe): _____

Other Person(s) Involved:

Witness to Incident:

Brief Summary of the Incident:

Action Taken:

☐ Supervisor Notified

☐ Police Contacted

☐ Sheriff Contacted

Name: _____

Report #: _____ City: _____ Badge #: _____

☐ Workers' Compensation Claim Filed

☐ Employee Health Notified

Other: _____

Additional Information: _____
