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July 10, 2022

RE: Safety Policy Manual Updates

Contained in the pages of this book is your newly developed basic *Safety Policy Manual*, which the association will be using for our Workers' Compensation and OSHA programs. The criterion for a workers' compensation group rating program requires the group and each member to implement a safety program to improve accident prevention.

As you are aware, based on various company sizes, no "one" program will fit all our needs. The policy manual must serve as a cornerstone to be built upon to protect our employees, be in compliance with various regulatory agencies, and reduce the overall operating costs of our operations.

This is a "CORE" policy manual for your use. Numerous elements could be added based on your particular needs and operation. With construction sites and our batch plants subject to regulatory agencies (i.e. OSHA), the odds of being inspected are much higher than in years past.

You cannot stop with this policy manual. Do not place it on a shelf and think you have a safety program, or it will become worthless to your company. From the materials arriving on site, the batching process completed, to the delivery to the construction site, we are constantly exposing ourselves to risks such as:

- Loss of property
- Loss of personnel
- Violation of a specific safety regulation (VSSR) exposure
- Intentional tort issues
- Regulatory inspections
- Loss of customers based on a reputation of being an unsafe operator
- Being noncompetitive because of higher costs to do business, arising out of injuries/illnesses on the work site
- LOSS OF PROFIT ON THE JOB!

The use of this Safety Policy Manual can go a long way toward minimizing those risks. This policy manual was developed by Oklahoma's Concrete's Safety & Health consultants, American Safety & Health Management Consultants, Inc., with the assistance of Oklahoma Concrete staff and Safety Committee members, in addition to our Workers' Compensation consultants, and the Oklahoma Division of Safety & Hygiene.

The Safety Policy Manual has been provided by your association as a member benefit and service. Please use the manual to its fullest extent in the development of your company's safety program. Should you have your own company safety policy manual, please make certain it includes all phases of the Oklahoma Concrete Group Safety Program and Policy Manual.

SAFETY POLICY MANUAL

This Safety Policy Manual has been prepared for **COMPLETE CONCRETE OF OKLAHOMA, LLC**. Copies of this manual are only permitted for internal use by **COMPLETE CONCRETE OF OKLAHOMA, LLC.** No other copies are to be made for external use or for resale without the express written consent of Complete Concrete of Oklahoma, LLC. This material is a copyrighted product and, as such, is protected by the copyright laws of the United States of America.

This manual is not to be considered an OSHA Compliance Manual. It covers most of the potential areas that OSHA considers essential for a safety policy manual.

A copy of the OSHA General Industry standards Federal Register 1910 and OSHA Construction standards Federal Register 1926 should be available as a reference and should be used to review in detail required federal safety regulations. When developing your own specific company manual, you should reference Mining Safety & Health Administration (MSHA) regulations, as well as the OSHA regulations, if you are in the mining or aggregate business in addition to the ready mixed concrete business. This manual is to be used as a guiding document and training reference as a part of the overall safety management effort of **COMPLETE CONCRETE OF OKLAHOMA, LLC.** These efforts should include active management support, effective safety training of employees, monitoring and frequent inspections of the facility, clearly defined responsibilities for management staff and accountability for performance, frequent communications with employees and ongoing review of the program and updates as necessary.

This Safety Policy Manual is effective as of February 10, 2021. As changes are needed that particular section should be updated. All employees should be made aware of the changes.

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I-A

SAFETY POLICY STATEMENT

Our Company is committed to providing the safest possible working environment and conditions for our employees. The safety of our employees is a prime concern to management. With this in mind the following management commitment is being made to prevent unnecessary injuries to our employees.

* All members of management recognize that safety is an integral part of their job duties and are responsible for preventing these injuries.

* Safe working conditions are an essential part of our business.

* All employees are to be properly and thoroughly trained in safe work practices and are to understand the importance placed on working safely each day.

* Management is open to any suggestions which will help improve the safety of our employees.

* Safety is simply good business. Good for our employees and good for the company.

The prevention of employee injuries is of the utmost importance and a key ingredient to the continued success and growth of our company. We urge each of you to join with us in committing to make **Our Company** the safest possible place to work.

_____
President/Owner Signature

(This form is to be typed on company letterhead and signed by the owner or president, then posted for all employees to see)

I-B

EMPLOYEE COMMITMENT TO SAFETY

It is the sincere wish of **Our Company** to provide the safest establishment and conditions possible for all our employees. Safety, however, is a joint responsibility of the management and employees and each must do their part to ensure the success of the program. A good safety program does not happen by accident, it happens because we all work together each day to make it happen.

As outlined in the Safety Policy Statement, the prevention of employee injuries is of the utmost importance to management and a key ingredient to the continued success and growth of the company. Each member of the management team urges you to join wholeheartedly in this effort. **With your help, the majority of injuries can be prevented. Please read the safety policy guidelines carefully and:**

- **ask questions if you are not sure of a proper procedure,**
- **don't take short cuts or unnecessary chances,**
- **be alert to the unexpected and the actions of other employees,**
- **report unsafe conditions immediately, and**
- **lead by example.**

It may take a little extra time at first to think of the safe way to do a job, but this effort will pay off for everyone in reducing employee accidents and injuries.

The success of the safety program depends on the degree to which each of us fulfills our safety responsibilities. Everyone individually has an impact on the success of the program. The safety program will only be as successful as is our efforts to adhere to the safe policies and guidelines. Remember, we make decisions all the time that affect our individual safety. Please, when making those decisions, choose the safe, right way instead of the easy, most convenient way. Management is committed to this effort. Let each of us join in with that commitment and make **Our Company**, the safest possible place to work.

_____

Employee Signature

(This form is to be typed on company letterhead and signed by the employee & filed in employee file)

I-C

MANAGEMENT & EMPLOYEE SAFETY RESPONSIBILITY

Management is committed to ensuring that safety is a primary consideration at all times. The following has been developed to clearly provide a guide for management and employees.

OWNER/PRESIDENT/SENIOR MANAGEMENT:

* Will set the tone and commitment for the safety program and communicate this to all members of his staff.

* Will provide the Safety Coordinator and foremen/supervisors with the authority to carry out the company's safety program.

* Will hold all levels of management responsible and accountable for the safety performance of the company.

* Will review all serious accidents with the Safety Coordinator.

* Will attend and participate in meetings concerning the company safety program.

* Will establish yearly safety performance goals and track the safety performance closely against the established goals.

* Will allocate sufficient time and resources necessary for all management level employees to be trained in their safety responsibilities and duties.

FOREMEN/SUPERVISORS:

* Will follow closely and enforce all safety policies and regulations.

* Will actively direct company safety activity and require all employees to comply with the safety program.

* Will make available and enforce the use of required safety equipment.

* Will conduct regular site safety inspections and correct problem areas where appropriate. Will ensure that serious safety problems are corrected immediately.

* Will conduct accident investigations on all accidents and report immediately to the Owner/President/Senior Management.

* Will conduct regular safety meetings and furnish the Owner/President/ Senior Management a copy of the safety meeting report.

* Will be familiar with all company safety regulations and enforce compliance with these regulations.

* Will take necessary corrective action to enforce safety rules and policies and document the actions taken.

* Will work closely with the company Safety Coordinator.

EMPLOYEES:

* Will follow closely all safety policies and regulations at all times.

* Will maintain themselves in appropriate physical condition to perform assigned job duties.

* Will wear required personal protective equipment and maintain same in a safe condition.

* Will practice good housekeeping at all times.

* Will report unsafe equipment or conditions immediately to the foreman/supervisor.

* Will immediately report all accidents or injuries, regardless of their nature, to their supervisor.

* Will operate power tools in a safe manner and ensure that all guards are kept in place.

* Will refrain from horseplay or unsafe acts that may endanger their own safety and the safety of fellow employees.

* Will wear seat belts when operating or riding in a company vehicle.

* Will attend all company required safety meetings.

* Will read company provided employee safety handbook and be familiar with the company's safety policy.

I-D

SAFETY COORDINATOR RESPONSIBILITIES

An appropriate management level individual will be designated as the Safety Coordinator. This individual will be given the necessary authority to carry out the responsibilities of the job. Management will give the individual the utmost support and cooperation.

The following responsibilities are included:

* Will conduct New Employee Safety Orientation and Training and will work closely with other employees that will be involved in safety training.

* Will conduct Facility Safety & Housekeeping Inspections and recommend needed corrections immediately.

* Will counsel employees on safe work behavior.

* Will communicate the effectiveness of the safety program to senior management.

* Will review the safety program consistently and update the program as necessary.

* Will review all accident reports and will investigate, along with foremen/supervisors, all serious accidents.

* Will provide leadership in directing the safety program.

* Will work closely with foreman/supervisor on safety related issues.

* Will stay up to date on all OSHA regulations affecting the company and communicate changes to all management/employees.

* Will train all foremen/supervisors on the safety program and changes in company, state or federal safety regulations.

* Will lead by example and follow all company safety policies.

I-E

SAFE WORK RULES AND PRACTICES

Safety is the responsibility of everyone in the company. The foremen/supervisors and each employee are responsible for making the company a safe place to work. All employees are encouraged to take the necessary protective steps to avoid unnecessary accidents and needless health hazards by following proper safety rules and safety practices at all times.

1. It is the responsibility of all employees to conduct themselves in the safest possible manner at all times abiding by the safety rules of the company. It is the responsibility of all levels of supervision to make sure that employees are
   a. constantly aware of proper safety procedures and are following these procedures.

2. All accidents are to be reported immediately. Neglect of minor cuts and bruises may result in serious infections and other problems. First aid treatment is to be provided as necessary. Employees with more serious injuries are to be
   a. sent to the nearest emergency treatment facility for proper care.

3. Drugs or alcoholic beverages are strictly forbidden on the premises. No employee will be permitted to work while under the influence of alcoholic beverages, drugs, or any substance which inhibits full mental or physical activity.

4. Unsafe behavior such as running, fighting, horse-play, removing safety guards, using unsafe equipment, interfering with the safety of other employees, or failure to follow company safety procedures is strictly forbidden.

5. Employees that are not trained or authorized are not permitted to work around or on any equipment requiring such training and authorization.

6. All employees are expected to practice good housekeeping at all times. Work areas, company vehicles and aisleways are to be kept clear and cleaned up at all times.

7. All employees are required to wear personal protective equipment, when necessary, such as: hard hats, safety shoes, safety glasses, protective clothing and gloves and are to maintain this equipment in a safe condition.

8. Unsafe conditions, equipment or tools are to be reported to the foreman/supervisor immediately.

9. Employees should be alert to see that all guards and other protective devices are in proper place and adjusted, and shall report deficiencies promptly to the foreman/supervisor.

10. Workers shall not handle or tamper with any electrical equipment, machinery, air or water lines in a manner not within the scope of their duties, unless they have received adequate safety instructions from their foreman/supervisor.

11. Destruction or damage of company property or equipment or other such acts are strictly forbidden at all times.

12. When lifting heavy objects, use the large muscles of the leg, instead of the smaller muscles of the back. When possible, get help in lifting heavy objects or lighten the load.

13. Only appropriate shoes or boots acceptable for construction work are permitted.

14. Gasoline and other unapproved solvents shall not be used for cleaning purposes.

15. Handle chemicals only in the prescribed safe manner. Never mix or tamper with chemicals you are not familiar with.

16. When climbing or descending a ladder, always hold on to the side rails with both hands. Refrain from carrying up or bringing down materials.

17. The company Lockout/Tagout program is to be followed when employees are required to service or work on equipment, requiring the use of locks and tags.

18. Running with machines or mechanized equipment is not permitted at any time.

19. Seat belt use is required anytime an employee is driving or riding in a company vehicle.

20. Only trained and authorized employees will be permitted to enter a Permit Required Confined Space and only when a trained attendant is available to assist.

21. Never walk on conveyor belts or climb over conveyors.

22. Loose jewelry and rings are prohibited where they could get caught in moving equipment.

23. Never operate any equipment unless the appropriate guards are in place and in good working condition.

24. Loose fitting clothing is not to be worn around dangerous equipment.

25. Hair hanging to the shoulder or longer must be tied up or placed under a hard hat.

I-F

REPORTING AND CORRECTING UNSAFE CONDITIONS

1. Any time an employee becomes aware of an unsafe condition, the foreman/supervisor is to be notified immediately.

2. The foreman/supervisor is to investigate the reported situation.

3. If the situation is within the foreman's/supervisor's realm of responsibility, it is to be immediately corrected. If the condition cannot be corrected immediately, the Safety Coordinator/Senior Management is to be notified.

4. If the condition is serious or life threatening, work in the area shall immediately be halted and the area roped off or marked so that all employees are aware of the dangerous situation. No work is to commence until the condition is corrected.

5. If the problem involves a subcontractor's employees, the foreman/supervisor is to contact the appropriate foreman/supervisor or individual responsible for this area.

6. If there is a dispute about the situation or condition, work is to be stopped until the Owner/President/Senior Management has been notified and determines what action is to be taken.

I-G

POSITIVE COUNSELING

Positive Counseling is a powerful and effective tool that any management employee can use in changing or modifying employee safety behavior. It doesn't rely on threat or intimidation but on individual accountability. Most employees do not do things that would deliberately cause themselves to be injured. However they fail to understand the need to follow proper safety procedures and are influenced negatively by other factors.

Positive Counseling is a method of identifying what these causes and/or reasons are. Many are very valid and are often overlooked and neglected by management.

If you want the employee to change or modify his behavior, you must determine these causes and address these in a positive manner. Listen to what the employee has to say. Accept initial responsibility, where possible, and advise the employee that he has legitimate reasons that you weren't aware of. Then advise the employee what you are going to do to help eliminate the cause. Write these down on a "To Do" list. Advise the employee that you will get back to him when you have corrected the issue he raised.

Once you have advised the employee of the action you are going to take, you then want to address the employee's safety behavior. If necessary, re-instruct the employee in the proper procedures, get him/her the proper tools and equipment or personal protective equipment. Review with the employee the need on his/her part to follow the proper procedures in the future and don't rely on what others are doing. Get agreement from the employee on this issue. Stress your concern for his/her safety and that the company appreciates the job he/she is doing. Advise the employee now that he knows the correct procedures, and has the right type of equipment that you are confident he will work safely from now on. Stress the issue firmly. Also, advise the employee that you will be following up with him/her closely in the future and if he/she should have any concerns or problems at all about safety all he/she need to do is call.

NOTE: Always follow up on the items noted. Get these corrected A.S.A.P. Failure to do so will destroy your credibility with the employee.

I-H

CORRECTING UNSAFE BEHAVIOR

Positive counseling should always be used when initially trying to modify employee safety behavior. However, from time to time, this may not be completely successful. If this is the case, the following corrective action steps should be utilized:

1. Insure the employees know the proper manner in which to perform tasks through proper instruction.

2. Instruction is to be verified on an Employee Training Checklist. Each new employee is to sign this after receiving proper training.

3. Consequences of unsafe behavior should be spelled out; i.e. injury, lost time, lost income, lost productivity, higher operating costs, disciplinary action.

4. Observe initial performance of new tasks and give positive reinforcement for correct performance.

5. Should unsafe behavior occur, the following progressive discipline procedures will be used.

    * Verbal warning--first time offense, unless violation is of serious nature, then written disciplinary should apply.

    * Written warning--second offense.

    * Three-day suspension--third offense.

    * Discharge--fourth offense.

6. Insure the following when giving corrective action:

    * Unsafe behavior is addressed as soon as possible following an occurrence.

    * Be specific as to what occurred.

    * Explain the correct procedure.

    * Gain employee acknowledgment of violation as well as correct procedure.

    * Spell out consequences of continued violations.

7. Set a good example through your own behavior.

8. Apply corrective action consistently.

I-I

ACCIDENT REPORTING AND INVESTIGATION GUIDELINES

1. All employee injuries require a written report and a thorough accident investigation filled out by the foreman/supervisor.

2. All accident reports and investigations are to be reviewed by the Safety Coordinator.

3. The accident investigation must focus on the specific cause or causes of the accident so that appropriate corrective action can be taken as quickly as possible.

4. The causes of the accident need to be discussed with the injured employee. Specific instructions on how the accident could be prevented is to be given to the employee.

5. If the accident occurred because of an employee's failure to follow safety policies, it should be noted on the report. In these cases, the employee is to be counseled on this action.

6. Failure to follow company safety procedures could be subject to normal disciplinary procedures.

7. Serious accidents involving machinery or equipment must be investigated by the Safety Coordinator. The Safety Coordinator must certify that the machinery or equipment is safe and ready to be returned to production after a careful review with appropriate management employees.

8. Obtain the names and statements of any witnesses as soon as possible.

9. In serious accidents secure the area and do not leave until all details have been investigated and the area is safe.

10. Injured employees are to be sent to the nearest emergency medical treatment facility and escorted by a foreman/supervisor or appropriate management representative.

11. Information on all OSHA recordable injuries is to be recorded in the OSHA 300 Log at the time of the accident.

ACCIDENT INVESTIGATION REPORT

Employee Name	Date of Injury	Time of Injury	Location of Accident
Employee Dept.	Employee Position	Length of Service	Body Part Injured
Nature of Injury	First Aid	Medical Treatment Required	Lost Time

Was there a Written Safety Procedure in place? Yes _____ No _____

Was the Procedure specific and did it cover the actions the employee was involved in when injured? Yes _____ No _____

Was there training in these Safety Procedures? Yes _____ No _____

Was the training specific and did it cover the actions the employee was involved in that caused the accident? Yes _____ No _____

Were the proper tools and equipment supplied to do the job? Yes _____ No _____

Did supervisors conduct regular performance observations? Yes _____ No _____

Was employee counseling and enforcement conducted where necessary? Yes _____ No _____

Was the employee following established Safety Procedures? Yes _____ No _____

If not, why not? _____

_____

What actions are being taken to eliminate the causes of the accident (fill out in detail)_____

_____

_____

When will the recommendations be completed? _____

Who will be involved in this process? _____

Completed by	Date

EMPLOYEE INJURY REPORT

NAME: _____ DATE REPORTED: _____

DEPARTMENT: _____ TIME REPORTED: _____

DATE OF OCCURRENCE: _____ DAY OF WEEK _____ TIME: _____

LOCATION OF OCCURRENCE: _____

SUPERVISOR NAME: _____

JOB EMPLOYEE PERFORMING AT TIME OF OCCURRENCE: _____

_____

DESCRIPTION OF WHAT OCCURRED (GIVE COMPLETE DETAILS INCLUDING WHERE, WHEN HOW AND WHY):

_____

_____

IN YOUR OPINION, WHY DID THE ACCIDENT OR INJURY TAKE PLACE?

_____

_____

IDENTIFY PARTS OF YOUR BODY INJURED _____

_____

WHAT PIECE OF EQUIPMENT INJURED YOU, IF APPLICABLE _____

_____

IF PART OF OTHER OBJECT, APPROXIMATE WEIGHT AND SIZE: _____

_____

LIST ALL WITNESSES TO OCCURRENCE, OR PERSONS NEARBY AT THE TIME:

_____

_____

AT ANY TIME IN THE LAST FIVE YEARS, WERE YOU UNDER DOCTOR'S CARE FOR SAME OR SIMILAR INJURIES? _____ IF SO, WHEN? _____

_____ _____

DATE EMPLOYEE SIGNATURE

II-A

TRAINING GUIDELINES

OBJECTIVES:

This section is intended to ensure that all **Our Company** personnel are trained in the development of safe working practices and to enforce accident prevention measures that support **Our Company** "Safety Policy".

GENERAL SCOPE:

To provide employees training in the company's safety policies and procedures. To provide mandated OSHA required safety training and required follow up training.

SPECIFIC SCOPE:

Provide special training for work exercises that deal with specific known physical and/or health hazards that cannot be eliminated from the work place.

GENERAL TRAINING SESSIONS:

Safety training meetings shall be conducted at the work location, presenting subjects that best cover general safety concerns which should include, but not be limited to, the following:

General Work Rules
Flammables & Combustible Liquids
Electrical Safety including
Voltage Lines
Employee Commitment to Safety
Ladders and Platforms
Bloodborne Pathogens Policy
Safe use of Fire Extinguishers
Injury Reporting Procedures
Working with Subcontractors
Reporting Unsafe Conditions
Safe Working Procedures Around
Cranes and Hoists
Good Housekeeping
Proper Lifting Procedures
Personal Protective Equipment
Company Safety Policy
Lockout/Tagout Procedures
Hand and Power Tools Safety
Drug & Alcohol Policy
Safe Means of Egress
Emergency Evacuation Procedures
Review of Required Safety Posters
Minor First Aid Procedures
Site Specific Safety Concerns
Hazard Communication Program

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Other topics as considered by **Our Company**

SPECIFIC TRAINING SESSIONS:

Specific training will be conducted on an as needed basis or prior to exposure covering the following areas, but not limited to only these areas:

Mobile Equipment Operator Training (i.e. Bobcat, Front End Loader, Forklift)
Confined Space Entry
Welding & Cutting Safety Procedures
Cranes, Hoists and Slings
Respirators Including Fit Testing
Driver Safety Training
Hearing Conservation
Working Around High Voltage Electrical Lines
Concrete Mixers/Concrete Pumps

Other topics as identified by **Our Company**.

The above training topics will be reviewed on a regular basis and updated to comply with changes in federal, state, and local codes.

Training sessions will be conducted by the Safety Coordinator, designated foreman/supervisor or a designated instructor. Where required by OSHA, training will be documented and all employees will be required to sign-off on a sign-off sheet indicating they have received the proper training.

Where it appears that employees could benefit, retraining will be given in one or more of the above areas. Employees having difficulty understanding any of the above procedures will be given additional training if it is felt necessary.

II-B

HOW TO TRAIN

Employee Safety Training is one of the most important elements of an effective safety program. If employees are not provided proper and thorough training, they may never learn the safest way to do their jobs. Employees who are left to figure out how to do a job on their own often develop bad safety habits that become very difficult to change later. Proper Safety Training has to be an integral part of each job. Employees should not be left on their own until you are sure they understand the safe work practices of the job.

The following guideline has been established to improve the safety training efforts and, therefore, improve the overall safety performance of the company.

I. Safety Training Objective

The objective in employee safety training is to develop the proper attitude towards safety, and if necessary, to change or modify the employee's safety behavior.

(Proper employee safety behavior is the most important element of a Safety Program. Without it the program will not be successful.)

II. Sell the Program to the Employees

This is an extremely important part of training. Safety is not a natural part of human behavior, and therefore, many employees do not see a real need for it. Therefore, employees must be sold on the need and importance. This can be done if the instructor has a positive approach and is enthusiastic about it. Also, if the employee sees everyone else following the guidelines, it will reinforce the message. Once employees believe in the program, they learn quicker and easier and are more willing to follow company safety guidelines.

III. Proper Steps to Safety Training

Utilize the following step by step approach to Safety Training. Employees learn much quicker and retain a greater portion of the training if the following seven steps are used effectively.

1. Make sure all trainers are prepared and know the job.
   - A. Make a breakdown of each of the job duties.
   - B. List the important or key elements of the job.

2. Prepare the learner.
   - A. Put them at ease and stress the importance of the training.

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B. Find out what they already know about the job. (They may be bringing bad habits from another job with them.) Reinforce any good safety practices they may already have.
C. Place them in a position for job instruction. Set the stage so employees can learn the job. Identify areas that cause distraction and eliminate them.

3. Describe the job--explain in detail. Go over the job step by step with each employee.

4. Demonstrate the job step by step.
   A. Do the job at the normal rate, then slowly by steps, following the job breakdown.
   B. Explain each step thoroughly as you go.
   C. Repeat instructions as you go along.
   D. Ask the employee to explain the job back to you in detail. If the employee has difficulty, go over the steps again.

5. Have the employee do the job.
   A. Make sure they do the job in detail--don't leave out any of the steps.
   B. Have the employee repeat out loud each step as they perform them.
   C. Correct any areas of confusion immediately.
   D. Have them go over the key safety points.
   E. Test them by asking "why" type questions.
   F. Have them continue to perform the job under your supervision until you are sure they know the process thoroughly.

6. Repeat steps 3 through 5 if at any time an employee is unable to perform them.

7. Follow-up.
   A. Check on the progress of newly trained employees frequently at first then periodically to make sure safe work habits and attitudes are continued.
   B. Encourage employees to ask questions about their jobs.
   C. Stress safe work practices and attitudes on a continuous daily basis.

After employees have been trained, they should sign off on an employee training check list. The trainer should also sign off and a copy should be kept in the employee's personnel file.

All employees should be retrained if there is a new procedure or process and any employee observed working unsafely should be required to attend a retraining session.

II-C

NEW EMPLOYEE SAFETY ORIENTATION TRAINING SIGN-OFF FORM

It is the policy of **Our Company** to ensure that all new employees receive adequate safety training at the time of hire. No employee will be allowed on the job site until this training has been completed. After the training has been completed each new employee will be required to sign-off on the Employee Safety Training Sign-Off Form. The following items are to be covered.

_____Company Safety Policy Statement
_____Employee Commitment to Safety
_____Employee Safety Responsibility
_____General Work Rules
_____Good Housekeeping
_____Hazard Communication Program
_____Personal Protective Equipment
_____Bloodborne Pathogens (Accident Injury Clean Up)
_____Fire Extinguisher Operation
_____Emergency Evacuation Procedures
_____Electrical Safety Guidelines
_____Confined Space Entry Procedures
_____Working with Subcontractors Employees
_____Working with Flammable and Combustible Liquids
_____ Welding & Cutting
_____ Site Specific Safety Concerns
_____ Hearing Conservation
_____ Reporting Injuries
_____ Reporting Unsafe Conditions
_____ Safe Driving Procedures
_____ Proper Lifting
_____ Ladder and Platform Safety
_____ Safe Use of Hand & Power Tools
_____ Crane & Hoisting Equipment Safety
_____ Mobile Equipment Safety (i.e. Bobcat, Front-End Loader, Fork Lift)
_____ Lockout/Tagout Procedures
_____ Review of Required Safety Posters
_____ Respirator Safety
_____ Drug & Alcohol Policy
_____ Concrete Mixer/Concrete Pumps
_____ Minor First Aid Procedures

I, _____, the designated safety trainer have

covered the above areas with_____

on_____(Date) and am confident that he/she

understands each of the above areas and will be able to use the information effectively.

I,_____, have received the training on each

of the above areas. I understand that safe work behavior is a condition of employment and that I am required to work safely at all times.

NOTE: Check off those training items that are appropriate, if not applicable, indicate N/A.

II-D

FOREMAN/SUPERVISOR SAFETY MEETINGS

Safety meetings conducted by each foreman/supervisor are to be held each month, preferably during the first week of the month. The meeting, number of employees in attendance, and subject discussed are to be turned in to the Owner/President/Senior Management.

The following tops are provided to assist in making the meetings successful:

1. Gather your employees into a group so that you may be easily heard.

2. Start on time.

3. Give employees a chance to report safety concerns and give suggestions.

4. Report progress on correcting unsafe conditions previously reported.

5. Discuss all accidents and close calls experienced by the group. Determine how to prevent a recurrence.

6. Discuss the company's safety record - Good or Bad.

7. Advise of new programs or procedures to be implemented.

Safety Topics

1. Review the topics in advance -- take notes on important points to be discussed.

2. Relate the topic to your area.

3. Note **key points** (no more than 5) you want to cover in this meeting.

4. List two questions for each key point to ask employees.

5. Start the discussion with a story or example.

6. Get employees involved by asking them for other examples or stories.

7. Lead the meeting -- don't read the topic.

8. Cover key points -- one by one using the questions.

9. Close the meeting with a re-cap.

10. Ask employees if there are any final questions.

11. Complete the safety meeting report.

12. Follow-up on items noted by employees.

II-E

SAFETY MEETING - FOREMAN/SUPERVISOR REPORT

(To be conducted prior to the start of each shift on the first week of the month).

Date_____

Foreman/Supervisor_____ Job Site_____

Job No._____

Subject of Meeting:_____

_____

_____

Attendance: (Names)_____

_____

_____

_____

_____

_____

_____

_____

_____

REMARKS: Unsafe conditions and suggestions offered by employees or other foreman/supervisor for correction of hazardous conditions.

_____

_____

_____

(Send original to Main Office as directed. Copy to be kept in the appropriate file)

This Safety Manual was prepared by Complete Concrete of Oklahoma, LLC

EMPLOYEE SAFETY MEETING
EVALUATION QUESTIONNAIRE

Date Completed: _____ Safety Meeting Date: _____

Employee: _____

Safety Meeting Topic: _____

Meeting Conducted By: _____

1. Did the safety meeting meet its standard objective? YES NO

2. If not, what important information was left out?

_____

3. Was the topic relevant to your job? YES NO

4. What could have made it more relevant?

_____

5. Can you apply what you have learned today on the job? YES NO
If YES, explain how; if NO explain why.

_____

_____

6. List additional education or training that could improve your skills?

_____

7. Was the meeting long enough? Too long? Too short?

_____

8. Do you have any suggestions for topics for future safety meetings?

_____

_____

Signature: _____ Date: _____

III-A

SAFE USE OF HAND, PORTABLE POWERED, AND POWER ACTIVATED TOOLS

Safe use of hand and portable power tools makes the job easier and more efficient. The proper knowledge on the safe use can save an employee time, increase efficiency and prevent injuries to themselves and other employees. The following is a list of recommended safety procedures for using and caring for hand and portable power tools:

1. Do not abuse or misuse the tools you work with. Use the right tool for the job at all times.

2. Inspect each tool before use. If you find an unsafe condition or the tool is defective, replace the tool and report this to the foreman/supervisor.

3. Do not operate or use tools that you are not familiar with or authorized to use. When in doubt, ask to be instructed on proper use.

4. Always use the tool in the prescribed safe method. There are safe and unsafe ways to use all tools, know the difference.

5. Maintain all tools in a safe top notch working condition. Keep tools and accessories clean, sharp and correctly oiled.

6. Keep impact tools such as drift pin wedges and chisels free of mushroom heads.

7. Do not use tools with cracked, broken or loose handles.

8. Do not use screwdrivers as chisels or prybars. Use the correct type and size of screwdriver and only for the proper jobs.

9. Never substitute pliers for a wrench or a hammer, because pliers chew up nuts and bolt heads and make them unsafe for use.

10. When using knives, never cut directly towards your body. Cut either horizontally or at a 45 degree angle to the body.

11. Take special care in selecting the correct hammer. Always wear safety glasses to protect your eyes. Inspect hammer heads and handles before each use.

12. Use the correct size crowbar for each job. Do not use make-shift tools (cheaters) such as pipe lengths iron bars or extensions for leverage. To prevent slips, place a block of wood under the head of the crowbar.

13. Always use the correct wrench for the job. Only use the wrench with the appropriate amount of leverage. The wrench handle has the maximum leverage application obtained in it.

14. Be sure that safety guards are in place and working properly before operating any power tools.

15. All electrical tools need to be grounded unless the tool is protected by an approved system of double insulation.

16. Be sure the switch is turned off before plugging in a tool electrical cord into an electrical outlet.

17. Inspect electrical extension cords, weld leads and other wiring to be certain they are properly insulated.

18. Do not operate electrical tools while standing on damp or wet surfaces, unless you are wearing rubber boots.

19. Be sure that a power tool is off and motion stopped before setting the tool down.

20. Do not use hoses or electrical cords for hoisting or lowering tools or other materials.

21. Before disconnecting air powered tools, turn off air at outlet to relieve the pressure.

22. Disconnect tool from power source(s) before changing drill bits or blades or attempting repair or adjustment.

23. Be sure that grinder stones and disks are equipped with proper protective guards.

24. Be sure a portable grinder is turned off and any coasting or idling motion is stopped before putting it down.

25. Wear a proper face shield during all grinding operations.

26. Check grinder stones and discs daily for nicks, cracks or other defects.

27. When working with portable electric saws, make sure the guards are in place. The saw should never be jammed or crowded into the work.

28. Always keep your hands clear from the blade or out of the direction of the cut.

29. Only trained qualified operators shall operate an explosive power activated tool such as a Ramjet Gun.

30. When working with air powered tools always check the following:
    * Check the tool for loose parts. Tighten if necessary.
    * Check the air strainer in the tool. Clean if necessary.
    * Lubricate the tool on a regular basis with a high quality light machine oil.
    * Check all fittings for proper connection.
    * Make sure the control valve is in a closed position.
    * Check air pressure at the tool to ensure it meets the manufacturer's recommended p.s.i.
    * Check equipment for the tool retainer device.
    * Check the provided guard equipment.
    * When changing tools, close the stop valve in the air supply line. Never kink the hose to save steps or time.

31. Only trained operators are permitted to operate air powered tools.

III-B

SAFE USE OF HAND, PORTABLE, RADIAL, TABLE AND SWING OR SLIDING CUT-OFF SAWS

Hand and Hacksaws

1. Use extreme caution when using saws and hacksaws. Keep the saw blades sharp and properly set and free of cracks and broken teeth. Use slow careful downward strokes, applying pressure. Slightly lift the saw blade on the return stroke.

2. Keep hands away from the saw blade at all times.

Band Saws

1. Ensure that all band saw wheels are guarded completely.

2. All portions of the saw blade are to be enclosed except the working portion of the blades between the bottom of the guide roll and the table.

3. Keep hands away from the saw blade at all times.

Circular Saws

1. Portable power driven circular saws shall be equipped with guards above and below the base plate or shoe.

2. The upper guards shall cover the saw to the depth of the teeth, except for the minimum arc required to permit the base plate to be tilted for bevel cuts.

3. The lower guard shall cover the saw to the depth of the teeth.

4. When the tool is withdrawn from the work, the lower guard shall automatically return to the covering position.

5. Keep hands away from the saw blade at all times.

Radial Saws

1. Radial saws shall have an upper guard that completely encloses the upper half of the saw blade.

2. The sides of the lower exposed portion of the blade shall be guarded by a device that will automatically adjust to the thickness of and remain in contact with the material being cut.

3. Radial saws used for ripping shall have non-kickback fingers or dogs.

4. An adjustable stop shall be provided to prevent the forward travel of the blade beyond the position necessary to complete the cut in repetitive operations.

5. Radial saws shall be installed so that the cutting head will return to the starting position when released by the operator.

6. Keep hands away from the saw blade at all times.

Circular Table Saws

1. Circular table saws shall have a hood over the portion of the saw above the blade so mounted that the hood will automatically adjust itself to the thickness of and remain in contact with the material being cut.

2. Circular table saws shall have a spreader aligned with the blade spaced no more than one half inch behind the largest blade mounted on the saw.

3. Circular table saws used for ripping shall have non-kickback fingers or dogs.

4. Keep hands away from the saw blade at all times.

Swing or Sliding Cut-Off Saws

1. All swing or sliding cut-off saws shall be provided with a hood that will completely enclose the upper half of the saw.

2. Limit stops shall be provided to prevent swing or sliding type cut-off saws from extending beyond the front or back edges of the table.

3. Each swing or sliding cut-off saw shall be provided with an effective device to return the saw automatically to the back of the table when released at any point of its travel.

4. Inverted sawing or sling cut-off saws shall be provided with a hood that will cover the part of the saw that protrudes above the top of the table or material being cut.

5. Keep hands away from the saw blade at all times.

III-C

SAFE USE OF STEP, PORTABLE AND EXTENSION LADDERS

All employees required to use ladders are to be trained in the proper use and care of ladders. Ladders are to be inspected on a regular basis and maintained in proper working condition at all times.

Ladders General

1. Only industrial grade step ladders are to be used.

2. Step ladders longer than 20 feet are not permitted.

3. Single straight ladders (Portable ladders) longer than 30 feet are not to be used.

4. Two section ladders (extension ladders) longer than 60 feet are not to be used.

5. Rungs are to be kept clean and free of grease and oil at all times.

6. Metal ladders are not to be used around live electrical equipment or electrical lines. Electricians and qualified maintenance personnel working around live electrical parts are never to use metal ladders.

7. Defective ladders are to be removed from service for repair or destruction, and tagged or marked DANGEROUS DO NOT USE.

Use of Ladders

1. When using a ladder, be sure the area is level and free of slippery spots which could cause the ladder to slip and fall.

2. Make sure the ladder is set up properly. The ladder should be opened all the way and the support hinges opened completely and locked in place. All four legs of step ladders are to set firmly on solid ground.

3. Check the ladder by shaking easily before climbing.

4. Check your feet for slippery material before climbing.

5. Portable rung ladders (straight ladders) used to gain access to elevated platforms or roofs are to extend 3 feet above the elevated surface.

6. The base of portable rung ladders is to be positioned with secure footing that will prevent slipping. Lashing the base of the ladder may be required on oily, metal, concrete or slippery surfaces. Metal dust is to be cleaned up around the base of ladders before use.

7. Do not climb or descend ladders with your hands full. If you need to take up or bring down an object that requires the use of both hands, get help. Maintenance employees are required to use tool belts when using ladders.

8. Never stand on the top step of a step ladder. The ladder will be unstable.

9. Never go higher than your waist above the ladder top cap.

10. Never stretch or lean your body more than half way out beyond the side rails. Any further, and the ladder could tip over. If you need to reach any further, the ladder will need to be moved.

11. When descending a ladder, keep your eyes on the next step down and your hands on the side rails (step ladders). Use the handrails on movable platform ladders.

12. Never place ladders on boxes, pallets, or other objects. This does not provide a stable base.

13. Portable ladders are to be placed at a pitch of 1-4. For every four feet in length the ladder should set out from the building one foot.

14. Use a ladder long enough for the job. It should extend at least three (3) feet above the point of contact such as a platform edge, top of wall, etc.

15. Do not paint ladders. Paint can hide cracks, breaks or other defects in the ladder.

16. When using portable ladders or extension ladders be sure to tie the ladder off at the top or secure the ladder at the bottom.

17. Do not use ladders in front of doors opening towards the ladder unless the door is locked open, locked or guarded.

18. When finished with the ladder, store in a safe location out of the way.

Inspection Procedures

All ladders shall be maintained in a safe condition at all times. The following items need to be inspected at regular intervals and records of the inspection maintained.

1. Step Ladders

    A. Ladder rungs--are they secured, not loose, free of cracks and slippery material on the rungs. Rungs are to be flat not bowed or bent on movable ladders.

    B. Side rails--are to be free of cracks and splinters. They are to be even on both sides. A wobbly ladder should be reported to the maintenance department.

    C. The back supports are to be in place. They need to keep the ladder solid.

    D. Hinges--are to work properly and lock into place properly.

    E. The non-slip stops on metal ladders need to be checked and in proper working order.

    F. Wheels and locking devices on movable ladders are to be working properly.

    G. Support hinges are to open completely on step ladders and lock into place.

    H. Back tie supports are to be free of defects and secure at all times.

2. Straight and Extension Ladders

    A. Rungs or steps are to be solid and in good condition.

    B. Joints between the step and side rails are to be tight.

    C. All hardware and fittings are to be securely attached.

    D. Movable parts shall operate freely without binding or undue play.

    E. Side rails are to be solid, free of cracks and even on both sides.

    F. Frayed or badly worn rope shall be replaced on extension ladders.

G. Metal bearings of locks, wheels, and pulleys shall be frequently lubricated.

H. Safety feet and other auxiliary equipment are to be kept in good condition to ensure proper performance.

I. Moveable ladders are to set properly and lock in place. The ladder is not to move when employees are using the ladder.

J. All wood ladders shall be free from sharp edges, splinters, slake, wane compression failures, decay and other irregularities.

III-D

CRANE AND HOISTING EQUIPMENT SAFETY

GENERAL REQUIREMENTS

1. The manufacturer's name and specifications applicable to the operation of all cranes shall be posted or attached to the equipment.

2. Rated load capacities and recommended rules of operation shall be conspicuously posted on all equipment at the operator's station.

3. All new and gantry cranes shall meet the design specifications of the American National Standard Safety Code for Overhead and Gantry Cranes, ANSI B30.2.0-1967.

4. Cranes may be modified and rerated provided such modifications and the supporting structure are checked thoroughly for the new rated load by a qualified engineer or the equipment manufacturer.

5. A minimum clearance of 3 inches overhead and 2 inches laterally shall be provided and maintained between crane and obstructions in conformity with Crane Manufacturers Association of America, Inc., Specification No. 61.

6. If the runways of two cranes are parallel, and there are no intervening walls or structure, there shall be adequate clearance provided and maintained between the two bridges.

7. Stops shall be provided at the limits of travel of the trolley.

8. A crane shall be provided with bumpers or other automatic means providing equivalent effect, unless the crane travels at a slow rate of speed and has a faster deceleration rate due to the use of sleeve bearings, or is not operated near the ends of bridge and trolley travel, or is restricted to a limited distance by the nature of the crane operation and there isn’t a hazard of striking any object in this limited distance, or is used in similar operating conditions.

9. Each independent hoisting unit of a crane shall be equipped with at least one self-setting brake, referred to as a holding brake, applied directly to the motor shaft or some part of the gear train.

10. Bumpers shall be capable of stopping the crane (not including the lifted load) at an average rate of deceleration not to exceed 3 ft./s/s when traveling in either direction at 20 percent of the rated load speed.

11. The safe working load of each overhead hoist as determined by the manufacturer, shall be indicated on the overhead hoist:
THIS SAFE WORKING LOAD SHALL NOT BE EXCEEDED.

12. The supporting structure to which a hoist is attached shall have a safe working load equal to (or greater than) that of the hoist.

13. Belts, gears, shafts, pulleys, sprockets, spindles, drums, fly wheels, or other reciprocating rotating or other moving parts or equipment is to be guarded if such parts are exposed to contact by an employee.

CRANE OPERATION

1. Only qualified and authorized employees are to be allowed to operate cranes or hoists.

2. A crane operator must not make a lift or move a crane in any way, if someone is in a hazardous position.

3. Operators are responsible for seeing that auxiliary lifting equipment such as chains, cables, slings, etc., are in good condition for use, and are not overloaded. Defective conditions must be reported to supervision immediately.

4. Operators must keep their hands clear of loads and lifting equipment when the lift is being raised or lowered. Care must be taken to keep feet in the clear at all times. Never use hands or feet to hold chains or cables in place when a lift is being raised, lowered or moved in any way.

5. Where crane loads are to be moved at less than overhead height, operators shall warn other employees in the path of travel.

6. No employee is to stand or work under loads suspended from a crane. A safe distance off to the side of a suspended crane load is to be maintained.

7. Safety latches are placed on crane hooks to prevent loads from coming loose and falling while being hoisted, lowered, or suspended. Always report defective safety latches.

8. Crane operators must not hoist loads exceeding the safe load limit of their cranes.

9. A crane operator should never leave a crane or hoist while a load is suspended.

10. Ensure the hoist is centered over the load. A 10-degree deviation can dump the load.

11. Do not attempt to operate a locked out crane. Do not attempt to operate a crane that is identified by a tag or sign stating "Do Not Operate".

12. Ensure the crane is level and be aware of the drift.

13. Check the chain and wire rope prior to a lift. Do not use a crane or hoist if the chain links are stretched or if the strands in the wire rope are frayed or broken.

14. Ensure the area of travel is clear of tripping, slipping and falling hazards prior to moving the load.

15. Ensure a safe distance between other cranes operating in the area.

16. Report malfunctions, damage or failures to your supervisor immediately.

17. Be sure to minimize jogging.

18. Do not allow the crane to swing towards you. Always operate the crane away from where you or other employees are standing.

19. Be sure to communicate with other employees in the crane's line of travel before you move a load.

20. Before picking up a load, ensure the rigging is secure then slowly lift the load.

21. Be sure not to set the load down on the rigging device (chains, slings or wire rope).

22. Always keep the load under control. Use a tagline if necessary.

23. If you can not clearly see the path of travel, get assistance from another employee. If more than one employee is involved in the lift, use proper hand signals to communicate.

24. Remain alert and pay close attention to your actions and the crane's movement at all times.

25. Be sure to stop the crane before it hits the crane stops.

26. Do not allow the hook to reach or drag the floor.

27. Keep rigging equipment off the floor and hung up to avoid unnecessary damage.

REQUIRED INSPECTIONS

1. The operator shall inspect all machinery and equipment prior to each use and during use to make sure it is in safe operating condition. The following items need to be inspected daily:
    A. Hoist limit switch
    B. All functional operating mechanisms including brakes
    C. Deterioration or leakage in lines, tanks, valves, drain pump and other parts of air or hydraulic systems
    D. Hooks for deformation or cracks
    E. Hoist chains, including end connectors for excessive wear, twisted, distorted links, or stretched beyond manufacturers recommendations
    F. Rope reeving for noncompliance with manufacturer's recommendation

2. A periodic inspection (1-12 months) depending on the wear, activity and environment of the crane, are to be conducted with a certification record which includes the date of the inspection, the signature of the person who performed the inspection and the serial number or other identification of the crane and parts inspected.

3. Items requiring inspection:
    A. Deformed, cracked, or corroded members
    B. Loose bolts or rivets
    C. Cracked or worn sheaves and drums
    D. Worn, cracked or distorted parts such as pins, bearings, shafts, gears, rollers, locking and clamping devices
    E. Excessive wear on brake system parts, linings, pawls, and ratchet
    F. Load, wind, and other indicators over their full range, for any significant inaccuracies, as applicable
    G. Gasoline, diesel, electric, or other powerplants for improper performance or noncompliance with applicable safety requirements
    H. Excessive wear of chain drive sprockets and excessive chain stretch
    I. Electrical apparatus, for signs of pitting or any deterioration of controller contractors, limit switches, and pushbutton stations

4. Cranes that have been idle for one month or more need to be inspected, reviewing the items noted in no. 1 above.
    * Standby cranes should be inspected semi-annually, using the items noted in no. 1 & no. 3 above.
    * Cranes that have been idle for six months or more need to be inspected, using the items noted in no. 3 above.

5. All new cranes and altered cranes shall be tested to ensure safe operation, prior to use, the following items are to be included:
    * Hoisting & Lowering
    * Trolley Travel
    * Bridge Travel
    * Limit switches working properly

ROPE INSPECTION

1. Once a month a thorough inspection of running ropes shall be made and a certification record maintained which includes the following:
    * Date of Inspection
    * Signature of person performing the inspection
    * Identification of ropes that were inspected

2. Any deterioration, resulting in appreciable loss of original strength, shall be carefully observed and determination made as to whether further use of the rope would constitute a safety hazard.

3. Annually all rigging equipment is to be inspected and records maintained.

PREVENTATIVE MAINTENANCE

1. Preventative maintenance based on the crane manufacturer's recommendation shall be established.

2. All maintenance on the cranes shall be done according to the OSHA Standards.

3. Repairs and maintenance shall be provided promptly to ensure safe operation.

SLINGS AND RIGGING EQUIPMENT

SAFE OPERATING PRACTICES

1. Whenever any sling is used, the following practices shall be observed:
   * Slings that are damaged or defective shall not be used.
   * Slings shall not be shortened with knots or bolts or other makeshift devices.
   * Sling legs shall not be kinked.
   * Slings shall not be loaded in excess of their rated capacities.
   * Slings shall be securely attached to their loads.
   * Slings shall be padded or protected from the sharp edges of their loads.
   * Suspended loads shall be kept clear of all obstructions.
   * All employees shall be kept clear of loads about to be lifted and of suspended loads.
   * Hands or fingers shall not be placed between the sling and its load while the sling is being tightened around the load.
   * Shock loading is prohibited.
   * A sling shall not be pulled from under a load when the load is resting on the sling.

2. Each day before being used, the sling and all fastenings and attachments shall be inspected for damage or defects by a competent person designated by the employer. Additional inspections shall be performed during sling use, where service conditions warrant. Damaged or defective slings shall be immediately removed from service.

3. Tables N-1 through N-20 of the OSHA General Industry Standards 1910.184 is to be followed to determine the safe working loads for steel wire rope, wire rope slings, natural rope and synthetic fiber slings.

4. If the size, classification or grade is not included in the tables, the safe working load recommended by the manufacturer is to be followed, provided that the safety factor of not less than 5 is maintained.

III-E

PERSONAL PROTECTIVE EQUIPMENT

Our Company provides an appropriate variety of Personal Protective Equipment to protect the health and safety of our employees. Use of this equipment is mandatory. Instructions in proper use and care will be given, and infractions will be subject to disciplinary action.

The following equipment is provided:

* Safety Glasses
* Hearing Protection
* Safety Gloves
* Respirators
* Other personal protective equipment will be provided as needed.

PERSONAL PROTECTIVE EQUIPMENT PROGRAM

PURPOSE:

To review the appropriate types of personal protective equipment (PPE) that may be required for our employees. To select the required PPE that meets OSHA regulations. To train affected employees to wear PPE per the required sections of the OSHA PPE standard. To follow-up and enforce where necessary the use of PPE.

JOB HAZARD ANALYSIS:

Each major job, position or task will be reviewed in accordance with OSHA standard 1910.132. The assessment will be made to determine what hazards are present, if any, that will require the use of PPE. Where possible, engineering controls or administrative controls will be implemented to reduce the reliance on PPE.

Once the job hazard analysis has been completed, the results of the assessment will be certified in writing and signed by a responsible management representative. The following requirements will be complied with:

* The form will be titled **Certificate of Hazard Assessment**.
* The Our Company will be identified.
* The management representative conducting the hazard assessment will sign and date the form once the assessment has been completed.

If hazards are present that require the use of PPE the following will be ensured:

* PPE will be selected based on the hazards present.
* All employees affected will be provided the proper PPE.
* The reason why the particular PPE has been selected will be communicated to each affected employee.
* PPE will be selected that properly fits the affected employee.

EMPLOYEE TRAINING:

All affected employees will receive training which meets the requirements of the OSHA PPE standard.

The training will include:

* When PPE will be necessary.
* The types of PPE that will be required.
* How to properly put on, wear and remove the PPE required.
* The limitations of the PPE required.
* How to get PPE when needed.
* Proper maintenance and cleaning of the PPE.
* The proper care, useful life, and disposal (if necessary) of the PPE required.

Each employee will be given the opportunity to demonstrate the proper use of the PPE required and that he/she understands the training provided.

Additional training in the use of PPE will be provided if any of the following conditions apply:

* If it is felt that a particular employee previously trained, needs to be retrained for any reason.
* When there are changes in the workplace that require new or additional training.
* When new types of PPE are provided.

Once the employee training has been completed, each employee will be required to sign-off on the employee training certification form. The trainer is to sign and date the form once the trainer is comfortable that the employee understands the training provided.

CONDUCTING THE JOB HAZARD ANALYSIS:

All potential sources of hazards that affected employees may be exposed to will be assessed. This will be done by a review of injury/accident records. A review of each position or task to evaluate the types of hazards and the appropriate PPE required. The Certificate of Hazard Assessment Form will then be filled out and signed to verify that the assessment was completed per the OSHA requirements.

Each of the following categories of hazards will be assessed during the job hazard assessment:

* Impact and/or flying objects
* Penetration
* Compression (roll-over)
* Chemical agents
* Temperature extremes
* Light (Optical) radiation
* Electrical Hazards

MAINTENANCE:

All PPE will be inspected on a routine basis to ensure that the equipment is being cleaned properly, used properly, and is in good operating order. Employees will be responsible for PPE issued directly to them. PPE that is shared will be inspected, cleaned and replaced as necessary. Defective or damaged PPE will be replaced.

PERSONAL PROTECTIVE EQUIPMENT
TRAINING SIGN OFF FORM

All employees required to wear Personal Protective Equipment are to be trained in the following. Please check off after each item has been covered. Both the trainer and employee are to sign off after the training has been completed.

- ☐ Company PPE requirements including when PPE will be required.
- ☐ Type of PPE required for the job task being assigned.
- ☐ How to properly wear, adjust and fit the PPE required.
- ☐ The limitations of the PPE being provided.
- ☐ Proper care and maintenance of the PPE issued.
- ☐ The useful life and disposal of the PPE.
- ☐ The reason why the PPE issued has been selected and how that selection was made.
- ☐ Maintenance and sanitation requirements.

I, _____, have received training in the proper use, care and maintenance of the Personal Protective Equipment required during my employment. Each of the above areas was reviewed with me and I understand the training provided.

_____ _____
Employee Signature Date Trainer Signature Date

This Safety Manual was prepared by Complete Concrete of Oklahoma, LLC

PERSONAL PROTECTIVE EQUIPMENT
CERTIFICATION OF HAZARD ASSESSMENT

Company Name: **Location:**

Department:

Position or Task:

Description of Position or Task:

Types of equipment or work process:

Types of Hazards for which Personal Protective Equipment is required:

Types of Personal Protective Equipment required for this Position and/or Task:

CERTIFICATION

It is certified that the above is an accurate description of the position and/or task; the hazards requiring PPE and the appropriate PPE needed to protect any employee performing this position and/or task. The above position and/or task has been reviewed in accordance with the OSHA PPE standard. A Job Hazard Analysis was conducted
on_____by_____.

Certified by _____ _____
Management Representative Date

A master copy is available in the forms section.

III-F

SAFE USE OF RESPIRATORS

1. OSHA standard 29 CFR 1910.134 outlines the requirements concerning the selection and use of respirators. When effective engineering controls are not technically feasible or while such controls are being instituted, approved respiratory equipment will be provided as necessary to protect the health of our employees.

2. **Our Company**, shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. **Our Company**, may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.

3. **Our Company**, shall identify a Physician or other Licensed Health Care Professional (PLHCP) to perform medical evaluations, using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.

4. **Our Company**, shall ensure that a follow-up medical examination is provided, for an employee whose results of the medical questionnaire or initial medical examination demonstrates the need for a follow-up medical examination.
   - The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

5. The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee. The medical questionnaire shall be administered in a manner that ensures that the employee understands its content.
   - The employer shall provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP.

6. The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator.
   - The type and weight of the respirator to be used by the employee.
   - The expected physical work effort.
   - Additional protective clothing and equipment to be worn.
   - Temperature and humidity extremes that may be encountered.
   - **Our Company**, shall provide the PLHCP with a copy of the company's written respiratory protection program and a copy of the medical evaluation section from OSHA Standard 29 CFR 1910.134.

7. **Our Company** shall obtain a written recommendation regarding the employee's ability to use a respirator from the PLHCP.

8. **Our Company** shall provide additional medical evaluations if:
   - An employee reports medical signs or symptoms that are related to their ability to use a respirator.
   - A PLHCP or supervisor informs the program administrator that an employee needs to be reevaluated.
   - A change occurs in workplace conditions (e.g. physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

9. Only NIOSH (National Institute for Occupational Safety and Health) approved respiratory protective equipment is to be used.

10. Respirators are to be selected based on their ability to provide the necessary level of protection required. Respirator use and selection will be carefully reviewed and ongoing evaluations will be made at regular intervals. No respirator types will be allowed in use until their operation has been reviewed in advance and approved.

11. Where respirator use is not required, **Our Company** may provide respirators at the request of employees or permit employees to use their own respirators, if **Our Company** determines that such respirator use will not in itself create a hazard.

12. All employees shall be trained prior to being required to use a respirator in the use, limitations, and care of respirators. The supervisor will be responsible for ensuring that employees properly use, maintain and clean their respirators.

13. **Our Company**, shall designate a program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory program and conduct the required evaluations of program effectiveness.

14. Training for respirator users shall include the following:
   - Instruction in the nature, extent and effects of respiratory hazards to which the employee may be exposed.
   - How improper fit, usage, or maintenance can compromise the protective effect of the respirator.
   - A discussion of the respirator's capabilities and limitations.
   - How to inspect, put on and remove, use and check the seals of respirator.
   - Instruction on the different types of respirators and how they work in different environmental conditions.

   - What the procedures are for maintenance and storage of the respirator.

- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- Training in emergency situations, including situations in which the respirator malfunctions.

15. Training will be documented as to the following:
    - The date of training
    - Information covered
    - Name(s) of trainees
    - Name(s) of the instructors

16. Any employee who has had training within the last 12 months, that addressed the aforementioned training defined in number 14 above, is not required to repeat the training providing the employee can demonstrate knowledge of those elements.

17. Retraining of all employees required to wear respirators will be conducted annually when the following situations occur:
    - Changes in the workplace or the type of respirator render previous training obsolete.
    - Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the required understanding or skill.
    - Any other situation that arises in which retraining appears necessary to ensure safe respirator use.

18. All employees will be fit tested and receive instruction on how the respirator should be worn, how to adjust it, and how to determine if it fits properly.

19. Respirators shall not be worn when conditions interferes with a good face seal or valve function, regardless of the type of respirator. Such conditions may be a growth of beard or sideburns, facial irregularities, dentures (or absence of same), temple pieces on glasses. If a good fit test cannot be achieved, the employee will be restricted from assignments requiring respiratory protection.

20. Employees who are issued respirators are responsible for inspecting their respirator before each use, requested or performing maintenance as needed, and cleaning and sanitizing the respirator daily before or after each use.

21. Supervisors are responsible for checking the conditions of respirators at least once a week. Worn or deteriorated parts are to be replaced.

22. The respiratory protection program shall be reviewed on a regular basis to determine the continued effectiveness of the program.

23. An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere IDLH (**I**mmediately **D**angerous to **L**ife or **H**ealth).
    - Where the exposure to employees cannot be identified or reasonably estimated, the atmosphere shall be considered IDLH.

24. The following respirators shall be provided in an atmosphere that is IDLH:
    - A full facepiece pressure demand SCBA certified by NIOSH for a minimum service life of thirty minutes.
    - A combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.

HEAVY EQUIPMENT OPERATION

1. Only trained and authorized employees will be allowed to operate any heavy equipment. CDL's will be required where necessary.

2. Any defects or mechanical problems are to be reported immediately.

3. Where safety belts are supplied they are to be worn.,

4. All company and highway safety regulations are to be followed at all times.

5. Drivers are responsible for safe use and handling of equipment.

6. Where required, equipment logs are to be filled out daily.

7. Ready Mix drivers are to check discharge chute before traveling or returning from a job site, to ensure they are folded up and secure.

8. Drivers are not to smoke or leave the vehicle during refueling.

9. Unless the vehicle is being loaded or unloaded it should be parked in a safe area.

10. Do not park mobile equipment on inclines unless the wheels are properly chocked and the beds and buckets are lowered completely.

11. Do not jump off vehicle, always use steps or ladders provided.

12. Horns and back up alarms are to be working properly on all equipment supplied with same.

13. Always check for other employees before dumping.

14. Be alert to areas of soft ground before dumping. Only dump where the ground is capable of supporting the weight of a loaded vehicle.

15. All vehicles are to be kept clean and free of rags and unnecessary tools and trash.

III-H

BOBCAT/FRONT END LOADER SAFETY

1. Only trained employees should be permitted to operate a Bobcat or Front End Loader.
   Instructions are to include the following:
   - Operating Controls
   - Moving forward, backwards and turning
   - Operating the bucket, lifting, lowering, digging and grading
   - Physical characteristics of the Bobcat/Front End Loader
   - Operating on slopes and near water
   - Precautions to use when employees are in the area
   - Loading trucks using the Front End Loader
   - Dangers of working around electrical lines

2. Employees are to be well versed in the handling characteristics.

3. The Bobcat is not a toy and needs to be handled carefully at all times.

4. Before operating all controls and the brakes should be checked.

5. Make sure other employees stay a safe distance at all times.

6. The operator is to always look behind before backing up.

7. Care is to be used when operating on a steep slope or near water to ensure the vehicle doesn't roll over.

8. Only after an employee has adequate time to learn the handling characteristics of the Bobcat or Front End Loader should he/she be allowed to operate one without supervision.

I

FORKLIFT SAFETY PROGRAM

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I. OSHA STANDARD 1910.178

OSHA Standard 1910.178 (Powered Industrial Trucks) outlines the requirements relating to the operation, use, design and fire protection of fork trucks, tractors, platform lift trucks, motorized hand trucks and other specialized industrial trucks powered by electric motors or internal combustion engines.

All Powered Industrial Trucks shall meet the design and construction requirement for powered industrial trucks established in the American National Standard Institute Guidelines for Powered Industrial Trucks Part II (ANSI) B-56.1 1969.

Approved trucks shall bear a label or some other identifying mark indicating approval by the testing laboratory.

Modifications and/or additions which affect capacity or safe operation are not to be made without the manufacturer's prior written approval.

The user shall see that all name plates and markings are in place and maintained in legible condition.

II. OVERVIEW OF FORKLIFT OPERATIONS TRAINING

The Occupational Safety & Health Administration (OSHA) requires that all employees operating a forklift be trained and authorized.

The training will include the following:

1. The physical operation of the forklift.

2. The special handling characteristics.

3. The Operational Rules.

4. Loading and unloading rules.

5. Maintenance Rules.

6. Inspection Checklist.

7. Special Driving Hazards.

8. Quiz

9. Hands on operation of the forklift or industrial truck will be required for each operator.

Each employee will be given classroom training from a trainer that understands the correct operation of the forklift. Each employee will be given a test to measure his/her comprehension level.

All operators will be required to successfully complete a driving obstacle course to test their ability to successfully operate each type of industrial vehicle that they will be authorized to operate. Any employee not passing both parts, will not be permitted to operate a forklift until he/she has successfully passed both. Employees will be certified on each of the various types of motorized vehicles (covered by this standard) that they will be expected to operate. Retraining will be done every three (3) years and more often on an individual basis if there is reason to believe any of our operators require additional training. Any operator that has a forklift accident will also be required to go through a retraining session.

The employee and the trainers are to sign off on the Training Check-Off Forms, once both parts of the training have been successfully completed.

III. PHYSICAL OPERATION OF THE FORKLIFT

All employees are to be instructed by a qualified operator on the basic operation of a forklift. The training will include the following:

A. The Basic Components of the Forklift

* Overhead Guard
* Steering Mechanism
* Shift Levers
* Hoist and Tilt Controls
* Mast
* Forks
* Lift Carriage
* Seat Belt
* Counter Weight
* Steering Axle
* Drive Axle
* Load Backrest Extension (if applicable)
* Fuel Tanks for Propane Powered Lift Trucks
* Battery Compartment or Engine Compartment

B. The Handling Characteristics of the Forklift

Each employee is to be instructed on how to use the forklift correctly and be given the opportunity to use the forklift under close supervision until he/she is competent.

Instructions are to include the following:

* Starting and Stopping
* Maneuvering Forward and Backward
* Raising and Lowering the Forks
* Tilting the Forks Backward and Forward
* Turning, Going Forward and then Backward
* Picking up a Load off the Floor, Moving it and then setting it down
* Lifting and Lowering Loads from Shelves Safely
* Driving through Doorways
* Entering Trailers if Necessary

Each employee will be expected to successfully demonstrate driving proficiency by completing an obstacle course. Each employee is to drive through forwards then backwards. If more than 5 points are deducted the employee will be required to retake the test.

Points are deducted for the following:

* -1 Failure to look behind before backing up
* -1 Hitting an obstacle in the course
* -1 Getting stuck in the course
* -1 Problems picking up or setting down a load
* -1 Failure to stop or use horn where required

Each of the above areas are to be checked off after they have been reviewed with all employees and they have successfully demonstrated safe driving skills.

Retraining will be done every three (3) years and more often on an individual basis if there is reason to believe any operator required additional training. Any operator that has a forklift accident will also be required to go through a retraining session

IV. SPECIAL HANDLING CHARACTERISTICS

Forklifts differ greatly in handling from normal four-wheel vehicles.

1. Forklifts have rear wheel steering. As a result, both the forks and the rear end swing wide on corners.

2. Forklifts have a heavy counter balance in the rear which can cause the truck to swing quickly when it is unloaded.

3. Forklifts handle better when they are loaded.

4. Forklifts have a three point center pivoted steering axle (cars have a four point system). Extra caution is required on sloped or uneven surfaces.

5. Forklifts have no springs or shocks. This means that driving over bricks, curbs, and/or rough surfaces must be done slowly and cautiously.

6. Driving with a load high in the air results in the forklift being unstable and the forklift could tip over easily.

V. BASIC OPERATIONAL RULES

1. At the beginning of each shift, check brakes, steering, controls, forks, hoists warning devices and lights. Report any defects to your supervisor immediately.

2. All forklift operators are required to wear the seat belt on forklifts that are equipped with such.

3. Always face the direction of travel.

4. Before you start driving, look to see that no person or object is in your path. Always look before backing up.

5. Never drive over objects lying on the floor, such as trash. These could damage the truck, shift or topple the load, or flip out and strike another employee.

6. Use low gear when going down ramps or steep grades. On upgrades, keep the load in front. On downgrades, keep the load in back.

7. Never speed or go too fast.

8. Avoid quick starts or turns, and jerky stops; always come to a complete stop before reversing the direction of travel.

9. Make a complete stop at all doors, corners and exits.

10. Do not participate in horseplay at any time!

11. Keep alert--concentrate on the job at hand.

12. Remember that pedestrians have the right of way at times. Look out for them.

13. Never drive with wet or greasy hands. If necessary, keep a towel or rag handy at all times.

14. Reduce speed on wet and slippery floors.

15. Whether loaded or empty, carry forks and platforms on lift trucks as low as possible. This lowers the center of gravity and reduces the possibility of overturning the truck or dumping the load.

16. Do not run lift trucks onto elevators unless authorized to do so. Be sure you have sufficient clearance before entering any elevator or going through a doorway. Once the truck is in the elevator, shut off the power, set the brakes and stay in the operator's seat in case of an emergency.

17. Check the clearance of overhead objects before raising forks.

18. Never use your truck as an elevator for other employees.

19. When leaving the truck at any time, shut off the power, set the brakes, and put the forks or platforms in the down position.

20. Never leave a truck in an aisle for any length of time. Park the truck to one side, so traffic will not be blocked.

21. Before driving the truck into a trailer, always secure the bridging plate so that it cannot move when the power wheels of the truck pass over it. Before moving the truck onto the bridge or into the carrier, walk into the truck or trailer and check the floor for holes or weak spots (the weight of your truck might break the floor).

22. Keep your feet and legs inside the guard, which is there to protect you.

23. Drive with extreme care and caution at all times.

24. Never allow anyone else to ride on a forklift with you.

25. Never lift another employee on a pallet or the forks. A safety cage is required.

26. Only approved forklifts are to be used in flammable storage areas and/or production areas and extremely dusty environments.
Note: refer to OSHA Codes for proper types.

27. Internal-combustion powered trucks should never be used in small buildings or areas where there is inadequate ventilation. Carbon monoxide poisoning might result.

28. It is the duty of every truck driver to promptly report to the person in charge any mechanical trouble with the truck, any bad flooring, or obstruction in the aisles, and any other safety hazards that are encountered.

VI. TRUCKS AND RAILROAD CARS

The brakes of highway trucks shall be set and wheel chocks placed under the rear wheels to prevent the trucks from rolling while they are boarded with powered industrial trucks.

Wheel stops or other recognized positive protection shall be provided to prevent railroad cars from moving during loading or unloading operations.

Fixed jacks may be necessary to support a semi-trailer and prevent upending during the loading or unloading when the trailer is not coupled to a tractor.

Positive protection shall be provided to prevent railroad cars from being moved while dockboards or bridge are in position.

VII. RULES FOR LOADING AND UNLOADING

1. Know the maximum load that the lift truck can carry safely, do not overload it. An over-loaded truck will not operate in a safe manner.

   NOTE: The load limit must be posted on the truck in a conspicuous place.

2. Never load a truck or permit it to be loaded so that your view is obstructed. If a load cannot be lowered enough to prevent obstructing your view, you should drive the truck backward.

3. If possible, center every load.

4. Avoid carrying unstable loads. If material or equipment of irregular shape must be carried, it should be placed so that it cannot fall off, or become unbalanced. If necessary, such a load should be blocked or tied to secure it. If possible, a load should be cross tied, as well as neatly piled.

5. Loaded trucks should be driven slowly with the forks or pallet about 4 inches from the floor.

6. Loads should be raised or lowered at the point of loading or unloading--not during travel. The operator should make certain before raising a load that it will not strike any overhead obstructions.

7. When lifting, lowering, or carrying loads, have the mast vertical or slightly tilted back, but never back beyond the maximum angle of tilt. For stability, as much of the load as possible should be over the front wheels.

8. Lift and lower loads slowly, stop gradually.

9. Do not permit anyone to stand or too close to a load that is being hoisted or lowered.

10. Never attempt to straighten stacks by butting with the forks or the end of your truck.

11. Sound horn only when necessary. Never try to frighten other employees.

12. Be certain the backup alarm is operating properly.

VIII. MAINTENANCE RULES FOR ELECTRICALLY POWERED FORKLIFTS

1. When servicing electric storage batteries, wear protective clothing to guard against chemical splashes and burns--rubber boots, a rubber apron, chemical goggles, a face shield and rubber gloves.

2. Do not attempt to lift a storage battery without suitable hoisting equipment.

3. The storage battery should be handled carefully to prevent cracking the case and spilling the fluid.

4. Batteries should be changed in locations designed for this specific purpose.

5. Battery charging stations for electrically driven trucks can produce flammable hydrogen. Keep in the open. **DO NOT SMOKE**.

IX. RULES FOR MAINTENANCE AND OPERATION OF TRUCKS POWERED BY PROPANE OR LIQUEFIED PETROLEUM GAS

1. Always carefully check for any gas leaks. Never start the motor if there is a leak in the unit.

2. Do not store the truck near intense heat or combustible materials.

3. If the unit is to stand for any length of time, shut off the hand valve and let the fuel system run dry.

4. Fuel containers may be exchanged if, before disconnecting the tank, the fuel supply is shut off and the engine operated until **ALL** fuel in the fuel system is consumed.

5. Never try to connect a fuel container when liquefied petroleum gas is escaping from the connecting point.

6. Trucks should not be left unattended or parked with the engine running.

7. Internal-combustion type trucks should be turned off before refueling.

8. Do not smoke when changing propane cylinders or refueling.

9. Truck operators are responsible for keeping the trucks clean at the end or start of every shift. All surfaces of the truck should be cleaned with suitable cloth to remove all dust, dirt and grease. A wax-treated flannel dusting cloth, such as those commonly used to clean dust and dirt off cars, is recommended for this purpose.

10. It is the duty of every truck driver to promptly report to the person in charge any mechanical trouble with the truck, any bad flooring, or obstruction in the aisles and any other safety hazards that are encountered.

Note: The maintenance department should conduct inspections of all trucks at regular intervals.

X. FORKLIFT DAILY CHECKLIST

Each day a forklift is used it must be inspected to ensure it is safe. If the forklift is used on more than one shift, it must be inspected before each shift. The following is a list of inspection items that should be included:

	O.K.	NO
Oil Level	_____	_____
Tires (pressure, etc.)	_____	_____
Steering Controls	_____	_____
Hydraulic Controls	_____	_____
Warning Devices	_____	_____
Brakes (service & parking)	_____	_____
Lights	_____	_____
Masts & Attachments	_____	_____
Back-Up Alarms	_____	_____
Hour Meter (Electric Models)	_____	_____
Safety Guards	_____	_____
Other Gauges & Instruments	_____	_____

For Gas and LP Gas Forklifts:

Fuel Level	_____	_____
Coolant Level	_____	_____

For Electric Forklifts:

Battery Electrolyte Level	_____	_____
Cable Connections	_____	_____

Report any problems or malfunctions immediately so the forklift can be serviced.

XI. FORKLIFT QUIZ

All employees are required to take the following quiz on the basic operation of a forklift. Successful passage of this quiz is mandatory before an employee will be allowed to operate a forklift. Employees must receive a grade of 80% to pass.

MASTER

FORKLIFT SAFETY TRAINING QUIZ

NAME: _____ **DATE:** _____ **SCORE:** _____

TRUE	FALSE	
X		1. Forklifts should not be left unattended with the motor running.
	X	2. You may back up without looking behind you first.
X		3. It is recommended that you drive with the load as low as possible.
	X	4. Another employee may ride on the forklift with you.
X		5. Forks on a parked forklift should always be flat on the floor.
X		6. The operator must always face the direction of travel.
	X	7. It is all right to lift another employee on the forks of the forklift.
X		8. Forklifts are balanced over both front wheels and in the center of the rear axle.
X		9. At the beginning of each shift the forklift should be inspected.
X		10. If you back up and turn too quickly with the load raised the forklift could tip over.
X		11. Pedestrians have the right of way at all times.
	X	12. Anyone can operate a forklift provided they are safe.
	X	13. When moving a load the mast should be tilted forward.
X		14. When making turns you should slow down.
X		15. If the load blocks your view, you should drive in reverse.
	X	16. It is not required to check for overhead obstructions before lifting a load.
	X	17. When driving up a ramp you should go in reverse.
X		18. You can change propane tanks inside the building.
	X	19. It is all right to use the forks to butt or move pallets while picking them up.
X		20. You should avoid driving through water puddles if possible.
X		21. The operator of a forklift is responsible for knowing the load capacity and the weight of the forklift.
X		22. When backing out from under a load, the forks may get caught if they are not level.
X		23. Forklift operators are responsible for the general cleanliness of their vehicle.
	X	24. It is all right to park on an incline without blocking the wheels.
	X	25. It is all right to stack material in front of emergency exits.

TRUE	FALSE	
	X	26. You can lift as much weight with the ends of the forks up as you can with the forks all the way under the load.
	X	27. The brake will automatically set whenever you get off a forklift.
	X	28. It is all right for other employees to be standing near the forks when you are trying to approach a load.
X		29. You should proceed with caution when approaching a blind corner.
	X	30. It is all right for operators to fix minor mechanical problems on a forklift.
	X	31. When employees are removing items from a pallet on your forklift, the forks should be high enough to make it easy for them.
X		32. When overtaking another employee from the rear, you should sound your horn and wait for him/her to clear out of the way.
X		33. It is recommended that you start, turn or stop smoothly.
	X	34. It is all right to hold on to the overhead guard.
	X	35. If you have an accident, you should keep quiet.
X		36. When driving down a ramp, the load should be on the uphill side.
	X	37. The forklift operator has the right of way at all times.
	X	38. It is all right to operate in dark areas without lights on.
	X	39. A forklift steers more easily when empty.
X		40. A lift truck is often driven as much in reverse as in forward gear.
	X	41. Lift trucks are more stable than cars on slopes.
	X	42. It is all right to drive over objects on the floor as long as the forks are lifted high enough.
X		43. Never drive with wet or greasy hands.
X		44. Before driving a lift truck into a trailer you should check the bridge plate.
	X	45. It is all right to move loads quickly, when you are in a hurry.
	X	46. It is all right to smoke while operating a propane powered lift truck.
X		47. You should secure an unstable load if you are afraid it will fall off the forks.
X		48. The load capacity of the forklift is always located on the forklift.
X		49. The utmost caution should be used at all times.
X		50. Your feet and legs should be kept inside the truck while driving.

FORKLIFT SAFETY TRAINING QUIZ

NAME: _____ **DATE:** _____ **SCORE:** _____

TRUE	FALSE		
_____	_____	1.	Forklifts should not be left unattended with the motor running.
_____	_____	2.	You may back up without looking behind you first.
_____	_____	3.	It is recommended that you drive with the load as low as possible.
_____	_____	4.	Another employee may ride on the forklift with you.
_____	_____	5.	Forks on a parked forklift should always be flat on the floor.
_____	_____	6.	The operator must always face the direction of travel.
_____	_____	7.	It is all right to lift another employee on the forks of the forklift.
_____	_____	8.	Forklifts are balanced over both front wheels and in the center of the rear axle.
_____	_____	9.	At the beginning of each shift the forklift should be inspected.
_____	_____	10.	If you back up and turn too quickly with the load raised the forklift could tip over.
_____	_____	11.	Pedestrians have the right of way at all times.
_____	_____	12.	Anyone can operate a forklift provided they are safe.
_____	_____	13.	When moving a load the mast should be tilted forward.
_____	_____	14.	When making turns you should slow down.
_____	_____	15.	If the load blocks your view, you should drive in reverse.
_____	_____	16.	It is not required to check for overhead obstructions before lifting a load.
_____	_____	17.	When driving up a ramp you should go in reverse.
_____	_____	18.	You can change propane tanks inside the building.
_____	_____	19.	It is all right to use the forks to butt or move pallets while picking them up.
_____	_____	20.	You should avoid driving through water puddles if possible.
_____	_____	21.	The operator of a forklift is responsible for knowing the load capacity and the weight of the forklift.
_____	_____	22.	When backing out from under a load, the forks may get caught if they are not level.
_____	_____	23.	Forklift operators are responsible for the general cleanliness of their vehicle.
_____	_____	24.	It is all right to park on an incline without blocking the wheels.
_____	_____	25.	It is all right to stack material in front of emergency exits.

TRUE FALSE

_____ _____ 26. You can lift as much weight with the ends of the forks up as you can with the forks all the way under the load.
_____ _____ 27. The brake will automatically set whenever you get off a forklift.
_____ _____ 28. It is all right for other employees to be standing near the forks when you are trying to approach a load.
_____ _____ 29. You should proceed with caution when approaching a blind corner.
_____ _____ 30. It is all right for operators to fix minor mechanical problems on a forklift.
_____ _____ 31. When employees are removing items from a pallet on your forklift, the forks should be high enough to make it easy for them.
_____ _____ 32. When overtaking another employee from the rear, you should sound your horn and wait for him/her to clear out of the way.
_____ _____ 33. It is recommended that you start, turn or stop smoothly.
_____ _____ 34. It is all right to hold on to the overhead guard.
_____ _____ 35. If you have an accident, you should keep quiet.
_____ _____ 36. When driving down a ramp, the load should be on the uphill side.
_____ _____ 37. The forklift operator has the right of way at all times.
_____ _____ 38. It is all right to operate in dark areas without lights on.
_____ _____ 39. A forklift steers more easily when empty.
_____ _____ 40. A lift truck is often driven as much in reverse as in forward gear.
_____ _____ 41. Lift trucks are more stable than cars on slopes.
_____ _____ 42. It is all right to drive over objects on the floor as long as the forks are lifted high enough.
_____ _____ 43. Never drive with wet or greasy hands.
_____ _____ 44. Before driving a lift truck into a trailer you should check the bridge plate.
_____ _____ 45. It is all right to move loads quickly, when you are in a hurry.
_____ _____ 46. It is all right to smoke while operating a propane powered lift truck.
_____ _____ 47. You should secure an unstable load if you are afraid it will fall off the forks.
_____ _____ 48. The load capacity of the forklift is always located on the forklift.
_____ _____ 49. The utmost caution should be used at all times.
_____ _____ 50. Your feet and legs should be kept inside the truck while driving.

XII. CLASSROOM TRAINING SIGN-OFF FORM

1. The physical operation of the forklift. _____
2. The special handling characteristics. _____
3. The Basic Operational Rules. _____
4. Rules for Maintenance. _____
5. Daily Inspection Checklist. _____
6. Special Driving Hazards. _____
7. Seat Belt Use _____

EMPLOYEE SIGNATURE_____ **DATE:** _____

TRAINER SIGNATURE _____ **DATE:** _____

Note: A copy of this Sign-Off Form along with the Employee Quiz and Physical Operation Sign-Off Form, is to be placed in the employee's file after successful completion of each section. Employees not passing the Quiz or the Physical operations portion will not be authorized to operate a forklift or other industrial power truck until they have successfully passed both.

XIII. PHYSICAL OPERATION OF THE FORKLIFT SIGN-OFF FORM

All employees are to be instructed by a qualified operator on the basic operation of a forklift. The training will include the following:

A. The Basic Components of the Forklift

* Overhead Guard _____
* Steering Mechanism _____
* Shift Levers _____
* Hoist and Tilt Controls _____
* Mast _____
* Forks _____
* Lift Carriage _____
* Seat Belt _____
* Counter Weight _____
* Steering Axle _____
* Drive Axle _____
* Load Backrest Extension _____
* Fuel tanks for propane powered lift trucks _____
* Battery compartment or engine compartment _____

B. The Handling Characteristics of the Forklift

Each employee is to be instructed how to use the forklift correctly and be given the opportunity to use the forklift under close supervision until he/she is competent.

Instruction are to include the following:

* Starting and Stopping _____
* Maneuvering Forward and Backward _____
* Raising and Lowering the Forks _____
* Tilting the Forks Backward and Forward _____
* Turning, Going Forward, then Backward _____
* Picking up a load off the floor, and stacking it properly _____
* Picking up a load off a stack and setting it down on the floor _____
* Driving through doorways _____
* Entering Trailers if necessary _____
* Lifting and Lowering Loads from shelves safely _____
* Proper Use of Seat Belts _____

All of the above areas are to be checked off after they have been reviewed with all employees and they have successfully demonstrated safe driving skills.

EMPLOYEE'S NAME _____ **DATE:** _____

TRAINER'S SIGNATURE _____ **DATE:** _____

NOTE: A copy of this Sign-Off Form along with the Employee Quiz and Physical Operation Sign-Off Form is to be placed in the employee's file after successful completion of each section. Employees not passing the Quiz or the Physical Operations portion will not be authorized to operate a forklift or industrial power truck until they have successfully passed both.

III-J

DRUM CLEAN OUT PROCEDURE

1. Notify Safety Coordinator, garage, dispatch and yardman that you are going to be cleaning out the inside of your drum.

2. A Confined Space Entry Permit must be filled out by the Safety Coordinator before entry into the drum.

3. You must always have an attendant working with you (never get in a drum with out an attendant on duty).
   - Employees trained in rescue procedures must be immediately available and at least one of these must be trained in First Aid/CPR.
   - If entrant enters from the top, he must have a full body harness on, be attached to a lifeline by a mechanical wench, which the attendant can use to hoist the entrant out of the drum in case of an emergency.

4. You must remove the hatch every time you are going in your drum, and always have the garage remove and reinstall the hatch (never do it yourself).

5. Park truck in the “Out of Service” area.

6. Set brakes and chock the wheels.

7. Place the “Out of Service” placard on the driver’s door.

8. Place the Confined Space signs around the truck.

9. Place the “Out of Service” covers on inside and outside mixer controls.

10. Secure the drum from moving.

11. The ignition key to the truck should be secured in a safe place.

12. Use a ventilating fan at the charge hopper, continuous ventilation is required.
    - Air monitoring will need to be done to determine if there are atmospheric conditions present.

13. You must wear all safety equipment, which includes:

a. Hard Hat
b. Hearing Protection (both ear plugs and ear muffs together)
c. Long Sleeve Clothing
d. Heavy Duty Gloves
e. Respirator (use correct type of cartridge)
f. Safety Glasses & Full Face Shield

14. After you have finished, return all equipment to its designated storage area. Notify maintenance so they can reinstall the hatch cover.

15. Advise the Safety Coordinator when the job is finished so the permit can be closed out.

III-K

CONCRETE MIXER/CONCRETE PUMPS

The following operational procedures should be followed to reduce the potential for serious injury or death attributable to a packed off boom:

1. Drivers should obtain permission from the pump operators prior to discharging into the concrete pump hopper to assure that the hopper has been properly lubricated.

2. Hoppers should be kept full or near full. Concrete can “explode” out of empty hoppers as a result of the air sucked in by the pistons, compressed and released back into the hopper.

3. DO NOT put your head over the hopper.

4. Safety glasses should be worn due to the tremendous amount of splattering around the back of a concrete pump.

5. All other personnel should stay clear of the pump equipment while being operated by the pump operator.

6. NEVER step on the hopper grate.

7. Use caution when backing up to the concrete pump.

8. NEVER step between the pump and the ready mix truck.

9. To avoid blockages in the pump, DO NOT chip on drums, fins or discharge chute before backing up to the pump.

10. Keep a safe distance between you and the equipment. If the pump becomes plugged or breaks down, do not panic.

IV-A

SAFE DRIVING PROCEDURES

Highway accidents are the leading cause of employee deaths in America. Therefore, it is imperative that all employees who are required to operate a company vehicle understand the importance of safe vehicle operation and abide by all company regulations and state and local traffic regulations. Only employees with current valid driver's license will be permitted to operate a company vehicle.

The following rules have been implemented to reduce the potential for vehicle accidents:

1. Only authorized employees with a valid drivers license (including CDL where required) will be allowed to drive a company vehicle.

2. No employee will be permitted to operate a company motor vehicle while under the influence of alcohol or drugs.

3. No employee is to use a company vehicle for personal use unless this has been approved in advance.

4. All occupants of company vehicles will be required to wear seat belts at all times.

5. Any problems with the vehicle are to be reported immediately.

6. All vehicle accidents are to be reported immediately, regardless of the cause.

7. Highway speed limits are not to be exceeded.

8. Lights are to be used in bad weather.

9. Turn signals are to be used anytime a change in lanes is required.

10. No unauthorized passengers are permitted in a company vehicle.

11. Speed is to be reduced on snow covered or icy roads.

12. No horseplay or racing is permitted at any time.

13. Check outside mirrors and the rear view mirror to make sure you have an adequate view of upcoming vehicles.

14. Always maintain a proper distance behind the vehicle in front of you to ensure that you are able to stop your vehicle in time.

15. Always have your driver's license on you when operating a company vehicle.

16. Always be alert and keep your eyes on the road.

There is no substitute for good driving skills. Drive defensively; your life may depend on it.

Employees with poor or unacceptable driving records may be prohibited from operating a company vehicle.

DRIVER'S VEHICLE INSPECTION REPORT

Your Company Date ____-____-____

Truck Number _____ Odometer Reading _____

✈ Air Compressor	✈ Engine	✈ Oil Pressure	✈ Starter
✈ Air Lines	✈ Front Axle	✈ Permits	✈ Steering
✈ Battery	✈ Fuel Tanks	✈ Radiator	✈ Tires
✈ Body	✈ Generator	✈ Rear End	✈ Transmission
✈ Brake Accessories	✈ Heater	✈ Reflectors (Truck)	✈ Wheels - Rims
✈ Brakes	✈ Horn	✈ Safety Equipment	✈ Windows
✈ Clutch	✈ Lights	✈ Triangles	✈ Windshield
✈ Defroster	✈ Mirrors	✈ Hard Hat, Safety	✈ Wipers
✈ Drive Line	✈ Muffler	✈ Glasses, Gloves	
✈ Drive Shaft Protection		✈ Springs	

Use space below for explanation

_____
_____
_____
_____

✈ CONDITION OF ABOVE VEHICLE IS SATISFACTORY
Driver Making Report _____Signature

MECHANIC'S REPORT: I CERTIFY THE ABOVE SHOWN DEFECTS: HAVE BEEN CORRECTED ✈ CORRECTION UNNECESSARY ✈
MECHANIC'S REMARKS

_____
_____
_____
_____

MECHANIC'S SIGNATURE: _____DATE _____

I HAVE REVIEWED THE INSPECTION REPORT AND FIND THE VEHICLE IS IN SAFE OPERATING CONDITION.

DRIVER'S SIGNATURE _____ DATE _____

A master copy is available in the forms section.

IV-B

GENERAL HOUSEKEEPING GUIDELINES

Good housekeeping is an important element of accident prevention must be a primary concern on all job sites. Good housekeeping needs to be planned at the beginning of each job and carefully supervised through the final clean-up. Good housekeeping is the responsibility of all employees on the site.

1. Work areas and aisleways need to be kept clear, uncluttered and kept as clean as possible at all times.

2. Spilled materials and liquids need to be cleared up as soon as possible.

3. Flammable and combustible materials need to be kept away from electrical panels and switches or sources of ignition.

4. Oily or gas soaked rags are to be placed in an approved sealed tight container.

5. Fire extinguishers need to be accessible at all times. Paths to fire extinguishers need to be kept clear at all times.

6. Emergency exit routes and exits need to be kept clear at all times.

7. Do not throw trash or paper on the floor. Always use the appropriate trash receptacle.

8. Trash should be emptied regularly. Do not allow cans to overflow.

9. Always stack materials neatly and orderly. Where necessary, block or secure material appropriately.

10. Keep boxes, supplies, and equipment out of the aisleways. All materials should be maintained in neat stockpiles with easy access.

11. Company vehicles are to be kept clean inside and out.

12. Adequate lighting should be provided in or around all work areas, passageways, stairs, ladders and other areas used by employees.

13. Store gasoline, kerosene, paint thinner and other flammables in approved metal containers at approved locations only. Never store flammables or explosive materials in personal lockers.

14. Pick up and clean up after each job has been completed.

15. Practice Good Housekeeping at all times. Don't be responsible for another employee's accident.

IV-C

ACCIDENT INJURY CLEAN-UP PLAN
(Bloodborne Pathogens)

The Occupational Safety and Health Administration (OSHA) enacted the Occupational Exposure to the Bloodborne Pathogens Standard OSHA 29 CFR 1910.1030. The Bloodborne Pathogens Standard is primarily directed at facilities or operations where exposure to human blood or potentially infectious material is possible such as hospitals, clinics, medical labs, etc. The program requires the implementation of Universal Precautions when treating injured employees where there is a possible exposure to blood or bodily fluids. The objective of the standard is to prevent infection or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) (Aids) and other Bloodborne Pathogens.

Employees that by their job description, are likely to have exposure to potentially infectious contact with human blood or bodily fluids will be trained in the OSHA requirements. These employees will be our designated First Aid Responders and supervisors.

These employees will be trained in the full aspects of our bloodborne pathogen program and the safety precautions they need to take when helping an injured employee where there is an exposure to blood. All other employees will receive training in our program and the importance of protecting themselves in case they need to respond to help a fellow injured employee. Follow-up training will be conducted annually.

Our First Aid Responders and supervisors will be given the opportunity to have the Hepatitis B vaccination at no cost to them. They may choose to decline. If so, the Hepatitis B vaccine declination statement will be reviewed with them and they will be asked to sign the statement.

Training records will be maintained for at least 3 years from the date of training and records for each employee with an occupational exposure will be kept for at least the duration of the employment plus 30 years. All records will be made available to employees based on request.

In order to provide safe clean-up in the case of an injury, an Infection Control Kit is located next to the First Aid Cabinet. The following type items should be found in the kit:

* 1 clean-up absorbent pac
* Protective gloves
* 1 pair of disposable goggles
* Red Bio-Hazard trash bags with ties
* disposable paper towels
* 1 apron
* 1 scoop
* 1 scraper
* a bottle of chlorine concentrate
* 1 pair of disposable shoe covers

* chlorohexodine toilettes

*	1 face mask	*	1 air-way mask
*	Germicidal disposable cloths	*	1 eye shield

In addition to the items in the Infection Control Kit, there are also bottles of spray Clorox and Clorox wipes to assist in the clean-up.

Each employee involved in cleanup procedures will be instructed in the proper use of each of the items in the kit. Instructions are included in the kit. Anytime items in the Infection Control Kit are used, please notify the Safety Coordinator immediately. Replacement items will be ordered immediately.

In the case of an employee injury involving the loss of blood or exposure to bodily fluids, ensure that immediate first aid is provided. If necessary, call the emergency squad for transportation to the nearest medical center. During this process, every effort should be made to prevent exposure or contact to blood or other bodily fluids. The apron, protective gloves and face mask should be put on immediately to reduce exposure to blood and other bodily fluids.

If exposure cannot be prevented or there is inadvertent contact with blood or a bodily fluid by any of our employees, that employee will be given the option to receive a medical evaluation which will include a Hepatitis B vaccination and HIV test at no cost to the employee. If this happens, please contact the supervisor immediately.

After the injured employee has received necessary medical treatment, it may be necessary to clean-up any areas that have been contaminated by blood or bodily fluids. If this is necessary, the following steps are to be taken using the appropriate PPE. The following PPE is located in the Infection Control Kit:

* Put on protective disposable gloves, apron and mask from the Infection Control Kit.
* Sprinkle an absorbent from the absorbent pack. Let it set until all the fluid is absorbed. The absorbent will destroy any potentially harmful contaminants.
* When the liquid has turned into a semi-solid state, use the scoop to pick up the congealed fluid and put it into the container the absorbent came in.
* Use the scraper to ensure that any remaining contaminant is cleaned up.
* Once the contaminant has been scraped up, spray the area with the bottle of bleach. Let dry for 2 minutes. Wipe down the area with the Clorox wipes.
* Spray again with the Clorox Bleach and let dry for 2 minutes.
* When finished, take off the disposable gloves, apron, mask and any other protective clothing and dispose of in a white plastic trash bag.
* Sanitize hands and all exposed skin areas with the Germicidal disposable cloths. Dispose of in a plastic trash bag.
* Seal the plastic bag with a tie twist and discard in the dumpster as you would any other trash.

* It is critical that all exposed pieces of equipment, tools and surfaces are sanitized. Always wear the provided protective gloves, apron and mask when handling any clean-up.

In the event an accident/injury should occur that results in the potential exposure of a large amount of blood or bodily fluids, the Infection Control Kit may not be adequate to handle the complete clean-up. In those cases, restrict access to the area, put on all protective equipment including disposable shoe covers, get out the red bio-hazard bags, sand oil dry, and cat litter can be used to absorb or congeal any blood or bodily fluids. Let stand until it can be picked up and placed in the red bio-hazard bags. A scrapper or a shovel may be used if necessary to clean up the area. To sanitize the area, regular bleach mixed in water at a ratio of ½ cup of bleach to 1 gallon of water can be used. Wash the area down thoroughly and let air dry. Clean all tools, equipment and exposed surfaces. Thoroughly sanitize hands and any exposed skin with the germicidal disposable cloths or the bleach mixture. Put all contaminated materials, protective gloves, masks, apron, shoe covers and clean-up towels and cloths in the red bio-hazard bag. Items with hard surfaces that can be sanitized properly do not need to be disposed of.

The red bio-hazard bag cannot be disposed of in the dumpster. An approved medical waste disposal company will be required to remove the bag and take to an approved land fill.

Under no circumstances are you to try to clean-up any blood or bodily fluids unless you have the proper clean-up materials and understand the procedure outlined. If you have any questions about this, please notify the Safety Coordinator and he will review the process in more detail.

REMEMBER, ALWAYS PROTECT YOURSELF

HIV TESTING
DECLINATION STATEMENT
(post exposure)

I HAVE BEEN GIVEN THE OPPORTUNITY TO RECEIVE HIV SEROLOGICAL TESTING, AT NO CHARGE TO ME. HOWEVER, I DECLINE THIS TESTING AT THIS TIME. DUE TO MY EXPOSURE INCIDENT, I UNDERSTAND THAT ALTHOUGH I AM DECLINING THE TEST, I MAY BE AT RISK OF ACQUIRING THE HIV VIRUS, A SERIOUS DISEASE.

_____ _____
(Employee Signature) (Date)

_____ _____
(Supervisor Signature) (Date)

HEPATITIS B VACCINE
DECLINATION STATEMENT
(post exposure)

I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH HEPATITIS B VACCINE, AT NO CHARGE TO ME. HOWEVER, I DECLINE THE HEPATITIS B VACCINATION AT THIS TIME. I UNDERSTAND THAT BY DECLINING THE VACCINE, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE.

_____ _____
(Employee Signature) (Date)

_____ _____
(Supervisor Signature) (Date)

IV-D

SAFE LIFTING PROCEDURES

1. Lifting is an important part of the job duties of all employees at **Our Company.** While it is a required part of the job, we do not want any of our employees to suffer injuries as a result. Back injuries can be very painful and can be difficult to heal. Most back injuries can be prevented. Back injuries are caused by a number of factors. The following is a list of the most common:
    - A. Over exertion over a period of time
    - B. Lifting more weight than you are physically capable of handling
    - C. Lifting in an awkward position
    - D. Lifting objects too far away from your body
    - E. Lifting with your back and not with your legs
    - F. Twisting while lifting or carrying a heavy object
    - G. Trying to lift objects too high into the air or trying to lift down objects from over head
    - H. Hurrying and not taking time to plan your lift
    - I. Failure to maintain proper muscle tone and strength
    - J. The natural aging process and the gradual reduction in physical capabilities that go along with it

2. The following items are important to keep in mind when you are preparing to lift:
    - A. Try to reduce the weight of the load if possible
    - B. Get help to lift objects that are too heavy and cannot be lightened
    - C. Think through the lifting process before actually lifting
    - D. Take your time, don't hurry
    - E. Try to lift only what you can handle comfortably
    - F. Use your legs while lifting, not your back
    - G. Don't bend over at the waist when picking up an object
    - H. Avoid overhead lifting as much as possible
    - I. Keep objects close to your body while lifting
    - J. Never twist or jerk while lifting
    - K. Use mechanical assistance whenever possible
    - L. Do not try to reach over an object to lift another object
    - M. Exercise and stay in good physical shape

3. Before lifting an object always remember:
    A. Seek alternative methods if possible.
        * Lighten the load. Never attempt to lift a heavy object unnecessarily
        * Use mechanical assistance such as a hoist, crane, lift truck, pallet jack or two wheel dolly.
        * Get help from other employees when you cannot lighten the load.
        * If items are stacked too high, use a ladder. Remove items one at a time
    B. Size up the load and determine how heavy it is
        * If the weight is unknown, review the type and size of the object.
        * Shake the object, if it moves easily you should be able to lift it
    C. Inspect the object to be lifted for sharp edges, tears, or other problems which could cause an injury.
    D. Inspect the area around the object to be lifted. Do you have room to lift it safely? Is there a safe path to where you want to go? Is the floor free of slipping or tripping hazards? If not, make sure the area around the object to be lifted is cleared and/or cleaned up before lifting.

4. When lifting, start by placing feet about shoulder distance apart, stand back from the object to be lifted (about six inches). Turn the box or object to be lifted, to the left at a 45 degree angle to your body. This will allow you to get as close as possible and reduce the stress on your back.

5. With feet shoulder width apart, kneel down, putting your hand on the object to be lifted, to maintain balance.

6. Slide up to the box. Place left foot alongside the left side of the box. Get as close to the box as possible. The inside corner of the box should be directly below your breast bone.

7. Place your right hand under the right side of the box. Your right arm should be straight up and down. Make sure the box or object to be lifted, is balanced properly.

8. Place your left hand on the left side of the box. Hand should be centered on the box to provide best balance.

9. Lean forward, keep your back straight to keep spine in alignment. Do not bend over.

10. Tuck chin in so it is in alignment with your neck and back. Take a deep breath and tighten stomach and abdominal muscles.

11. Lift straight up with legs in a smooth steady lift. Do not jerk. Keep back straight and object close to your body.

12. Pull object into your body as soon as you stand up. Get a good grip on the box with both hands. Be careful not to drop the box.

13. Keep elbows in tight.

14. Never twist your body while lifting or carrying an object. Always step, turn and pivot in direction of travel.

15. Set the box, or object, down by bending your knees. Keep your spine in a straight alignment. If setting on a table, shelf or counter, set the box, or object, down on the edge, then slide into place.

16. When picking up a box, or object, from a counter, shelf or table, slide the object as close to your body as possible. Bend your knees, then lift with your legs.

17. Special caution is needed when lifting objects above shoulder level. Always lighten the load before trying to lift. Get as close to the object as possible. Set your feet shoulder distance apart and gently lift the object down. If necessary, use the step stool or ladder.

18. Do not reach over an object to lift another object, or box. Lifting at arms length puts extreme pressure on the back.

Remember, always practice proper lifting habits. You can prevent a back injury if you follow the proper methods all the time.

IV-E

DRUG AND ALCOHOL PROGRAM

PURPOSE

- As with all facets of **Our Company's** Health and Safety Program, the purpose of this Drug and Alcohol Program is to protect our employees from illness or injury. Specifically, this program will define company policies regarding the use or possession of controlled substances by **Our Company's** employees.

AUTHORITY

- The Drug Free Work place Act for federal projects and U.S. Department of Transportation regulations require the employer to implement a drug and alcohol program.

- In order to comply with the requirements of the Drug Free Work place/job site Act and the U.S. Department of Transportation regulations that **Our Company** must consider the conditions of the program mandatory. The regulations contained herein are not optional, but are a condition of employment for each employee affected.

PROGRAM RESPONSIBILITY

A. MANAGEMENT

- Management is responsible for insuring that all employees and contractors on any work place/job site, especially doing safety critical work, or using a company vehicle are free from the use of illegal drugs and alcohol.

- Management will provide each employee and contractor with information about the requirements of the drug and alcohol policy in accordance with the Drug Free Work Place Act.

- Management is responsible to designate a drug and alcohol program coordinator to implement and administer the drug testing program on an ongoing basis.

- Management is responsible to choose a medical review officer (MRO), who is an outside medical provider with proper credentials. This individual is responsible for completion of the Results of Drug or Alcohol Test (Appendix D).

- Management is responsible to insure that contractors submit documentation of their drug and alcohol policies and agreements to abide by **Our Company's** drug and alcohol policy.

- Total tests administered by type and their results can be summarized using Appendix E.

B. **SUPERVISION**

- Foremen/Supervisors for each work place/job site or work place/job site area are responsible for insuring that all personnel under their authority, including contractors, avail themselves of all information regarding the drug and alcohol policy.

- Supervision is responsible for insuring that their subordinates follow the requirements of the drug and alcohol policy.

- Supervision is responsible for completing the Observed Behavior Reasonable Cause Recording Form (Appendix C) within 24 hours of the observed behavior or before results of drug testing are released.

- Supervision is responsible for removing personnel under their authority, suspected of using drugs or alcohol, from the work place/job site and directing them to the urine/blood/saliva sample collection site.

C. **EMPLOYEES**

- Employees are responsible to be aware of the drug and alcohol program and to be drug and alcohol free at the work place/job site.

- Employees are responsible to conduct themselves off the job in a manner that will not affect their performance on the job or at the work place/job site.

- Employees are required, as a condition of employment, to submit to pre-hire, random and for cause urine/blood/saliva drug and alcohol testing.

- Employees are required to sign a Drug and Alcohol Screening Consent Form as a condition of employment (Appendix A).

D. **CONTRACTORS**

- Any contractor, whose personnel are performing work at **Our Company's** work place/job site, is required to inform his/her employees about the drug and alcohol policy.

- Contractors will consult with **Our Company's** management and supervision to obtain information about the drug and alcohol policy at the work place/job site.

- Each contractor will submit documentation of his/her drug and alcohol program and a specific agreement on his/her drug and alcohol policy at each **Company** work place/job site where his/her employees are working.

- An acceptable form for documenting the work place/job site drug and alcohol policy is included in the appendix of this program. Copies of the agreement are available to all **Our Company** contractors and can be obtained from **Our Company's** management prior to being awarded a contract to commence work (Appendix B).

E. **ALL PERSONNEL**

- All personnel working at any **Our Company's** work place/job site are responsible for working drug and alcohol free in accordance with all local, state and federal regulations.

PROGRAM AVAILABILITY

A. **AUTHORIZED PERSONNEL**

- This Drug and Alcohol Program is available to all **Our Company** employees, contractors and other employers engaged in work activities at any **Our Company** work place/job sites.

- This program is also available to the Director, National Institute for Occupational Safety and Health; and other government agencies or their designees.

B. **PROCEDURE**

- Any individual authorized to review this program may do so by requesting it from their foreman/supervisor.

C. **RESTRICTIONS**

- The program can be reviewed during normal working hours at the Human Resource Manager's Office.

- The program may not be removed from the office without written permission from **Our Company** Management so that it remains accessible to all other authorized persons.

EDUCATION AND TRAINING

A. **MINIMUM REQUIREMENTS**

At a minimum, all **Our Company** employees will be informed of the following.

- The requirement of the Drug Free Work Place Act and U.S. Department of Transportation (DOT) Regulations.

- The requirement to be drug and alcohol free while working on **Our Company** work place/job sites.

- The location and availability of the Drug and Alcohol Program, including:

  a. A list of **Safety Critical** positions or functions.

  b. The name of the Drug and Alcohol Program Coordinator.

  c. Information regarding any Employee Assistance Programs (EAP).

  d. The name of the Medical Review Officer (MRO).

  e. Observed Behavior Reasonable Cause Recording Form. (Appendix C).

  f. Testing Consent Form (Appendix A).

  g. Documentation form to indicate employees selected for random testing (Appendix F).

- The requirement to submit to drug and alcohol screening.

- The consequences of refusal to submit to urine/blood/saliva drug abuse screening.

B. SUPERVISION TRAINING REQUIREMENTS

At a minimum, all **Our Company** foremen/supervisors will be trained in the following procedures:

- How to recognize the behavior of persons who are intoxicated or under the influence of drugs or alcohol.
- How to complete the Observed Behavior Reasonable Cause Recording Form (Appendix C).
- Mandatory referral of troubled employees for assessment.
- Testing requirements for employees suspected of violating **Our Company's** Drug and Alcohol Policy.

C. GENERAL PROGRAM REQUIREMENTS

- All employees will be trained about the effects of drugs and alcohol on safety performance.
- Drug and Alcohol testing of employees will be conducted in the following circumstances:

  a. All newly hired employees. Each offer of employment shall be conditional upon the passing of a urine/blood/saliva test for alcohol and drugs.

  b. A foreman/supervisor has reasonable suspicion that the employee is intoxicated or under the influence of drugs or alcohol. **Probable Cause"** is based on observations sufficient to lead a prudent foreman/supervisor to suspect the employee in questions is under the influence of drugs or alcohol.

  c. When an employee is found to possess suspected illicit drugs or alcohol or drug paraphernalia, or when suspected illicit drugs or alcohol are found in an area controlled or used exclusively by the employee (i.e., locker, desk, vehicle, etc.).

  d. Following an incident. Examples of such testing situations include but are not limited to: vehicle accidents, accidents with damage to property exceeding $500.00, or injury to persons, OSHA recordable injuries, restricted work activities or medical treatment beyond first-aid.

e. When an employee is required by **Our Company** or federal or state law to undergo a general physical examination, the examination will include a urine/blood/saliva test for drugs and alcohol. Examples of such testing situations include but are not limited to: DOT physical, physical to determine ability to return from leave or disability, fitness for duty physical, regularly scheduled physical examinations.

f. Any employee who participates in a rehabilitation and/or treatment program for drugs and/or alcohol, whether such participation is on a mandatory or voluntary basis, shall be subject to periodic unannounced drug and alcohol testing during such treatment program and for a twenty-four (24) month period following completion of the program.

g. Any employee who is required to operate a company vehicle or their own vehicle in the course of employment will be subject to random testing as required by Federal Regulations.

h. As part of **Our Company's** general random testing program for all employees.

- Any person who is tested and who tests positive for alcohol or drugs will be in violation of **Our Company** Drug and Alcohol Policy and subject to severe disciplinary action, including immediate discharge, at **Our Company's** sole discretion. In addition to any disciplinary action **Our Company** may refer the employee for assessment, counseling or treatment for drug and alcohol abuse. Employees so referred will be required to participate in an employee assistance or rehabilitation program as a condition of continued employment. Employees who undergo counseling and treatment for substance abuse and who continue to work must meet all established standards of conduct and job performance.

- Employees undergoing prescribed medical treatment with any drug which may alter his/her physical or mental ability must report this treatment to their foreman/supervisor or the program coordinator, who will determine whether the employee's job assignment should be temporarily altered during the treatment period. Employees must keep all prescribed drugs in their original container which identifies the drug, date of prescription and prescribing physician.

- When a foreman/supervisor is uncertain of the effects of a particular drug may have on an employee's performance, the foreman/supervisor should contact the program coordinator who may contact the prescribing physician to verify what restrictions or limitations exist form taking the drug.

- All persons subject to testing will be afforded the opportunity, prior to testing, to list all prescription and non-prescription drugs they have used in the preceding thirty (30) days and to explain the circumstances surrounding the use of such drugs.

- All persons subject to testing, prior to testing, must sign an approved form consenting to the testing and consenting to the release of the test results to the appropriate management personnel on a need-to-know basis.

- Employees who test positive will be given the opportunity to explain the test results. In addition, the employee will be permitted to have the same sample forwarded to and tested by a certified laboratory of the employee's choosing, at the employee's sole expense. **Our Company** will review these results for reconsideration of the discipline administered for violation of the policy but procedures will not be suspended while this testing is being conducted. The employee must request this additional testing within forty-eight (48) hours of learning the original test results.

D. **PROHIBITIONS**

- Use, possession, manufacture, distribution, or sale of illegal drugs, drug paraphernalia or alcohol on **Our Company's** premises, work place/job sites or company supplied vehicles or during working hours.

- Being under the influence of drugs or alcohol on **Our Company's** premises, work place/job sites, company business, in company vehicles, personal vehicle on company business or during working hours. Being "under the influence" of drugs or alcohol is defined as testing positive.

- Use of alcohol off **Our Company's** premises that adversely affects the employee's work performance, or his/her own or others safety at work.

- Use, possession, manufacture, distribution, or sale of illegal drugs, drug paraphernalia or alcohol off **Our Company's** premises or work place/job site that adversely affects the individual's work performance or his/her own or others safety at work.

- Switching or adulterating any urine/blood/saliva sample submitted for testing.

- Refusing to consent to testing or to submit a urine/blood/saliva sample for testing when requested by management.

- Failure to adhere to the requirements of any drug or alcohol treatment or counseling program in which the employee is enrolled.

- Conviction under any criminal drug statute for a violation occurring within the work place/job site.

- Failure to report to the foreman/supervisor or program coordinator the use of a prescribed drug which may alter the employee's physical or mental ability.

- Refusing to abide by **Our Company's** Drug and Alcohol Policy.

APPENDIX A

OUR COMPANY
DRUG AND ALCOHOL POLICY
TESTING CONSENT AGREEMENT

It is the Policy of **Our Company** to prohibit the use, possession, manufacture, distribution, or sale of drugs, narcotics, or mind altering substances of any type or kind whatsoever, while in the employment of **Our Company,** on any company work place/job site, premises or while on company business (time). It is the intent of **Our Company** to provide a safe work place/job site free from drugs and alcohol. To insure compliance with this prohibition policy, employees will as prerequisite to employment and a condition of continuing employment, be required to cooperate with urine/blood/saliva testing procedures. Testing may be required as follows:

1. Pre-Employment (Mandatory)
2. Post Accident or Near Miss Incident (Mandatory)
3. Reasonable Suspicion of Fitness of Duty
4. Post Rehabilitation (Return to Work)
5. Routine, Random or Unannounced

Employees refusing to comply with the testing requirements of this policy will be subject to disciplinary measures which may include discharge. An applicant for employment who refuses to cooperate with testing as outlined in this policy will be treated as a voluntary withdrawal from candidacy for employment. Should such test reveal detectable amounts of Drugs, Intoxicants, Narcotics and/or mind altering substances as defined in this policy, the individual will be subject to disciplinary measures that may include discharge, voluntary withdrawal or termination of employment.

When I sign this Consent Agreement below, I acknowledge that I have been informed of the "Drug and Alcohol Policy" and that I have read the above statements and agree to conform to these requirements in full.

My acknowledging signature below confirms my consent to this agreement to provide urine/blood/saliva samples to be used for testing. I agree that I will submit to these tests and that the testing agency is authorized by me to furnish results of these tests to **Our Company,** its agents, officers and employees harmless from any and all liability in connection with the testing for those substances confirmed to be mind and physically altering.

_____ ___--___--___ _____-_____-_____
Employee Signature Date Social Security Number

_____ ___--___--___
Witness Date

A master copy is available in the forms section.

APPENDIX B

AGREEMENT ON DRUG AND ALCOHOL POLICY
WHILE PERFORMING SERVICES ON THE WORK PLACE/JOB SITE FOR
OUR COMPANY

_____ (CONTRACTOR) acknowledges **Our Company's** commitment to safety and agrees that (1) CONTRACTOR will not assign to work on **Our Company's** work place/job sites current users of illegal drugs or persons whose current use of alcohol presents a safety risk in the performance of services for **Our Company,** and that (2) CONTRACTOR will maintain a drug and alcohol program comparable to **Our Company's** in the following respects: (a) CONTRACTOR will provide for his/her employees working on **Our Company's** work place/job sites pre-assignment screening (or pre-employment screening, if such is part of CONTRACTOR'S normal employment policy), and (b) CONTRACTOR will provide unscheduled, periodic testing for those CONTRACTOR employees performing safety critical work for **Our Company.**

CONTRACTOR agrees that **Our Company** shall have the right to audit, for verification only, during the performance of any work covered by this agreement, CONTRACTOR'S records relative to the implementation of these minimum requirements. The exercise of this right shall be subject to confidentiality restrictions relating to medical information.

It is the obligation of the CONTRACTOR to determine prior to performing work, and **Our Company's** obligation to advise prior to engaging CONTRACTOR for work, whether the work to be performed is "Safety Critical" and subject to the additional requirements of unscheduled, periodic testing. The failure of either party shall not excuse the other party from performance of this obligation.

To this end, the following criteria are provided as guidelines for determining if a position or work function is "Safety Critical".

If at least one of the following criteria is directly applicable to the position or function, then CONTRACTOR employees engaged in that work or function shall be subject to the requirements of this Agreement.

1. Operation or maintenance of chemical processing equipment or utilities supporting chemical processing operations, including laboratory and commercial facilities.

2. Operation or maintenance of heavy equipment, such as but not limited to, forklifts and cranes.

3. Routine handling of chemicals and hazardous materials.

4. Direct technical and advisory support to on-going operations, wherein recommendations and decisions are conclusive and can directly affect the safety and security of those operations.

5. Design, technical review, construction management and start-up of new or modified chemical processing facilities and other equipment supporting chemical processing operations, wherein recommendations and decisions are conclusive and can directly affect safety performance.

6. Emergency response responsibilities, including members of the emergency brigades and emergency management teams.

7. Line management/supervision of “Safety Critical” positions.

8. Other positions or functions as may be designated by **Our Company** Site Safety Representative.

	CONTRACTOR	**OUR COMPANY**
DATE:	___-___-___	___-___-___
BY:	_____	_____
TITLE:	_____	_____

A master copy is available in the forms section.

APPENDIX C

OUR COMPANY
OBSERVED BEHAVIOR

REASONABLE CAUSE RECORDING FORM

Name of Employee Observed: _____

Employee Social Security Number: ____-____-_____

Hire Date: ____-____-____ Date of Observation: ____-____-____

Time of Observation: From: ___:___ a.m. ___:___ p.m.
To: ___:___ a.m. ___:___ p.m.

Location of Observation: _____

Observed personal behavior (check all appropriate items)

1. **Speech**

- ☐ Normal
- ☐ Incoherent
- ☐ Confused
- ☐ Slurred
- ☐ Whispering
- ☐ Silent

2. **Awareness**

- ☐ Normal
- ☐ Confused
- ☐ Sleepy
- ☐ Paranoid
- ☐ Lack of Coordination

3. **Balance**

- ☐ Normal
- ☐ Swaying
- ☐ Staggering
- ☐ Falling

4. **Walking and Turning:**

- ☐ Normal
- ☐ Stumbling
- ☐ Swaying
- ☐ Arms Raised for Balance
- ☐ Falling
- ☐ Reaching for Support

5. Description of other observed actions or behavior indicative of possible drug use (be specific):
_____

Names and Titles of Observing Foreman/Supervisor (s) of Company Official (s):

	Name:	Title:	Date:
1.	_____	_____	___-___-___
2.	_____	_____	___-___-___
3.	_____	_____	___-___-___

THIS FORM MUST BE PREPARED EACH TIME A PERSON IS SUSPECTED OF DRUG OR ALCOHOL USE BY ACTIONS, APPEARANCE, OR CONDUCT WHILE ON DUTY. IT MUST BE PRODUCED AND SIGNED WITHIN 24 HOURS OF OBSERVED BEHAVIOR OR BEFORE RESULTS OF THE DRUG TEST ARE RELEASED, WHICHEVER IS THE EARLIER.
A master copy is available in the forms section.

APPENDIX D

OUR COMPANY
RESULTS OF DRUG OR ALCOHOL TEST

Name of Employee: _____ Date: ___-___-___

Date Test Was Performed: ___-___-___

Results of Drug or Alcohol Test: Positive: _____ Negative: _____

Name of Testing Lab: _____

Address of Testing Lab: _____

_____

Phone Number of Testing Lab: (_____) _____-_____

Name of MRO*: _____

Address of MRO _____

_____

Phone Number of MRO: (_____) _____-_____

Signature of MRO: _____

IF DRIVER, RETAIN IN DRIVER'S QUALIFICATION FILE FOR FIVE YEARS FOLLOWING RECEIPT.

For company use only, in the event of a positive test result:

Employee's Work place/job site: _____

Foreman/Supervisor Notified (Date): ____-____-____

Employee Notified (Date): ____-____-____

Action Taken: _____

_____

* MRO - **OUR COMPANY'S** designated Drug and Alcohol Testing Medical Review Officer.

A master copy is available in the forms section.

APPENDIX E

OUR COMPANY
ANNUAL SUMMARY OF DRUG AND ALCOHOL TESTING PROGRAM

CALENDAR YEAR 20__ __

1. Total number of drug tests administered _____

2. Number of drug or alcohol tests administered
   - A. Pre-employment _____
   - B. Periodic _____
   - C. Post-accident _____
   - D. Reasonable cause _____
   - E. Random _____

3. Total number of individuals who tested positive on the drug test _____

4. Number of individuals who tested positive on:
   - A. Pre-employment _____
   - B. Periodic _____
   - C. Post-accident _____
   - D. Reasonable cause _____
   - E. Random _____

5. Disposition of individuals who tested positive:
   - A. Not hired _____
   - B. Employment terminated _____
   - C. Referred to rehabilitation program _____
   - D. Transferred to a non-driving position _____
   - E. Other (specify) _____

6. Number of tests that required a confirmatory or second test _____

7. Number of positive confirmatory test results reported by the Laboratory to the Medical Review Officer _____

8. Number of positive confirmatory test results for each of the following drugs, as reported by the laboratory
   - A. Amphetamines (Amphetamine, Methamphetamine) _____
   - B. Cocaine _____
   - C. Marijuana _____
   - D. Opiates (Morphine, Codeine) _____
   - E. PCP (Phencyclidine) _____
   - F. Other _____

A master copy is available in the forms section.

APPENDIX F

(CONFIDENTIAL)

OUR COMPANY

RANDOM DRUG AND ALCOHOL TESTING DOCUMENTATION FORM

EMPLOYEE	SELECTOR	SELECT DATE	TEST DATE	RESULT OF TEST

A master copy is available in the forms section.

IV-F

MACHINE GUARDING

OSHA standard CFR29 Subpart O, Machinery and Machine Guarding, 1910.212 outlines the requirements necessary to effectively guard machinery and equipment used.

1. All equipment and machinery used is to be guarded by appropriately designed guards or other means meeting the OSHA standard.

2. Foremen/Supervisors are responsible for ensuring all guards are in place and that they meet OSHA requirements.

3. No employee is allowed to remove or tamper with any guard.

4. Missing or damaged guards are to be reported immediately.

5. Foremen/Supervisors are required to do routine inspections on all equipment guards and ensure guards are maintained in proper working condition.

6. Foremen/Supervisors are responsible to ensure that employees understand and follow safe machine operating procedures.

7. All pulleys and belts that are within 7 feet of the floor or working platform, or where they could be reached by an employee, are to be guarded.

8. Guards are to be designed in such a manner as to prevent hazards created at the point of operation, inrunning nip points, rotating parts, flying chips and sparks.

9. Fan blades are to be protected by guards having openings no larger than 1/2 inch. This includes fans brought in by employees.

10. Machines are to be designed to prevent the automatic starting when the power is re-stored after a power failure or shutdown.

11. Revolving drums, barrels and containers are required to be guarded by an enclosure that is interlocked with the drive mechanism so that revolution cannot occur unless the guard is in place.

12. All saws, drills, grinders, and other maintenance equipment are to be guarded per OSHA guidelines.

13. All moving chains and gears are to be properly guarded.

14. Projecting shaft ends need to be guarded by non-rotating caps or safety sleeves if they stick out farther than their diameter.

15. Manually operated valves and switches controlling the operation of equipment and machines are to be clearly identified and readily accessible.

16. Power shut off switches are to be within reach of each operator at each machine.

17. All emergency stops are to be colored red.

18. All new equipment and machinery are to be designed in such a manner that the equipment can be locked out during maintenance or repairs.

19. In running nip points on conveyors are to be guarded.

20. Safety stops and or safety ropes are to be located along conveyor lines for quick stopping of the conveyor.

MACHINE GUARDING

OSHA standard CFR29 Subpart O, Machinery and Machine Guarding, 1910.212 outlines the requirements necessary to effectively guard machinery and equipment in the plant.

1. All equipment and machinery used is to be guarded by appropriately designed guards or other means meeting the OSHA standard.

2. The supervisor is responsible for ensuring all guards are in place and that they meet OSHA requirements.

3. No employee will be allowed to remove or tamper with any guard.

4. The supervisors are required to do routine inspections on all equipment guards and ensure guards are maintained in proper working condition.

5. Supervisors are responsible to ensure that employees understand and follow safe machine operating procedures.

6. Guards are to be designed in such a manner as to prevent hazards created at the point of operation, in running nip points, rotating parts, flying chips and sparks.

7. Fan blades are to be protected by guards having openings no larger than ½ inch.

8. Machines are to be designed to prevent the automatic starting when the power is restored after a power failure or shutdown.

9. Revolving drums, barrels and containers are required to be guarded by an enclosure that is interlocked with the drive mechanism so that revolution cannot occur unless the guard is in place.

10. All saws, drills, grinders and other maintenance equipment are to be guarded at all times.

11. All moving chains and gears are to be properly guarded.

12. Projecting shaft ends need to be guarded by non-rotating caps or safety sleeves.

13. Manually operated valves and switches controlling the operation of equipment and machines are to be clearly identified and readily accessible.

14. Power shut off switches are to be within reach of the operator's position at each machine.

15. All emergency stops are to be colored red.

16. All new equipment

17. All new equipment and machinery are to be designed in such a manner that the equipment can be locked out during maintenance or repairs.

GENERAL SAFETY RULES FOR MACHINE GUARDING:

1. Pre-shift Inspection Requirements:
   - All machines are to be inspected prior to operation on each shift
   - Ensure all guards are in place
   - Check safeties to ensure they are working properly
     - Light Curtains
     - Two-hand safety devices
     - Slide guards with safety interlocks

2. Missing or damaged guards are to be reported immediately.

3. Wear safety glasses with side shields in all production areas requiring eye protection. Prescription glasses must be ANSI approved.

4. Use all guards and safety devices required for the performance of your job. Guards and safety devices must be in place and operational before equipment is used. Never reach into an unguarded machine. Notify your supervisor if a guard is missing or in need of repair.

5. Obtain full instructions before operating a machine. Never operate any machine or equipment unless you are authorized and trained to do so.

6. Inspect all equipment and tools before using. If safety defects are found, report these to your supervisor and do not use until proper repairs have been made.

7. Equipment is not to be worked on unless lockout/tagout procedures have been followed.

8. Never repair or adjust any machine or equipment unless you are specifically authorized to do so by your supervisor.

9. Never oil, clean, repair or adjust any machine while it is in motion.

10. Never leave a machine running unattended, unless the machine has been designed to do so.

11. Do not distract coworkers.

12. Use proper tools for removing chips; do not use your hands.

13. Loose fitting clothing is discouraged. Long hair should be tied up – hair could be caught in moving parts. Wearing jewelry is discouraged.

14. Keep your work area, machinery, and facility clean and neat. Put tools and equipment away when they are not in use.

15. Willful commitment of an unsafe act will not be tolerated. Employees who willfully jeopardize their own or coworker safety will be disciplined. The type of discipline can range from a verbal warning to termination.

IV-G
FIRST AID PROCEDURES

1 Bleeding and Wounds

1) Put clean cloth, gauze or your gloved hand over wound, and apply firm steady pressure. Call 9-1-1 or seek medical aid if bleeding is severe.
2) Elevate an injured arm or leg above the level of the person's heart if possible.
3) Continue to apply pressure by securing the cloth with a bandage. (Do not lift the cloth from the injury to check the bleeding. Be sure the bandage is not so tight it cuts off circulation.)
4) Take steps to prevent shock. (See Section 14 Shock)
5) Never use a tourniquet unless you cannot control severe bleeding and life is threatened. Tourniquets may result in subsequent medical amputation.

2 Broken Bones

1) DO NOT move the person unless in immediate danger.
2) DO NOT move the injured body parts or try to reset the bone.
3) Control the bleeding (See Section 1 Bleeding and Wounds).
4) Cover any protruding bone with a clean moist dressing.
5) Take steps to prevent shock (See Section 14 Shock)
6) Send someone to call 9-1-1 or seek medical aid as soon as possible.
7) If person must be moved without professional medical assistance, immobilize the injured area with a piece of wood or folded towel or blanket tied securely above and below the injury.

3 Burns

<u>Chemical or Compressed Gas Burns:</u>

1) Flush away all traces of chemicals, using a hose, a shower, or a faucet while removing all contaminated clothing from the person.
2) Cover burn loosely with a clean dry cloth.
3) Take steps to prevent shock (See Section 14 Shock).
4) Send someone to call 9-1-1 or seek medical aid as soon as possible.

<u>Heat Burns:</u>

1) Cool the burn.
2) Immerse burned area in cool water or gently apply cool compress until pain is relieved. Bandage with clean dry dressing.
3) Do not break a blister if one forms. DO NOT use ointments or remove embedded clothing.

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Electrical Burns:

1) Care for life-threatening emergencies first!
2) Send someone to call 9-1-1 or seek medical aid.
3) Cover burn loosely with clean dry cloth.
4) Expect shock and treat for it accordingly. (See Section 14 Shock)

4 Choking

1) If person can speak or cough forcefully and is getting sufficient air, do not interfere with their attempts to cough obstruction out of the airway.
2) If the person cannot speak or is not getting sufficient air, have someone call 9-1-1 while you perform abdominal thrusts as follows:
   A) Stand behind the person and wrap your arms around their waist.
   B) Make a fist with one of your hands and place it just above the person's navel and below the ribs with the thumb and forefinger side toward you.
   C) Grab this fist with your other hand and pull it quickly toward you and slightly upward. Repeat until person can breathe or becomes unconscious.

If the Person becomes Unconscious:

1) Lay the person on their back.
2) Check for object in the mouth. Try to sweep the obstruction out of the person's throat.
3) Even if you are not successful, tip the head back and attempt Rescue Breathing.
4) If rescue breathing is not working due to the obstruction, sit straddling the person's thighs and give up to 5 abdominal thrusts (pushing into the person with the heel of hand just above belly button).
5) Repeat steps 2, 3 & 4 as needed.

5 Convulsions/Seizures

1) Signals include jerking movements, bluish face and lips, rolled back eyes, clenched teeth, and frothing at the mouth. Convulsions usually end safely in less than 30 seconds, after which the person enters a phase of unconsciousness or drowsiness.
2) Try to keep the person from hurting themselves during convulsions, but don't restrain them; do not place any object between their teeth; do not give them anything to eat or drink.
3) If the person stops breathing, administer Rescue Breathing.
4) After the convulsion, place person on their side and monitor breathing.
5) Send someone to call 9-1-1 or seek medical aid as soon as possible.

6 Electric Shock

1) Send someone to call 9-1-1 or seek medical aid as soon as possible.
2) DO NOT touch person until power has been disconnected.
3) Unplug or switch off source of electricity if possible.
4) If person is not breathing and has no pulse, begin CPR.
5) If person has a pulse, but is not breathing, begin Rescue Breathing.

7 Eye Injury

Chemical:

1) Hold the eyelids apart and flush the eyeball with running lukewarm water until ambulance arrives. Be careful not to let runoff water get into the other eye.
2) Place a gauze or cloth pad over the injured eye and secure with a bandage.

Cut, Scratch, Embedded Object:

1) Place a gauze or cloth pad over injured eye and loosely secure with a bandage.
2) Do not try to remove an embedded object.
3) Get to an eye specialist or emergency room immediately.

8 Fainting

1) Fainting victims regain consciousness almost immediately. If this does not happen, the person could be in serious danger and you should call 9-1-1 as soon as possible.
2) Lay the person on their back and make sure the person has plenty of fresh air.
3) Send someone to call 9-1-1.
4) Reassure the person and apply a cold compress to their face.
5) If person vomits, roll them on their side and keep their airway clear.

9 Head, Neck, Back and Pelvic Injury

1) DO NOT move person (unless in immediate danger).
2) Stabilize the person's head and neck as you found them by placing your hands along both sides of their head.
3) Send someone to call 9-1-1 or seek medical assistance immediately.
4) Keep the person warm, but not hot, using blankets or clothes.

10 Heat Stroke and Heat Exhaustion

Heat Stroke:

1) Heat stroke can be life threatening! Signals can include a body temperature of 105° Fahrenheit or higher, dry hot flushed skin, rapid pulse, unconsciousness, and lack of perspiration.
2) Get person out of the heat and into a cooler place.
3) Place person on their back, with their feet up.
4) Remove or loosen their clothing.
5) Cool person by fanning and applying cloth-wrapped cold packs or wet towels.
6) Care for shock (See Section 14 Shock).

Heat Exhaustion:

1) Heat exhaustion signals include nearly normal body temperature, pale clammy cool skin, weakness, headache, nausea, dizziness, thirst and cramps.
2) Perform steps 2 through 6 under Heat Stroke.
3) If the person is fully conscious and can tolerate it, give them about 4 ounces of water to drink every 15 minutes, which should bring relief within a half hour.

11 Heart Attack / Stroke

Heart Attack:

Signals may include persistent chest pain which often radiates to the left shoulder and arm, shortness of breath, and bluish color of the lips and fingernails.

Stroke:

Signals may include unconsciousness, limp facial muscles, and weakness of one side of the body, breathing difficulty, unequal pupil size, and speech impairment.

1) Send someone to call an ambulance or 9-1-1 as soon as possible.
2) If person has a pulse but is not breathing, begin rescue breathing.
3) If person is not breathing and has no pulse, begin CPR.
4) If the person has been taking medicine for chest pain and is fully conscious, help them take this medication according to the prescription.
5) If possible, call the person's regular doctor and advise of the situation.
6) Keep the person warm (preferably in a sitting position) until the ambulance arrives.

12 Hypothermia (Prolonged Exposure to Cold)

Hypothermia can be life threatening! Signals include lower than normal body temperature, shivering, apathy, disorientation, drowsiness, and then unconsciousness.

1) Move the person into warm or sheltered area immediately.
2) Check pulse and breathing.
3) Get person out of wet clothes and replace with dry clothes, sleeping bag or blankets.
4) Have person drink a warm, non-alcoholic beverage if possible.
5) Send someone to call 9-1-1 or seek medical aid.

13 Insect Stings

1) If you suspect the insect to be poisonous, seek medical aid immediately.
2) If the person has a severe allergic reaction as a result of the insect bite, or is known to react severely to insect bites, seek medical aid immediately. If the person has medicine for severe allergic reactions, help them take it.
3) For minor stings, remove any visible stinger by lightly scraping the skin with a credit card-like object, wash the area and then apply a cold compress.

14 Shock

Shock can be life threatening! Signals include cold sweat, weakness, irregular breathing, chills, pale or bluish lips and fingernails, rapid weak pulse and nausea.

1) Send someone to call 9-1-1 or seek medical aid immediately.
2) Do not give the person food or drink.
3) Lay person on their back, but do not move them if they have back or neck injuries. If person is unconscious, has severe injury to lower face/jaw, or vomits, lay them on their side and be sure they are getting air.
4) Keep person warm, but not hot, using blankets or clothes.
5) Raise person's feet and legs with a pillow unless painful or suspect severe injuries.

15 Unconsciousness

1) Check for responsiveness by gently tapping the person's shoulder and asking "Are you OK?".
2) If no response, shout "Help!" and look for a medical alert tag at person's neck or wrist. Send someone to call 9-1-1.
3) If person has a pulse but is not breathing, begin rescue breathing.
4) If person is not breathing and has no pulse, begin CPR.
5) Monitor pulse and breathing and continue care until ambulance arrives.

IV-H

RECOMMENDED FIRST AID SUPPLIES

Each facility is required to have a fully stocked Physician approved First Aid Kit.

The following items are recommended, but others may be included:

Small Fingertip Adhesive Bandage
3/4" x 3" Adhesive Bandage
Knuckle Adhesive Bandage
Triangular Bandage
Non-Adherent Pad 2" x 3"
Antiseptic Alcohol Wipes
First Aid Cream
Burn First Aid Cream or Spray
Antiseptic Ointment - 1/32 oz.
First Aid Guide
Cloth Adhesive Tape
Ammonia Inhalants
Cold Pack - Boxed
Scissors
Forceps
Adhesive Bandages
Gauze Bandages

Other items may also be included in the First Aid Kit as necessary.

When necessary to restock the kit, these preparations must be packaged individually in a “single dose" unit form. The name of the medication, its purpose, the recommended dose and the lot number and expiration date are to be labeled on the wrapping of each single dose unit.

IV-I
WORKPLACE VIOLENCE

Violence in the workplace is a growing problem and requires prompt action and cool heads. If threats are made they should be reported to the foreman/supervisor who will in turn notify appropriate management. **All incidents, no matter how minor, should be reported.**

A. Steps to reduce workplace violence:

- Active security measures
- A designated entrance
- A sign-in procedure
- Background checks on all employees at the time of hire
- Supervisors should be trained in behaviors that could lead to violence
    - Employees engaging in angry outbursts
    - Employee threats, direct or veiled
    - Bullying
    - Throwing or breaking objects
    - Romantic obsessions
    - Insubordination
    - Damaging equipment
    - Stalking
- Supervisor or designated managerial employee should be trained in counseling procedures aimed at reducing potential acts of violence.
- A clear policy should be established on how to handle the different types of behaviors.
- A strong and clearly communicated disciplinary policy needs to be established and enforced at all times.
- Local police telephone number should be posted by each phone.
- Employees should be trained in the company policy and advised to report any serious problems immediately.

B. Steps to take if violence should occur:

- Employees should contact the foreman/supervisor immediately.
- The foreman/supervisor should clear the affected area.
- Foreman/Supervisor should report the incident to management and, if necessary, call the police.
- Everyone should stay as calm as possible and not risk any additional violence.
- If the violent employee can't be calmed down, everyone should be evacuated from the area, if possible, and the police allowed to take over the situation.
- If injuries have taken place the emergency squad should be called immediately.

V-A

CONFINED SPACE ENTRY

The Occupational Safety & Health Administration has implemented standard 1910.146 - Permit Required Confined Spaces to protect employees required to work in confined space areas from injury or illness.

The following has been developed as a guide for **Our Company** to follow in implementing the requirements of this standard. The standard breaks down Confined Space into two categories - Permit Required and Non-Permit Required. An evaluation of all confined spaces will be made to determine which are permit required and which are non-permit required. Every effort will be made to comply with the requirements outlined in 1910.146.

WHAT IS THE DEFINITION OF A CONFINED SPACE?

1. The area is large enough and so configured that an employee can bodily enter and perform assigned or required work.

2. The area has limited or restricted means of entry or exit.

3. The area is not designed for continuous employee occupancy.

4. Each of the above situations also has one or more of the following:

   A. The environment is known to contain a hazardous atmosphere--toxic, flammable, explosive, etc.
   B. There is a potential for oxygen deficiency below 19.5%.
   C. The natural ventilation is poor or nonexistent.
   D. The internal configuration is such that it creates a possibility for asphyxiation or entrapment (i.e. sloped sides on bins).
   E. Any other recognized serious safety or health hazard exists within the environment.

The following are common examples of confined space environments:

*	Boilers	*	Furnaces	*	Ductwork
*	Tunnels	*	Pits/Trenches	*	Tanks
*	Smoke Stacks	*	Vaults	*	Vats
*	Storage Tanks	*	Sewers	*	Barges

* Poorly ventilated areas or rooms
* Open top pits having depth in excess of four (4) feet
* Overhead Storage Bins

The following hazards are associated with work in confined space environments:

* Fire and/or explosion
* Electrical shock or electrocution
* Physical hazards from heat, noise or falling material
* Toxic or poisonous environment
* Exposures to hazards such as fumes, vapors or mist above allowed OSHA limits.
* Entrapment
* Over Exertion
* Oxygen Deficiency
* Engulfment
* Slips and Falls

Each confined space location is to be evaluated to ensure safe entry and work procedures are developed for each and the required personal protective equipment is available. These are to be recorded for each confined space location. All employees are to be thoroughly trained in the hazards for each location and the safe entry procedures. A carefully controlled confined space entry permit procedure is to be used and followed for each confined space requiring the use of the permit. Unauthorized employees will not be allowed to enter any confined space environment.

The following is to be verified before work is to proceed in a permit required confined space environment.

1. All confined space locations are to be classified as to the risk employed with the entry into the space. This evaluation is to take into consideration the physical characteristics of the space, such as ease of entry/exit, obstacles and visibility in the space, as well the potential chemical hazards. It is also important that the work being performed in the space be considered since many activities such as cleaning, de-scaling of tanks and welding may create additional hazards which would increase the risk category. For purposes of this procedure the following classifications will be used: High Risk and Low Risk. High Risk confined space environments require a permit procedure before entry is to be made. Low Risk areas do not require a permit procedure, but safe procedures as outlined later on are to be followed.

2. All personnel who will be involved in confined space entry operations must be informed of and/or trained in the appropriate procedures for the degree of hazard present.

3. Personal protective equipment and rescue equipment are to be available and employees trained in their use.

4. Communication procedures are to be clearly outlined and all employees trained in procedure and equipment.

5. All contractors required to enter a confined space should be informed of and required to follow **Our Company** safety procedures for confined space entry.

RISK CLASSIFICATIONS:

A CONFINED SPACE (Permit Required)

Any confined space where any of the following is involved is considered a High Risk Area. Entry into these confined spaces will always require an Entry Permit.

1. High Hazard Atmosphere:
   An atmosphere with at least one of the following conditions:

   A. Atmospheric conditions:
      * Less than 19.5% Oxygen
      * Greater than 23% Oxygen
      * Greater than 10% of the lower explosive limit (LEL) of any flammable material
      * Greater than the OSHA PEL or ACGIH-TLV for any hazardous material.
      * Atmospheric concentration of any substance for which a dose or a permissible exposure limit is published in Subpart G, Occupational Health and Environmental Control, or in Subpart Z, Toxic and Hazardous Substances, of this Part and which could result in employee exposure in excess of its dose or permissible exposure limit.
      * Any other atmospheric condition that is immediately dangerous to life or health.

   B. Any area where levels of airborne contaminants are unknown or subject to change resulting in one of the above conditions.

2. The confined space has physical hazards that create a significant risk of injury.

   A. Entrapment
   B. Engulfment
   C. Physical Risks

CONFINED SPACES (Non-Permit Required):

Not all confined spaces will require the use of a Permit System. A non-permit required confined space means “a confined space that does not contain, or with respect to the atmospheric hazards, have the potential to contain, any hazard capable of causing death or serious physical harm."

OSHA standard 1910.146(C)(7)(I) through (IV) outlines the requirements for determining a non-permit required confined space.
A certificate is required before the space is to be classified as a Non-Permit Required Confined Space. This certificate should be available for review on site. The following tests should be made and documented as part of the certificate:

1. Oxygen content is between 19.5% and 23.5%.

2. There is no potential to contain a flammable or hazardous atmosphere.

3. There is no danger from physical hazards, entrapment or engulfment.

4. There are no other recognized serious safety or health hazards.

Permit Required Confined Space Entry Procedures:

1. A permit system must be used which specifies the potential hazards and a checklist of safe entry is to be completed by the employee prior to entry.

2. The entrance must be posted with a warning sign and instructions for entry. The warning sign should read: **Danger - Permit Required Confined Space - Do Not Enter**

3. An entry log system is required and all employees are required to log in, note the time when entering and then sign out after the job has been completed or they have left the space.

4. The oxygen level must be monitored prior to entry and continuously while the space is occupied if there is a danger of oxygen deficiency.

5. Employees entering the confined space are to be instructed to visually inspect the area for any unusual conditions.

6. Employees required to enter confined spaces are to be trained in confined space hazards and be made aware that work performed in the area may generate additional hazards requiring an updated evaluation of the work being performed by the foreman/supervisor or other management authorized representative in charge.

7. Approved personal protective equipment and life support equipment will be provided, if required, and all employees will be trained in their proper use.

8. An attendant will be present at all times and is to be in communication with all employees working in the confined space.

9. The attendant will be trained in the procedures to remove employees from a confined space in the event that this may be required.

10. No employees are to enter a confined space without prior authorization from the designated management representative responsible for the confined space entry procedure.

11. Ventilation is to be provided and maintained at a sufficient level to ensure that the atmospheric conditions are safe at all times.

12. If the entry is vertical and deeper than 5 feet, a life line is to be attached to the employee entering the space and the line secured to a mechanical device or fixed point so rescue can begin immediately if necessary.

Pre-Entry Procedures for Permit Required Confined Spaces:

1. Perform necessary system isolation/lockout activities.

2. Remove hazardous materials from the space by flushing or purging and provide forced air ventilation for up to 24 hours.

3. After forced air ventilation, monitor the space for oxygen content and if applicable, check for levels of explosive vapors using a combustible gas/oxygen meter. Also, if other applicable, check toxic levels utilizing a detector tube or other direct readout device if available. If monitoring the appropriate personal protective equipment/tools must be utilized relative to the level of contaminants found. Maintain continuous ventilation.

4. An entry permit must be completed and signed by the area operating foreman/supervisor or other management authorized representative. This permit should include as a minimum, the start/completion dates, location, work to be performed, monitoring results, personal protective equipment, special tools and procedures. If work is to continue past the shift, responsibility for the permit must be transferred to the oncoming foreman/supervisor or other management authorized representative who must also sign the permit. Prior to each re-entry (for example, after breaks or lunch), oxygen/combustible gas/toxicity levels must be rechecked and documented on the permit.

5. Appropriate safety/rescue equipment must be readily available at the site. This would include:

   A. Wrist straps/body harness with attached connectors for chain/rope and hoist.

   B. Appropriate/suitable fire extinguisher.

   C. Self-contained breathing apparatus (SCBA), a minimum of two units.

   D. A back-up employee capable of operating rescue equipment is required at all times.

Entry Procedures for Permit Required Confined Spaces:

1. Continuous ventilation is required throughout the job.

2. Oxygen/combustible gas levels should be continuously or periodically checked while personnel are in the space.

3. Communication devices or procedures such as the following should be reviewed and tested: Two-way radios, telephones, voice signals, and hand or rope signals that will be used during the entry.

4. Workers entering the confined space must attach the chain/rope to the body/wrist harness before entering.

5. An attendant, trained in rescue procedures, is required at all times. In an emergency, the attendant must summon help first and then attempt to hoist the worker out of the space. At no time is the attendant to enter the confined space before help arrives nor before donning a self-contained breathing apparatus.

6. Where the potential for fire or explosion exists, any or all of the following may be required:

   A. Explosion-proof electrical equipment.
   B. Low voltage lighting systems.
   C. Ground fault circuit interrupters.
   D. Spark resistant tools.

7. If atmospheric or physical conditions deteriorate during the job, all personnel must leave the space and re-evaluate the permit required before re-entering.

8. When work is completed, the authorized management representative shall ensure that all personnel and their equipment and tools are out of the space before signing off on the permit.

Requirements of Permit System:
Entry into a confined space requires the use of an approved permit. All conditions must be evaluated to ensure safe entry. The following information is required on the permit.

1. The hazards of the confined space.

2. The measures required to isolate the confined space.

3. The measures such as lockout/tagout, equipment and procedures for purging, inerting, ventilating and flushing, used to remove or control potential hazards.

    A. Acceptable environmental conditions, quantified with regard to the hazards identified in the permit space, which must be maintained during entry.

    B. Testing and monitoring equipment and procedures by which the employer will verify that acceptable environmental conditions are being maintained during entry.

    C. The rescue and other services which would be summoned in case of emergency and the means of communication with those services.

    D. Rescue equipment to be provided on-site, if necessary.

    E. The communication procedures and equipment used by authorized entrants and attendants to maintain contact: (i.e. two-way radios, telephones, voice signals, and hand or rope signals).

    F. The personal protective equipment, such as respirators, clothing and retrieval lines, provided in order to ensure employee safety.

    G. Any other information whose inclusion is necessary, given the circumstances of the particular permit space, in order to ensure employee safety.

4. The identity of the permit space.

5. The purpose of the entry.

6. The date of the entry and the authorized duration: (A permit may be valid for up to one year, so long as all conditions under which the permit was issued are maintained.)

7. A list of the authorized entrants.

8. A list of eligible attendants.

9. A list of individuals eligible to be in charge of the entry.

10. The signature, together with the name printed or otherwise legible, of the individual authorizing the entry, verifying that all actions and conditions necessary for safe entry have been performed.

11. The individual authorizing the entry shall sign or initial the permit before entry begins, but not until all actions and conditions necessary for safe entry into the permit space have been performed.

12. If Hot Work is to be performed in the confined space, a copy of the permit is to be attached to the Confined Space Entry Permit.

Entry Procedure for Non-Permit Required Confined Spaces:

A confined space may be entered without requiring an entry permit provided that the space can be maintained in a safe condition for entry through natural or mechanical ventilation. The space has been certified as safe by a qualified management employee. The following items are required however:

1. The internal atmosphere shall be tested with a calibrated direct reading instrument for:
   A. Oxygen content
   B. Flammable gases and vapors
   C. Potential toxic air contaminant
   D. The confined space must be safe for entry

2. The above test reveals that no hazardous atmosphere is contained within the confined space.

3. No other known hazards exist within the confined space.

4. A log in/out system is required.

5. No employee is to enter without prior approval by authorized management representative.

6. Ventilation is to be provided or is to be adequate to ensure that the area is safe at all times.

7. Approved personal protective equipment is to be used by employees at all times.

8. When the work is completed, the authorized management representative is to be advised and is to ensure that all tools and equipment have been removed from the confined space area.

Training:

All employees who will be authorized to enter a confined space area will receive the following training:

1. Hazard Recognition

   A. What are the hazards they will be exposed to during confined space entry.

   B. Recognize the signs and symptoms of exposure to a hazard.

   C. Understand the consequences of exposure to the hazard.

2. Communication

   A. The importance of maintaining proper communication with attendant.

   B. The type of communication system to be used and how to use same.

   C. Personal Protective Equipment required.

   D. The types and limitations of the personal protective equipment required for the particular confined space environment.

   E. Proper use of the personal protective equipment needed.

   F. External barriers needed to protect the authorized employee and the proper use of those barriers.

3. Self Rescue

   A. Procedure for exiting the confined space when required.

   B. Communication commands necessary to alert the attendant in case the employee is in trouble or physically cannot exit on his own.

   C. Exit procedure when alarm is activated.

Training of Attendant:

1. Hazard Recognition.

    A. The attendants are to be trained how to recognize potential confined space entry hazards, how to monitor activities inside and outside. How to determine if it is safe for authorized employees to stay in the confined space environment.

2. Communications.

    A. How to maintain effective and continuous contact with the authorized employee.

    B. Commands needed to advise authorized employee to evacuate the confined space.

    C. The effects of behavioral changes as a result of hazard exposure.

    D. How to summon emergency help as soon as he/she determines that the authorized employee may be in trouble and needs to be evacuated.

3. Rescue.

    A. The importance of not entering the confined space environment.

    B. Proper use of rescue equipment provided for their use and perform any other assigned rescue and emergency duties.

Training for Supervisor or other management authorized representative in Charge:

1. Requirements of the Permit Entry Program.

2. Pre-entry and entry requirements

3. Communication system and how it works in detail.

4. Knowledge in the use of the proper personal protective equipment and rescue equipment.

5. Rescue procedures.

6. Recognition of conditions in the confined space and procedures for closing off or canceling out the operation if necessary.

7. How to deal with unauthorized employees and appropriate measures to take to remove them or keep them out of the area.

Duties of Authorized Employees:

1. Review confined space pre-entry and entry guidelines before entering confined space environment.

2. Sign Confined Space Entry Permit before entering.

3. Maintain constant communication with the attendant.

4. Use appropriate personal protective equipment required for the job.

5. Work in a continuous and attentive manner at all times.

6. Know when it is time to stop and evacuate the confined space environment.

Duties of Attendant:

1. To remain outside the entrance to a confined space environment at all times during entry operation.

2. Maintain an accurate count of all persons in the confined space.

3. Monitor activities inside and outside the confined space area.

4. Maintain effective and continuous contact with authorized employees during entry.

5. Orders authorized employees to evacuate a confined space when necessary.

6. Summon rescue and other emergency services as soon as the authorized employee needs to escape.

7. Assist in the removal of the authorized employee using appropriate rescue equipment.

8. Warn and keep unauthorized employees away from the confined space area.

9. Monitor the environment of the confined space as necessary.

Duties of the Foreman/Supervisor or other management authorized representative:

1. Determines if a confined space situation exists and ensure the appropriate steps are taken if required.

2. Authorize the entry into a confined space after appropriate pre-entry and entry precautions have been taken.

3. Sign the Confined Space Entry Permit.

4. Ensure that the appropriate rescue equipment and personal protective equipment is available and in good condition.

5. Cancels the entry authorization whenever acceptable conditions are not present.

6. Removes or keeps unauthorized employees out of the area.

7. Train all authorized employees and attendants in confined space entry procedures.

8. Updates confined space location list as necessary.

9. Sign the confined space entry permit after the assignment has been completed and files the permit.

Rescue Teams:

Either an internal rescue team is to be available or an outside rescue team is to be available to assist in confined space rescue procedures. An effort should be made to work with client companies and set up a procedure to work together in this area. If this is not possible, then arrangements with an outside rescue team should be made.

Training Requirements for the Rescue Team:

1. Personnel assigned to an in-house rescue team are to be trained to use the required personal protective equipment including respirators and rescue equipment needed for rescue requirements.

2. The in-house rescue team is to be trained in the requirements for authorized entrants.

3. Rescue teams are to practice confined space entry rescue once every 12 months by means of simulated rescue operations. Where they remove dummies, mannequins or live personnel through representative openings and portals whose size, configuration and accessibility closely approximate those of the confined space from which rescues may be required.

   It is highly recommended that at least one member of the rescue team maintain a current certification in basic first aid and CPR.

Outside Rescue Team:

If an outside team is used, they are to be made aware of the hazards they may confront when called on to perform rescues at the confined space locations required.

CONFINED SPACE ENTRY PERMIT

Confined Space Entry Location: _____ Date: _____

and description: _____ Time In: _____

Purpose of Entry: _____ Time Out: _____

Hazards of Confined Space: _____

_____

_____

Foreman in Charge:

_____

Authorized Employee(s) Entering Confined Space:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Attendants on Duty: _____

Pre-entry Procedures:

Lockout/Tagout
Hazardous material in the space.
environment is removed or purged
Area ventilated before entry
summon help first and then
Levels of explosive vapors checked
help arrives nor before
Oxygen deficiency checked
Toxic contaminants checked
Personal Protective Equipment available
Rescue equipment available
Hot Work Permit filled out and attached (for welding, burning or evaluate the permit required cutting operations)

equipment and tools are out

Entry Procedures

____ Continuous ventilation is required throughout the job.
Oxygen/combustible gas levels should be continuously or periodically checked while personnel are in the
____
____ Workers entering the confined space must attach the chain/rope to the body/wrist harness before entering.
____ An attendant, trained in rescue procedures, is required at all times. In an emergency, the attendant must
____ attempt to hoist the worker out of the space. At no time is the attendant to enter the confined space before
____ donning the SCBA.
____ Where the potential for fire or explosion exists, any or all of the following may be required:
____ 1. Explosion-proof electrical equipment
____ 2. Low voltage lighting systems
____ 3. Ground fault circuit interrupters
4. Spark resistant tools
If atmospheric or physical conditions deteriorate during the job, all personnel must leave the space and re-
____ before re-entering.
When work is completed, the area supervisor and craft supervisor shall ensure that all personnel and their
of the space before closing the permit.

Environmental Tests:	Taken	Test Results	Instruments Used	ID No.
Oxygen:	_____	_____	_____	_____
Carbon Monoxide:	_____	_____	_____	_____
Aromatic Hydrocarbon:	_____	_____	_____	_____
Explosive Vapors:	_____	_____	_____	_____
Others:	_____	_____	_____	_____

This Safety Manual was prepared by Complete Concrete of Oklahoma, LLC

Types of Personal Protective Equipment required: _____

_____

Types of Rescue Equipment available: _____

_____

Communication Procedure to be used: _____

_____

Signature of Foreman: _____
A copy is to remain on file in the appropriate file for one year.

SUBCONTRACTOR SAFETY POLICY

It is the policy of **Our Company** to conduct all of our operations safely, in order to prevent injuries to our employees and damage to our property. We endeavor to take all practical steps to maintain a safe work environment at all times. We expect all subcontractors working for **Our Company** to conduct their operations in the safest possible manner.

A subcontractor is an individual or individuals not directly employed by **Our Company** that enters into an agreement to provide specialized services or work for which they will be reimbursed.

The subcontractor agrees that the prevention of accidents to their employees engaged in work under this agreement is the responsibility of the subcontractor. The subcontractor agrees to comply with all laws; regulations and codes concerning safety as shall be applicable to the work and to the safety standards established during the progress of the work by **Our Company.** When necessary, the subcontractor agrees to stop any part of the work, which **Our Company** deems unsafe until all corrective measures satisfactory to **Our Company** have been taken, and further agrees to make no claim for damage growing out of such stoppages. Should the subcontractor neglect to adopt such corrective measures, **Our Company** may elect to have the subcontractor stop work on the project until the situation is corrected.

All Subcontractors will maintain effective General Liability Insurance and Workers' Compensation Insurance coverage. A copy is to be given to **Our Company.**

As a subcontractor, you realize that an effective safety program is in our mutual interest. Therefore, if the hoped for enthusiastic cooperation is not forthcoming, we will insist that you comply with the spirit and the letter of the contract. Your attention is directed specifically to the following items:

EMPLOYEE RULES:

A sufficient number of general safety rules adopted for use by **Our Company** will be provided to enable your supervising personnel to adequately train your employees. However, if you desire, substitute rules may be used provided they are approved by **Our Company** as being adequate for the job being performed.

PERSONAL PROTECTIVE EQUIPMENT:
You must furnish your employees with the proper type of personal protective equipment as required by the operations you will be performing, i.e.

1. Hard hats must be furnished to your employees and worn at all times when there is a danger of falling or flying objects, sparks or electrical shocks.
2. Eye Protection meeting ANSI Standard Z 87.1 must be provided to and worn by, your employees when the operations being performed presents the danger of an eye injury.

3. Safety Belts/Harnesses must be furnished and worn whenever your employees are working in the area where falls from heights are possible and nets or protective railings are not practical.

4. Other personal protective equipment is to be provided and worn by your employees when the hazards of the job warrant.

FIRE PROTECTION:

A fire can very abruptly eliminate this job and cause serious damage to **Our Company** property. The best possible fire protection is not to give a fire a place to start, therefore, emergency fire protection must be provided.

Fire extinguishers are located throughout our facilities you must, however, supply appropriate type fire extinguishers for your employees use in areas where they will be working.

Anytime there is to be any welding, cutting or hot work, approval must be given in advance by the maintenance manager or plant manager, and every effort to control ignition sources must be made in accordance with OSHA welding and cutting regulations.

TREATMENT OF INJURIES:

If any of your employees are injured (no matter how slightly) while working in any of our facilities, it must be reported immediately to one of your foremen/supervisors.

HAZARD COMMUNICATION:

Subcontractors who work in any of our facilities are required to have their own written Hazard Communication Program and ensure that their employees have been trained per the standard. A list of hazardous chemicals used by the subcontractor is to be supplied to the maintenance manager or designated representative in advance. If the subcontractor does not have a Hazard Communication Program, he will be required to comply with all elements of **Our Company** Hazard Communication Program and train his employees in the requirements of the program before work is to begin.

LOCKOUT/TAGOUT:

Appropriate lockout/tagout procedures are to be followed at all times. Lockout/Tagout procedures are to be reviewed in advance. Subcontractors are to review the company's Lockout/Tagout requirements in advance before working on equipment. All Subcontractor employees are to be trained in the Lockout/Tagout Program and have the appropriate locks and tags necessary to work on equipment safely.

OVERHEAD WORK:

Anytime a subcontractor is required to work overhead in an area where **Our Company** employees have to work or be in the area, the area underneath the overhead work is to be roped or barricaded off. Fall protection is to be implemented meeting OSHA guidelines.
GENERAL:

Any deviation from the requirements listed above will be called to the attention of your foreman/supervisor or other management authorized representative for immediate correction. Conversely, we would greatly appreciate your calling to our attention any unsafe conditions or unsafe acts for which any of our personnel or other subcontractors' personnel may be responsible.

Please feel free to enlist the aid of our supervision in any accident prevention problem you may have. We will be more than happy to assist and advise you.

SAFETY IS FIRST! THINK SAFETY! WORK SAFELY!

SUBCONTRACTOR SIGN-OFF FORM

I agree to follow all OSHA, Federal, State and local regulations while working on site of **Our Company.** All employees will be trained in the pertinent OSHA Regulation Standards and Site Specific Safety Concerns, including:

* Hazard Communication
* Personal Protective Equipment
* Lockout/Tagout
* Fall Protection
* Fire Prevention
* Other Standards as required

I will establish and maintain a Drug & Alcohol Policy and provide training to my employees and will ensure that my employees follow our company guidelines.

A competent person will be on site to oversee all work, which may require a competent person. I understand that failure to follow these policies and procedures could lead to the termination of our contract.

If live electrical work is to be performed, it must only be done by a qualified employee trained in electrical safe work practices and ARC Flash.

I will maintain the appropriate Workers' Compensation and Liability Insurance while working on site and name **Our Company**, as an additional insured on my insurance policy and provide **Our Company**, with a copy of such.

(Subcontractor)	(Date)
Our Company	(Date)

V-C

SITE INSPECTION GUIDELINES

WORK SITE SAFETY INSPECTION CHECKLIST

Jobsite Address:_____
Person in Charge:_____
Date:_____ **Time:**_____
Person(s) making inspection:_____
_____
_____
_____

A - Adequate at time of inspection.

B - Needs immediate attention

C - Needs consideration

(1) JOBSITE INFORMATION:	A	B	C
(a) Posting OSHA and other jobsite warning posters.			
(b) Do you have safety meetings?			
(c) Do you have job safety training, including first aid training?			
(d) Are there medical service and first aid equipment available?			
(e) Are jobsite injury records being kept?			
(f) Are emergency telephone numbers, such as police department, fire department, doctor, hospital and ambulance posted? (mobile phone)			

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(2) HOUSEKEEPING AND SANITATION:

	A	B	C
(a) General neatness of working areas.			
(b) Regular disposal of waste and trash.			
(c) Passageways and walkways clear?			
(d) Adequate lighting.			
(e) Projecting nails removed.			
(f) Oil and grease removed.			
(g) Waste containers provided and used.			
(h) Drinking water tested and approved.			
(i) Adequate supply of water.			
(j) Disposable drinking cups.			

(3) HAND TOOLS:

	A	B	C
(a) Proper tool being used for each job.			
(b) Neat storage, safe carrying.			
(c) Inspection and maintenance.			
(d) Damaged tools repaired or replaced promptly. Are employees' tools inspected and repaired?			

(4) POWER TOOLS:

	A	B	C
(a) Good housekeeping where tools are used.			
(b) Tools and cords in good condition.			
(c) Proper grounding.			
(d) Proper instruction in use.			
(e) All mechanical safeguards in use.			
(f) Tools neatly stored when not in use.			
(g) Right tool being stored when not in use.			
(h) Wiring properly installed.			

(5) LADDERS: A B C

(a) Ladders inspected and in good condition.			
(b) Are ladders spliced?			
(c) Properly secured to prevent slipping, sliding or falling?			
(d) Do siderails extend 36" above top of landing?			
(e) Are built-up ladders constructed of sound materials?			
(f) Rungs or cleats not over 12" on center.			
(g) Stepladders fully open when in use.			
(h) Metal ladders not used around electrical hazards.			
(i) Proper maintenance and storage.			
(j) Are safety shoes in use?			

(6) HEAVY EQUIPMENT: A B C

(a) Regular inspection and maintenance.			
(b) Lubrication and repair of moving parts.			
(c) Lights, brakes, warnings signals operative.			
(d) Wheels chocked when necessary.			
(e) Haul roads well maintained and laid out properly.			
(f) Protection when equipment is not in use.			
(g) Are shut-off devices on hose airlines in case of hose failure?			
(h) Are noise arresters in use, where necessary?			

(7) MOTOR VEHICLES: A B C

(a) Regular inspection and maintenance.			
(b) Qualified operators.			
(c) Local and state vehicle laws and regulations observed.			
(d) Brakes, lights, warning devices operative.			
(e) Weight limits and load sizes controlled.			
(f) Personnel carried in a safe manner.			
(g) Is all glass in good condition?			
(h) Are back-up signals provided?			
(i) Are fire extinguishers installed where required?			

(8) GARAGES AND REPAIR SHOPS: A B C

(a) Fire hazards.			
(b) Dispensing of fuels and lubricants.			
(c) Good housekeeping.			
(d) Lighting.			
(e) Carbon monoxide dangers.			
(f) Are all fuels and lubricants in proper containers?			
(g) Proper ventilation.			

(9) HANDLING AND STORAGE OF MATERIALS:

	A	B	C
(a) Are materials properly stored or stacked?			
(b) Are passageways clear?			
(c) Stacks on firm footings, not too high.			
(d) Proper number of men for each operation.			
(e) Are men lifting loads correctly?			
(f) Are materials protected from weather conditions?			
(g) Protection against falling into hoppers and bins.			
(h) Is dust protection observed?			
(i) Extinguishers and other fire protection.			
(j) Is traffic controlled in the storage area?			

(10) FLAMMABLE GASES AND LIQUIDS:

	A	B	C
(a) All containers clearly identified.			
(b) Proper storage practices observed.			
(c) Fire hazards checked.			
(d) Proper storage temperatures and protection.			
(e) Proper types and number of extinguishers nearby.			
(f) Carts for moving cylinders			

(11) PERSONAL PROTECTIVE EQUIPMENT:

(WHERE NEEDED/WHERE APPROPRIATE)	A	B	C
(a) Eye protection			
(b) Face shields.			
(c) Respirators and masks.			
(d) Helmets and hoods.			
(e) Head protection.			
(f) Gloves, aprons and sleeves; rubber or plastic, designed to afford protection from alkalis and acids; electricians' rubber gloves with protectors.			
(g) Respirators for harmful dust, asbestos, sand blasting, welding (lead paint and galvanized zinc or cadmium). Adequate ventilation when painting or applying epoxy resins. All safe practices in spraying asbestos materials using vacuum to clean up. When there is a question about injuring exposure, notify foreman/supervisor immediately who in turn shall arrange for atmospheric samples to be taken.			
(h) Reflective vests where needed.			

(12) HAZARD COMMUNICATION:

	A	B	C
(a) Hazard Communication Manual available at the job site.			
(b) Master Chemical Inventory list up to date.			
(c) Material Safety Data sheets in place for all hazardous chemicals.			
(d) All containers.			
(e) All employees trained in safe use of all chemicals.			
(f) Proper Personal Protective Equipment available for employee use.			

V-D

FACILITY INSPECTION

1. Are first aid supplies in good order.
2. Are eye wash stations available where corrosive chemicals are used.
3. Are roadways or floors free of holes or obstacles.
4. Are all stairs with four or more risers supplied with proper handrails.
5. Are catwalks in good order and supplied with proper guardrails, midrails and toeboards.
6. Are fixed ladders kept in good repair.
7. Are confined space locations clearly marked.
8. Are emergency evacuation maps posted.
9. Are elevated work areas higher than four feet guarded.
10. Are in-running nip points on conveyors guarded.
11. Are all points of operation on equipment guarded properly.
12. Are operating controls and stop buttons clearly marked and operating properly.
13. Are fire extinguishers inspected monthly.
14. Are fire extinguishers kept clear and easily accessible at all times.
15. Are pulleys and gears guarded.

V-E

ELECTRICAL SAFETY GUIDELINES

It takes very little electric current to kill, less than one tenth of an ampere. With good contact, 120 volts is sufficient voltage to cause death. There have been fatal electrical shocks where voltage has been as low as 60 to 70 volts. It shall be the company policy to ***only*** permit Electrically Qualified employees who are trained in Electrical Safe Work Procedures and Arc Flash and Arc Blast hazards and protection to work around live electrical equipment or circuits. All other employees (unqualified) will be trained to never work on or around live electrical equipment or circuits and shall be protected from the possibility of exposure to Arc Flash and Arc Blast from electrical circuits and equipment.

1. Only electrically qualified personnel trained in the hazards of electricity and safe electrical work procedures are allowed to perform any type of electrical work. Any work on or near exposed de-energized parts are to be treated as live.

2. All electrical equipment shall be grounded in accordance with the National Electric Code.

3. All electrical equipment shall be inspected on a regular basis according to the National Electric Code. Any repairs should be made immediately by electrically qualified personnel.

4. Suitable means shall be provided to identify all electrical equipment and circuits to indicate the type of service they provide, what they operate or control and Arc Flash boundaries.

5. Protection against accidental shock or electrocution from live electrical parts such as circuit breaker panels, fuse boards, fuse cut-out panels and motor controlled equipment should be provided.

6. The current carrying parts to motors are to be guarded and protected to prevent accidental contact by personnel.

7. All switches should be enclosed and grounded. All panel boxes should be kept closed and locked if possible.

8. Before new equipment or installations are installed on a circuit, the circuit should be tested by an electrically qualified individual to ensure the circuit can carry the additional load.

9. Fuse and circuit breakers are to be of sufficient size to carry the expected current required.

10. Electrical work shall ***not*** be done energized if it can be done de-energized. Electrical equipment and circuits are to be locked out whenever possible. ***Only*** electrically qualified personnel shall ever be permitted to work on energized circuits and only then if properly equipped with PPE (Personal Protective Equipment) according to the Arc Flash policy.

11. Extreme care is to be used when setting up temporary electrical power. Failure to do so could lead to power failures, serious injury, fire and/or death.

12. No open electrical panel or junction boxes should be permitted.

13. Metal ladders shall never be used for working around or on live electrical equipment or lines. Only ladders with non-conductive side rails are permitted.

14. A clear area (Arc Boundaries) according to the National Electric Code is to be maintained in front of all electrical panel boxes at all times. Our qualified employees must adhere to the approved distances outlined in Table 55 of the NFPA 70# requirements.

15. Ground fault circuit interrupters (GFCI) shall be installed on all extension cords or temporary electrical installations.

16. Temporary electrical equipment is to be visually inspected for damage prior to use.

17. Extension (flexible power) cords used with non-double insulated portable electric tools and appliances shall be of the three-wire type.

18. Extension cords need to be protected against accidental damage as may be caused by traffic, sharp corners or projections and pinching in doors or elsewhere.

19. Do not fasten extension cords with staples, hang from nails or suspend by wire.

20. Check electrical cables, extension cords and electrical power tool cords for damage or excessive wear such as broken, cut, or frayed insulation; broken or exposed wire; damaged plugs and missing ground terminals. Damaged or otherwise unsafe electrical cables, cords and plugs must be repaired or replaced.

21. Assure that OSHA and NEC regulations for equipment grounding are followed when working with cord and plug connected equipment that required grounding.

22. Our field staff employees (non-qualified employees) will be trained to stay clear (according to Arc Flash boundaries) of live electrical equipment and circuits at all times.

23. No conductive apparel is to be worn by any employee working on or around live electrical equipment and circuits.

24. No work of any type by any of our employees is to be performed within 10 feet of overhead live electrical lines unless the lines can be insulated or de-energized beforehand.

25. No electrical work of any type will be performed by our employees in Confined Space environments.

26. Where required, appropriate barriers will be set up to protect our Qualified Employees when work near live electrical parts in confined or enclosed spaces.

V-F

WELDING AND CUTTING

OSHA standard CFR29 Subpart Q, 1910.251 through 1910.257 outlines the requirements dealing with welding and cutting.

The following guidelines are to be followed at all times.

1. Only trained and authorized maintenance employees will be permitted to use welding or cutting equipment.

2. Only approved torches, regulators, pressure reducing valves, and acetylene generator manifolds are to be used.

3. Proper personal protective equipment is to be worn by all welders including the following:
    * a welding helmet
    * welding goggles
    * heat resistant clothing
    * protective gloves

4. All employees are to be protected from the hazards created by welding or cutting before operations are to begin.

5. Adequate ventilation is to be supplied where welding and cutting are to be performed.

6. Welding shields are to be used unless the situation is such that the shields cannot be used. In those cases, employees are to be moved from the area.

7. All power to the welder is to be turned off when no one is attending it.

8. The electrodes are to be removed from the holders when not in use.

9. Grounding and ground connections on portable machines are to be checked periodically.

10. Appropriate fire extinguishers are to be available for immediate use at all times.

11. Welders are not to loop or coil the welding electrode cable around their body at any time.

12. Welding and cutting machines are to have the voltage kept as low as possible and not in excess of recommended limits.

13. Wet machines are to be thoroughly dried and tested before being used.

14. Work and electrode lead cables are to be frequently inspected for wear and damage and replaced when needed.

15. When floors are wet, welders are to be protected from possible electrical shock.

16. Before welding or cutting work is begun on used drums, barrels tanks or other containers, they are to be thoroughly cleaned out so that no substance remains that could explode, ignite or produce toxic vapors.

17. Welding and cutting are not to be done in areas where combustible or flammable liquids are stored, unless approved by the foreman/supervisor and closely supervised.

18. Combustible areas are to be kept wet or covered by damp sand or fire resistant shielding.

19. Connecting cable lengths are to have adequate insulation.

20. Pressure reducing regulators are to be used only for gas and at the pressure for which they are intended.

21. Red is to be used to identify acetylene and other fuel-gas hoses, green is to identify oxygen hoses and black is to identify inert gas air hoses.

22. Compressed gas cylinders are to be regularly examined for signs of defects, deep rusting and leakage.

23. Extreme care is to be exercised in the handling and storage of cylinders, safety cables, relief valves, etc. to prevent damage.

24. Precautions are to be taken to prevent the mixture of air or oxygen with flammable gases, except at a burner or in a standard torch.

25. Cylinders are to be kept stored safely and away from sources of heat, elevators, stairs and gangways.

26. Cylinders are to be secured or chained at all times.

27. Oxygen and acetylene cylinders are not to be stored closer than 20 feet of each other or they are to be separated by a five foot high wall with a fire rating of at least 1 hour.

28. Cylinders are never to be used as rollers or as supports.

29. Empty cylinders are to be stored separately and their valves are to be kept closed.

30. Cylinders, cylinder valves, couplings, regulator hoses, and apparatus are to be kept free of oily or greasy substances.

31. Extra care is to be taken not to strike or drop cylinders.

32. Unless cylinders are secured in a special truck, the regulators are to be removed and valve protection caps put in place before moving cylinders.

33. Fuel-gas cylinder valves should never be opened near a source of ignition.

34. Before regulators are removed, the valve is to be closed and the gas released from the regulator.

35. Liquefied gases are to be stored and shipped with the valve end up and valve covers in place.

36. Cylinders are to be firmly secured to the welding or cutting cart at all times during use.

37. Welding and cutting carts are to be kept in an appropriate storage location at all times when not in use.

PERMIT TO CUT, WELD, BURN OR PERFORM HOT WORK

Date: _____ Time: _____

Equipment to be worked on: _____

_____

_____

Work to be done: _____

_____

_____

Combustible Material present within 35 feet? Yes _____ No _____

Precautions taken to remove or guard combustible materials. Explain in detail.

_____

_____

_____

Fire watch required: Yes _____ No _____

Individual assigned to Fire Watch: _____

What type of fire extinguishing equipment is available? _____

_____

Authorized Cutter/Welder to perform task: _____

_____

Special Precautions needed for this job. Explain in detail: _____

_____

Time work started: _____ Time work was completed: _____

Authorized management employee approval: _____

No approval is to be given unless all applicable safety precautions can be taken.

V-G

HEARING CONSERVATION GUIDELINES

OSHA STANDARD 1910.95 OCCUPATIONAL NOISE EXPOSURE

Hearing Conservation Program:

1. The employer shall administer a continuing, effective Hearing Conservation Program whenever employee noise exposures equal or exceed an 8-hour time weighted average sound level (TWA) of 85 decibels.

2. Protection against the effects of noise exposure shall be provided when the sound levels exceeds the following:

Duration Per Day, Hours	Sound Level dBA Slow Response
8	90
6	92
4	95
3	97
2	100
1 ½	102
1	105
½	110
¼ or Less	115

3. When employees are subjected to sound levels exceeding the above, feasible administrative or engineering controls shall be utilized. If such controls fail to reduce sound levels within acceptable levels, personal protective equipment shall be provided and used to reduce sound levels within the levels of the table.

Monitoring:

1. When information indicates that any employee's exposure may equal or exceed an 8-hour time weighted average of 85 decibels, the employer shall develop and implement a noise level monitoring program.

2. A sampling strategy shall be designed to identify employees for inclusion in the Hearing Conservation Program and to enable the proper selection of hearing protectors.

3. Where circumstances such as high worker mobility, significant variations in sound level, or a significant component of impulse noise make area monitoring generally inappropriate, the employer shall use representative personal sampling to comply with the monitoring requirements, unless the employer can show that area sampling produces equivalent results.

- All continuous, intermittent and impulsive sound levels from 80 decibels to 130 decibels shall be integrated into the noise measurements.

- Instruments used to measure employee noise exposure shall be calibrated to ensure measurement accuracy.

- Monitoring shall be repeated whenever a change in production, process, equipment or controls increases noise exposures to the extent that:
  - Additional employees may be exposed at or above the action level (8-hour time-weighted average of 85 decibels)
  - The attenuation provided by hearing protectors being used by employees may be rendered inadequate to meet requirements.

4. The employer shall notify each employee exposed at or above an 8-hour time-weighted average of 85 decibels of the results of the monitoring.

5. The employer shall provide affected employees or their representatives with an opportunity to observe any noise measurements conducted.

Audiometric Testing Program:

1. The employer shall establish and maintain an Audiometric testing program, by making Audiometric testing available to all employees whose exposures equal or exceed an 8-hour time-weighted average of 85 decibels.

2. The program shall be provided at no cost to employees.

3. Audiometric tests shall be performed by a licensed or certified audiologist, otolaryngologist, or other physician, or by a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation, or who has satisfactorily demonstrated competence in administering Audiometric examinations, obtaining valid audiograms, and proper functioning of the audiometers being used. A technician who operates microprocessor audiometers does not need to be certified. A technician who performs Audiometric tests must be responsible to an audiologist, otolaryngologist or physician.

Baseline Audiogram:

1. Within six months of an employee's first exposure at or above the action level, the employer shall establish a valid baseline audiogram against which subsequent audiograms can be compared.

2. "Mobile test van exception" Where mobile test vans are used to meet the Audiometric testing obligation, the employer shall obtain a valid baseline audiogram within one year of an employee's first exposure at or above the action level. Where baseline audiograms are obtained more than six months after the employee's first exposure at or above the action level, employees shall wear hearing protectors for any period exceeding six months after first exposure until the baseline audiogram is obtained.

3. Testing to establish a baseline audiogram shall be preceded by at least fourteen hours without exposure to workplace noise. Hearing protectors may be used as a substitute for the requirement that baseline audiograms be preceded by fourteen hours without exposure to workplace noise.

4. The employer shall notify employees of the need to avoid high levels of non-occupational noise exposure during the fourteen-hour period immediately preceding the Audiometric examination.

5. At least annually after obtaining the baseline audiogram, the employer shall obtain a new audiogram for each employee exposed at or above the 8-hour time-weighted average of 85 decibels.

6. Each employee's annual audiogram shall be compared to that employee's baseline audiogram to determine if the audiogram is valid and if a standard threshold shift has occurred. This comparison may be done by a technician. If the annual audiogram shows that an employee has suffered a standard threshold shift, the employer may obtain a retest within 30 days and consider the results of the retest as the annual audiogram. The audiologist, otolaryngologist, or physician shall review problem audiograms and shall determine whether there is a need for further evaluation. The employer shall provide to the person performing this evaluation the following information:
   - A copy of the requirements for hearing conservation.
   - The baseline audiogram and most recent audiogram of the employee to be evaluated.
   - Measurements of background sound pressure levels in the Audiometric test room.
   - Records of audiometer calibrations.

Follow Up Procedures:

1. If a comparison of the annual audiogram to the baseline audiogram indicates a standard threshold shift, the employee shall be informed of this fact in writing within 21 days of the determination.

Standard Threshold Shift:

2. A standard threshold shift is a change in hearing threshold relative to the baseline audiogram of an average of 10dB or more at 2000, 3000, and 4000Hz in either ear.

3. In determining whether a standard threshold shift has occurred, allowance may be made for the contribution of aging to the change in hearing level by correcting the annual audiogram.

4. Unless a physician determines that the standard threshold shift is not work related or aggravated by occupational noise exposure, the employer shall ensure that the following steps are taken when a standard threshold shift occurs:

    - Employees not using hearing protection shall be fitted with such and trained in their use and care, and required to use them.
    - Employees already using hearing protection shall be refitted and retrained in the use of hearing protection and provided with hearing protection offering greater attenuation if necessary.
    - The employee shall be referred for a clinical audiological evaluation or an otological examination, as appropriate, if additional testing is necessary or if the employer suspects that a medical pathology of the ear is caused or aggravated by the wearing of hearing protectors.
    - The employee is informed of the need for an otological examination if a medical pathology of the ear that is unrelated to the use of hearing protectors is suspected.
    - If subsequent Audiometric testing of an employee whose exposure to noise is less than an 8-hour TWA of 90 decibels indicates that a standard threshold shift is not persistent, the employer:
        - Shall inform the employee of the new Audiometric interpretation
        - May discontinue the required use of hearing protectors for that employee

5. An annual audiogram may be substituted for the baseline audiogram when, in the judgment of the audiologist, otolaryngologist or physician who is evaluating the audiogram:
    - The standard threshold shift revealed by the audiogram is persistent
    - The hearing threshold shown in the annual audiogram indicates significant improvement over the baseline audiogram.

Audiometric Test Requirements:

1. Audiometric tests shall be pure tone, air conduction, hearing threshold examinations, with test frequencies including as a minimum 500, 1000, 2000, 3000, 4000, and 6000 Hz. Tests at each frequency shall be taken separately for each ear.

2. Audiometric tests shall be conducted with audiometers that meet the specifications of, and are maintained and used in accordance with, American National Standard Specification for Audiometers. Pulse-tone and self-recording audiometers, if used, shall meet the requirements specified in Appendix C of OSHA Standard 1910.95 Occupational Noise Exposure. Audiometric examinations shall be administered in a room meeting the requirements in Appendix D of OSHA Standard 1910.95 Occupational Noise Exposure.

Audiometer Calibration:

1. The functional operation of the audiometer shall be checked before each day's use by testing a person with known, stable hearing thresholds, and by listening to the audiometer's output to make sure that the output is free from distorted or unwanted sounds. Deviations of 10 decibels or greater require an acoustic calibration.

2. Audiometer calibration shall be checked acoustically at least annually. Test frequencies below 500 Hz and above 6000 Hz may be omitted from this check. Deviations of 15 decibels or greater require an exhaustive calibration. An exhaustive calibration shall be performed at least every two years. Test frequencies below 500 Hz and above 6000 Hz may be omitted from this calibration.

Hearing Protectors:

1. Employers shall make hearing protection available to all employees exposed to an 8-hour TWA of 85 decibels or greater at no cost to the employees. Hearing protection shall be replaced as necessary. Employees exposed to 90 decibels or higher will be required to wear the hearing protection provided.

2. Employers shall ensure that hearing protection is worn by the following employees:
   - Who are exposed to an 8-hour TWA of 90 decibels or greater
   - Who has not yet had a baseline audiogram
   - Who has experienced a standard threshold shift

3. Employees shall be given the opportunity to select their hearing protection from a variety of suitable hearing protectors provided by the employer.

4. The employer shall provide training in the use and care of all hearing protection provided to the employees. The employer shall ensure proper initial fitting and supervise the correct use of all hearing protection.

Hearing Protector Attenuation:

1. The employer shall evaluate hearing protection attenuation for the specific noise environments in which the protection will be used. Hearing protection must attenuate employee exposure at least to an 8-hour TWA of 90 decibels.

2. For employees who have experienced a standard threshold shift, hearing protection must attenuate employee exposure to an 8-hour TWA of 85 decibels or below.

3. The adequacy of hearing protection attenuation shall be reevaluated whenever employee noise exposures increase to the extent that the hearing protection provided may no longer provide adequate attenuation. The employer shall provide more effective hearing protection where necessary.

Training Program:

1. The employer shall institute a training program for all employees who are exposed to noise at or above an 8-hour TWA of 85 decibels, and shall ensure employee participation in the program.

2. The training program shall be repeated annually for each employee included in the Hearing Conservation Program. Information provided in the training program shall be updated to be consistent with changes in protective equipment and work processes.

3. The employer shall ensure that each employee is informed of the following:
   - The effects of noise on hearing
   - The purpose of hearing protection, the advantages, disadvantages, and attenuation of various types, instructions on selection, fitting, use and care.
   - The purpose of Audiometric testing, and an explanation of the test procedures.

Access to Information & Training Materials:

1. The employer shall make available to affected employees or their representatives copies of the OSHA standard 1910.95 Occupation Noise Exposure and shall post a copy in the workplace.

2. The employer shall provide to affected employees any informational materials pertaining to the OSHA standard 1910.95 Occupational Noise Exposure that are supplied to the employer by the Assistant Secretary.

3. The employer shall provide, upon request, all materials related to the employer's training and education program pertaining to the OSHA standard 1910.95 Occupational Noise Exposure to the Assistant Secretary and the Director.

Recordkeeping:

1. The employer shall maintain an accurate record of all employee exposure measurements.

2. The employer shall retain records for the following lengths of time:
   - Noise exposure measurement records shall be retained for two years.
   - Audiometric test records shall be retained for the duration of the affected employee's employment.

Audiometric Tests:

1. The employer shall retain all employee Audiometric test records. This record shall include:
   - Name and job classification of the employee
   - Date of the audiogram
   - The examiner's name
   - Date of the last acoustic or exhaustive calibration of the audiometer
   - Employee's most recent noise exposure assessment

2. The employer shall maintain accurate records of the measurements of the background sound pressure levels in Audiometric test rooms.

3. All records shall be provided upon request to employees, former employees, representatives designated by the individual employee, and the Assistant Secretary.

VI-A

SAFE HANDLING OF FLAMMABLE AND COMBUSTIBLE LIQUIDS

1. OSHA standard 29CFR 1910.106 governs the requirements for handling and storage of Flammable and Combustible Liquids. It is important that these standards be followed at all times.

2. When working around or handling Flammable or Combustible Liquids, the following safety rules are mandatory:
   * No smoking at any time.
   * Never use flammable or combustible liquids for starting fires.
   * Use only approved safety containers and cabinets at all times.
   * Contents of containers are to be clearly labeled.
   * Do not remove the flame arrester from safety containers.
   * Use only approved drum dispensing devices.
   * Ground and bond drums when transferring flammable and combustible liquids.
   * Keep away from open flames or sparks at all times.

3. Classification of Flammable and Combustible Liquids.
   A. Flammable and combustible liquids are classified according to their flash point. The flash point is the lowest temperature of the liquid at which enough vapors are given off to form an ignitable mixture of vapor and air immediately above the liquid surface.

   B. Flammable liquids shall mean a liquid having a flash point at or below 100 degrees F and shall be known as Class I liquids.
      Class IA - A flash point below 73 degrees F and boils below 100 degrees F.
      Class IB - A flash point below 73 degrees F and boils above 100 degrees F.
      Class IC - A flash point at or above 73 degrees F and below 100 degrees F.

   C. Combustible liquids shall mean a liquid having a flash point at or above 100 degrees F. All such liquids shall be classified as Class II or Class III liquids.
      1. Class II liquids shall include those having a flash point at or above 100 degrees F and below 140 degrees F.

      2. Class IIIA liquids shall include those having flash points at or above 140 degrees F and below 200 degrees F.

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3. Class IIIB liquids shall include those having flash points at or above 200 degrees F. These liquids are generally exempt from the requirements in this guideline, except that they may assume characteristics of lower flash points when subjected to heat.

4. When a combustible liquid is heated for use to within 30 degrees F (16.7 degrees C) of its flash point, it shall be handled in accordance with the requirements for the next lower class of liquids.

4. Containers
   A. Containers for flammable liquids, as described above, shall have the contents marked on the receptacle along with the hazardous ingredients, hazard warnings, and health hazards. Containers shall only be used for the material noted on the container label.
   B. Only safety containers bearing the label of the Underwriters' Laboratories and/or Factory Mutual shall be purchased as portable containers for flammable or combustible liquids, such as gasoline, diesel fuel, xylene, toluene, naphtha, turpentine, kerosene, alcohol, drying and cleaning solutions or any other flammable or combustible liquid.
   C. An approved safety container shall be of not more than 5 gallons capacity, have a spring-closing lid and spout cover and so designed that it will safely relieve internal pressure when subjected to any fire exposure. Safety containers shall be provided with self-closing lids or with an approved spout for pouring. Safety containers with flexible pouring spouts are required for refueling diesel and gasoline engines when approved pumps are not used.

5. Open flames of any type or flame-producing articles, such as matches, lighted cigarettes, or lighters are absolutely prohibited where flammable and combustible liquids are used, stored or produced. Electrical wiring and equipment at those locations where flammable or combustible liquids are used shall be of the approved type as required by the National Electrical Code. Such locations shall be prominently posted with appropriate signs to warn of the specific hazard.

6. Employees shall not use naphtha, gasoline, xylene, toluene or any other flammable or combustible liquid for washing hands or clothing.

7. Where flammable or combustible liquids are used for washing or cleaning parts and equipment, the tanks or containers should be Underwriters' Laboratories and/or Factory Mutual approved. The tanks or containers shall be adequately bonded or grounded to eliminate potential static electricity. The tank or container shall be designed and constructed so as to automatically close the cover by use of fusible links.

8. Open containers of flammable or combustible liquids are not permitted. Foot pedal operated dip or wash tanks should be equipped with a closing device to prevent a free-falling lid.

9. Flammable or combustible liquids are permitted outside an inside storage room or cabinet when inside a building or fire area of a building (as defined as an area separated from the rest of a building by a 1-hour fire resistant wall) only in the following quantities.

    IA -- 25 gallons (in appropriate containers)
    IB, IC, II or III -- 120 gallons (in appropriate containers)
    IB, IC, II or III -- 660 gallons (in a single portable container)

10. Flammable or combustible liquid containers, when required, shall be stored only in approved metal cabinets. The cabinets must be kept closed at all times where practical and located in a well ventilated area.

    A. Metal double-walled cabinets shall be located to provide a 1-1/2 inch air space on all sides, top and bottom and be equipped with vents. The cabinets should be kept away from any heat-producing device such as space heaters, radiators or near windows where the sun's rays could create sufficient heat to induce combustion. "Flammable Keep Fire Away" shall be prominently stenciled on the cabinet. The total storage of flammable or combustible liquids shall be limited to not more than sixty gallons of Class I or II liquids in these cabinets. The storage area must be kept clear of combustible materials and waste rags. All persons having access to the storage place shall be instructed not to use these cabinets for any other purpose. Suitable firefighting equipment should be stationed near the location of flammable or combustible liquid storage areas.

VI-B

SAFE USE OF PORTABLE FIRE EXTINGUISHERS

OSHA Standard 1910.157 outlines the requirements that companies must follow to ensure there are adequate numbers of fire extinguishers based on the type of fire hazards present. The standard also requires annual and monthly inspections, easy access and training for employees on how and when to use a fire extinguisher.

In order to comply with the standard and protect our facilities in case of a fire, **Our Company** has selected the ABC multipurpose type fire extinguishers. These fire extinguishers are effective on all 3 major types of fires:

A type	Common Combustibles
B type	Flammable Liquids and Vapors
C type	Electrical

They are located throughout the plant. They are hung up in a clear accessible area. There is either a sign above each fire extinguisher or a red stripe painted on the column so employees can locate one quickly in case of a fire. Fire extinguishers in the plant are the 10 lb model. When fully charged, they will last between 20 and 30 seconds.

Important Note: These fire extinguishers are not to be used on large fires. In this case, all employees are to evacuate the plant and offices using the nearest exit.

1 Our fire extinguishers are inspected annually by 5 Star Protection Services Company. They will update the inspection card after they have performed their annual inspection. They will take out of service any fire extinguisher that needs repaired. They also do the required hydrostatic testing and maintain the records.

2 All fire extinguishers will be in fully charged and operable condition and kept in their designated location.

3 All fire extinguishers are to be inspected monthly by the internal maintenance department. The following items are checked:

- ✓ The fire extinguisher is hung up in an easily accessible area with at least a two foot wide access area.
- ✓ The lock pin is in place.
- ✓ The pressure gauge is in the normal operating range (fully charged).
- ✓ The hose and nozzle are in good shape.
- ✓ The fire extinguisher sign or marking is high enough to be seen easily.
- ✓ There are no obstructions that interfere with quick access.

4 The card on the fire extinguisher is to have the initial of the person doing the inspection marked next to the month on the card.

5 Fire extinguishers needing repair are to be taken out of service and replaced with one in operable condition. Replacement fire extinguishers are available in the _____ _____.

EMPLOYEE TRAINING IN FIRE EXTINGUISHER OPERATION

All new employees will be trained in the basic operation of the fire extinguisher and annual training will be conducted for all employees. The following items will be covered in the classroom training:

Before Operating the Fire Extinguisher:

- Review of the OSHA standard on Use of Portable Fire Extinguishers
- Type of fire extinguishers available in the plant (10 pound ABC models)
- Where the fire extinguishers are located
- The dangers a fire imposes:
  - Smoke
  - Heat
- Location of Emergency Exits
- Notification of other employees of a fire
- The importance of sizing up the situation. If the fire is too big, get out ASAP.

What to do in case a fire starts?

- If the fire is small (incipient stage) and you feel confident, find the nearest fire extinguisher.
- Notify another employee to serve as a backup.
- Leave your back to the nearest exit that works.
- Stay calm and don't hurry.
- Pick up the fire extinguisher with both hands. Place your off hand under the fire extinguisher and your dominant hand under the handle.
- Keep your thumb off the activating lever. The fire extinguisher will not operate. Sit the fire extinguisher down.
- Pull the safety pin out. Twist the pin hard first to break the plastic safety tie.
- Walk up to the fire. Don't run.
- Once you feel the heat on your face, you are close enough. Back up if necessary. Stand no closer than 4 to 6 feet from the fire.
- Place your feet shoulder distance apart with your off leg one half step in front (boxer stance).

- Take the hose and aim to the side of the fire at the base.
- Put your thumb over the activating lever and squeeze down firmly.
- Sweep the hose along the base of the fire back and forth. Force the fire back and away from you.
- Make sure the fire is completely out.
- Once the fire is put out, put the fire extinguisher to the side. Open all doors and windows. Get out a fan and start to blow the smoke out.
- When the fire department arrives, let them review the situation to make sure the fire is completely out.
- After the fire department ok's, get a forklift and pick up moveable materials and take outside.
- Clean up the area.
- Replace the fire extinguisher.

Note: ABC 10 lb fire extinguishers only supply power for between 20 to 30 seconds. It is important to aim at the base of the fire and follow the **PASS Method**:

- **P**ull the Pin
- **A**im the hose at the base of the fire
- **S**queeze the activating lever
- **S**weep all the way across the base of the fire.

If at any time you are not confident or are having trouble putting the fire out, immediately evacuate the building.

VI-C

EMERGENCY REPORTING AND EVACUATION PROCEDURES

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EMERGENCY REPORTING AND EVACUATION PROCEDURES

I. Purpose

To identify the types of possible emergencies our employees may be exposed to and provide for the safest and most efficient method to protect and where necessary to evacuate employees and account for all employees quickly.

II. Implementing an Effective Emergency Action Plan

An effective Emergency Action Plan includes:

- A preferred method for reporting fires and other emergencies.
- An evacuation policy and procedure.
- Emergency escape procedures and route assignments (i.e. floor plans, safe area)
- Contact information for- and responsibilities of- individuals to be contacted under the Emergency Action Plan.
- Information concerning local area hospitals (i.e. name, phone no., and distance from your location)
- An emergency notification system to alert employees of an emergency including:
    - Individuals at remote locations within premises.
    - Local law enforcement
    - Local area hospitals

Management Responsibilities:

- Institute access controls (e.g. keys, security system pass codes)
- Distribute critical items to appropriate managers/employees, including:
    - Floor Plans
    - Keys and other access-control measures
    - Site personnel lists and telephone numbers
    - Daily schedule
- Assemble crisis kits containing:
    - Cell Phones
    - Emergency Evacuation Maps
    - Employee roster and emergency contact numbers
    - First Aid Kits
    - Flashlights
- Train all new employees in the plan and cover the plan annually with all other employees**.**
- Activate the emergency notification system when an emergency situation occurs.
- Ensure there are at least two evacuation routes.
- Ensure the physical security of the location.
- Post evacuation routes in conspicuous locations.

- Place removable floor plans near entrances and exits for emergency responders.
- Include local law enforcement and first responders during training exercises.

III. Types of Possible Emergencies

The following is a list of the types of possible emergencies:

A. Medical
B. Fire
C. Explosion
D. Electrical power lines down
E. Gas leak
F. Chemical spills
G. Violence in the Workplace
H. Tornado and severe weather emergencies
I. Hostile Intruder/Hostile Person/Active Shooter
J. Suspicious Package
K. Bomb Threat

A. Medical Emergency:

In case of a medical emergency or serious injury, the following steps are to be taken:

- Comfort the employee and try to evaluate the situation.
- Lay the employee in a safe location if necessary.
- In cases of bleeding, get approved first aid supplies and assist in controlling the bleeding if possible. Use protective gloves to prevent exposure to blood.
- Transportation to the local medical facility may be required immediately.
- Call 911 or the Fire Department, and then provide appropriate guidance to the scene.
- Appropriate Senior Management is to be notified immediately of the situation.
- If there is any doubt about the medical condition or the possibility of additional harm if moved, the injured employee is not to be moved until the local response organization authorizes and transports.
- After the employee has been provided emergency first aid by the emergency response organization, and is transported to the local hospital, the employee's family is to be notified.
- A designated company representative is to go to the hospital and meet with the family and assist them during this situation if necessary.

B. Fire Emergency:

If you discover a fire:

1. Immediately notify everyone in the building using the plant P.A. system. If the fire is small or 1st stage, there are fire extinguishers easily accessible throughout the plant that can be used to extinguish the fire.

Activate the building's fire alarm system. There is a pull alarm located in the lobby. There is also an alarm attached to the plant sprinkler system that will automatically activate once the sprinklers go on.

2. Call 9-1-1 once everyone is out of the building.

3. Evacuate the building, closing doors and windows behind you.

4. Locate those persons with special needs, and provide assistance if possible. Otherwise, provide their location to emergency responders.

5. Report to the Front East lawn area. Notify the designated fire captain that you have exited safely.

If you hear a fire alarm:

1. Walk quickly to the nearest exit.
2. If you are able, help those who need special assistance.
3. Notify fire personnel if you believe someone may still be in the building.
4. Gather at the Front East Lawn area.

DO NOT re-enter the building until the fire department has cleared the scene.

If caught in smoke:

1. Drop to your knees and crawl to the closest safe exit. (The air is clearer near the floor.)

2. Breathe through your nose, and use a shirt or towel to breathe through, if possible.

If trapped in a building:

1. Close all doors and windows.

2. Wet and place cloth material around and under the door to prevent smoke from entering.

3. Attempt to signal people outside of the building. Call for help using a telephone or cell phone.

Resource Information:

- Emergency: 9-1-1
- Police Department _____
- Fire Department _____

C. Explosion:

The possibility of a serious explosion is not great, but always a possibility. In the event of an explosion, all employees are to be evacuated immediately and report to the designated reporting area. The designated maintenance employee is to shut-off the main gas valve immediately if possible and the electrical supply lines if necessary. The fire department is to be notified immediately and advised of the situation. If there are injured employees, every effort is to be made to assist and evacuate if possible. However, no employees are to risk their safety or health unnecessarily. Once the fire department arrives, they are to take control of the situation. If there are any injured employees, or unaccounted for employees, the fire department is to be advised immediately.

D. Power Outage:

In the event of a power outage, employees are to report to the area outside the lunch room by the employee entrance. The plant is equipped with emergency lights that will provide sufficient lighting for employees to walk to the reporting area. Employees are to stay in the area and are not to leave until management authorizes.

Be Prepared:

- Keep a flashlight with spare batteries immediately accessible.
- Know how to locate the closest exit.

In the event of a large-scale power outage:

- Remain calm.
- Follow directions provided through the established communications systems.
- If building evacuation becomes necessary, seek out persons with special needs and provide assistance if possible.

- Secure all vital equipment, records, and hazardous materials if safe to do so. If this is not possible, or natural ventilation is not adequate, evacuate the area until power is restored.

- Turn off all plant machinery.

E. Gas Leaks:

Gas leaks are always a possibility and could lead to a serious explosion. In the case of a gas leak immediately review the situation and ensure appropriate action is taken to correct the leak. If necessary, all employees are to be evacuated from the area. The designated maintenance employee is to shut-off the appropriate gas valve. If necessary, notify the Fire Department. Employees are only to return to the area after approval has been given.

F. Chemical Spills:

It is important for all employees to be familiar with the types of chemicals used. The Hazard Communication Program (Right to Know) provides all employees with information on the types of chemicals and the hazards of each. If a spill occurs, a determination must be made as to whether it is a non-emergency spill or an emergency spill. A non-emergency spill is one that can be controlled or cleaned up safely in the local area without risk to the individuals doing the clean up. In these situations, the following steps are to be taken:

- Close valves and/or shut down pumps.

- Use rags, sand, floor dry, dirt, etc. to contain the spill or release.
- Use available containers to catch small leaks if possible.

- Divert the flow away from any drains, catch basins, or manholes by using the above listed materials.

- For leaking drums, rotate the drum so the leak can be stopped.

- For flammable material, eliminate all potential ignition sources immediately.

- After the spill has been cleaned up, place absorbent materials and leaking material in a safety container or drum.

- Dispose of clean up material safely.

Do not attempt to clean up a spill or release unless you are trained to do so and have the proper equipment. **If you are notified of a hazardous materials incident, follow the instructions provided by the emergency service officials.**

G. Violence in the Workplace:

Violence in the workplace is an increasing concern. It takes the form of harassment, threats and attacks which cause physical or mental harm. We will ensure, as far as possible, a safe and healthful work environment for our employees. Depending on your job function, there may be different exposures to consider. Violence from controllable, internal sources will not be tolerated for any reason.

This includes, but is not limited to the following:

- Disruptive activity in the workplace.
- Threatening, hostile or intimidating behavior.
- Possession of a dangerous weapon.
- Violation of restraining orders.
- Fighting
- Verbal Abuse
- Stalking
- Sabotaging another associate's work.
- Harmful misuse of equipment or other company property.
- Any behavior which is perceived as threatening by the recipient.
- Insubordination

In an effort to protect our employees we will:

- Screen applicants thoroughly.
- Implement a compliant system for confidential reporting of threatening actions.
- Maintain an open line of communication between management and personnel to keep all informed.
- Provide appropriate training to responsible staff and employees on conflict resolution, recognition of indicators of potential violence and response procedures.
- Consider security when dealing with adverse issues (i.e., layoffs, terminations, etc.).
- Respond immediately to threatening situations and attempt to resolve the conflict before it escalates to violence.
- Observe and document personality changes, negative attitudes, and other danger signals.
- Provide counseling and training to employees in order to minimize conflict.
- Mandate disciplinary actions for acts of violence and enforce these.

- In case of threatening behavior, supervisor is to request assistance from other supervisors immediately.
- The supervisor is never to attempt to confront the employee in a manner that would elevate the situation.
- Employees will be removed from the area and evacuated immediately.
- If necessary the Police are to be called and then are to remove the problem employee.

Personal safety of our employees is a primary concern. Should you feel that there is a potential for violence, from whatever source, you are expected to report it so that appropriate actions may be taken. The safety of you and your co-workers may be at stake.

H. Tornado and Severe Weather Emergencies:

Tornado Watch

A Tornado Watch outlines an area where large hail and damaging wind threats, as well as the possibility of multiple tornadoes are possible. In rare situations, the enhanced wording, "this is a particularly dangerous situation" will be used when long-lived, strong and violent tornadoes are possible. Remain alert for approaching storms, and be prepared to seek shelter.

Tornado Warning

A Tornado Warning is issued when a tornado is imminent or occurring. This includes when a tornado is indicated by Doppler radar or sighted by spotters. Move to your pre-designated place of safety immediately!

Severe Thunderstorm Watch

A Severe Thunderstorm Watch outlines an area where hail up to ¾-inch in diameter or larger, and damaging thunderstorm winds of 58 mph or greater are expected to occur. In rare situations, the enhanced wording, "this is a particularly dangerous situation" will be used to describe extreme thunderstorm activity

Severe Thunderstorm Warning

A Severe Thunderstorm Warning is issued when large hail or damaging wind is actually occurring or imminent. Severe thunderstorms can produce tornadoes with little or no advance warning. Severe thunderstorms will also produce frequent and dangerous lightning.

Tornado sirens are sounded for those areas in the path of the tornado. These sirens are intended to be heard outside of buildings and are not designed to be heard inside every building.

What to do during a tornado warning:

- In case of a tornado, employees are to get away from outside walls and windows or glass areas.

- Employees are to report to the designated location immediately. These areas are identified on the Emergency Evacuation Maps. Employees will be notified of which area they are to report.

- All employees should stay calm and not move around unnecessarily.

- Do not call 9-1-1 unless you need to report an emergency, such as a fire, medical emergency or severe building damage. 9-1-1 lines need to be kept open for emergency calls.
- Get out of vehicles immediately and go to the lowest floor of a nearby building or a storm shelter.
- If caught outside with no shelter, lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of potential for flooding.
- Never try to outrun a tornado in a car or truck; instead, leave the vehicle immediately for safe shelter. Tornadoes are erratic and move swiftly.
- Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.

After the tornado has passed, all employees are to report to the Emergency Coordinator. If there are any injured employees, please follow the procedures outlined in the Medical Emergency section.

I. Hostile Intruder/Hostile Person/Active Shooter:

If there is a Hostile Intruder on site, immediate action will be needed. This will include but may not be limited to the following:

The following actions should be taken by the employees:

- If you suspect a potential active shooter situation, act quickly to determine the most reasonable way to protect your own life.
- If there is an accessible escape path, attempt to evacuate the premises.
- Turn cell phones to vibrate only.
- Stay calm and be as quiet as possible.
- Lock yourself into a room and barricade the door if possible. Stay quiet. Have a secondary evacuation route if possible.
- Hide behind large items if possible**.**

- Stay away from the door and stay out of hallway if possible.
- Call the Police ASAP, but do not become a target.
- Do not leave a safe location until the police advise it is safe to do so.
- If an employee thinks he/she can safely make it out of the building by running, it is advisable they:
    - Keep their head down.
    - Keep an object between them and the Hostile Intruder
    - If outside, use trees, vehicles or other objects to block the view of the Hostile Intruder.
    - When away from immediate danger, summon help and warn others.
    - Play dead if unable to hide or run, if there are other victims in the area.
    - If possible, assist any other injured employees on site. Help stop the bleeding if possible.
    - Help others escape if possible.
    - If caught by the Hostile Intruder, do not look the intruder in the eye or make sudden moves. Follow directions if given. Keep your hands visible.
    - The last option may be to fight back. This should always be the last resort.
    - Once Police arrive, obey all commands. Once circumstances are evaluated by the Police, they will give any other directions they feel are required at this time.
    - Do not ask officers for help when being evacuated. Rescue personnel will be available for this.

Managing the Consequences:

After the active shooter has been incapacitated and is no longer a threat, management should engage in post-event assessments and activities including:

- An accounting of all individuals at a designated assembly point to determine who, if anyone, is missing and potentially injured.
- Determining a method for notifying families of individuals affected by the active shooter, including notification of any casualties.
- Assessing the psychological state of individuals at the scene, and referring them to health care specialists accordingly.
- Identifying and filling any critical personnel or operational gaps left in the organization as a result of the incident.

J. Suspicious Package:

If you receive or discover a suspicious package or device:

DO NOT TOUCH IT, TAMPER WITH IT, OR MOVE IT!

DO NOT USE A CELL PHONE WITHIN 300 FEET OF THE PACKAGE.

IMMEDIATELY CALL _____.

What constitutes a suspicious letter or parcel?

Some typical characteristics which ought to trigger suspicion include letters or parcels that:

- Have any powdery substance on the outside.
- Are unexpected or from someone unfamiliar to you.
- Have excessive postage, handwritten or poorly typed address, incorrect titles or titles with no name, or misspellings of common words.
- Are addressed to someone no longer with your organization or are otherwise outdated.
- Have no return address or have one that can't be verified as legitimate.
- Are of unusual weight, given their size, or are lopsided or oddly shaped.
- Have an unusual amount of tape.
- Are marked with restrictive endorsements, such as "Personal" or "Confidential."
- Have strange odors or stains.

K. Bomb Threat:

If a bomb threat is received:

- Stay calm.
- If your phone has Caller ID, record the number displayed.
- Gain the attention of someone else close-by, point to this information, and have that person call the Police Department from any other phone. This call should be made out of hearing range from the caller.
- Try to keep the caller on the phone long enough to complete the **Bomb Threat Check Sheet**
- Ask check sheet questions.
- Work with arriving emergency personnel to assist them in evaluating the situation.
- Assist emergency responders with a search of the area if requested.
- Provide for an orderly evacuation only when ordered by emergency personnel.

DO NOT PULL FIRE ALARM; SIGNAL FROM SYSTEM COULD DETONATE BOMB.

BOMB THREAT CHECK SHEET

Exact time of call:

Exact words of caller:

Questions to ask:

1. When is bomb going to explode?
2. Where is the bomb?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. Where are you calling from?
9. What is your address?
10. What is your name?

Caller's voice:

Calm	Disguised	Nasal	Angry	Broken
Stutter	Normal	Sincere	Lisp	Rapid
Giggling	Deep	Crying	Squeaky	Loud
Excited	Stressed	Accent	Slurred	Slow

If voice is familiar, who did it sound like?

Were there any background noises? Remarks:

Person receiving call:

Telephone number call received at:

Date:

IV. Employee Training on Emergency Procedures & Evacuation

All new employees are to be instructed in the emergency evacuation procedures for each type of possible emergency. The supervisor is to go over this in detail and outline appropriate reporting procedures. Each new employee is to be taken through a walk through drill so he/she is aware of what to do in case of any actual emergency.

Training will be held annually.

V. EMERGENCY TELEPHONE NUMBERS

_____Local Fire Department

_____Hospital

_____Police or Sheriff

Designated Emergency Coordinator & Fire Captains

Name

_____

_____

_____

_____

_____

_____

_____

_____

VI. EMPLOYEE TRAINING

- Purpose

- Types of possible Emergencies
  - Medical Emergencies
  - Fire Emergencies
  - Explosion
  - Power Outage
  - Gas Leaks
  - Chemical Spills
  - Violence in the Work Place
  - Tornado and Severe Weather Emergencies
  - Hostile Intruder/Hostile Person/Active Shooter
  - Suspicious Package
  - Bomb Threat

- Emergency Evacuation Drill

Employees:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VII. EMERGENCY EVACUATION MAPS

VII-A

LOCKOUT/TAGOUT PROGRAM

PURPOSE:
OSHA standard 1910.147 (Control of Hazardous Energy) requires all employers to provide protection for employees performing maintenance and servicing on equipment or machines from the accidental start up or release of energy which could result in an employee being injured.

1. **Our Company Policy:**
   It is our company policy to fully comply with all aspects of the Lockout/Tagout standard.
   - All equipment shall be locked and tagged out during maintenance and or servicing of equipment, where there is the possibility of the accidental start up of the equipment or an unexpected release of any energy source, which could cause an injury to an employee working on the equipment.
   - All of our employees will be trained per OSHA regulations in our lockout/tagout program, and will be expected to comply with all elements of the program at all times.

2. **MANAGEMENT RESPONSIBILITY:**
   - Allocates adequate resources to ensure compliance with the company Lockout/Tagout Program.
   - Requires all supervisors to educate their employees in the company's Lockout/Tagout Program.
   - Provide guidance and assistance as needed.

3. **SUPERVISORS**
   - Will responsible for training their employees in the company Lockout/Tagout Program.
   - Provide appropriate locks and tags that meet the standard guidelines.
   - Ensuring written procedures are developed for the equipment and machines under the supervision.
   - Auditing their Authorized Employees annually.
   - Enforcing the company Lockout/Tagout Program.

4. **AUTHORIZED EMPLOYEES**

_____ _____

_____ _____

All employees performing maintenance and or servicing of equipment and machines (**authorized employees**) will be trained in the appropriate Lockout/Tagout procedures for each piece of equipment or machine that needs to be locked and tagged.

5. **AFFECTED EMPLOYEES**
   All plant employees who are not trained as authorized employees and who are not required to use lockout/tagout procedures.

   Employees working in an area where the Lockout/Tagout procedure is being used (**affected employees**) will be trained in the purpose of the Lockout/Tagout program

who the authorized employees are when lockout/tagout procedures are to be used and the prohibition of removing or tampering with any authorized employee's lock or tag.

6. **OTHER EMPLOYEES**

All other **employees** will be advised of our program and the prohibition against removing or tampering with any authorized employee's lock and tag.

7. **LOCKS AND TAGS**

Locks and tags will be provided to our authorized employees meeting the requirement of the standard and they are to be used as required. Locks used for this program will not be used for any other purpose.

- Locks and tags will be available for use by our authorized employees.
- All locks will be heavy duty, key independent and designated for the lockout/tagout program only.
- Lockout Tags – **Danger - Do Not Operate Tags** will be issued and are to be used when equipment lockout is required.
- Lockout Tags are to be used **only** for Personal Protection when an authorized employee is required to perform maintenance or service on equipment required to be locked out.
- Tags will be weather proof and capable of withstanding the environment in which they will be used.
- All tags are to be filled out properly. Lockout Tags will have the name of the authorized employee and the date.
- Lockout Tags will be attached by passing the shank of the lock through the eye of the tag or by using a self-locking nylon cable tie capable of withstanding 50 lb. of force.

8. **AUTHORIZED EMPLOYEES**

Authorized employees will be trained in the following:

- The intent and purpose of the Lockout/Tagout Program
- The type and magnitude of the various energy hazards of each piece of equipment or machine that is to be locked and tagged.
- The specific Lockout/Tagout procedure for each piece of equipment.
- The importance of locking out each energy source and the type of lockout device that will be required.
- The need to keep unauthorized employees out of these areas while equipment and or machines are being worked on.
- The importance and proper steps to verify that a piece of equipment is at zero energy state before maintenance or service is to be performed.

AUTHORIZED EMPLOYEES (cont.)

- The steps necessary when testing and repositioning is required.
- The procedure for releasing a piece of equipment or machine for use after the equipment and or machine has been repaired.

- Group Lockout/Tagout requirements and the importance of never working under another employee's lock or tag and never allowing another employee to work under their lock and tag.
- Procedure required during shift change to ensure a piece of equipment and or machine is properly locked out by the oncoming authorized employee.
- The limitations in using tags only when it is impossible to lockout a piece of equipment and or machine.
- Safe steps required during trouble shooting and minor tool changes that do not require the equipment and or machine to be locked and tagged out. This is only allowed if there is no way an employee can be injured or if there could be no possibility of the release of energy.
- The specific Lockout/Tagout procedures required for multiple energy source equipment.
- The information required on each Lockout/Tagout and the fact that all tags need:
  - To be legible and understandable.
  - Be weatherproof and attached with a non-reusable locking cable tie or by having the shank of the lock pass directly through the eye of the tag.
  - Must be signed and dated by the authorized employee.

9. **LOCKOUT/TAGOUT PROCEDURE**

The Authorized employee needs to:

- Notify all affected employees that a lockout or tagout system is going to be utilized and the reason.
- The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards.
- Ensure that the equipment is shut down using the normal equipment shut down procedure (depress stop button, open toggle switch, etc.).
- Lockout and tagout the energy isolating devices with assigned individual lock(s) and tag(s).
- Verify that the equipment is at zero energy state by operating the switch, valve, or other energy isolating device(s) to ensure the equipment is isolated from its energy source(s). Stored energy such as that in springs, elevated machine members, rotating flywheels, hydraulic systems and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as positioning, blocking, bleeding down, etc.

  CAUTION: Return operating control(s) to "neutral" or "off" position after verifying that the equipment is at zero energy state.

- Ensure that no other employee is in the area or exposed to risk before starting to work on the equipment.

Note: Chains, cables or other devices, may be necessary to be used with

locks, when locking out valves or other devices not adaptable for locking out by locks alone.

10. **TESTING AND POSITIONING**

- Clear the equipment of all tools and materials.
- Insure the equipment is operationally intact.
- Insure that all personnel are free and clear.
- Remove the following order:
  1. Maintenance lockout
  2. Isolation devices
- Energize and proceed with test or positioning.
- If needed, re-apply isolation devices and locks and tags.

11. **RESTORING MACHINES OR EQUIPMENT TO NORMAL PRODUCTION OPERATIONS**

- After the servicing and/or maintenance is complete and equipment is ready for normal production operations, check the area around the machines or equipment to ensure that no one is exposed.
- Remove all tools and replace all guards and clean up the area.
- Unlock the machine, run it through its operating cycle and verify that it is safe.
- Notify all affected employees that maintenance or repair has been completed.

12. **PROCEDURE INVOLVING MORE THAN ONE PERSON (Group Lockout)**

If more than one individual is required to lockout or tagout equipment, each shall place his/her own personal lockout device or tagout device on the energy isolating device(s). When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device (hasp) may be used. If lockout is used, a single lock may be used to lockout the machine or equipment with the key being placed in a lockout box or cabinet which allows the use of multiple locks to secure it. Each employee will then use his/her own lock to secure the box or cabinet. As each authorized employee finishes his/her work assignment that employee will remove his/her lock from the box or cabinet.

13. **MINOR TOOL CHANGE OR ADJUSTMENTS**

Lockout/Tagout does not apply to normal production operations or to minor tool changes or adjustments that are considered routine and repetitive such as the following:

- Minor Cleaning
- Lubricating and adjusting operations

Since equipment must be on to perform minor servicing, lockout/tagout is not possible. Therefore minor servicing tasks are exempted from the standard if effective alternative protection is used such as the Inch-Safe Service Technique or a combination of safe work procedures and nip-point guards.

14. **PLUG CONTROLLED EQUIPMENT**

All equipment that is supplied electrical power through an electrical cord that can be unplugged, is considered locked out by OSHA if the cord is unplugged and kept in the view and control of the authorized employee at all times.

15. **ELECTRICAL SYSTEM LOCKOUT**

Under no circumstances are any of our authorized employees permitted to work on live electrical circuits or equipment under any conditions. If electrical work is to be done, the electrical panel supplying power to that unit or electrical panel is to be locked out. No electrical work is to be done live unless it is done by an outside electrical contractor whose employees have been trained in electrical safe work practices, ARC Flash and ARC Blast according to NFPA 70E.

16. **OUTSIDE CONTRACTORS**

Our lockout/tagout procedures will be provided to any outside contractor who will be required to perform maintenance or service on our equipment that is required to be locked out. If the contractor's procedures are different, the contractors are to comply with their procedures if they are more detailed and specific. Employees in the work area will be informed and comply with those procedures. Our Company recognizes that the outside contractors' procedures take precedence whenever differences exist. Where necessary a copy of our written lockout/tagout procedures will be provided to the outside contractor.

17. **SHIFT CHANGE**

Where a piece of equipment cannot be repaired during one shift, the piece of equipment is to be protected with a lock and a tag at all times.

- The authorized employee working on the piece of equipment is to leave his lock and tag on the piece of equipment.
- On coming employees are to put their lock and tag on the piece of equipment and verify that the equipment is at zero energy state, before the off going authorized employee can remove his lock and tag.
- Where there may be a gap in coverage between shifts, management is to ensure that the equipment is protected and that the on coming maintenance employees put their lock and tag on before repair is to continue.

18. **ANNUAL INSPECTION/AUDIT**

An annual audit of the lockout and tagout program/procedures shall be conducted to ensure they are current and up to date.

- If there are any changes required in the program they will be made at that time.
- An annual audit shall be performed on each authorized employee to ensure that they understand the lockout/tagout procedures and are following these in detail.
- The audit will be conducted by an authorized employee knowledgeable of the written procedures, but not the employee being audited on those procedures.
- The audit shall be designed to correct any deviations or inadequacies observed.
- Certification shall be made that audits have been performed. The certification shall identify the equipment or machine on which the energy control procedure was being utilized, the date of the audit, the employees included in the audit, and the person performing the audit.

19. **PROCEDURE FOR MULTIPLE ENERGY SOURCE EQUIPMENT**

All equipment with more than one energy source that cannot be locked out at one specific point will have an individual written Lockout/Tagout procedure developed for that piece of equipment and or machine.

- The types of energy and their hazard will be identified for each piece of equipment.
- Each energy isolation will be identified and the appropriate isolation devices will be listed.
- Each procedure step in the Lockout will outlined.
- Steps in verifying that the equipment is at zero energy state will be outlined.
- Copies of the procedure will be located at each multiple energy source equipment.

20. **EMERGENCY LOCKOUT REMOVAL PROCEDURE**

No authorized employee's locks or tags are ever to be removed unless the following steps are taken first:

- It has been verified that the authorized employee is not available to remove the lock and tag.
- A reasonable attempt is made to contact the authorized employee to determine the status of the work being performed.
- Verification is made that the equipment is safe before the lock and tag is removed.
- The authorized employee is given back his/her lock and tag and advised of why the lockout tag was removed.

21. **QUALIFIED EMPLOYEES**

Only qualified employees will be permitted to work on live electrical circuits, all unqualified employees will be trained in the inherent dangers of electricity and the importance of staying away from any areas where live electrical sources are located that they may come in contact with.

22. **ENFORCEMENT**

This policy will be enforced by management and violations will be dealt with according to normal disciplinary procedures established by the company.

A. Failure to follow required Lockout/Tagout Procedures for any reason.
B. Working under someone else's lock and tag.
C. Attempting to operate a piece of equipment to which a lock and tag has been attached.
D. Removing someone else's lock and tag without direct authorization to do so.
E. Interfering with an Authorized Employee during Lockout/Tagout.

Note: The employee responsibilities with regard to our Lockout and Tagout must be communicated to all employees before the policy is enforced through disciplinary action.

23. **TRAINING AND RE-TRAINING**

Training will be conducted for all employees in the company lockout/tagout program. This training will be documented. All authorized employees will receive both classroom training and hands on training for each piece of equipment that they will be authorized to work on.

Re-training will be done on an annual basis for authorized employees and as needed based on observations of authorized employee's performance.

See attached training sign off forms.

LOCKOUT/TAGOUT PROCEDURES

Company Name: _____

Plant Location: _____

Equipment to be locked out: _____

Location of Equipment: _____

Types of Energy Sources:
Electrical __X__ voltage____ Hydraulic _____ Fuel _____ Other _____ Stored ____

Air _____ Gravity _____ Spring _____ Thermal _____

The Authorized Employee is to:

1. Verbally notify the machine or equipment operator and helpers that the machine or equipment is going to be locked out. (Affected Employees)

2. Review the written Lockout/Tagout Procedure for this piece of equipment.

3. Ensure the power is turned off at the main operating controls. The controls are located:
   _____

4. Isolate the electrical power by: Placing the breaker number ( ) in the off position.
   The electrical panel is located: _____

5. Lockout the breaker with a breaker lockout device that fits the breaker properly. Lock out with approved lock and then attach a properly filled out lockout tag on the lock.
   Note: Either pass the shank of the lock through the eye of the tag or attach the tag with a nylon self closing cable tie capable of withstanding at least 50 lbs. of pressure.

6. Verify the power is off by: _____
   _____

7. Lock out the air by: _____
   _____

8. Verify air is off by: _____
   _____

9. Other energy sources Lockout Procedures required: _____
   _____

10. Verify energy source is off by: _____
    _____

Steps to release equipment back into production:

* When you are releasing the machine back into production – make sure all other employees are clear of the area
* Pick up all tools
* Clean up the area
* Unlock electrical disconnect and/or breaker
* Run machine through operating cycle
* Replace all guards
* Replace air hose if required
* Verify the machine is safe for production
* Advise affected employees the machine is safe to use

Company Name: _____

Plant Location: _____

Equipment to be locked out: _____

Location of Equipment: _____

Types of Energy Sources:
Electrical __X__ voltage ____ Hydraulic _____ Fuel _____ Other _____ Stored ____

Air _____ Gravity _____ Spring _____ Thermal _____

The Authorized Employee is to:

1. Verbally notify the machine or equipment operator and helpers that the machine or equipment is going to be locked out. (Affected Employees)

2. Review the written Lockout/Tagout Procedure for this piece of equipment.

3. Ensure the power is turned off at the main operating controls. The controls are located:
   _____

4. Isolate the electrical power by: Placing the disconnect switch in the off position
   The electrical panel is located: _____

5. Lockout the disconnect switch with an approved lock, then attach a properly filled out lockout tag on the lock.
   Note: Either pass the shank of the lock through the eye of the tag or attach the tag with a nylon self closing cable tie capable of withstanding at least 50 lbs. of pressure.

6. Verify the power is off by: _____
   _____
   _____

7. Lock out the air by: _____
   _____
   _____

8. Verify air is off by: _____
   _____
   _____

Steps to release equipment back into production:

* When you are releasing the machine back into production – make sure all other employees are clear of the area
* Pick up all tools
* Clean up the area
* Unlock electrical disconnect and/or breaker
* Run machine through operating cycle
* Replace all guards
* Replace air hose if required
* Verify the machine is safe for production
* Advise affected employees the machine is safe to use

CONTROL OF HAZARDOUS ENERGY-INITIAL TRAINING

Location _____

Instructor _____ **Training Date** _____

Training Provided:	**Check**
Control of Hazardous Energy OSHA Standard	_____
Control of Hazardous Energy	_____
When to Use Lockout/Tagout	_____
Definitions found in Procedure	_____
How to Prepare for Shutdown	_____
Knowledge Necessary for Installing Lockout/Tagout	_____
Explain Lockout/Tagout Procedure Form	_____
Notification of Affected Employees	_____
Locking Out of Isolation Devices	_____
How to Verify Isolation and Lockout/Tagout is Complete	_____
Signatures Required	_____
Release from Lockout/Tagout	_____
Explain Testing and Repositioning	_____
Group Lockout/Tagout	_____
Explain Training and Annual Audit Procedure	_____
Video (if available)	_____
Shift Change	_____

I have received the Control of Hazardous Energy Training listed above and agree to abide by the rules of the company's Control of Hazardous Energy Procedure. Please have all employees sign below and keep this copy in the Control of Hazardous Energy Program Manual.

_____ _____

Employee Signature Date

MASTER TEST ON LOCKOUT/TAGOUT PROCEDURES

1. The OSHA Lockout/Tagout Standard is:
   A. 1910.95
   B. 1910.147
   C. 1910.1200

2. All employees are allowed to use locks and tags?
   True ***False***

3. The lockout/tagout procedure is to be used at all times when maintenance of equipment is being performed.
   True False

4. Locks are to have multiple keys and can be used for other purposes.
   True ***False***

5. Lockout tags can be hung with wire or string.
   True ***False***

6. Training is required:
   A. Once a quarter
   B. Once a year
   C. Once every two years

7. Before locking out a piece of equipment, the authorized employee must know:
   A. The type and magnitude of energy
   B. The locations of each isolation device
   C. The types of lockout devices needed
   D. All of the above

8. Verification that the equipment is at Zero Energy state is to be done before maintenance work commences.
   True False

9. When releasing a piece of equipment back to production, the following should be verified:
   A. The equipment is operationally intact
   B. All guards have been replaced
   C. All locks & tags have been removed
   D. Affected employees have been notified that the equipment is safe to operate
   E. All of the above

10. If it is impossible to use a lock to lockout a piece of equipment, then a lockout tag only can be used.
    True False

TEST ON LOCKOUT/TAGOUT PROCEDURES

1. The OSHA Lockout/Tagout Standard is:
   A. 1910.95
   B. 1910.147
   C. 1910.1200

2. All employees are allowed to use locks and tags?
   True False

3. The lockout/tagout procedure is to be used at all times when maintenance of equipment is being performed.
   True False

4. Locks are to have multiple keys and can be used for other purposes.
   True False

5. Lockout tags can be hung with wire or string.
   True False

6. Training is required:
   A. Once a quarter
   B. Once a year
   C. Once every two years

7. Before locking out a piece of equipment, the authorized employee must know:
   A. The type and magnitude of energy
   B. The locations of each isolation device
   C. The types of lockout devices needed
   D. All of the above

8. Verification that the equipment is at Zero Energy state is to be done before maintenance work commences.
   True False

9. When releasing a piece of equipment back to production, the following should be verified:
   A. The equipment is operationally intact
   B. All guards have been replaced
   C. All locks & tags have been removed
   D. Affected employees have been notified that the equipment is safe to operate
   E. All of the above

10. If it is impossible to use a lock to lockout a piece of equipment, then a lockout tag only can be used.
    True False

CONTROL OF HAZARDOUS ENERGY SOURCES

ANNUAL AUDIT
(Inspection)

Date of Audit/Inspection: _____

Equipment Isolated: _____

I _____ certify that _____
(Person Performing Audit)* (Person Being Audited)*

was audited for compliance to the Control of Hazardous Energy Sources (Lockout/Tagout) Procedure on the above date. I have reviewed the Lockout/Tagout Procedure for Multiple Energy Source Equipment Form for the equipment indicated and the Isolation was _____ was not _____ performed correctly.

_____
(Signature of Person Performing Audit)

_____
(Signature of Person Being Audited)

* Print or Type
** A separate form must be submitted for each person audited.
*** Retraining will be required if Isolation was not performed Correctly.

LOCKOUT/TAGOUT PROCEDURES FOR
PLUG CONTROLLED AND ELECTRICAL EQUIPMENT

Turn off the equipment using the equipment on/off switch. Unplug the electrical cord and keep the cord in view at all times. Once unplugged, verify the power is completely off by trying to start the equipment. Return on/off switch to the off position before starting repairs.

The following equipment is controlled by unplugging the electrical cord. The cord will be kept in control and view of the Authorized Employee, Maintenance and Repair.

This policy applies to the following equipment:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

EQUIPMENT LIST BY POWER SOURCE

Equipment Name	Equipment Location	Lock Out Location	Single Source Electric	Single Source Electric	Single Source Electric	Single Source Air	Multiple Energy Sources
			Plug Controlled	Breaker Controlled	Disconnect Controlled	Shut Off Controlled	(Air & Electric, Hydraulic)

VIII.
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VIII-A

HAZARD COMMUNICATION PROGRAM

PURPOSE:

The Hazard Communications Program has been established to ensure that all chemicals used by our employees in normal operations or in a foreseeable emergency are evaluated to determine their potential hazards, to communicate these hazards to our employees, to train our employees in the proper handling of the chemicals they use to educate them on the protective measures they need to take, to ensure all hazardous chemicals are properly labeled and that there are Safety Data Sheets available for all known hazardous chemicals used.

Our Company:

It is our full intent to ensure compliance with all aspects of the Occupational Safety & Health Standard 29CFR1910.1200 Hazard Communication. This program has been updated by adding the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

Every effort will be made by management to ensure that all elements of this program are complied with at all times. All employees will be properly trained in the elements of HazCom/GHS and are expected to fully comply with the program at all times.

ELEMENTS OF THE HAZCOM/GHS PROGRAM:

A. Written Hazard Communication Program.
B. All hazardous chemicals used will be identified.
C. Proper GHS labeling of containers of hazardous chemicals will be provided.
D. Safety Data Sheets for each known hazardous chemical will be maintained.
E. Employee training consistent with the requirements of the Hazard Communication Standard / GHS will be conducted.
F. Ongoing recordkeeping and compliance with the standard will be maintained.
G. An appropriate management representative will be designated as the company Hazard Communication Coordinator.

GLOBALLY HARMONIZED SYSTEM:

The United States has worked with a number of other countries to develop a better system to communicate the handling instructions for hazardous chemicals. The new system is called the Globally Harmonized System (GHS) and it is intended to ensure that the handling instructions are clear and easily understood.

The GHS standardizes two critical areas of Hazard Communication:

*How hazardous chemicals are classified.
*Methods used to communicate these.

GHS HAZARD CLASSIFICATION:

Under the GHS there are three classes of hazardous chemicals, physical, health and environmental that employees may be exposed to either during their normal work routine or in a foreseeable emergency. A foreseeable emergency means any potential occurrence which could result in an uncontrolled release of a hazardous chemical.

HAZARD CLASSIFICATION:

- Each health and physical hazard is a “hazard class”
- A “hazard class” may also be sub-divided into several “hazard categories” based on the degree of severity of the hazard
- This is the concept of classification – determining both that there is a hazard, and what the severity is

HEALTH HAZARD CLASSIFICATION in the GHS INCLUDES THE FOLLOWING:

Appendix A

- Acute toxicity
- Skin corrosion/irritation
- Serious eye damage/eye irritation
- Respiratory or skin sensation
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicology
- Target organ systemic toxicity – single exposure
- Target organ systemic toxicity – repeated exposure
- Aspiration toxicity

HEALTH HAZARDS:

Health hazard: Is a chemical for which there is significant evidence based on scientific study that acute or chronic health effects may occur to employees exposed to the chemical.

Acute effects: Are those that usually occur rapidly as a result of short term exposure and are short in duration.

Chronic effects: Are generally considered to occur as a result of long-term exposure and are of long duration.

PHYSICAL HAZARD CLASSIFICATION in the GHS INCLUDES THE FOLLOWING:

Appendix B

- Emits flammable gases on contact with water
- Explosives
- Flammable Aerosols
- Flammable Gases
- Flammable Liquids
- Flammable Solids
- Gases Under Pressure
- Organic peroxides
- Oxidizing Gases
- Oxidizing Liquids
- Oxidizing Solids
- Pyrophoric Liquids
- Pyrophoric Solids
- Self-Heating Substances
- Self-Reactive Substances
- Substances corrosive to metals

ENVIRONMENTAL HAZARDS:

- Acute and/or Chronic Ecotoxicity
- Persistence and degradability
- Bioaccumulative potential
- Mobility in the soil
- Other adverse effects

Any chemical mixture that has one or more hazardous chemicals the whole mixture is considered a hazardous chemical.

If there is a question about whether a chemical is hazardous or not, the chemical supplier is to be contacted for clarification**. <u>The suppliers contact information can be found on the label and on the SDS.</u>**

<u>HAZARDOUS CHEMICAL LIST:</u>

At each of our work sites, there will be kept an updated list of the chemicals that are considered hazardous. This list will be updated as new chemicals are added. For each hazardous chemical on the list there will be an updated Safety Data Sheet.

<u>SAFETY DATA SHEETS:</u> (See Safety Data Sheets)

Are informational forms concerning a chemical which is prepared and distributed by the chemical manufacturer or distributor, Safety Data Sheets must be requested at the time any hazardous chemical is purchased. Copies of Safety Data Sheets will be made available for any employee who wishes to review one. Only approved chemicals will be used at any of our work locations.

<u>GHS CONTAINER LABELS</u>: (See Labeling)

All containers of hazardous chemicals will be properly labeled in accordance with the GHS / Hazard Communication Standard. Our suppliers are required to ensure that all chemicals that are considered hazardous will be labeled when they are shipped.

Employees are not to use unlabeled containers of any hazardous chemical under any conditions. The following is required on each label:

* Identity of the Hazardous Chemical.
* Name and address of the Chemical Manufacturer, Importer or distributor.
- Appropriate Hazard Signal Words (DANGER OR WARNING)
- Hazard Pictograms
* Hazard Statement (Physical, Health and Environmental Hazards)
* Precautionary Statements (Prevention, Response, Handling, Storage and Disposal)
* Supplemental Information

Labels are not to be removed or defaced under any circumstances by any employees.

Labels are to be in English and prominently displayed on each container.

All hazardous chemicals must be maintained in the original labeled manufacturer container or the secondary container must be labeled with an approved label meeting the OSHA standard.

EMPLOYEE INFORMATION AND TRAINING:

All employees who are exposed to a hazardous chemical will be trained in the company's Hazard Communication/GHS Program. Training is to be documented on the employee training sign-off form. The training is to include the following:

- The types of hazardous chemicals the employees will be exposed to.
- The requirements of the Hazard Communication Program and the location and availability of the written program and the Safety Data Sheets.
- How to read and understand the GHS's container labels.
- How to read and understand the GHS's Safety Data Sheets.
- The physical and health hazards of the chemicals considered hazardous used at our work sites.
- How our employees can detect a release of a hazardous chemical.
- The measures each of our employees can take to protect themselves from these hazards including the use of the proper PPE.
- The importance of complying with the program at all times.

FOLLOW-UP TRAINING:

Follow-up training will be conducted in the requirements of the Hazard Communication/GHS Program on a periodic basis to refresh all employees who use hazardous chemicals or who are exposed to hazardous chemicals.

Anytime a new hazardous chemical is introduced that has a different hazard, all employees exposed to that chemical will be trained in the hazards of the new chemical.

All employees are to sign-off on this training sign-off form, once the training has been completed.

MANAGEMENT RECORDKEEPING AND COMPLIANCE ACTIVITIES:

Every effort will be made to ensure that compliance with the Hazard Communication Standard will be continued on an ongoing basis. Senior management, department managers and supervisors are to ensure compliance with the program. The Safety Coordinator is to ensure that all incoming chemicals are supplied with proper GHS labels and that GHS Safety Data Sheets are received.

No hazardous chemical is to be used without proper labeling and a Safety Data Sheet. Each manager and supervisor will have knowledge of the hazard communication program. The program will be updated as needed by the Safety Coordinator. The original program will be kept by the Safety Coordinator along with an updated hazardous chemical list and the original Safety Data Sheets.

LOCATION OF SAFETY DATA SHEETS (SDS'S):

SDS's will be available for employee review and to representatives of the Occupational Safety & Health Administration upon request. The SDS's will be located in a convenient location readily assessable to employees at all times.

NON-ROUTINE TASK:

In the event an employee is required to perform a task not normally performed and involving exposure to hazardous chemicals not normally used, the area manager or supervisor is to review the task and exposure and advise the employee concerning the potential hazards and methods necessary for the employee to protect himself/herself. The manager or supervisor can get assistance from the Safety Coordinator if needed.

ON-SITE CONTRACTORS:

Contractors who are required to work at any of our locations are required to have their own written Hazard Communication Program and ensure that their employees have been trained as required by the OSHA standard. A list of hazardous chemicals used by the contractor is to be provided to the Safety Coordinator before work is to begin. Safety Data Sheets are to be available for review by managers upon request. All contractor employees are to be informed of our Hazard Communications Program before commencing on site work and all hazardous chemicals he/she may be exposed to. Our employees will be trained on the Safety Data Sheets on all chemicals the contractor plans to use if such employees are in the contractors work area.

MANAGEMENT/EMPLOYEE RESPONSIBILITIES

Senior Management:

Senior Management shall vigorously and continuously advocate compliance with Hazard Communication Program. They will:

- **ENSURE** that all efforts to comply with the program are made by all management level employees.
- **ENSURE** that all employees are trained properly and understand the elements of the Hazard Communication Program and the GHS labeling and SDS system.

The Hazard Communication/GHS Coordinator:

The Hazard Communication Coordinator (Safety Coordinator) will be responsible for the implementation of this program and auditing the program on a regular basis to ensure successful compliance. He will be responsible for the following duties:

- **MAINTAIN** the Hazard Communication Program and update as necessary.
- **ENSURE** that all chemicals have a GHS Label and a Safety Data Sheet and the copies of the SDS's are immediately available to employees at all times.
- **UPDATE** the Safety Data Sheets as needed.
- **ENSURE** proper training is being provided to all employees.
- **MAINTAIN** the master chemical inventory list of all hazardous chemicals and keep the binders updated as necessary.
- **MAINTAIN** records concerning the program as necessary.

Supervisors are responsible to:

- **ENSURE** that all new employees are trained in the program
- **DOCUMENT** the training
- **ENSURE** proper container labeling is maintained using the GHS labels
- **KNOW** the location of the Safety Data Sheets and Chemical Inventory List
- **ENSURE** that Safety Data Sheets are available for review by any employee
- **ENFORCE** compliance with the program at all times

Employees are responsible for:

- **ADHERE** to all elements of the Hazard Communication Program
- **USE** chemicals safely and for the use intended
- **USE** personal protective equipment required by the SDS.

Under no circumstances are any employees to use chemicals other than for their approved use or remove or deface any container label. All chemicals are to be used in their original manufacture supplied container whenever possible or a secondary label shall be used.

The degree of hazard will be determined by reviewing each Safety Data Sheet and/or conferring with the chemical supplier. All our employees will be trained in our labeling system. Appropriate personal protective equipment is to be worn by our employees as required by the SDS and company policy.

General:

CAS: Chemical Abstract Service.

Chemical Name means the scientific description of a chemical in accordance with the nomenclature system developed by the International Union of Pure and Applied Chemistry. (IUPAC) or the Chemical Abstract Service (CAS) rules of nomenclature or a name which will clearly identify the chemical for the purpose of conducting a hazard evaluation.

Common Name means any description or identification such as code name, code number, trade name, brand name or generic name used to identify a chemical other than by its chemical name.

Danger: Signal word meaning severe hazard (will appear on Label).

Exposure: Means that an employee is subjected to a hazardous chemical in the course of employment.

GHS: Globally Harmonized System of Classification and Labeling of Chemicals.

Hazard Warning: Means any words, pictures, symbols or combination thereof appearing on a label or other appropriate form of warning which conveys the hazard of chemicals.

Hazardous Chemical: A Hazardous Chemical is any chemical which constitutes a physical hazard or a health hazard.

Hazardous Chemical List: An updated list of the chemicals that are considered hazardous.

HCS: Hazard Communication Standard.

Health hazard: Is a chemical for which there is significant evidence based on scientific study that acute or chronic health effects may occur to employees exposed to the chemical.

Label: Means an appropriate group of written, printed or graphic information elements concerning a hazardous product displayed on or affixed to the container.

PEL - Permissible Exposure Limit is the recognized OSHA standard for chemical exposure. This is based on an 8 hour time weighted average.

Pictogram: Means a graphical composition that may include a symbol plus other graphic elements, such as border, background pattern or color that is intended to convey specific hazard information

SDS: Safety Data Sheet

Safety Data Sheets: Are informational forms concerning a chemical which is prepared and distributed by the chemical manufacturer or distributor.

Signal Word: Means a word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. GHS uses “DANGER” and “WARNING” as signal words.

HEALTH HAZARD DEFINITIONS – APPENDIX A:

Acute Toxicity: Contact by skin or ingestion produces adverse effects within 24 hrs. or 4hrs. by inhalation. Can be one or more doses.

Skin Corrosion: Irreversible damage to skin after up to 4 hrs. of contact.

Skin Irritation: Reversible damage to skin after up to 4 hrs. of contact.

Serious Eye Damage: Produces irreversible eye tissue damage in the eye within 21 days of contact.

Eye Irritation: Produces reversible changes in the eye within 21 days of contact.

Respiratory Sensitizer: Induces hypersensitivity after inhalation.

Skin Sensitizer: Induces allergic reaction after contact.

Carcinogen: Induces or increases cancer incidence in the organism.

Mutagen: Affects the cells genetic material producing abnormal development of an organism.

Reproductive – Toxicity: Adverse effects on sexual function and fertility in adult males and females and even offspring development.

Specific Target Organ Toxicity – Single Exposure: One exposure damages or affects target organs to which the material is more attracted or compatible to.

Specific Target Organ Toxicity – Repeated Exposure: Same as prior category but requiring multiple does of exposures.

Aspiration Hazard: Damage caused by entry of a liquid or solid directly through the oral or nasal cavity, or into the lower respiratory system.

PHYSICAL HAZARD DEFINITIONS APPENDIX B:

Combustible liquid: **I**s any liquid having a flashpoint between 100 degrees (F) and 199 degrees (F).

Compressed Gas: Is a gas or mixture of gases in a container having an absolute pressure exceeding 40 pound per square inch (psi) at 70 degrees (F).

Explosive: Means a chemical that causes a sudden almost instantaneous release of pressure, gas and heat when subjected to a sudden shock, pressure or high temperature.

Flammable: Means a chemical that has a flash point below 100°.

Flammable Aerosols: Any gas compressed, liquefied or dissolved under pressure.

Flammable Gases: Means a gas having a flammable range in air at 20 degree C and a standard pressure of 101.3 kPa.

Flammable Liquids: A liquid having a flash point of not more than 93 degree C.

Flammable Solids: Solids that are readily combustible, or may cause or contribute to fire through friction.

Gases Under Pressure: Gases that are contained in a receptacle at a pressure not less than 280 Pa at 20 degree C as a refrigerated liquid.

Organic Peroxide: Is an organic compound which may be considered a structural derivative of hydrogen peroxide when one or both of the hydrogen atoms has been replaced by an organic radical.

Oxidizer: Is a chemical other than a blasting agent or explosive that initiates or promotes combustion in other materials thereby causing fire either of itself or through the release of oxygen in other gases.

Oxidizing Gases: Any gas which may, generally by providing oxygen, cause or contribute to the combustion of other material more than air does.

Pyrophoric: Is a chemical that will ignite spontaneously in air at or below 130 degrees (F).

Pyrophoric Liquids: A liquid which, even in small quantities, is liable to ignite within five minutes after coming into contact with air.

Pyrophoric Solids: A solid which, even in small quantities, is liable to ignite within five minutes after coming into contact with air

Self – Heating Substances: A solid or liquid other than a pyrophoric substance, which by reaction with air and without energy supply, is liable to self-heat.

Self – Reactive Substances: Are thermally unstable liquids or solids liable to undergo a strongly exothermic thermal decomposition even without participation of oxygen (air).

Substances Corrosive to Metal: A substance or a mixture that by chemical action will materially damage, or even destroy, metals is termed “corrosive to metal”

Water Reactive: **I**s a chemical that reacts with water to release a gas that is either flammable or presents a health hazard.

GHS WARNING LABEL OUTLINE

The GHS warning label contains six separate elements:
The new labels will contain the following:

- **Symbols** – This will also be called a hazard pictogram. This is a graphic representation of the types of hazards present. There will be nine different pictograms. These will

include: Oxidizers, flammables, explosives, acute toxicity, corrosives, and gases under pressure, carcinogen, environmental toxicity, and irritant.

- **Signal Words** – are the second elements on a GHS label, and are used to indicate a hazard's relative level of severity. Signal words are either "danger" or "warning". Danger is used for more severe hazards. Warning is used for hazards that are less severe. Some lower level hazards do not use any signal words.
- **Hazard Statements** -- are the third element. Their purpose is to briefly describe the nature and degree of the hazard.

In addition to the above 3 standardized elements the following are also included:

- **Precautionary Statement** – Recommended measures that should be taken to minimize or prevent adverse effects from the hazardous chemical. Precautionary Statements cover four areas:
    - Prevention, response (in case of an accidental spillage or exposure), storage and disposal
- **Product identifier** – It is the chemical's identity and proper shipping name. This should match the product identifier found on the Safety Data Sheet Supplier Identification. This is the name, address and telephone number of the manufacturer or supplier of the substance or mixture.
- **Supplier Identification (Manufacturer, importer or other responsible party:** - Company name, address and emergency phone number.
- **Supplemental Information** – This information is not specified or required by the GHS. It could include safety procedures and safe handling such as:

First Aid. The label may explain what to do if you splash the chemical in your eyes or on your skin. You may need to flush your eyes at an eyewash station for 15 minutes or wash contaminated skin.

Fire. The label may tell you what to use to put out an accidental fire. There are four different types of fire extinguishers: water spray, foam, dry chemical, and carbon dioxide. Using the wrong one can spread the fire rather than put it out, so be sure you check the warning label.

Spills. There may be a section on how to handle spills. For any spill, contact the supervisor right away and put out any source of nearby flame. You may need to wear personal protective equipment to clean up a spill. Do not try to clean up a major spill. Contact your local Haz Mat authorities as soon as possible.

Handling and Storage. The label may list the personal protective equipment, such as gloves, safety goggles, or a respirator, that you need to handle the chemical safely. The chemical may also need to be work stored with extra ventilation or away from other chemicals.

Disposal. Treat empty containers as if they're full, and don't fill them with anything else! Empty containers can be hazardous, since they often hold residues that can burn or explode. The Hazard Communication Coordinator is to determine the appropriate method of disposing of empty containers.

Internal Containers are not to be used unless properly labeled.

NEVER TAMPER WITH OR DEFACE ANY HAZARD WARNING LABEL UNDER ANY CIRCUMSTANCE. ALWAYS FOLLOW PROPER HANDLING PROCEDURES.

HCS/GHS Pictograms and Hazards

Health Hazard **Carcinogen** **Mutagenicity** **Reproductive Toxicity** **Respiratory Sensitizer** **Target Organ Toxicity** **Aspiration Toxicity**	**Flame** **Flammables** **Pyrophorics** **Self-Heating** **Emits Flammable Gas** **Self-Reactives** **Organic Peroxides**	**Exclamation Mark** **Irritant (skin and eye)** **Skin Sensitizer** **Acute Toxicity** **Narcotic Effects** **Respiratory Tract Irritant** **Hazardous to Ozone Layer (Non-Mandatory)**
Gas Cylinder **Gases Under Pressure**	**Corrosion** **Skin Corrosion/Burns** **Eye Damage** **Corrosive to Metals**	**Exploding Bomb** **Explosives** **Self-Reactives** **Organic Peroxides**
Flame Over Circle **Oxidizers**	**Environment** **(Non-Mandatory)** **Aquatic Toxicity**	**Skull and Crossbones** **Acute Toxicity (fatal or toxic)**

Globally Harmonized System

Hazard Communication Standard Label

SAMPLE LABEL

PRODUCT IDENTIFIER

CODE
Product Name

SUPPLIER IDENTIFICATION

Company Name
Street Address
City State
Postal Code Country
Emergency Phone Number

PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.
Keep away from heat/sparks/open flame. No smoking.
Only use non-sparking tools.
Use explosion-proof electrical equipment.
Take precautionary measure against static discharge.
Ground and bond container and receiving equipment.
Do not breathe vapors.
Wear Protective gloves.
Do not eat, drink or smoke when using this product.
Wash hands thoroughly after handling.
Dispose of in accordance with local, regional, national, international regulations as specified.

In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO_2) fire extinguisher to extinguish.

First Aid
If exposed call Poison Center.
If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

HAZARD PICTOGRAMS

SIGNAL WORD

Danger

HAZARD STATEMENT

Highly flammable liquid and vapor.
May cause liver and kidney damage.

SUPPLEMENTAL INFORMATION

Directions for use

Fill weight: Lot Number
Gross weight: Fill Date:
Expiration Date:

WORKPLACE LABELING FOR INTERNAL CONTAINERS

1910.1200 (f)(6)

With the exception of paragraphs (f)(7) and (f)(8) of the Hazard Communication Standard each container of hazardous chemicals shall be labeled, tagged or marked with either:

1910.1200(f)(6)(i)

The information specified under paragraph (f)(1)(i) through (v) of this section for labels on shipped containers; (see below) or the information found in 1910.1200(f)(6)(ii).

* The Product Identification
* Signal Word
* Hazard Statement
* Pictograms
* Precautionary Statement
* Name, address and telephone number of the chemical manufacturer, importer or other responsible party

1910.1200(f)(6)(ii)

Product identifier and words, pictures, symbols or combination thereof, which provide at least general information regarding the hazards of the chemicals, and which, in conjunction with the other information immediately available to employees under the hazard communication program, will provide employees with the specific information regarding the physical and health hazards of the hazardous chemical.

1910.1200(f)(7)

The employer may use signs, placards, process sheets, batch tickets, operating procedures, or other such written materials in lieu of affixing labels to individual stationary process containers, as long as the alternative method identifies the containers to which it is applicable and conveys the information required by paragraph (f)(6) of this section to be on a label. The employer shall ensure the written materials are readily accessible to the employees in their work area throughout each work shift.

1910.1200(f)(8)

The employer is not required to label portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the employee who performs the transfer.

Sample Internal Labels

Employers may continue to use rating systems such as the National Fire Prevention Association (NFPA) or the Hazardous Material Identification System (HMIS) requirements for workplace labels as long as they are consistent with the requirements of the Hazard Communication Standard and the employees have immediate access to specific hazard information (The SDS will have this information.) Any employer using NFPA or HMIS labeling must through training ensure that its' employees are fully aware of the hazards of the chemicals used.

Also, employees will need to be advised that the hazard rating system for the GHS has been reversed. Instead of going from 1 – slight to 4 – deadly, the GHS goes from 4 – slight to 1 – deadly.

You can also adopt the labels outlined in the Hazard Communication Standard either/or

1910.1200(f)(6)(i)

1910.1200(f)(6)(ii)

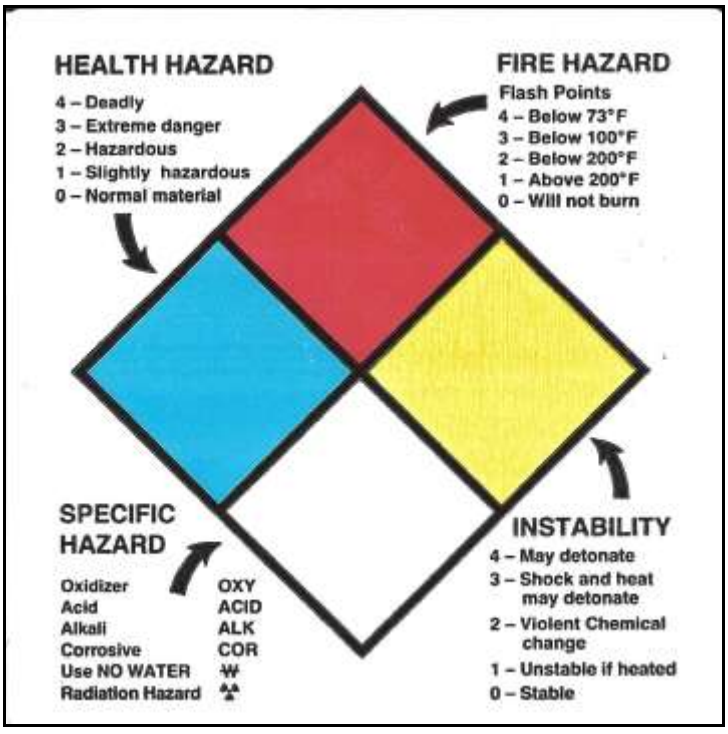
LABELING POLICY

All containers of hazardous chemicals used internally and not already supplied with a label from the manufacturer will be labeled using the National Fire Prevention Association labeling system. Each section is color coded and refers to a different type of hazard. **White** is for Personal Protective Equipment, **Blue** for Health Hazards, **Red** for Fire

Hazards, and **Yellow** for reactivity. The level of the hazard is indicated by a numbering system ranging from 0 - 4 with 4 being the most serious.

No.	Health Hazard	Fire Hazard	Reactivity
0	Normal Material	Will not burn	Stable
1	Slightly Hazardous	Flash Point Above 200 Degrees F	Unstable if heated
2	Hazardous	Flash Point Below 200 Degrees F	Violent Chemical Change
3	Extreme Danger	Flash Point Below 100 Degrees F	Shock and Heat May Detonate
4	Deadly	Flash Point Below 70 Degrees F	May Detonate

The degree of hazard will be determined by reviewing each Material Safety Data Sheet and/or conferring with the chemical supplier. All our employees will be trained in our labeling system and given a wallet sized, laminated card outlining our labeling system. Appropriate personal protective equipment is to be worn at all times as required.



LABELING POLICY

All containers of hazardous chemicals used internally and not already supplied with a label from the manufacturer will be labeled using the Hazardous Material Identification System labeling system. Each section is color coded and refers to a different type of hazard. **White** is for Personal Protective Equipment, **Blue** for Health Hazards, **Red** for Fire

Hazards, and **Yellow** for reactivity. The level of the hazard is indicated by a numbering system ranging from 0 - 4 with 4 being the most serious.

No.	Health Hazard	Fire Hazard	Reactivity
0	Normal Material	Will not burn	Stable
1	Slightly Hazardous	Flash Point Above 200 Degrees F	Unstable if heated
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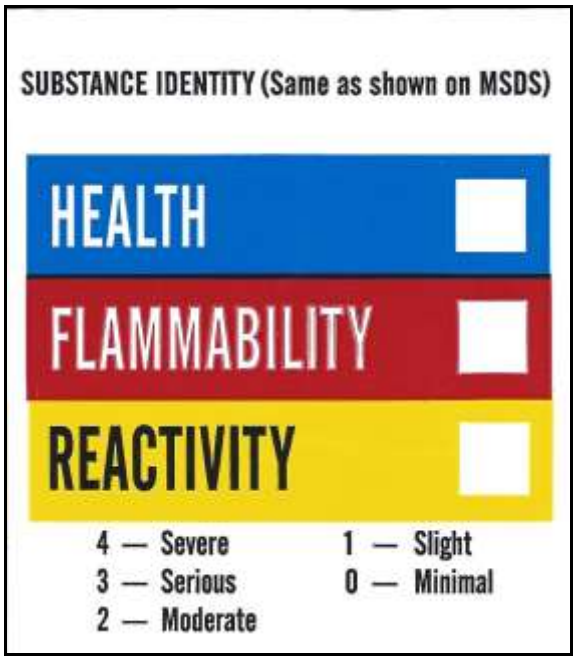
The degree of hazard will be determined by reviewing each Material Safety Data Sheet and/or conferring with the chemical supplier. All our employees will be trained in our labeling system and given a wallet sized, laminated card outlining our labeling system. Appropriate personal protective equipment is to be worn at all times as required.



GHS SAFETY DATA SHEETS

The Safety Data Sheets are designed to tell the hazards and safeguards of working with a particular hazardous material. They provide more detailed information than the labels. It is important to remember that all chemicals are potentially hazardous and should be treated

and handled with respect. The Safety Data Sheet has sixteen (16) areas that it covers as follows:

1. Chemical Identification
2. Hazard(s) Identification
3. Composition/information on ingredients
4. First-aid Measures
5. Fire-fighting Measures
6. Accidental Release Measures
7. Handling and Storage
8. Exposure Controls/Personal Protection
9. Physical and Chemical Properties
10. Stability and Reactivity
11. Toxicological Information
12. Ecological Information (not mandatory).
13. Disposal Considerations (not mandatory).
14. Transport Information (not mandatory).
15. Regulatory Information (not mandatory).
16. Other Information

Hazard Communication Standard: Safety Data Sheets (SDS's)

The Hazard Communication Standard (HCS) (29 CFR 1910.1200(g)), revised in 2012, requires that the chemical manufacturer, distributor, or importer provide Safety Data Sheets (SDSs) (formerly MSDSs or Material Safety Data Sheets) for each hazardous chemical to downstream users to communicate information on these hazards. The information contained in the SDS is largely the same as the MSDS, except now the SDSs are required to be presented in a consistent user-friendly, 16-section format. This brief provides guidance to help workers who handle hazardous chemicals to become familiar with the format and understand the contents of the SDSs.

The SDS includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical. The information contained in the SDS must be in English (although it may be in other languages as well). In addition, OSHA requires that SDS preparers provide specific minimum information as detailed in Appendix D of 29 CFR 1910.1200. The SDS preparers may also include additional information in various section(s).

Sections 1 through 8 contain general information about the chemical, identification, hazards, composition, safe handling practices, and emergency control measures (e.g., fire fighting). This information should be helpful to those that need to get the information quickly. Sections 9 through 11 and 16 contain other technical and scientific information, such as physical and chemical properties, stability and reactivity information, toxicological information, exposure control information, and other information including the date of preparation or last revision. The SDS must also state that no applicable information was found when the preparer does not find relevant information for any required element.

The SDS must also contain Sections 12 through 15, to be consistent with the UN Globally Harmonized System of Classification and Labeling of Chemicals (GHS), but OSHA will not enforce the content of these sections because they concern matters handled by other agencies.

Description of all 16 sections of the SDS, along with their contents, is presented below:

Section 1: Identification

This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier. The required information consists of:

Product identifier used on the label and any other common names or synonyms by which the substance is known.

Name, address, phone number of the manufacturer, importer, or other responsible party, and emergency phone number.

Recommended use of the chemical (e.g., a brief description of what it actually does, such as flame retardant) and any restrictions on use (including recommendations given by the supplier). [1]

Section 2: Hazard(s) Identification

This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards. The required information consists of:

The hazard classification of the chemical (e.g., flammable liquid, category[1]).

Signal word.

Hazard statement(s).

Pictograms (the pictograms or hazard symbols may be presented as graphical reproductions of the symbols in black and white or be a description of the name of the symbol (e.g., skull and crossbones, flame).

Precautionary statement(s).

Description of any hazards not otherwise classified.

For a mixture that contains an ingredient(s) with unknown toxicity, a statement describing how much (percentage) of the mixture consists of ingredient(s) with unknown acute toxicity. Please note that this is a total percentage of the mixture and not tied to the individual ingredient(s).

Section 3: Composition/Information on Ingredients

This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. This section includes information on substances, mixtures, and all chemicals where a trade secret is claimed. The required information consists of:

Substances

Chemical name.
Common name and synonyms.
Chemical Abstracts Service (CAS) number and other unique identifiers.

Impurities and stabilizing additives, which are themselves classified and which contribute to the classification of the chemical.

Mixtures

Same information required for substances.

The chemical name and concentration (i.e., exact percentage) of all ingredients which are classified as health hazards and are:

Present above their cut-off/concentration limits or
Present a health risk below the cut-off/concentration limits.

The concentration (exact percentages) of each ingredient must be specified except concentration ranges may be used in the following situations: A trade secret claim is made, there is batch-to-batch variation, or The SDS is used for a group of substantially similar mixtures.

C**ONTINUED**

Chemicals where a trade secret is claimed

A statement that the specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret is required.

Section 4: First-Aid Measures

This section describes the initial care that should be given by untrained responders to an individual who has been exposed to the chemical. The required information consists of:

Necessary first-aid instructions by relevant routes of exposure (inhalation, skin and eye contact, and ingestion).

Description of the most important symptoms or effects, and any symptoms that are acute or delayed.

Recommendations for immediate medical care and special treatment needed, when necessary.

Section 5: Fire-Fighting Measures

This section provides recommendations for fighting a fire caused by the chemical. The required information consists of:

Recommendations of suitable extinguishing equipment, and information about extinguishing equipment that is not appropriate for a particular situation.

Advice on specific hazards that develop from the chemical during the fire, such as any hazardous combustion products created when the chemical burns.

Recommendations on special protective equipment or precautions for firefighters.

Section 6: Accidental Release Measures

This section provides recommendations on the appropriate response to spills, leaks, or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties, or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard. The required information may consist of recommendations for:

Use of personal precautions (such as removal of ignition sources or providing sufficient ventilation) and protective equipment to prevent the contamination of skin, eyes, and clothing.

Emergency procedures, including instructions for evacuations, consulting experts when needed, and appropriate protective clothing.

Methods and materials used for containment (e.g., covering the drains and capping procedures).

Cleanup procedures (e.g., appropriate techniques for neutralization, decontamination, cleaning or vacuuming; adsorbent materials; and/or equipment required for containment/clean up)

Section 7: Handling and Storage

This section provides guidance on the safe handling practices and conditions for safe storage of chemicals. The required information consists of:

Precautions for safe handling, including recommendations for handling incompatible chemicals, minimizing the release of the chemical into the environment, and providing advice on general hygiene practices (e.g., eating, drinking, and smoking in work areas is prohibited).

Recommendations on the conditions for safe storage, including any incompatibilities. Provide advice on

specific storage requirements (e.g., ventilation requirements)

Section 8: Exposure Controls/Personal Protection

This section indicates the exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure. The required information consists of:

OSHA Permissible Exposure Limits (PELs), American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLVs), and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the safety data sheet, where available.

Appropriate engineering controls (e.g., use local exhaust ventilation, or use only in an enclosed system).

Recommendations for personal protective measures to prevent illness or injury from exposure to chemicals, such as personal protective equipment (PPE) (e.g., appropriate types of eye, face, skin or respiratory protection needed based on hazards and potential exposure).

Any special requirements for PPE, protective clothing or respirators (e.g., type of glove material, such as PVC or nitrile rubber gloves; and breakthrough time of the glove material).

Section 9: Physical and Chemical Properties

This section identifies physical and chemical properties associated with the substance or mixture. The minimum required information consists of: Appearance (physical state, color, etc.);

Upper/lower flammability or explosive limits;

Odor;

Vapor pressure;

Odor threshold;

Vapor density;

pH;

Relative density;

CONTINUED

Melting point/freezing point;

Solubility(ies);

Initial boiling point and boiling range;

Flash point;

Evaporation rate;

Flammability (solid, gas);

Upper/lower flammability or explosive limits;

Vapor pressure;

Vapor density;

Relative density;

Solubility(ies);

Partition coefficient: n-octanol/water;

Auto-ignition temperature;

Decomposition temperature; and

Viscosity.

The SDS may not contain every item on the above list because information may not be relevant or is not available. When this occurs, a notation to that effect must be made for that chemical property. Manufacturers may also add other relevant properties, such as the dust deflagration index (Kst) for combustible dust, used to evaluate a dust's explosive potential

Section 10: Stability and Reactivity

This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other. The required information consists of:

Reactivity

Description of the specific test data for the chemical(s). This data can be for a class or family of the chemical if such data adequately represent the anticipated hazard of the chemical(s), where available.

Chemical stability

Indication of whether the chemical is stable or unstable under normal ambient temperature and conditions while in storage and being handled.

Description of any stabilizers that may be needed to maintain chemical stability.

Indication of any safety issues that may arise should the product change in physical appearance.

CONTINUED

Other

Indication of the possibility of hazardous reactions, including a statement whether the chemical will react or polymerize, which could release excess pressure or heat, or create other hazardous conditions. Also, a description of the conditions under which hazardous reactions may occur.

List of all conditions that should be avoided (e.g., static discharge, shock, vibrations, or environmental conditions that may lead to hazardous conditions).

List of all classes of incompatible materials (e.g., classes of chemicals or specific substances) with which the chemical could react to produce a hazardous situation.

List of any known or anticipated hazardous decomposition products that could be produced because of use, storage, or heating. (Hazardous combustion products should also be included in Section 5 (Fire-Fighting Measures) of the SDS.)

Section 11: Toxicological Information

This section identifies toxicological and health effects information or indicates that such data are not available. The required information consists of:

Information on the likely routes of exposure (inhalation, ingestion, skin and eye contact). The SDS should indicate if the information is unknown.

Description of the delayed, immediate, or chronic effects from short- and long-term exposure.

The numerical measures of toxicity (e.g., acute toxicity estimates such as the LD50 (median lethal dose)) - the estimated amount [of a substance] expected to kill 50% of test animals in a single dose.

Description of the symptoms. This description includes the symptoms associated with exposure to the chemical including symptoms from the lowest to the most severe exposure.

Indication of whether the chemical is listed in the National Toxicology Program (NTP) Report on Carcinogens (latest edition) or has been found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest editions) or found to be a potential carcinogen by OSHA

Section 12: Ecological Information (non-mandatory)

This section provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment. The information may include:

Data from toxicity tests performed on aquatic and/or terrestrial organisms, where available (e.g., acute or chronic aquatic toxicity data for fish, algae, crustaceans, and other plants; toxicity data on birds, bees, plants).

Whether there is a potential for the chemical to persist and degrade in the environment either through biodegradation or other processes, such as oxidation or hydrolysis.

CONTINUED

Results of tests of bioaccumulation potential, making reference to the octanol-water partition coefficient

(Kow) and the bioconcentration factor (BCF), where available.

The potential for a substance to move from the soil to the groundwater (indicate results from adsorption studies or leaching studies).

Other adverse effects (e.g., environmental fate, ozone layer depletion potential, photochemical ozone creation potential, endocrine disrupting potential, and/or global warming potential).

Section 13: Disposal Considerations (non-mandatory)

This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS. The information may include:

Description of appropriate disposal containers to use.

Recommendations of appropriate disposal methods to employ.

Description of the physical and chemical properties that may affect disposal activities.

Language discouraging sewage disposal.

Any special precautions for landfills or incineration activities

Section 14: Transport Information (non-mandatory)

This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea. The information may include:

UN number (i.e., four-figure identification number of the substance) [1].

UN proper shipping name[1].

Transport hazard class (es) [1].

Packing group number, if applicable, based on the degree of hazard[2].

Environmental hazards (e.g., identify if it is a marine pollutant according to the International Maritime Dangerous Goods Code (IMDG Code)).

Guidance on transport in bulk (according to Annex II of MARPOL 73/78[3] and the International Code for the Construction and Equipment of Ships Carrying Dangerous Chemicals in Bulk (International Bulk Chemical Code (IBC Code)).

Any special precautions which an employee should be aware of or needs to comply with, in connection with transport or conveyance either within or outside their premises (indicate when information is not available).

Section 15: Regulatory Information (non-mandatory)

This section identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS. The information may include:

Any national and/or regional regulatory information of the chemical or mixtures (including any OSHA, Department of Transportation, Environmental Protection Agency, or Consumer Product Safety Commission regulations)

Section 16: Other Information

This section indicates when the SDS was prepared or when the last known revision was made. The SDS may also state where the changes have been made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.

Employer Responsibilities

Employers must ensure that the SDSs are readily accessible to employees for all hazardous chemicals in their workplace. This may be done in many ways. For example, employers may keep the SDSs in a binder or on computers as long as the employees have immediate access to the information without leaving their work area when needed and a back-up is available for rapid access to the SDS in the case of a power outage or other emergency. Furthermore, employers may want to designate a person(s) responsible for obtaining and maintaining the SDSs. If the employer does not have an SDS, the employer or designated person(s) should contact the manufacturer to obtain one.

GHS Hazard Communication Program Information

The Hazard Communication Coordinator is :_____

_____

This individual is responsible for overseeing the Hazard Communication Program for the company and ensuring that all elements of the program are complied with.

The SDS book is located: _____

_____

The Hazard Communication Program is located in _____

_____

It can be reviewed by asking the Hazard Communication Coordinator at any time.

This form should be posted in an area where all employees can see it.

HAZARD COMMUNICATION
TRAINING CHECK OFF FORM

All new employees are to be trained in the company Hazard Communication Program. Each supervisor is to cover the elements of the company's Hazard Communication Program in detail and check off on each of the following items after they have covered these with the new employee. Once the training has been completed, both the supervisor and the new employee are to sign off and date the bottom of the form.

_____Purpose of Hazard Communication Standard

_____Globally Harmonized System

_____Review of Health Hazard Classification

_____Review of Physical Hazard Classification

_____Company Hazard Communication Coordinator

_____ Hazard Communication Policy & Program requirements

_____ The types of hazardous chemicals used

_____ Proper handling of all hazardous chemicals

_____ Methods employees take to protect themselves from the hazardous chemicals used

_____ Location of work site Hazard Communication Program

_____ GHS Container Labeling Policy

_____ Location of Master Chemical Inventory List and Safety Data Sheets

_____ How to read a Safety Data Sheet (SDS)

_____Non-Routine Tasks

_____Working with outside contractors

_____How employees can detect a release of a Hazardous Chemical

_____ Employees responsibility for complying with the company Hazard Communication Program

Each of the above items is to be checked off after they have been covered with the new employees. After this has been completed, please sign below.

Employee _____ Date_____

Trainer _____ Date_____

Common Name Chemical Name	Purpose of Chemical	Date SDS Needs to be Updated	SDS Internal Number

HAZARDOUS CHEMICAL INVENTORY LIST

Note:

All chemicals used by the company are to be listed on this form. This form is to be updated as chemicals are added and deleted. The master SDS Book and each of the SDS books for our facility are to be updated as chemicals are added or deleted. This form is to be kept in front of each SDS book.

SDSs need to be reviewed every 3 years.

Hazard Communication Quiz

EMPLOYEE NAME _____ **DATE** _____ **SCORE** _____

Circle the correct answer for each question.

T or F 1. The Hazard Communication Standard became law in 1983.

T or F 2. The Globally Harmonized System is intended to ensure that handling instructions are clear and understandable.

T or F 3. GHS Labels are required on all chemical containers of hazardous material.

T or F 4. GHS Labels only need to tell us the name of the material in the container.

T or F 5. There are 8 Pictograms on the GHS Label.

T or F 6. Special precautions should be taken any time you handle a hazardous chemical.

T or F 7. Safety Data Sheets are used to give information on health hazards and safeguards.

T or F 8. If a product has no GHS label, then the product is completely safe.

T or F 9. Safety Data Sheets are available for review by any employee or designated representative.

T or F 10. Spilled chemicals should be left for the janitor to clean up.

T or F 11. Sweet odors coming from a chemical or process mean it is completely safe.

T or F 12. Safety Data Sheets are kept at this location, for all required chemicals.

T or F 13. The company is to have a Hazard Communication Program, Safety Data Sheets, hazardous chemical lists, and training for employees who use chemicals.

T or F 14. A person can only be affected by a chemical if they stick their hands in it.

T or F 15. Some chemicals can be used without having a Safety Data Sheet.

T or F 16. This training is provided so that I know the safe guards of working with chemicals.

T or F 17. Training is only required for new employees who work directly with a Hazardous Chemical.

T or F 18. If personal protective equipment is required for safe handling of a chemical, it will be listed on the SDS.

T or F 19. Companies that manufacture chemicals are the only ones that must put GHS labels on containers.

T or F 20. I am responsible for using all chemical materials carefully, and knowing how to get a Safety Data Sheet when I need it.

Master Hazard Communication Quiz

EMPLOYEE NAME _____ **DATE** _____ **SCORE** _____

Circle the correct answer for each question.

T or F	1.	The Hazard Communication Standard became law in 1983.
T or F	2.	The Globally Harmonized System is intended to ensure that handling instructions are clear and understandable.
T or F	3.	GHS Labels are required on all chemical containers of hazardous material.
T or **F**	4.	GHS Labels only need to tell us the name of the material in the container.
T or **F**	5.	There are 8 Pictograms on the GHS Label.
T or F	6.	Special precautions should be taken any time you handle a hazardous chemical.
T or F	7.	Safety Data Sheets are used to give information on health hazards and safeguards.
T or **F**	8.	If a product has no GHS label, then the product is completely safe.
T or F	9.	Safety Data Sheets are available for review by any employee or designated representative.
T or **F**	10.	Spilled chemicals should be left for the janitor to clean up.
T or **F**	11.	Sweet odors coming from a chemical or process mean it is completely safe.
T or F	12.	Safety Data Sheets are kept at this location, for all required chemicals.
T or F	13.	The company is to have a Hazard Communication Program, Safety Data Sheets, hazardous chemical lists, and training for employees who use chemicals.
T or **F**	14.	A person can only be affected by a chemical if they stick their hands in it.
T or F	15.	Some chemicals can be used without having a Safety Data Sheet.
T or F	16.	This training is provided so that I know the safe guards of working with chemicals.
T or **F**	17.	Training is only required for new employees who work directly with a Hazardous Chemical.
T or F	18.	If personal protective equipment is required for safe handling of a chemical, it will be listed on the SDS.
T or **F**	19.	Companies that manufacture chemicals are the only ones that must put GHS labels on containers.
T or F	20.	I am responsible for using all chemical materials carefully, and knowing how to get a Safety Data Sheet when I need it.

IX-A

WHAT OSHA EXPECTS

The Occupational Safety & Health Administration (OSHA) was established in 1971 to oversee workplace safety. Their charge is to develop appropriate workplace safety standards, conduct research and enforce the standards that have been promulgated.

As part of their charge, OSHA expects each employer to do the following:

Each employer is to:

- Provide a work environment free of recognized safety and health hazards.
- Develop written safety programs aimed at complying with the OSHA standard.
- Train all employees in job specific safety hazards and OSHA mandated training.
- Conduct regular workplace safety inspections to identify potential workplace hazards.
- Enforce safe work practices.
- Comply with all OSHA regulations.
- Work with OSHA Compliance Officers or other OSHA officials as necessary.
- Document the effectiveness of the safety program.
- Maintain required recordkeeping including the OSHA 300 Log.

IX-B

OSHA RECORDKEEPING GUIDELINES
OSHA 300 LOG

All work related injuries and/or occupational illnesses that require more than routine first aid treatment must be recorded on the OSHA 300 log for all recordable injuries happening on or after January 1, 2002. Injuries occurring prior to January 1, 2002, will still require the OSHA 200 Log with companies employing 11 or more employees. The Occupational Safety & Health Act of 1970 requires we prepare and maintain records of work-related injuries and illnesses. The *Log or Work-Related Injuries and Illnesses (Form 300)* is used to classify work-related injuries and to note the extent and severity of each case. When an incident occurs the Log is to be used to record specific details about what happened and how it happened. The *Summary* is a separate form (Form 300A) and it shows the totals for the year in each category. **This OSHA Log Summary (Form 300A) must be posted each year from February 1, to April 30, for the year that just ended, in a visible location, so that the employees are aware of the injuries and illnesses occurring in the workplace.** On May 1, the *Summary Log* should be taken down, but a copy must be maintained for five years. To download the new OSHA 300 and 301 go to the following website:

* **http://www.osha-slc.gov/recordkeeping/RKforms.html**

The Work-Related Injuries and Illnesses that are Recordable are as follows:

- Death
- Loss of Consciousness
- Days away from work
- Restricted work activity or job transfer, or medical treatments beyond first aid
- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material
- Any case that would require an employee that would have to be medically removed under the requirements of an OSHA health standard
- Any Standard Threshold Shift (STS) in hearing (i.e. an average hearing loss of 10 dB or more in either ear)
- Tuberculosis infection after exposure to a known case of active tuberculosis
- Any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. Also, any case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum

Requirements for Recording a Work-related Injury/Illness

- Within 7 days after information is received about a case, a decision must be made as to whether the injury/illness is OSHA recordable.
- Establish whether the injury/illness is or is not work-related.
- Determine if the incident is a new injury/illness or a recurrence of an existing one.
- Ensure that an accident report has been completed. You may use OSHA's 301 report or an equivalent form. A copy of the form must be kept on all OSHA recordable cases and a copy kept in the OSHA file along with the OSHA Log Summary Form 300A.

Completing the Log

- Identify the employee involved unless it is a *privacy concern* case as described below.
- Identify when and where the case occurred.
- Describe the case, as specifically as you can.
- Classify the seriousness of the case by recording the most serious outcome associated with the case, with column J being the serious and column G being the most serious.
- Identify whether the case is an injury or illness. If the case is an illness, check the appropriate illness category.

The following are not considered OSHA Recordable:

- Visits to a doctor or heath care professional solely for observation or counseling.
- Diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes.
- Any procedure that can be labeled first aid.

The following types of Incidents are considered First Aid:

- Using non-prescription medications at non-prescription strength.
- Administering tetanus immunizations.
- Cleaning, flushing, or soaking wounds on the skin surface.
- Using wound coverings, such as bandages, such as elastic bandages, Band-Aids, gauze pads, etc. or using SteriStrips or butterfly bandages.
- Using hot or cold therapy.
- Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.

- Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards).
- Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters.
- Using eye patches.
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye.
- Using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye.
- Using finger guards.
- Using massages.
- Drinking fluids to relieve heat stress.

Restricted Work Activity

Occurs when an employer or Health Care Professional (HCP) keeps or recommends keeping:

- An employee from doing the routine functions of his or her job or;
- Working the full day that the employee would have been scheduled to work before the injury or illness occurred.

Counting the Days of Restricted Work Activity or the Number of Days away from Work

- Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness.
- Begin counting days from the day after the incident occurred.
- If the injury included days away from work and restricted work activity, enter the total number for both.
- You may stop counting, in both instances, once the total of either or the combination of both reaches 180 days.

Privacy Concern Cases

The following types of injuries or illnesses must be considered to be privacy concern cases:

- An injury or illness to an intimate body part or to the reproductive system.
- An injury or illness resulting from a sexual assault.
- A mental illness.
- A case of HIV infection, hepatitis or tuberculosis.
- A needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material.
- Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log. Musculoskeletal disorders (MSDs) are not considered privacy concern cases.

You must not enter the employee's name on the OSHA 300 Log for these cases. Instead enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the company's privacy concerns so that you can update the cases and provide information to the government if asked to do so.

Injury or Illness Changes After Case is Recorded

- Simply draw a line through the original entry, or;
- Delete the original entry, or;
- Write-out the original entry
- Enter the new injury
    - Remember, you must record the most serious outcome for each case

Classifying OSHA Recordable Incidents

An injury is any wound or damage to the body resulting from an event in the work place. Listed below are examples of injuries:

- Laceration
- Fracture
- Amputation
- Electrocution
- Sprain and strain injuries to muscles, joints and connective tissues from a slip, trip or fall or other similar accidents.

Classifying Illnesses

- Musculoskeletal Disorders (MSD Illnesses)
- Skin Diseases or Disorders
- Respiratory Conditions
- Poisoning
- Noise-Induced Hearing Loss
- All other Illnesses

Calculating Injury and Illness Incidence Rates

What is an incidence rate?

- An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time works) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over a time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

- You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily . The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, *and* for both rates the instructions in paragraph (c).

  (a) *To find out the total number of recordable injuries and illnesses that occurred during the year,* count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I) and (J).

  (b) *To find out the number of injuries and illnesses that involved days away from work,* count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) *The number of hours all employees actually worked during the year.* Refer to OSHA Form 300A and optional worksheet to calculate this number. You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses ÷ Number of hours worked by all employees x 200,000 hours = Total recordable case rate.

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates).

You can compute the incidence rate for recordable cases involving days away from work using the following formula:

The number of injuries and illnesses that involved days away from work ÷ Number of hours worked by all employees x 200,000 hours = Incidence rate for cases involving days away from work.

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving musculoskeletal disorders (column M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

- The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year an publishes incidence rate data by various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov or by calling a BLS Regional Office.

IX-C

OSHA INSPECTION PROCESS

1. OPENING CONFERENCE

2. WALKAROUND

3. CLOSING CONFERENCE

HIGHLIGHTS OF AN OPENING CONFERENCE

The CSHO (Compliance Safety & Health Officer) will:

1. Present credentials to the owner or agent in charge.

2. Shall explain the purpose of the inspection.

3. Shall have employee participation in the inspection, if applicable.

4. Shall outline in general terms the scope of the inspection.

5. Shall ascertain whether there are other employees of other contractors on site. Construction employer shall be included in the scope of inspection.

6. Shall verify the correct legal name of the company, identify and trade secret area, and determine interstate commerce.

7. Shall determine if there are any high hazard areas that require personal protective equipment.

8. Will review OSHA 300 and 301 for up to the last 5 years and calculate a lost work day injury rate for that employer. Total employee hours worked at that establishment are needed for the last two years.

9. Shall verify that the employer has a Hazard Communication Program that meets the requirement of 1910.1200. This will involve: verification of the written program, the required list of hazardous chemicals, existence and availability of MSDS's, in-house and shipped contained labeling program, employee interviews, observation of use, during the walkaround stage.

10. Shall verify Access to Employee Exposure and Medical Records in accordance with 1910.1020.

11. Shall examine any other records which fall into the scope of the inspection. These may include, but are not limited to:
    * Required certification records and programs
    * Medical surveillance and monitoring records
    * Safety Committee minutes
    * Safety Committee inspection records
    * Insurance Company inspection records
    * Consultant inspection records

12. Will verify that the following are posted:
    * OSHA Poster
    * OSHA 300 (column 1-13) during February, March & April
    * Current citations if any
    * Any Petitions for Modification of Abatement dates

HIGHLIGHTS OF AN OSHA WALKAROUND INSPECTION

1. The main purpose of the walkaround is to identify potential safety and health hazards in the workplace.
    - They will ascertain the degree to which the employer is aware of potential hazards present in the workplace and the methods in use to control them.
    - They will determine employee knowledge of any hazards which exist.
    - They will determine the extent to which the employer's program covers the precautions to be taken by employees actually or potentially exposed to hazards.
    - They will evaluate the use, selection, and maintenance of personal protective equipment.
    - They will evaluate the overall quality and extent of the educational and training program and the degree of employee participation in it.

2. They will record all facts pertinent to an apparent violation on their worksheets. Apparent violations shall be brought to the attention of the employer and employee representatives at the time they are documented.

3. They will take photographs or videos of the violation.

4. They will question employees privately during the course of the inspection.

HIGHLIGHTS OF AN OSHA CLOSING CONFERENCE

1. They will give the employer the publication, "Employer Rights and Responsibilities Following an OSHA Inspection."

2. They will explain:
    * Employer's Rights
    * Contest Procedures
    * Informal Conference
    * Complying with citations
    * Penalties
    * Follow-up Inspections
    * Failure to Abate Citations
    * False Information
    * Employee Discrimination Protection
    * Consultative Services

3. They will discuss all apparent violations at the closing or at a later time.

4. They will ask for abatement time for the violation.

5. Closing conferences may or may not be held with other employer's or employee representatives.

IX-D

WHAT TO DO IN CASE OF AN OSHA INSPECTION

Find out why OSHA is there; ask how long.

1. Be courteous and polite.

2. Ask for identification. The Compliance Officer will have a laminated ID card identifying him/her as such.

3. Ask the Compliance Officer what precipitated the visit.
   * General Inspection - All companies are subject to a random inspection schedule. OSHA uses the Dodge Report, which identifies companies for inspection. (This is a low priority type inspection.)
   * Referral Inspection - Comes from other agencies (EPA, Police, Sheriff, EMS, Hospital)
   * Accident Investigation - Results from a serious, fatal or catastrophic accident. OSHA must investigate fatalities.
   * Informal Complaint - These are complaints that are not filed by employees or a designated employee representative.

4. Ask for a copy of the OSHA 7 form which is the actual complaint. Review each complaint carefully.

5. When taking the inspector to the complaint site, use the most direct route. OSHA officers can cite other violations that they see.

6. If necessary, ask the inspector to wait. Inspectors can wait for up to two hours, this is considered a reasonable delay.

7. If necessary, ask the inspector to come back at a later time. Make sure there is a legitimate reason to request this delay.

8. A warrant can be requested. A warrant limits the inspection to the actual items in the complaint only. Use discretion when asking for a warrant.

OPENING CONFERENCE

1. OSHA will advise the purpose of the inspection.

2. They will usually ask to review your OSHA 300 logs. (Past 5 years)

3. Hazard Communication program will be reviewed. This is mandatory at every inspection.

4. Other written programs could be reviewed, safety policies, lockout/tagout.

5. If the inspector requests your inspection records, advise him/her that you will provide them after they have been authorized.

6. Before giving any copies of materials or written programs, ask OSHA what they want specifically. If necessary, ask for them to put the request in writing. Before releasing the records, review your material carefully and document what is being copied.

7. If everything is perfect, you can give the inspector your programs to review. Be sure you are in compliance.

8. Always be polite and professional and cooperate as much as possible. Good faith goes a long way in reducing penalties and violations.

WALKAROUND

1. Stay with the CSHO (Compliance Safety & Health Officer) inspector at all times. Use the most direct route, take notes of where they go and with whom they talk. If the employee requests a private interview, they have a right.

2. They cannot interrupt the job.

3. Employees, also, have the right not to talk to the CSHO.

4. The employee has a right to an interview. The employer can't get the statement from OSHA until the trial.

5. Video tape anything that the OSHA inspector video tapes.

6. Management individuals - always have a responsible management representative present. In accident incidents, have an attorney there. Also, you don't have to answer questions. They can issue an administrative subpoena and require you to go to their office, but you still don't have to talk to them. Only when the case is going to court.

7. Write down exactly what each condition is at the time of the inspection.

QUESTIONS OSHA WILL ASK

OSHA must prove there was a violation and that there were employees exposed to the violation. The inspector will usually ask the following type of questions:

1. How long has this condition existed?
2. How long have you known about it?
3. What employees are in the area?
4. What have you done to correct in the past?

Be careful in your response, as these are the questions that will help OSHA establish the proof required to solidify their position. If necessary, ask that the questions be put in writing so they can be reviewed by company legal representatives.

AT THE CLOSING CONFERENCE

1. Ask the inspector what notations will be documented on his report.

2. Ask him to list what citations he is to cite.

OSHA'S QUESTIONS:

1. How long will it take you to abate the problem?

   Citations will be sent by certified mail to your main office. It may be done immediately or could take up to six months.

   You have 15 working days to contest and request an Informal conference.

   At the end of the Informal conference, if you are not pleased, advise them you are contesting. Note inspection numbers. Date items that are being contested and exactly what you are contesting in detail.

DEFENSE OF AN OSHA CITATION

1. Employee Misconduct Defense:
   - A. Probably the most important
   - B. The rule was communicated to the employee
   - C. Work rule that covers violation
   - D. The company has taken steps to discover violations
   - E. The rule was enforced where the violation was found
     (You need to do your training, inspections and have written procedures)

2. Infeasibility Defense:
   - A. OSHA has to prove feasibility
   - B. Compliance with standards requirement is not practical or feasible
   - C. Alternate protective measures were taken or there are not alternate protective measures available

3. Greater Hazard Defense:
   - A. Must take steps to use this before OSHA visits.
   - B. Hazards complying with the standard are greater than non-complying.
   - C. Other methods of protecting the employee are not available.
   - D. A variance is not available or application for a variance is inappropriate.
   - E. Variance takes forever to get.

4. Multi Employer Defense:

WHAT OSHA IS REQUIRED TO PROVE

1. The cited standard applies to the condition

2. You have failed to comply with the standard

3. Employee Exposed
   - A. Actual
   - B. Potential

4. Employer knew or should have known of the existence of the hazard.

IX-E

ACCESS TO EMPLOYEE EXPOSURE AND MEDICAL RECORDS

(OSHA standard 1910.1020)

All employers that require employees to undergo physicals, annual tests such as audiometric tests, work in areas that require environmental monitoring, or are exposed to certain health related hazards such as lead are required to develop a procedure to provide upon request these test results to their employees, former employees, the employee's designated representative or legal representative. This procedures applies to employees that are subjected to a toxic substance or harmful physical agent in the course of their employment. This does not apply to situations where the exposure is no different than typical non-occupational situations.

Any employee that would be included in the above situation has a right to review and copy any relevant medical records, exposure and monitoring records and other tests that directly pertain to them. These records include the following:

- Environmental workplace monitoring or measuring of toxic substances or harmful physical agents.

- Biological monitoring results which directly access the absorption of toxic substances or harmful physical agents by the body.

- Material safety data sheets indicating that a material may pose a hazard to human health or any other record which reveals where and when a chemical, toxic substance or harmful agent was used.

- Employee medical records including:
  * Medical and employment questionnaire
  * The results of medical examinations
  * Laboratory test results
  * X-ray results
  * Baseline examinations
  * Medical opinions, diagnosis, prognostic notes and recommendations
  * First aid records
  * Description of treatment and prescriptions
  * Employee medical complaints (that individual only)

All requests for records are to be in writing from the subjected employee, designated representative, or legal representative. Any requests from designated representatives or legal representatives must also be signed by the employee. Only specific records as required by OSHA 1910.1020. will be released to the employee, designated representative or legal representative.

Whenever access to an employee's medical records is requested a physician representing the employer may recommend that the employee, designated representative or legal representative

- Consult with the physician for the purpose of reviewing and discussing the records.
- Accept a summary of material, facts and opinions in lieu of the records requested.
- Accept release of the requested records only to a physician or other designated representative.

If the physician representing the employer believes that releasing medical records directly to an employee may cause detrimental effects to the employee's health, the employer may inform the employee that the records will only be released to a designated representative having specific written consent.

Each employer shall, upon request from OSHA, provide the requested medical or exposure records.

If any questions arise in releasing the above mentioned records, the company legal representative is to be contacted.

EMPLOYEE NOTICE

Access to Employee Exposure and Medical Records

OSHA standard 1910.1020 requires all employers that are required to conduct Industrial Hygiene Monitoring or conduct employee medical exams to advise their employees of their right to review and copy any relevant medical records, exposure records and monitoring records that directly pertain to them. These records include the following:

- Environmental workplace monitoring or measuring of toxic substances or harmful physical agents.
- Biological monitoring results which directly access the absorption of toxic substances or harmful physical agents by the body.
- Material Safety data sheets indicating that a material may pose a hazard to human health or any other record which reveals where and when a chemical, toxic substance or harmful agent was used.
- Employee medical records including:
    * Medical and employment questionnaire
    * The results of medical examinations
    * Laboratory test results
    * X-Ray results
    * Baseline examinations
    * Medical opinions, diagnosis, prognostic notes and recommendations
    * First aid records
    * Description of treatment and prescriptions
    * Employee medical complaints (that individual only)

All requests for records are to be made in writing from the subjected employee, designated representative, or legal representative. Any requests from designated representatives or legal representatives must also be signed by the employee. Only specific records as required by OSHA 1910.1020 will be released to the employee, designated representative or legal representative.

All signed copies must be given to the company Safety Coordinator who will review and then make necessary copies of requested records.

RELEASE OF EMPLOYEE MEDICAL RECORD INFORMATION TO A DESIGNATED REPRESENTATIVE FORM

I, _____ (full name of worker/patient), hereby authorize (individual or organization holding the medical records) to release to (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:

_____

_____

_____

_____

(Describe generally the information desired to be released)

I give permission for this medical information to be used for the following purpose:

_____

_____

but I do not give permission for any other use or re-disclosure of this information.

(Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe the portions of the medical information in your records which you do not intend to be released as a result of this letter.)

_____

_____

_____

_____

(Full name of Employee or Legal Representative)

_____

(Signature of Employee or Legal Representative)

REQUEST FOR COPIES OF ENVIRONMENTAL MONITORING RECORDS, EXPOSURE RECORDS AND MEDICAL RECORDS

I, _____, hereby request a copy of the following records that pertain directly to my work related activities during my active employment.

Environmental Monitoring or Exposure Records:

_____
_____
_____
_____
(Specific types of monitoring performed and required.)

Medical Tests:

_____
_____
_____
_____
(State specific types of test required.)

Medical treatment records related to my employment:

_____
_____
_____
_____
(List specific records requested)

_____
(Full name of Employee) (Date)

_____
(Date information provided) (Authorized by)

Note: Certain medical information will only be released after being reviewed by the company physician and then only to an authorized Medical Provider designated by the requesting employee. These situations will be in compliance with the OSHA guidelines as outlined in the OSHA standard, 1910.1020.

If records are to be released to an authorized employee or legal representative, the Release of Employee Medical Information to a designated Representative Form must be filled out and signed by all parties.

IX-F

OSHA POSTINGS & SAFETY INFORMATION THAT SHOULD BE AVAILABLE

OSHA Poster
Emergency Telephone Numbers
MSDS Book
Site Inspection Forms
Employee Training Forms
Right to Know Poster
Emergency Evacuation Map
Copy of Company Safety Program
Safety Meeting Forms
Employee Injury Report form
Supervisor Accident Investigation Form
Vehicle Accident Forms
OSHA Regulations both 1910 General Industry & 1926 Construction
OSHA Office Telephone Number for Reporting Emergencies
OSHA 300 Logs
Access to Medical records & Exposure Monitoring Poster
Fire Extinguisher Operation Poster

X-A

FORMS

SAFETY POLICY STATEMENT - Must be typed on company letterhead, signed by the Owner or President then posted for all employees to see. This should be reviewed with all new employees.

EMPLOYEE COMMITMENT TO SAFETY - Must be typed on company letterhead, signed by the employee and filed in employee's personnel file.

EMPLOYEE INJURY REPORT - to be completed by the injured employee.

SUPERVISOR ACCIDENT INVESTIGATION FORM - is to be filled out by the foreman/supervisor, signed by the foreman/supervisor and manager & filed in employee's personnel file.

SAFETY MEETING - FOREMAN'S/SUPERVISOR'S REPORT - Foreman/Supervisor will fill after safety meeting and post in the main office.

NEW EMPLOYEE SAFETY TRAINING SIGN-OFF FORM - is to be filled out as the new employee receives training in each individual section. The completed form is to be filed in the employee's personnel file. The trainer must sign the form.

PERSONAL PROTECTIVE EQUIPMENT TRAINING SIGN OFF FORM - Track each individual employee's training & have employee & trainer sign form. File in personnel files.

PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF HAZARD ASSESSMENT - Fill out one sheet for each individual job requiring PPE & post accordingly.

DRIVER'S VEHICLE INSPECTION REPORT - This Inspection Report is to be filled out by the driver of the vehicle making the report and the mechanic inspecting the vehicle.

HIV TESTING DECLINATION STATEMENT - Have employee sign & foreman/supervisor sign if the employee declines a HIV test. File in employee personnel file.

HEPATITIS B VACCINE DECLINATION STATEMENT - Have employee sign & foreman/supervisor sign if the employee declines a Hepatitis B vaccination test. File in employee personnel file.

DRUG & ALCOHOL POLICY TESTING CONSENT AGREEMENT - Have employees sign and place in employee personnel file. This document is required as a condition of employment.

AGREEMENT ON DRUG & ALCOHOL POLICY WHILE PERFORMING SERVICES ON THE WORKPLACE/JOBSITE FOR OUR COMPANY - To be completed by each contractor performing services on company workplace/jobsite.

OBSERVED BEHAVIOR REASONABLE CAUSE RECORDING FORM - Completed by the foreman/supervisor and placed in employee personnel file.

RESULTS OF DRUG OR ALCOHOL TEST - To be completed by MRO and filed in employee file.

ANNUAL SUMMARY OF DRUG & ALCOHOL TESTING PROGRAM - To be completed by management to summarize number and type of tests and document results.

RANDOM DRUG AND ALCOHOL TESTING DOCUMENTATION FORM - To be completed by management to document random selection of employees for testing.

SITE INSPECTION GUIDELINES - Inspect all worksites and keep on file.

EMERGENCY TELEPHONE NUMBERS - Post for employees convenience.

EMERGENCY EVACUATION MAPS - Draw evacuation routes & post for employees convenience.

LOCKOUT/TAGOUT FORM - To be completed by maintenance supervisor for each machine and a copy kept in a book and one posted.

CONTROL OF HAZARDOUS ENERGY-INITIAL TRAINING - To be completed by the trainer and signed by both trainer and employee.

CONTROL OF HAZARDOUS ENERGY SOURCES ANNUAL AUDIT - To be completed by the person performing the Audit and the person being Audited.

LOCKOUT/TAGOUT EQUIPMENT ID FORM- To be completed by the person identifying the equipment.

PLANT EQUIPMENT LIST - To be completed by the person listing the equipment.

LOCKOUT/TAGOUT PROCEDURES FOR PLUG CONTROLLED AND ELECTRICAL EQUIPMENT - To be completed by the person listing the equipment.

HAZARD COMMUNICATION TRAINING CHECK OFF FORM - Keep track of Hazard Communication training of each employee, sign & put in personnel files.

FORKLIFT DAILY CHECKLIST - To be completed before each shift by the employee operating the forklift.

FORKLIFT SAFETY TRAINING QUIZ - To be completed by each employee that is going to operating a forklift and filed in the employee's file.

FORKLIFT CLASSROOM TRAINING SIGN-OFF FORM - To be completed by each employee after the classroom training has been conducted and filed in the employee's file.

PHYSICAL OPERATION OF THE FORKLIFT SIGN-OFF FORM - To be completed by the employee after the completion of this section and filed in the employee's file.

HAZARDOUS CHEMICAL INVENTORY LIST - List all hazardous chemicals in alphabetical order with dates of MSDS & MSDS numbers. Keep this list available for employee use.

OSHA FORM 300 - Record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.

OSHA FORM 300A - Summary of work-related injuries and illnesses. All establishments covered by Part 1904 must complete this summary page, even if no work-related injuries or illnesses occurred during the year.

OSHA 301 - This is one of the first forms you must fill out when a Recordable work-related injury or illness has occurred.

REQUEST FOR COPIES OF ENVIRONMENTAL MONITORING RECORDS, EXPOSURES RECORDS & MEDICAL RECORDS is to be completed by employee before any information is released by the company physician.

RELEASE OF EMPLOYEE MEDICAL RECORD INFORMATION TO A DESIGNATED REPRESENTATIVE FORM is to be filled out by the employee authorizing information to be given out.

SAFETY POLICY STATEMENT

Our Company is committed to providing the safest possible working environment and conditions for our employees. The safety of our employees is a prime concern to management. With this in mind the following commitment is being made to prevent unnecessary injuries to our employees.

* Management is committed to reducing employee exposure to injury and illness.

* Every effort will be made to keep each of our companies as safe a place to work as possible.

* All employees are to be trained in safe work practices and are to understand the importance placed on working safely each day.

* Management is open to any suggestions which will help improve the safety of our employees.

* Every effort will be made to correct unsafe working conditions that are brought to management's attention.

* Employees observed working unsafely will be counseled and retrained as necessary.

* Safety is simply good business. Good for our employees and good for the company.

The prevention of employee injuries is of the utmost importance and a key ingredient to the continued success and growth of **Our Company**. We urge each of our employees to join with us in this most worthwhile goal.

_____

(This form is to be typed on company letterhead and signed by the owner or president, then posted for all employees to see)

EMPLOYEE COMMITMENT TO SAFETY

It is the sincere wish of **Our Company** to provide the safest establishment and conditions possible for all our employees. Safety, however, is a joint responsibility of the management and employees and each must do their part to ensure the success of the program. A good safety program does not happen by accident, it happens because we all work together each day to make it happen.

As outlined in the Safety Policy Statement, the prevention of employee injuries is of the utmost importance to management and a key ingredient to the continued success and growth of the company. Each member of the management team urges you to join wholeheartedly in this effort. With your help, the majority of injuries can be prevented. Please read the safety policy guidelines carefully, ask questions if you are not sure of a proper procedure, don't take short cuts or unnecessary chances, be alert to the unexpected and the actions of other employees, report unsafe conditions immediately and lead by example. It may take a little extra time at first to think of the safe way to do a job, but this effort will pay off for everyone in reducing employee accidents and injuries.

The success of the safety program depends on the degree to which each of us fulfills our safety responsibilities. Everyone individually has an impact on the success of the program. The safety program will only be as successful as is our efforts to adhere to the safe policies and guidelines. Remember, we make decisions all the time that affect our individual safety. Please, when making those decisions, choose the safe, right way instead of the easy, most convenient way. Management is committed to this effort. Let each of us join in with that commitment and make **Our Company**, the safest possible place to work.

_____

Employee Signature

(This form is to be typed on company letterhead and signed by the owner or president, then posted for all employees to see)

EMPLOYEE INJURY REPORT

NAME: _____ DATE REPORTED: _____

DEPARTMENT: _____ TIME REPORTED: _____

DATE OF OCCURRENCE: _____ DAY OF WEEK _____ TIME: _____

LOCATION OF OCCURRENCE: _____

SUPERVISOR NAME: _____

JOB EMPLOYEE PERFORMING AT TIME OF OCCURRENCE: _____

_____

DESCRIPTION OF WHAT OCCURRED (GIVE COMPLETE DETAILS INCLUDING WHERE, WHEN HOW AND WHY):

_____

_____

IN YOUR OPINION, WHY DID THE ACCIDENT OR INJURY TAKE PLACE?

_____

_____

IDENTIFY PARTS OF YOUR BODY INJURED _____

_____

WHAT PIECE OF EQUIPMENT INJURED YOU, IF APPLICABLE _____

_____

IF PART OF OTHER OBJECT, APPROXIMATE WEIGHT AND SIZE: _____

_____

LIST ALL WITNESSES TO OCCURRENCE, OR PERSONS NEARBY AT THE TIME:

_____

_____

AT ANY TIME IN THE LAST FIVE YEARS, WERE YOU UNDER DOCTOR'S CARE FOR SAME OR SIMILAR

INJURIES? _____ IF SO, WHEN? _____

_____ _____

DATE EMPLOYEE SIGNATURE

ACCIDENT INVESTIGATION REPORT

Employee Name	Date of Injury	Time of Injury	Location of Accident
Employee Dept.	Employee Position	Length of Service	Body Part Injured
Nature of Injury	First Aid	Medical Treatment Required	Lost Time

Was there a Written Safety Procedure in place? Yes _____ No _____

Was the Procedure specific and did it cover the actions the employee was involved in when injured? Yes _____ No _____

Was there training in these Safety Procedures? Yes _____ No _____

Was the training specific and did it cover the actions the employee was involved in that caused the accident? Yes _____ No _____

Were the proper tools and equipment supplied to do the job? Yes _____ No _____

Did supervisors conduct regular performance observations? Yes _____ No _____

Was employee counseling and enforcement conducted where necessary? Yes _____ No _____

Was the employee following established Safety Procedures? Yes _____ No _____

If not, why not? _____

_____

_____

What actions are being taken to eliminate the causes of the accident (fill out in detail)_____

_____

_____

When will the recommendations be completed? _____

Who will be involved in this process? _____

Completed by	Date

SAFETY MEETING SIGN-OFF FORM

Date_____

Trainer _____ Site_____

Job No._____

Subject of Meeting:_____

_____

_____

Attendance: (Names)_____

_____

_____

_____

_____

_____

_____

_____

REMARKS: Unsafe conditions and suggestions offered by employees or other foreman/supervisor for correction of hazardous conditions.

_____

_____

_____

NEW EMPLOYEE SAFETY ORIENTATION TRAINING SIGN-OFF FORM

It is the policy of **Our Company** to ensure that all new employees receive adequate safety training at the time of hire. No employee will be allowed on the job site until this training has been completed. After the training has been completed each new employee will be required to sign-off on the Employee Safety Training Sign-Off Form. The following items are to be covered.

_____Company Safety Policy Statement
_____Employee Commitment to Safety
_____Employee Safety Responsibility
_____General Work Rules
_____Good Housekeeping
_____Hazard Communication Program
_____Personal Protective Equipment
_____Bloodborne Pathogens (Accident Injury Clean Up)
_____Fire Extinguisher Operation
_____Emergency Evacuation Procedures
_____Electrical Safety Guidelines
_____Confined Space Entry Procedures
_____Working with Subcontractors employees
_____Working with Flammable and Combustible Liquids
_____ Welding & Cutting
_____ Machine Guarding
_____ Reporting Injuries
_____ Reporting Unsafe Conditions
_____ Safe Driving Procedures
_____ Proper Lifting
_____ Ladder Safety
_____ Safe use of Hand & Power Tools
_____ Crane & Hoisting Equipment Safety
_____ Mobile Equipment Safety (i.e. Bobcat, Front-End Loader)
_____ Lockout/Tagout Procedures
_____ Safety Posters
_____ Respirator Safety
_____ Drug & Alcohol Policy
_____ Concrete Mixer/Concrete Pumps

I, _____, the designated safety trainer have covered the above areas with_____ on_____(Date) and am confident that he/she understands each of the above areas and will be able to use the information effectively.

I,_____, have received the training on each of the above areas. I understand that safe work behavior is a condition of employment and that I am required to work safely at all times.

NOTE: Check off those training items that are appropriate, if not applicable, indicate N/A.

PERSONAL PROTECTIVE EQUIPMENT
TRAINING SIGN OFF FORM

All employees required to wear Personal Protective Equipment are to be trained in the following. Please check off after each item has been covered. Both the trainer and employee are to sign off after the training has been completed.

- ☐ Company PPE requirements including when PPE will be required.
- ☐ Type of PPE required for the job task being assigned.
- ☐ How to properly wear, adjust and fit the PPE required.
- ☐ The limitations of the PPE being provided.
- ☐ Proper care and maintenance of the PPE issued.
- ☐ The useful life and disposal of the PPE.
- ☐ The reason why the PPE issued has been selected and how that selection was made.
- ☐ Maintenance and sanitation requirements.

I, _____, have received training in the proper use, care and maintenance of the Personal Protective Equipment required during my employment. Each of the above areas was reviewed with me and I understand the training provided.

_____ _____

Employee Signature Date Trainer Signature Date

PERSONAL PROTECTIVE EQUIPMENT
CERTIFICATION OF HAZARD ASSESSMENT

Company Name: **Plant Location:**

Department:

Position or Task:

Description of Position or Task:

Types of equipment or work process:

Types of Hazards for which Personal Protective Equipment is required:

Types of Personal Protective Equipment required for this Position and/or Task:

CERTIFICATION

It is certified that the above is an accurate description of the position and/or task; the hazards requiring PPE and the appropriate PPE needed to protect any employee performing this position and/or task. The above position and/or task has been reviewed in accordance with the OSHA PPE standard. A Job Hazard Analysis was conducted on _____ by _____.

Certified by _____ _____
Management Representative Date

DRIVER'S VEHICLE INSPECTION REPORT

Your Company Date ____-____-____

Truck Number _____ Odometer Reading _____

- ✈ Air Compressor
- ✈ Air Lines
- ✈ Battery
- ✈ Body
- ✈ Brake Accessories
- ✈ Brakes
- ✈ Clutch
- ✈ Defroster
- ✈ Drive Line
- ✈ Drive Shaft Protection
- ✈ Engine
- ✈ Front Axle
- ✈ Fuel Tanks
- ✈ Generator
- ✈ Heater
- ✈ Horn
- ✈ Lights
- ✈ Mirrors
- ✈ Muffler
- ✈ Oil Pressure
- ✈ Permits
- ✈ Radiator
- ✈ Rear End
- ✈ Reflectors (Truck)
- ✈ Safety Equipment
  Triangles
  Hard Hat, Safety Glasses, Gloves
- ✈ Springs
- ✈ Starter
- ✈ Steering
- ✈ Tires
- ✈ Transmission
- ✈ Wheels - Rims
- ✈ Windows
- ✈ Windshield Wipers

Use space below for explanation

_____
_____
_____
_____

✈ CONDITION OF ABOVE VEHICLE IS SATISFACTORY

Driver Making Report _____Signature

MECHANIC'S REPORT: I CERTIFY THE ABOVE SHOWN DEFECTS: HAVE BEEN CORRECTED
✈ CORRECTION UNNECESSARY ✈
MECHANIC'S REMARKS

_____
_____
_____
_____

MECHANIC'S SIGNATURE: _____DATE _____

I HAVE REVIEWED THE INSPECTION REPORT AND FIND THE VEHICLE IS IN SAFE OPERATING CONDITION.

DRIVER'S SIGNATURE _____ DATE _____

HIV TESTING
DECLINATION STATEMENT
(post exposure)

I HAVE BEEN GIVEN THE OPPORTUNITY TO RECEIVE HIV SEROLOGICAL TESTING, AT NO CHARGE TO ME. HOWEVER, I DECLINE THIS TESTING AT THIS TIME. DUE TO MY EXPOSURE INCIDENT, I UNDERSTAND THAT ALTHOUGH I AM DECLINING THE TEST, I MAY BE AT RISK OF ACQUIRING THE HIV VIRUS, A SERIOUS DISEASE.

_____ _____
(Employee Signature) (Date)

_____ _____
(Foreman/Supervisor Signature) (Date)

HEPATITIS B VACCINE
DECLINATION STATEMENT
(post exposure)

I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH HEPATITIS B VACCINE, AT NO CHARGE TO ME. HOWEVER, I DECLINE THE HEPATITIS B VACCINATION AT THIS TIME. I UNDERSTAND THAT BY DECLINING THE VACCINE, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE. I UNDERSTAND THAT IN THE FUTURE, I CAN RECEIVE THE VACCINATION SERIES AT NO CHARGE TO ME.

_____ _____
(Employee Signature) (Date)

_____ _____
(Foreman/Supervisor Signature) (Date)

OUR COMPANY
DRUG AND ALCOHOL POLICY
TESTING CONSENT AGREEMENT

It is the Policy of **Our Company** to prohibit the use, possession, manufacture, distribution, or sale of drugs, narcotics, or mind altering substances of any type or kind whatsoever, while in the employment of **Our Company,** on any company work place/job site, premises or while on company business (time). It is the intent of **Our Company** to provide a safe work place/job site free from drugs and alcohol. To insure compliance with this prohibition policy, employees will as prerequisite to employment and a condition of continuing employment, be required to cooperate with urine/blood/saliva testing procedures. Testing may be required as follows:

1. Pre-Employment (Mandatory)
2. Post Accident or Near Miss Incident (Mandatory)
3. Reasonable Suspicion of Fitness of Duty
4. Post Rehabilitation (Return to Work)
5. Routine, Random or Unannounced

Employees refusing to comply with the testing requirements of this policy will be subject to disciplinary measures which may include discharge. An applicant for employment who refuses to cooperate with testing as outlined in this policy will be treated as a voluntary withdrawal from candidacy for employment. Should such test reveal detectable amounts of Drugs, Intoxicants, Narcotics and/or mind altering substances as defined in this policy, the individual will be subject to disciplinary measures that may include discharge, voluntary withdrawal or termination of employment.

When I sign this Consent Agreement below, I acknowledge that I have been informed of the "Drug and Alcohol Policy" and that I have read the above statements and agree to conform to these requirements in full.

My acknowledging signature below confirms my consent to this agreement to provide urine/blood/saliva samples to be used for testing. I agree that I will submit to these tests and that the testing agency is authorized by me to furnish results of these tests to **Our Company,** its agents, officers and employees harmless from any and all liability in connection with the testing for those substances confirmed to be mind and physically altering.

_____ ___--___--___ _____-_____-_____
Employee Signature Date Social Security Number

_____ ___--___--___
Witness Date

AGREEMENT ON DRUG AND ALCOHOL POLICY
WHILE PERFORMING SERVICES ON THE WORK PLACE/JOB SITE FOR
OUR COMPANY

_____ (CONTRACTOR) acknowledges **Our Company's** commitment to safety and agrees that (1) CONTRACTOR will not assign to work on **Our Company's** work place/job sites current users of illegal drugs or persons whose current use of alcohol presents a safety risk in the performance of services for **Our Company,** and that (2) CONTRACTOR will maintain a drug and alcohol program comparable to **Our Company's** in the following respects: (a) CONTRACTOR will provide for his/her employees working on **Our Company's** work place/job sites pre-assignment screening (or pre-employment screening, if such is part of CONTRACTOR'S normal employment policy), and (b) CONTRACTOR will provide unscheduled, periodic testing for those CONTRACTOR employees performing safety critical work for **Our Company.**

CONTRACTOR agrees that **Our Company** shall have the right to audit, for verification only, during the performance of any work covered by this agreement, CONTRACTOR'S records relative to the implementation of these minimum requirements. The exercise of this right shall be subject to confidentiality restrictions relating to medical information.

It is the obligation of the CONTRACTOR to determine prior to performing work, and **Our Company's** obligation to advise prior to engaging CONTRACTOR for work, whether the work to be performed is "Safety Critical" and subject to the additional requirements of unscheduled, periodic testing. The failure of either party shall not excuse the other party from performance of this obligation.

To this end, the following criteria are provided as guidelines for determining if a position or work function is "Safety Critical".

If at least one of the following criteria is directly applicable to the position or function, then CONTRACTOR employees engaged in that work or function shall be subject to the requirements of this Agreement.

1. Operation or maintenance of chemical processing equipment or utilities supporting chemical processing operations, including laboratory and commercial facilities.

2. Operation or maintenance of heavy equipment, such as but not limited to, forklifts and cranes.

3. Routine handling of chemicals and hazardous materials.

4. Direct technical and advisory support to on-going operations, wherein recommendations and decisions are conclusive and can directly affect the safety and security of those operations.

5. Design, technical review, construction management and start-up of new or modified chemical processing facilities and other equipment supporting chemical processing operations, wherein recommendations and decisions are conclusive and can directly effect safety performance.

6. Emergency response responsibilities, including members of the emergency brigades and emergency management teams.

7. Line management/supervision of “Safety Critical” positions.

8. Other positions or functions as may be designated by **Our Company** Site Safety Representative.

	CONTRACTOR	**OUR COMPANY**
DATE:	___-___-___	___-___-___
BY:	_____	_____
TITLE:	_____	_____

OUR COMPANY
OBSERVED BEHAVIOR
REASONABLE CAUSE RECORDING FORM

Name of Employee Observed: _____

Employee Social Security Number: ____-____-_____

Hire Date: ____-____-____ Date of Observation: ____-____-____

Time of Observation: From: ___:___ a.m. ___:___ p.m.
To: ___:___ a.m. ___:___ p.m.

Location of Observation: _____

Observed personal behavior (check all appropriate items)

1. **Speech**

- ☐ Normal
- ☐ Incoherent
- ☐ Confused
- ☐ Slurred
- ☐ Whispering
- ☐ Silent

2. **Awareness**

- ☐ Normal
- ☐ Confused
- ☐ Sleepy
- ☐ Paranoid
- ☐ Lack of Coordination

3. **Balance**

- ☐ Normal
- ☐ Swaying
- ☐ Staggering
- ☐ Falling

4. **Walking and Turning:**

- ☐ Normal
- ☐ Stumbling
- ☐ Swaying
- ☐ Arms Raised for Balance
- ☐ Falling
- ☐ Reaching for Support

5. Description of other observed actions or behavior indicative of possible drug use (be specific):

_____

_____

_____

Names and Titles of Observing Foreman/Supervisor (s) of Company Official (s):

	Name:	Title:	Date:
1.	_____	_____	___-___-___
2.	_____	_____	___-___-___
3.	_____	_____	___-___-___

THIS FORM MUST BE PREPARED EACH TIME A PERSON IS SUSPECTED OF DRUG OR ALCOHOL USE BY ACTIONS, APPEARANCE, OR CONDUCT WHILE ON DUTY. IT MUST BE PRODUCED AND SIGNED WITHIN 24 HOURS OF OBSERVED BEHAVIOR OR BEFORE RESULTS OF THE DRUG TEST ARE RELEASED, WHICHEVER IS THE EARLIER.

OUR COMPANY
RESULTS OF DRUG OR ALCOHOL TEST

Name of Employee: _____ Date: ___-___-___

Date Test Was Performed: ___-___-___

Results of Drug or Alcohol Test: Positive: _____ Negative: _____

Name of Testing Lab: _____

Address of Testing Lab: _____

_____

Phone Number of Testing Lab: (_____) _____-_____

Name of MRO*: _____

Address of MRO _____

_____

Phone Number of MRO: (_____) _____-_____

Signature of MRO: _____

IF DRIVER, RETAIN IN DRIVER'S QUALIFICATION FILE FOR FIVE YEARS FOLLOWING RECEIPT.

For company use only, in the event of a positive test result:

Employee's Work place/job site: _____

Foreman/Supervisor Notified (Date): ____-____-____

Employee Notified (Date): ____-____-____

Action Taken: _____

_____

_____

* MRO - **OUR COMPANY'S** designated Drug and Alcohol Testing Medical Review Officer.

OUR COMPANY
ANNUAL SUMMARY OF DRUG AND ALCOHOL TESTING PROGRAM

CALENDAR YEAR 19__

1. Total number of drug tests administered _____

2. Number of drug or alcohol tests administered
   - A. Pre-employment _____
   - B. Periodic _____
   - C. Post-accident _____
   - D. Reasonable cause _____
   - E. Random _____

3. Total number of individuals who tested positive on the drug test _____

4. Number of individuals who tested positive on:
   - A. Pre-employment _____
   - B. Periodic _____
   - C. Post-accident _____
   - D. Reasonable cause _____
   - E. Random _____

5. Disposition of individuals who tested positive:
   - A. Not hired _____
   - B. Employment terminated _____
   - C. Referred to rehabilitation program _____
   - D. Transferred to a non-driving position _____
   - E. Other (specify) _____

6. Number of tests that required a confirmatory or second test _____

7. Number of positive confirmatory test results reported by the Laboratory to the Medical Review Officer _____

8. Number of positive confirmatory test results for each of the following drugs, as reported by the laboratory
   - A. Amphetamines (Amphetamine, Methamphetamine) _____
   - B. Cocaine _____
   - C. Marijuana _____
   - D. Opiates (Morphine, Codeine) _____
   - E. PCP (Phencyclidine) _____
   - F. Other _____

(CONFIDENTIAL)

OUR COMPANY

RANDOM DRUG AND ALCOHOL TESTING DOCUMENTATION FORM

EMPLOYEE	SELECTOR	SELECT DATE	TEST DATE	RESULT OF TEST

SITE INSPECTION GUIDELINES
WORK SITE SAFETY INSPECTION CHECKLIST

Jobsite Address:_____
Person in Charge:_____
Date:_____ **Time:**_____
Person(s) making inspection:_____
_____
_____
_____

A - Adequate at time of inspection.
B - Needs immediate attention
C - Needs consideration

(1) JOBSITE INFORMATION:

	A	B	C
(a) Posting OSHA and other jobsite warning posters.			
(b) Do you have safety meetings?			
(c) Do you have job safety training, including first aid training?			
(d) Are there medical service and first aid equipment available?			
(e) Are jobsite injury records being kept?			
(f) Are emergency telephone numbers, such as police department, fire department, doctor, hospital and ambulance posted? (mobile phone)			

(2) HOUSEKEEPING AND SANITATION:

	A	B	C
(a) General neatness of working areas.			
(b) Regular disposal of waste and trash.			
(c) Passageways and walkways clear?			
(d) Adequate lighting.			
(e) Projecting nails removed.			
(f) Oil and grease removed.			
(g) Waste containers provided and used.			
(h) Drinking water tested and approved.			
(i) Adequate supply of water.			
(j) Disposable drinking cups.			

(3) HAND TOOLS:

	A	B	C
(a) Proper tool being used for each job.			
(b) Neat storage, safe carrying.			
(c) Inspection and maintenance.			
(d) Damaged tools repaired or replaced promptly. Are employees' tools inspected and repaired?			

(4) POWER TOOLS:

	A	B	C
(a) Good housekeeping where tools are used.			
(b) Tools and cords in good condition.			
(c) Proper grounding.			
(d) Proper instruction in use.			
(e) All mechanical safeguards in use.			
(f) Tools neatly stored when not in use.			
(g) Right tool being stored when not in use.			
(h) Wiring properly installed.			

(5) LADDERS:

	A	B	C
(a) Ladders inspected and in good condition.			
(b) Are ladders spliced?			
(c) Properly secured to prevent slipping, sliding or falling?			
(d) Do siderails extend 36" above top of landing?			
(e) Are built-up ladders constructed of sound materials?			
(f) Rungs or cleats not over 12" on center.			
(g) Stepladders fully open when in use.			
(h) Metal ladders not used around electrical hazards.			
(i) Proper maintenance and storage.			
(j) Are safety shoes in use?			

(6) HEAVY EQUIPMENT:

	A	B	C
(a) Regular inspection and maintenance.			
(b) Lubrication and repair of moving parts.			
(c) Lights, brakes, warnings signals operative.			
(d) Wheels chocked when necessary.			
(e) Haul roads well maintained and laid out properly.			
(f) Protection when equipment is not in use.			
(g) Are shut-off devices on hose airlines in case of hose failure?			
(h) Are noise arresters in use, where necessary?			

(7) MOTOR VEHICLES:

	A	B	C
(a) Regular inspection and maintenance.			
(b) Qualified operators.			
(c) Local and state vehicle laws and regulations observed.			
(d) Brakes, lights, warning devices operative.			
(e) Weight limits and load sizes controlled.			
(f) Personnel carried in a safe manner.			
(g) Is all glass in good condition?			
(h) Are back-up signals provided?			
(i) Are fire extinguishers installed where required?			

(8) GARAGES AND REPAIR SHOPS:

	A	B	C
(a) Fire hazards.			
(b) Dispensing of fuels and lubricants.			
(c) Good housekeeping.			
(d) Lighting.			
(e) Carbon monoxide dangers.			
(f) Are all fuels and lubricants in proper containers?			
(g) Proper ventilation.			

(9) HANDLING AND STORAGE OF MATERIALS: A B C

(a) Are materials properly stored or stacked?			
(b) Are passageways clear?			
(c) Stacks on firm footings, not too high.			
(d) Proper number of men for each operation.			
(e) Are men lifting loads correctly?			
(f) Are materials protected from weather conditions?			
(g) Protection against falling into hoppers and bins.			
(h) Is dust protection observed?			
(i) Extinguishers and other fire protection.			
(j) Is traffic controlled in the storage area?			

(10) FLAMMABLE GASES AND LIQUIDS: A B C

(a) All containers clearly identified.			
(b) Proper storage practices observed.			
(c) Fire hazards checked.			
(d) Proper storage temperatures and protection.			
(e) Proper types and number of extinguishers nearby.			
(f) Carts for moving cylinders			

(11) PERSONAL PROTECTIVE EQUIPMENT:
(WHERE NEEDED/WHERE APPROPRIATE)

	A	B	C
(a) Eye protection			
(b) Face shields.			
(c) Respirators and masks.			
(d) Helmets and hoods.			
(e) Head protection.			
(f) Gloves, aprons and sleeves; rubber or plastic, designed to afford protection from alkalis and acids; electricians' rubber gloves with protectors.			
(g) Respirators for harmful dust, asbestos, sand blasting, welding (lead paint and galvanized zinc or cadmium). Adequate ventilation when painting or applying epoxy resins. All safe practices in spraying asbestos materials using vacuum to clean up. When there is a question about injuring exposure, notify foreman/supervisor immediately who in turn shall arrange for atmospheric samples to be taken.			
(h) Reflective vests where needed.			

(12) HAZARD COMMUNICATION:

	A	B	C
(a) Hazard Communication Manual available at the job site.			
(b) Master Chemical Inventory list up to date.			
(c) Material Safety Data sheets in place for all hazardous chemicals.			
(d) All containers.			
(e) All employees trained in safe use of all chemicals.			
(f) Proper Personal Protective Equipment available for employee use.			

VI. Emergency Telephone Numbers

_____ Local Fire Department

_____ Ambulance Service

_____ Hospital

_____ Physician

_____ Haz Mat Team

_____ EPA Office

_____ Police or Sheriff

	Designated Company Representatives Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VII. Emergency Evacuation Maps

Place emergency evacuation maps here. Copies are to be posted in all buildings in areas that are readily accessible by all employees.

LOCKOUT/TAGOUT PROCEDURES

Company Name: _____

Plant Location: _____

Equipment to be locked out: _____

Location of Equipment: _____

Types of Energy Sources:

Electrical __X__ voltage____ Hydraulic _____ Fuel _____ Other _____ Stored ____

Air _____ Gravity _____ Spring _____ Thermal _____

The Authorized Employee is to:

1. Verbally notify the machine or equipment operator and helpers that the machine or equipment is going to be locked out. (Affected Employees)

2. Review the written Lockout/Tagout Procedure for this piece of equipment.

3. Ensure the power is turned off at the main operating controls. The controls are located:
   _____

4. Isolate the electrical power by: Placing the breaker number ( ) in the off position.
   The electrical panel is located: _____

5. Lockout the breaker with a breaker lockout device that fits the breaker properly. Lock out with approved lock and then attach a properly filled out lockout tag on the lock.
   Note: Either pass the shank of the lock through the eye of the tag or attach the tag with a nylon self closing cable tie capable of withstanding at least 50 lbs. of pressure.

6. Verify the power is off by: _____
   _____

7. Lock out the air by: _____
   _____

8. Verify air is off by: _____
   _____

9. Other energy sources Lockout Procedures required: _____
   _____

10. Verify energy source is off by: _____
    _____

Steps to release equipment back into production:

* When you are releasing the machine back into production – make sure all other employees are clear of the area
* Pick up all tools
* Clean up the area
* Unlock electrical disconnect and/or breaker
* Run machine through operating cycle
* Replace all guards
* Replace air hose if required
* Verify the machine is safe for production
* Advise affected employees the machine is safe to use

LOCKOUT/TAGOUT PROCEDURES

Company Name: _____

Plant Location: _____

Equipment to be locked out: _____

Location of Equipment: _____

Types of Energy Sources:
Electrical __X__ voltage ____ Hydraulic _____ Fuel _____ Other _____ Stored ____

Air _____ Gravity _____ Spring _____ Thermal _____

The Authorized Employee is to:

1. Verbally notify the machine or equipment operator and helpers that the machine or equipment is going to be locked out. (Affected Employees)

2. Review the written Lockout/Tagout Procedure for this piece of equipment.

3. Ensure the power is turned off at the main operating controls. The controls are located:
   _____

4. Isolate the electrical power by: Placing the disconnect switch in the off position
   The electrical panel is located: _____

5. Lockout the disconnect switch with an approved lock, then attach a properly filled out lockout tag on the lock.
   Note: Either pass the shank of the lock through the eye of the tag or attach the tag with a nylon self closing cable tie capable of withstanding at least 50 lbs. of pressure.

6. Verify the power is off by: _____
   _____
   _____

7. Lock out the air by: _____
   _____
   _____

8. Verify air is off by: _____
   _____
   _____

Steps to release equipment back into production:

* When you are releasing the machine back into production – make sure all other employees are clear of the area
* Pick up all tools
* Clean up the area
* Unlock electrical disconnect and/or breaker
* Run machine through operating cycle
* Replace all guards
* Replace air hose if required
* Verify the machine is safe for production
* Advise affected employees the machine is safe to use

CONTROL OF HAZARDOUS ENERGY-INITIAL TRAINING

Location _____

Instructor _____ **Training Date** _____

Training Provided: **Check**

Control of Hazardous Energy OSHA Standard . . . . . _____

Control of Hazardous Energy . . . . . _____

When to Use Lockout/Tagout . . . . . _

Definitions found in Procedure . . . . . _

How to Prepare for Shutdown . . . . . _

Knowledge Necessary for Installing Lockout/Tagout . . . . . _

Explain Lockout/Tagout Procedure Form . . . . . _

Notification of Affected Employees . . . . . _

Locking Out of Isolation Devices . . . . . _

How to Verify Isolation and Lockout/Tagout is Complete . . . . . _

Signatures Required . . . . . _

Release from Lockout/Tagout . . . . . _

Explain Testing and Repositioning . . . . . _

Group Lockout/Tagout . . . . . _

Explain Training and Annual Audit Procedure . . . . . _

Video (if available) . . . . . _

I have received the Control of Hazardous Energy Training listed above and agree to abide by the rules of the company's Control of Hazardous Energy Procedure.
Please have all employees sign below and keep this copy in the Control of Hazardous Energy Program Manual.

_____ _____

Employee Signature Date

CONTROL OF HAZARDOUS ENERGY SOURCES

ANNUAL AUDIT
(Inspection)

Date of Audit/Inspection: _____

Equipment Isolated: _____

I _____ certify that _____
(Person Performing Audit)* (Person Being Audited)*

was audited for compliance to the Control of Hazardous Energy Sources (Lockout/Tagout) Procedure on the above date. I have reviewed the Lockout/Tagout Procedure for Multiple Energy Source Equipment Form for the equipment indicated and the Isolation was _____ was not _____ performed correctly.

_____
(Signature of Person Performing Audit)

_____
(Signature of Person Being Audited)

* Print or Type
** A separate form must be submitted for each person audited.
*** Retraining will be required if Isolation was not performed Correctly.

Lockout/Tagout
Equipment ID Form

Location: _____

Name: _____

ID No. _____

Type of Energy Source: _____

Location: _____

Name: _____

ID No. _____

Type of Energy Source: _____

Location: _____

Name: _____

ID No. _____

Type of Energy Source: _____

Location: _____

Name: _____

ID No. _____

Type of Energy Source: _____

Location: _____

Name: _____

ID No. _____

Type of Energy Source: _____

Location: _____

Name: _____

ID No. _____

Type of Energy Source: _____

Location: _____

Name: _____

ID No. _____

Type of Energy Source: _____

PLANT EQUIPMENT LIST

Single Source Equipment - Plug Operated

Single Source - Electric Disconnect

Single Source - Breaker Controlled

Multiple Energy Source Equipment

	Elec.	Air	Hydraulic	Spring	Thermal	Stored	Gravity

LOCKOUT/TAGOUT PROCEDURES FOR
PLUG CONTROLLED AND ELECTRICAL EQUIPMENT

The following equipment is controlled by unplugging the electrical cord. The cord will be kept in control and view of the Authorized Employee, Maintenance and Repair.

This policy applies to the following equipment:

1.

2.

3.

4.

5.

6.

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8.

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11.

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19.

20.

HAZARD COMMUNICATION
TRAINING CHECK OFF FORM

All new employees are to be trained in the company Hazard Communication Program. Each supervisor is to cover the elements of the company's Hazard Communication Program in detail and check off on each of the following items after they have covered these with the new employee. Once the training has been completed, both the supervisor and the new employee are to sign off and date the bottom of the form.

_____Purpose of Hazard Communication Standard

_____Globally Harmonized System

_____Review of Health Hazard Classification

_____Review of Physical Hazard Classification

_____Company Hazard Communication Coordinator

_____ Hazard Communication Policy & Program requirements

_____ The types of hazardous chemicals used

_____ Proper handling of all hazardous chemicals

_____ Methods employees take to protect themselves from the hazardous chemicals used

_____ Location of work site Hazard Communication Program

_____ GHS Container Labeling Policy

_____ Location of Master Chemical Inventory List and Safety Data Sheets

_____ How to read a Safety Data Sheet (SDS)

_____Non-Routine Tasks

_____Working with outside contractors

_____How employees can detect a release of a Hazardous Chemical

_____ Employees responsibility for complying with the company Hazard Communication Program

Each of the above items is to be checked off after they have been covered with the new employees. After this has been completed, please sign below.

Employee _____ Date_____

Trainer _____ Date_____

FORKLIFT DAILY CHECKLIST

Each day a forklift is used it must be inspected to ensure it is safe. If the forklift is used on more than one shift, it must be inspected before each shift. The following is a list of inspection items that should be included:

	O.K.	NO
Oil Level	_____	_____
Tires (pressure, etc.)	_____	_____
Steering Controls	_____	_____
Hydraulic Controls	_____	_____
Warning Devices	_____	_____
Brakes (service & parking)	_____	_____
Lights	_____	_____
Masts & Attachments	_____	_____
Back-Up Alarms	_____	_____
Hour Meter (Electric Models)	_____	_____
Safety Guards	_____	_____
Other Gauges & Instruments	_____	_____

For Gas and LP Gas Forklifts:

Fuel Level	_____	_____
Coolant Level	_____	_____

For Electric Forklifts:

Battery Electrolyte Level	_____	_____
Cable Connections	_____	_____

Report any problems or malfunctions immediately so the forklift can be serviced

MASTER

FORKLIFT SAFETY TRAINING QUIZ

NAME: _____ **DATE:** _____ **SCORE:** _____

TRUE	FALSE	
X		1. Forklifts should not be left unattended with the motor running.
	X	2. You may back up without looking behind you first.
X		3. It is recommended that you drive with the load as low as possible.
	X	4. Another employee may ride on the forklift with you.
X		5. Forks on a parked forklift should always be flat on the floor.
X		6. The operator must always face the direction of travel.
	X	7. It is all right to lift another employee on the forks of the forklift.
X		8. Forklifts are balanced over both front wheels and in the center of the rear axle.
X		9. At the beginning of each shift the forklift should be inspected.
X		10. If you back up and turn too quickly with the load raised the forklift could tip over.
X		11. Pedestrians have the right of way at all times.
	X	12. Anyone can operate a forklift provided they are safe.
	X	13. When moving a load the mast should be tilted forward.
X		14. When making turns you should slow down.
X		15. If the load blocks your view, you should drive in reverse.
	X	16. It is not required to check for overhead obstructions before lifting a load.
	X	17. When driving up a ramp you should go in reverse.
X		18. You can change propane tanks inside the building.
	X	19. It is all right to use the forks to butt or move pallets while picking them up.
X		20. You should avoid driving through water puddles if possible.
X		21. The operator of a forklift is responsible for knowing the load capacity and the weight of the forklift.
X		22. When backing out from under a load, the forks may get caught if they are not level.
X		23. Forklift operators are responsible for the general cleanliness of their vehicle.
	X	24. It is all right to park on an incline without blocking the wheels.
	X	25. It is all right to stack material in front of emergency exits.

TRUE	FALSE	
	X	26. You can lift as much weight with the ends of the forks up as you can with the forks all the way under the load.
	X	27. The brake will automatically set whenever you get off a forklift.
	X	28. It is all right for other employees to be standing near the forks when you are trying to approach a load.
X		29. You should proceed with caution when approaching a blind corner.
	X	30. It is all right for operators to fix minor mechanical problems on a forklift.
	X	31. When employees are removing items from a pallet on your forklift, the forks should be high enough to make it easy for them.
X		32. When overtaking another employee from the rear, you should sound your horn and wait for him/her to clear out of the way.
X		33. It is recommended that you start, turn or stop smoothly.
	X	34. It is all right to hold on to the overhead guard.
	X	35. If you have an accident, you should keep quiet.
X		36. When driving down a ramp, the load should be on the uphill side.
	X	37. The forklift operator has the right of way at all times.
	X	38. It is all right to operate in dark areas without lights on.
	X	39. A forklift steers more easily when empty.
X		40. A lift truck is often driven as much in reverse as in forward gear.
	X	41. Lift trucks are more stable than cars on slopes.
	X	42. It is all right to drive over objects on the floor as long as the forks are lifted high enough.
X		43. Never drive with wet or greasy hands.
X		44. Before driving a lift truck into a trailer you should check the bridge plate.
	X	45. It is all right to move loads quickly, when you are in a hurry.
	X	46. It is all right to smoke while operating a propane powered lift truck.
X		47. You should secure an unstable load if you are afraid it will fall off the forks.
X		48. The load capacity of the forklift is always located on the forklift.
X		49. The utmost caution should be used at all times.
X		50. Your feet and legs should be kept inside the truck while driving.

FORKLIFT SAFETY TRAINING QUIZ

NAME: _____ **DATE:** _____ **SCORE:** _____

TRUE	FALSE		
_____	_____	1.	Forklifts should not be left unattended with the motor running.
_____	_____	2.	You may back up without looking behind you first.
_____	_____	3.	It is recommended that you drive with the load as low as possible.
_____	_____	4.	Another employee may ride on the forklift with you.
_____	_____	5.	Forks on a parked forklift should always be flat on the floor.
_____	_____	6.	The operator must always face the direction of travel.
_____	_____	7.	It is all right to lift another employee on the forks of the forklift.
_____	_____	8.	Forklifts are balanced over both front wheels and in the center of the rear axle.
_____	_____	9.	At the beginning of each shift the forklift should be inspected.
_____	_____	10.	If you back up and turn too quickly with the load raised the forklift could tip over.
_____	_____	11.	Pedestrians have the right of way at all times.
_____	_____	12.	Anyone can operate a forklift provided they are safe.
_____	_____	13.	When moving a load the mast should be tilted forward.
_____	_____	14.	When making turns you should slow down.
_____	_____	15.	If the load blocks your view, you should drive in reverse.
_____	_____	16.	It is not required to check for overhead obstructions before lifting a load.
_____	_____	17.	When driving up a ramp you should go in reverse.
_____	_____	18.	You can change propane tanks inside the building.
_____	_____	19.	It is all right to use the forks to butt or move pallets while picking them up.
_____	_____	20.	You should avoid driving through water puddles if possible.
_____	_____	21.	The operator of a forklift is responsible for knowing the load capacity and the weight of the forklift.
_____	_____	22.	When backing out from under a load, the forks may get caught if they are not level.
_____	_____	23.	Forklift operators are responsible for the general cleanliness of their vehicle.
_____	_____	24.	It is all right to park on an incline without blocking the wheels.
_____	_____	25.	It is all right to stack material in front of emergency exits.

TRUE FALSE

_____ _____ 26. You can lift as much weight with the ends of the forks up as you can with the forks all the way under the load.
_____ _____ 27. The brake will automatically set whenever you get off a forklift.
_____ _____ 28. It is all right for other employees to be standing near the forks when you are trying to approach a load.
_____ _____ 29. You should proceed with caution when approaching a blind corner.
_____ _____ 30. It is all right for operators to fix minor mechanical problems on a forklift.
_____ _____ 31. When employees are removing items from a pallet on your forklift, the forks should be high enough to make it easy for them.
_____ _____ 32. When overtaking another employee from the rear, you should sound your horn and wait for him/her to clear out of the way.
_____ _____ 33. It is recommended that you start, turn or stop smoothly.
_____ _____ 34. It is all right to hold on to the overhead guard.
_____ _____ 35. If you have an accident, you should keep quiet.
_____ _____ 36. When driving down a ramp, the load should be on the uphill side.
_____ _____ 37. The forklift operator has the right of way at all times.
_____ _____ 38. It is all right to operate in dark areas without lights on.
_____ _____ 39. A forklift steers more easily when empty.
_____ _____ 40. A lift truck is often driven as much in reverse as in forward gear.
_____ _____ 41. Lift trucks are more stable than cars on slopes.
_____ _____ 42. It is all right to drive over objects on the floor as long as the forks are lifted high enough.
_____ _____ 43. Never drive with wet or greasy hands.
_____ _____ 44. Before driving a lift truck into a trailer you should check the bridge plate.
_____ _____ 45. It is all right to move loads quickly, when you are in a hurry.
_____ _____ 46. It is all right to smoke while operating a propane powered lift truck.
_____ _____ 47. You should secure an unstable load if you are afraid it will fall off the forks.
_____ _____ 48. The load capacity of the forklift is always located on the forklift.
_____ _____ 49. The utmost caution should be used at all times.
_____ _____ 50. Your feet and legs should be kept inside the truck while driving.

XII. CLASSROOM TRAINING SIGN-OFF FORM

1. The physical operation of the forklift. _____
2. The special handling characteristics. _____
3. The Basic Operational Rules. _____
4. Rules for Maintenance. _____
5. Daily Inspection Checklist. _____
6. Special Driving Hazards. _____
7. Seat Belt Use _____

EMPLOYEE SIGNATURE_____ **DATE:** _____

TRAINER SIGNATURE _____ **DATE:** _____

Note: A copy of this Sign-Off Form along with the Employee Quiz and Physical Operation Sign-Off Form, is to be placed in the employee's file after successful completion of each section. Employees not passing the Quiz or the Physical operations portion will not be authorized to operate a forklift or other industrial power truck until they have successfully passed both.

XIII. PHYSICAL OPERATION OF THE FORKLIFT SIGN-OFF FORM

All employees are to be instructed by a qualified operator on the basic operation of a forklift. The training will include the following:

A. The Basic Components of the Forklift

* Overhead Guard _____
* Steering Mechanism _____
* Shift Levers _____
* Hoist and Tilt Controls _____
* Mast _____
* Forks _____
* Lift Carriage _____
* Seat Belt _____
* Counter Weight _____
* Steering Axle _____
* Drive Axle _____
* Load Backrest Extension _____
* Fuel tanks for propane powered lift trucks _____
* Battery compartment or engine compartment _____

B. The Handling Characteristics of the Forklift

Each employee is to be instructed how to use the forklift correctly and be given the opportunity to use the forklift under close supervision until he/she is competent.

Instruction are to include the following:

* Starting and Stopping _____
* Maneuvering Forward and Backward _____
* Raising and Lowering the Forks _____
* Tilting the Forks Backward and Forward _____
* Turning, Going Forward, then Backward _____
* Picking up a load off the floor, and stacking it properly _____
* Picking up a load off a stack and setting it down on the floor _____
* Driving through doorways _____
* Entering Trailers if necessary _____
* Lifting and Lowering Loads from shelves safely _____
* Proper Use of Seat Belts _____

All of the above areas are to be checked off after they have been reviewed with all employees and they have successfully demonstrated safe driving skills.

EMPLOYEE'S NAME _____ **DATE:** _____

TRAINER'S SIGNATURE _____ **DATE:** _____

NOTE: A copy of this Sign-Off Form along with the Employee Quiz and Physical Operation Sign-Off Form is to be placed in the employee's file after successful completion of each section. Employees not passing the Quiz or the Physical Operations portion will not be authorized to operate a forklift or industrial power truck until they have successfully passed both.

HAZARDOUS CHEMICAL INVENTORY LIST

Common Name Chemical Name	Purpose of Chemical	Date SDS Needs to be Updated	SDS Internal Number

Note:

All chemicals used by the company are to be listed on this form. This form is to be updated as chemicals are added and deleted. The master SDS Book and each of the SDS books for our facility are to be updated as chemicals are added or deleted. This form is to be kept in front of each SDS book.

SDSs need to be reviewed every 3 years.

REQUEST FOR COPIES OF ENVIRONMENTAL MONITORING RECORDS, EXPOSURE RECORDS AND MEDICAL RECORDS

I, _____, hereby request a copy of the following records that pertain directly to my work related activities during my active employment.

Environmental Monitoring or Exposure Records:

_____
_____
_____
_____
(Specific types of monitoring performed and required.)

Medical Tests:

_____
_____
_____
_____
(State specific types of test required.)

Medical treatment records related to my employment:

_____
_____
_____
_____
_____
(List specific records requested)

_____
(Full name of Employee) (Date)

_____
(Date information provided) (Authorized by)

Note: Certain medical information will only be released after being reviewed by the company physician and then only to authorized Medical Provider designated by the requesting employee. These situations will be in compliance with the OSHA guidelines as outlined in the OSHA standard, 1910.20.

If records are to be released to an authorized employee or legal representative, the Release of Employee Medical Information to a designated Representative Form must be filled out and signed by all parties.

RELEASE OF EMPLOYEE MEDICAL RECORD INFORMATION TO A DESIGNATED REPRESENTATIVE FORM

I, _____ (full name of worker/patient), hereby authorize (individual or organization holding the medical records) to release to (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:

_____

_____

_____

(Describe generally the information desired to be released)

I give permission for this medical information to be used for the following purpose:

_____

_____

but I do not give permission for any other use or re-disclosure of this information.

(Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe the portions of the medical information in your records which you do not intend to be released as a result of this letter.)

_____

_____

_____

_____

_____

(Full name of Employee or Legal Representative) (Date)

_____

(Signature of Employee or Legal Representative) (Date)