



# **Safety Program of**

***GAKCO Corp***

4446 Kipling St. Suite 301,  
Wheat Ridge, CO 80033

## **Policy Changes Disclaimer**

GAKCO Corp reserves the right to make any changes at any time by adding to, deleting, or changing any existing policy.

The rules set out in this manual are as complete as we can reasonably make them. However, they are not necessarily all-inclusive, because circumstances that we have not anticipated may arise. GAKCO Corp may vary from the policies and provisions in this manual if, in its sole discretion, the circumstances require.

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# **1. Management Commitment and Employee Involvement**

## Safety Policy Statement

**Safety** is everyone's responsibility. It is the desire of GAKCO Corp to help provide a safe working environment for all employees.

To accomplish this, management will provide reasonable safeguards to help insure safe working conditions and support the safe and efficient development of all work activities.

The need also exists for recognizing that ***no job is so important and no order is so urgent that we cannot take time to perform our work safely.***

Employees are expected to use the safety equipment provided. Rules of conduct and rules of safety shall be observed. Safety equipment shall not be destroyed or abused.

The joint cooperation of employees and management in observance of this policy will help provide safe working conditions, help reduce work related accidents and will be to the mutual advantage of all. Therefore, I ask your cooperation and support to help make all our jobs safe.

*George A. Karu*

---

President

# Safety Director

A safety director is the key person in any program designed to create and maintain interest in safety because this person is responsible for coordinating the program, supplying the ideas and inspiration, while enlisting the wholehearted support of management, supervisors, and employees.

## Duties of the Safety Director

- Develop written safety policies and procedures;
- Coordinate activities with safety committee;
- Inform management of proposed safety and health recommendations;
- Compile and distribute safety and health information to employees;
- Provides safety training for employees, supervisors, and managers;
- Arrange for training of new employees;
- Conduct routine workplace safety inspections;
- Complete and analyze accident investigation reports;
- Monitor and evaluate the effectiveness of safety and health programs;
- Assure compliance with government regulations; and
- Prepare progress reports on programs for management and safety committee.

## Safety Director Announcement

I am pleased to announce that Mike Parda has been appointed to the position of Safety Director for GAKCO Corp.

We are asking the Safety Director to give you all the assistance possible to help provide a safe environment for all employees and the general public. The Safety Director has full authority to implement our safety program, so please refer any questions or comments regarding the safety program to this person.

We will expect all employees to abide by the guidelines of the safety program and to cooperate with the Safety Director in all safety related matters.

*George A. Karn*

---

President



# Program Evaluation and Improvement

The safety program is reviewed annually to evaluate the program effectiveness and to ensure it is fully implemented and functioning as planned.

Employees are involved in the review of programs and activities.

The safety program is modified as needed to correct shortcomings.

## Performance Indicators

Safety performance indicators for GAKCO Corp are used to track progress towards program goals. Our performance is tracked using both lagging and leading indicators.

**Leading indicators** are preventive actions that identify key work processes, operating disciplines, and layers of protection that help prevent incidents. These activities are monitored as an early indication of problems that can be corrected before a major incident occurs.

**Lagging indicators** are gathered after an incident has met an established threshold of severity. This information helps evaluate the causes of an incident and if the incident may have potential recurring problems.

The performance indicators are selected according to specific GAKCO Corp operations to measure effective results. The selected indicators may change along with new or emerging conditions.

The use of our safety performance indicators helps to answer:

**What** happened?

**How** did it happen?

**Why** it happened?

**What** needs to be corrected?

Our workers are a valued resource whom can help identify areas where improvements may need consideration. The company safety performance is analyzed and shared with employees.



The following performance indicators are currently used at GAKCO Corp:

| Safety Performance                     | Previous Period |                      | Current Period  |                      |
|--|-----------------|----------------------|-----------------|----------------------|
|  | Frequency Count | Prevention Cost (\$) | Frequency Count | Prevention Cost (\$) |
| Leading Indicators                     |                 |                      |                 |                      |
| Number of completed work orders        |                 | \$                   |                 | \$                   |
| Number of overdue work orders          |                 | Not applicable       |                 | Not applicable       |
| Preventive maintenance completed items |                 | \$                   |                 | \$                   |
| Preventive maintenance open items      |                 | Not applicable       |                 | Not applicable       |
| Completed property fire inspections    |                 | \$                   |                 | \$                   |
| Overdue property fire inspections      |                 | Not applicable       |                 | Not applicable       |
| Completed workstation inspections      |                 | \$                   |                 | \$                   |
| Overdue workstation inspections        |                 | Not applicable       |                 | Not applicable       |
| Safety meeting, toolbox talks          |                 | \$                   |                 | \$                   |
| Training hours planned                 |                 | \$                   |                 | \$                   |
| Training hours completed               |                 | \$                   |                 | \$                   |
| Personal protective equipment replaced |                 | \$                   |                 | \$                   |
| Machine guard adjustments              |                 | \$                   |                 | \$                   |

| Safety Performance                        | Previous Period |                      | Current Period  |                      |
|---|-----------------|----------------------|-----------------|----------------------|
|   | Frequency Count | Prevention Cost (\$) | Frequency Count | Prevention Cost (\$) |
| Lagging Indicators                        |                 |                      |                 |                      |
| First aid only cases                      |                 | \$                   |                 | \$                   |
| Medical treatments                        |                 | \$                   |                 | \$                   |
| Lost workdays, restricted, or transferred |                 | \$                   |                 | \$                   |
| Property damages                          |                 | \$                   |                 | \$                   |
| Loss of products                          |                 | \$                   |                 | \$                   |
| Auto accidents                            |                 | \$                   |                 | \$                   |
| Slip, trip, fall incidents                |                 | \$                   |                 | \$                   |
| Back injuries                             |                 | \$                   |                 | \$                   |
| Eye injuries                              |                 | \$                   |                 | \$                   |
| Hand injuries                             |                 | \$                   |                 | \$                   |
| Completed accident investigations         |                 | \$                   |                 | \$                   |
| Overtime paid related to accidents        |                 | \$                   |                 | \$                   |
| Near miss incident                        |                 | \$                   |                 | \$                   |

# Responsibilities and Duties



## Management

### Responsibilities:

- Safety begins with management commitment and participation.
- We will set goals, establish accountability and become involved.
- A poor safety record is a management problem.
- Establish, implement and maintain the company safety program.

### Duties:

- Communicate safety commitment and policy.
- Attend company safety functions.
- Review accident reports and safety activity.
- Make needed appropriations.
- Set a good example.

## Safety Coordinator

### Responsibilities:

- Someone must be responsible for the program.
- In some cases a safety committee will be used to schedule a block of time to devote to safety activity.

### Duties:

- Develop written safety policies and procedures;
- Coordinate activities with safety committee;
- Inform management of proposed safety and health recommendations;
- Compile and distribute safety and health information to employees;
- Provide safety training for employees, supervisors, and managers;
- Conduct routine workplace safety inspections;
- Complete and analyze accident investigation reports;
- Monitor and evaluate the effectiveness of safety and health programs;
- Assure compliance with government regulations; and
- Prepare progress reports on programs for management and safety committee.
  
- Supervisors have a direct responsibility for a working group.
- They will help build safety into the work process and be alert for safety and health problems.

### Duties:

- Train new employees.
- Re-train present employees.
- Make department inspections.
- Prepare accident reports.
- Enforce safety rules.
- Make daily safety contacts.
- Correct unsafe acts and conditions.

## Safety Coordinator

**Responsibilities:**

- Workers must learn the hazards of their jobs and abide by safety rules.
- The program requires the wholehearted support of those it was designed to protect.

**Duties:**

- Abide by safety rules. Report hazardous conditions or concerns.
- Communicate safety to fellow employees.
- Make suggestions to help improve safety.

## Accountability

In order for a Safety Program to be effective, there must be a means developed for holding employees accountable for their unsafe work habits or conditions.

If an accident occurs, and if it has been determined that the accident could have been avoided, the means of holding employees accountable should be made more severe after each consecutive offense.

| <b>Examples</b>  |  |
|--|--|
| 1. First Offense   | Verbal warning   |
| 2. Second Offense  | Verbal and written warning with a copy of the written warning becoming part of the employee's file |
| 3. Third Offense   | Verbal and written warning and possible employment termination                                     |
| 4. Fourth Offense  | Possible employment termination  |
| <b>Serious offenses may result in immediate termination.</b> |  |

The purpose of holding employees accountable is to help employees conform to company policy and work safely. It is not designed to end employment and, therefore, employees should be given the opportunity to start over with a clean slate periodically.



## Incident Reporting Form/ Employee Warning Notice

Employee: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

| Previous Warnings       | Oral | Written | Date | By Whom |
|-------------------------|------|---------|------|---------|
| 1 <sup>st</sup> Warning |      |         |      |         |
| 2 <sup>nd</sup> Warning |      |         |      |         |
| 3 <sup>rd</sup> Warning |      |         |      |         |

### Employer Statement

Date of incident \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Employee Statement

I \_\_\_ agree \_\_\_ disagree with Employer's statement  
 The reasons are: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature \_\_\_\_\_ / /  
 Date

### Action to be taken:

Warning Suspension Dismissal

Other: \_\_\_\_\_

Consequences should incident occur again: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have read this warning and understand it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## **II. Workplace Analysis**

# Risk Tolerance

Although not always in mind, a business and work place operation can become vulnerable to a variety of adverse events. Risk is sometimes referred to as the uncertainty that goes along with adverse events. The level of risk can vary with each type of event. A risk manager needs to decide the level of risk that is tolerated and develop plans to treat those risks where the consequences might be a threat to the business operations.

## Risk Assessment Worksheet

A management technique to evaluate the types of risk can be used to rank priorities according to the possibility of an adverse event and the expected consequences that might result if that event occurs. Priorities can be organized and plans developed to manage the greater threats with this approach.

### Potential Adverse Event or Threat

Identify the common and special events or conditions that may potentially have an adverse effect on your operations. The non-all-inclusive list on the next page can be expanded with more details where you want to further define a risk.

### Possibility

Industry insight and special knowledge about more than just your business is helpful. Identify how possible an adverse event or potential threat might be able to actually occur. Rank this on a scale of being low with a remote or no chance of happening, or medium, or high for an event that may likely occur.

### Impact

Identify the potential consequences or severity that might occur if the event or threat would occur. Rank this on a scale of being low when a minor or insignificant consequence would result if the event occurs, medium, or high for an event that might have extremely damaging results that cannot be tolerated.

### Risk Priority

A risk might be more acceptable if it is not likely to happen, and if it ever did happen the impact to the business would be minor. Risks having a greater possibility of occurring and with a more severe impact will generally have a higher priority for developing risk management plans.

A priority can be determined based on the combination of both the possibility and impact of a risk. Assigning a number 1 (low), 2 (medium), or 3 (high) to these risk attributes can suggest where the higher priorities are for developing plans and managing the associated risk.





## Risk Assessment Worksheet

Determine the value using 1 (low), 2 (medium), or 3 (high) for the possibility and impact for each potential adverse event or threat. Adding the numbers horizontally placed in the "Possibility" and "Impact" columns will result in a "Risk Rank" to suggest a priority.

| Potential Adverse Event or Threat                      | Possibility (a) | Impact (b) | Risk Rank (a+b) |
|--|-----------------|------------|-----------------|
| <b>Example-</b> Vehicle accident- severe bodily injury | 2               | 3          | 5               |
| <b>Employee safety and health</b>                      |                 |            |                 |
| Employee injury - amputation                           |                 |            |                 |
| Employee injury - back                                 |                 |            |                 |
| Employee injury - eyes                                 |                 |            |                 |
| Employee injury - hands                                |                 |            |                 |
| Employee injury – other acute injury                   |                 |            |                 |
| Employee injury or illness – repetitive trauma         |                 |            |                 |
| Occupational illness or disease                        |                 |            |                 |
| Employee death   |                 |            |                 |
| <b>Liability</b>                                       |                 |            |                 |
| Alleged negligence                                     |                 |            |                 |
| Customer injury  |                 |            |                 |
| Damage to property of others                           |                 |            |                 |
| Employment related liability                           |                 |            |                 |
| Environmental impairment                               |                 |            |                 |
| Faulty product   |                 |            |                 |
| Faulty work  |                 |            |                 |
| <b>Motor fleet</b>                                     |                 |            |                 |
| Vehicle accident- bodily injury                        |                 |            |                 |
| Vehicle accident- damage to other vehicle              |                 |            |                 |
| Vehicle accident- damage to your vehicle               |                 |            |                 |
| Vehicle theft  |                 |            |                 |
| Damage or loss of items in transit                     |                 |            |                 |
| <b>Property</b>  |                 |            |                 |
| Fire   |                 |            |                 |
| Fire – electrical                                      |                 |            |                 |
| Fire – heating   |                 |            |                 |
| Fire – hazardous process                               |                 |            |                 |
| Fire – arson   |                 |            |                 |

|  |  |  |  |
|--|--|--|--|
| Natural hazard - tornado                                 |  |  |  |
| Natural hazard - flood                                   |  |  |  |
| Natural hazard - earthquake                              |  |  |  |
| Natural hazard – ice, snow                               |  |  |  |
| Natural hazard - other                                   |  |  |  |
| Property damage - (e.g. from vandalism, vehicles, other) |  |  |  |
| Equipment breakdown                                      |  |  |  |
| Burglary, robbery, theft                                 |  |  |  |
| Supply chain interruption                                |  |  |  |
| Information security                                     |  |  |  |

**Example Risk Rank Priority:** 1-3 (Low priority) 4 (Medium priority) 5-6 (High priority)

## Hazard Recognition

This section provides guidance in the development of checklists for inspections done to help control identified hazards. The objective is to try eliminating the hazards from the work place or to develop methods to manage the risk.

In practical terms, a hazard is associated with a condition or activity that, if left uncontrolled, can result in an injury, an illness, or other adverse events. A survey of the work place should be done to identify the hazards or potential hazards which are easily recognized without intensive analysis.

The first step is usually a deliberate check around the inside, outside, and around the operations for hazards, or the potential for harm. Focus on the type of occupancy, operations, machines, processes and activities that are necessary to perform all aspects of the business. Make a note of your findings when a recognizable or potential hazard is found. Gather the information and consider the possibility of a critical error or mishap and what impact it could have. Establish priorities and develop plans for what is needed to control situations that might have unacceptable consequences.

Review the following to determine if there is a pattern of mishaps, and injury or illness where other safeguards may be needed.

- First aid log or reports
- Workers Compensation claim reports
- OSHA 300 Injury and Illness Log
- Company loss workday incident rate
- Insurance claims for property, liability, and other insured losses
- Public, customer, or employee complaint log or reports
- Vulnerability assessment results
- Process hazard analysis results
- Job hazard analysis reports

Special knowledge may be needed to evaluate how well your business has prepared for special programs that may be required for your operations. Hazards associated with chemicals could need further investigation to review what could go wrong and what safeguards must be implemented to prevent releases of hazardous chemicals stored or used in a process.

Emergency response operations often have special consideration for the safety of people, property, and sometimes the environment. You should determine the level of emergency response employees are intended to engage in, before the response is needed.

Develop rules and requirements to deal with the hazards. A checklist provided for employees to use helps to standardize the process. Employee training and safety meeting activity can also be developed along with the worksite inspections to help assure the recognized hazards are communicated.

Remember, the sample job site inspection forms provided in this section must be tailored to your specific operations. Your checklist should have clear objectives with specific expectations for each item. Involve the user in the development of the checklist to make sure it fits with the flow of work.

## Job Hazard Analysis

A more formal analysis may be needed for some jobs or tasks. A job hazard analysis, or sometimes called a job safety analysis, focuses on job tasks as a way to identify hazards before they occur. This approach focuses on the relationship between the worker, the task, the tools, and the work environment. The results of this type of analysis can be used to develop standard operating procedures.

First, select the job to analyze in the workplace. A job hazard analysis can be conducted on many jobs. Priority should go to the following types of jobs:

- Jobs with the highest injury or illness rates
- Jobs with the potential to cause severe or disabling injuries or illness, even if there is no history of previous accidents
- Jobs in which one simple human error could lead to a severe accident or injury
- Jobs that are new operations or have undergone changes in processes and procedures
- Jobs complex enough to require written instructions

A person with the technical knowledge related to the job being evaluated should be involved in looking at the worksite and its current condition. Breakdown the job and develop a description of the tasks and/or operations that will be performed. Then, identify the hazards associated along with the possible consequences for those tasks and operations. Hazards can include physical, chemical, biological, behavioral conditions. It is good to involve an employee in the job hazard analysis to provide realistic feedback and insight.

Ideally, the company will take steps to eliminate or reduce hazards to an acceptable risk level. Determine the type of controls used for protection from the hazards. Controls can include substitution or engineering the hazard out, administrative programs, and behaviors or practices when the hazard is present.

The physical capacity needed to do the job may also be identified and could be helpful in developing a job description used by a medical professional before making a determination for returning an injured employee back to work.



## Job Hazard Analysis Form

Job or Task Title: \_\_\_\_\_ Job or Task Location: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date Evaluated: \_\_\_\_\_

|   | Task or Step | Task Hazard | Hazard Control Method |
|---|--------------|-------------|-----------------------|
| 1 |              |             |                       |
| 2 |              |             |                       |
| 3 |              |             |                       |
| 4 |              |             |                       |
| 5 |              |             |                       |
| 6 |              |             |                       |

An additional special program is required where personal protective equipment (e.g. protective eyewear, respirators, hearing protection) is used as a method to control hazards.



## Construction Site Inspection Form

**Job Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|   | <u>Yes</u> | <u>No</u> | <u>Corrected</u> |
|---|------------|-----------|------------------|
| List of emergency phone numbers posted .....                  |            |           |                  |
| First aid kit & instructions available .....                  |            |           |                  |
| Job personnel informed of accident procedure .....            |            |           |                  |
| Someone on job trained in first aid .....                     |            |           |                  |
| OSHA posters posted .....                                     |            |           |                  |
| Copy of company safety program on hand .....                  |            |           |                  |
| <b>Housekeeping:</b>  |            |           |                  |
| • Aisles and stairs clear of obstacles .....                  |            |           |                  |
| • Aisles and stairs adequately lighted .....                  |            |           |                  |
| • Work area generally clean .....                             |            |           |                  |
| • Holes, pits, excavations etc. barricaded .....              |            |           |                  |
| Proper toilet facility .....                                  |            |           |                  |
| Toilet facilities clean .....                                 |            |           |                  |
| Adequate and clean drinking facilities .....                  |            |           |                  |
| Materials stored safely .....                                 |            |           |                  |
| Any overhead dangers .....                                    |            |           |                  |
| Fire prevention equipment available .....                     |            |           |                  |
| Waste containers of adequate size & covered .....             |            |           |                  |
| <b>Electric Equipment:</b>                                    |            |           |                  |
| • Tools properly grounded .....                               |            |           |                  |
| • Cords in good condition .....                               |            |           |                  |
| • Plugs & receptacles in good condition .....                 |            |           |                  |
| • Tools operating properly .....                              |            |           |                  |
| • Ground fault interruption devices installed .....           |            |           |                  |
| Chemicals stored safely .....                                 |            |           |                  |
| SDS available .....   |            |           |                  |
| Mechanical equipment checked & in good working order .....    |            |           |                  |
| Ladders checked and in good condition .....                   |            |           |                  |
| Scaffolding checked, in good condition, guarded .....         |            |           |                  |
| Ropes and cables checked and in good condition .....          |            |           |                  |
| Welding cables checked and in good condition .....            |            |           |                  |
| Welding and burning hoses checked and in good condition ..... |            |           |                  |
| Gas cylinders secured properly .....                          |            |           |                  |
| Rubbish disposed of properly .....                            |            |           |                  |
| Safety signs posted .....                                     |            |           |                  |
| Hoists in good condition and load rated .....                 |            |           |                  |
| Safety equipment (glasses, hats, gloves, shoes, etc.) .....   |            |           |                  |
| Are there hazards not under your control? .....               |            |           |                  |
| Did you conduct a weekly safety meeting? .....                |            |           |                  |

**Yes**      **No**      **Corrected**

**Additional checks pertinent to your job:**

- \_\_\_\_\_ .....
- \_\_\_\_\_ .....
- \_\_\_\_\_ .....
- \_\_\_\_\_ .....

Have sub-contractors been trained on safety rules? .....

| <b>Inspection Comments</b> |
|----------------------------|
|                            |

\_\_\_\_\_  
Signature



# Construction Site Safety Checklist

Contractor: \_\_\_\_\_

Job-site Location: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Person(s) making the Inspection: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Adequate**      **Inadequate**

**1) Program Administration:**

- a)...OSHA and other job-site warning posters posted?.....
- b)...Safety meetings held on regular basis?.....
- c)...Job safety training, including first-aid training?.....
- d)...Emergency phone numbers posted?.....
- e)...Company Safety Program available?.....
- f)...SDS Manual available?.....

**2) Housekeeping and Sanitation:**

- a)...General neatness of working area?.....
- b)...Regular disposal of waste and trash?.....
- c)...Passageways and walkways clear?.....
- d)...Sanitary facilities adequate and clean?.....

**3) Fire Prevention:**

- a)...Fire instructions to personnel?.....
- b)...Fire extinguishers identified, checked and lighted?.....
- c)...Hydrant clear; access to public thoroughfare open?.....

**4) Electrical Installations:**

- a)...Adequate wiring; well insulated?.....
- b)...Fire hazards checked?.....
- c)...Electrical dangers posted?.....
- d)...Terminal boxes have required covers; covers are used?.....
- e)...Ground Fault Interruption devices installed?.....

**5) Hand Tools:**

- a)...Proper tool being used for each job?.....
- b)...Neat storage; safe carrying?.....
- c)...Inspection and maintenance?.....
- d)...Damaged tools repaired or replaced promptly?.....

**6) Power Tools:**

- a)...Tools and cords in good condition?.....
- b)...Proper grounding?.....
- c)...Proper instruction in use?.....
- d)...All mechanical safeguards in use?.....

**7) Fall Protection:**

- a)...Ladders inspected for condition?.....
- b)...Scaffolding condition and guarding inspected?.....
- c)...Harnesses and lanyards inspected and used?.....
- d)...All floor openings properly guarded?.....

**Notes:**



## **Coordination with Contractors, Vendors, and Temporary Help**

Outside contractors, vendors, visitors, and staffing agencies are made aware of various parts of the safety and health program. GAKCO Corp will determine any coordination of efforts necessary to maintain a safe and healthful workplace.

All work is generally planned and scheduled to minimize impacts on safety. Contracts and bid documents generally include any safety-related specifications and qualifications to help ensure that contractors and staffing agencies selected for the work meet those requirements.

GAKCO Corp expects to be informed of any hazards that may develop from work done by contractors and vendors while on the company premises. Procedures used to avoid or control these hazards must be identified. Any issues or conflicts with our safety policies will be resolved before work starts.

Managers with decision-making authority are available and prepared to deal with day-to-day coordination issues. All workers on the site should be aware of the worksite hazards.

Contractors, vendors, temporary workers, and visitors are expected to follow GAKCO Corp safety rules and to wear appropriate personal protective equipment where applicable. Before coming onsite, such visitors are informed of the hazards that may be present, the controls in place to address these hazards, and whom to contact for reporting an injury, illness or concern, as well as how to respond to an emergency.

# Accident Investigation Policy

## GAKCO Corp

Accidents and incidents, in which employees are injured or narrowly escape injury, clearly expose hazards. Accident investigation analysis, to identify accident causes, permits development of measures to help prevent future injuries. An accident reporting form may be used to:

- 1) Record the accident or near miss;
- 2) Determine the accident cause; and
- 3) Help plan for follow-up action in preventing repetitive accidents.

As part of this safety program, examples of accident reporting forms are provided for such an investigation. Remember, these forms are just a guideline and should be tailored to your particular business operations.

# Claims Reporting Policy

## GAKCO Corp

All accidents, especially those involving injuries, should be reported to the safety director, store manager, or other person responsible for reporting to your insurance carrier. Each provider of insurance coverage has differing standards for claim reporting and guidelines should be followed to ascertain promptness in reporting. Forms for each coverage should be included in this manual and should be labeled for each coverage provided. The claims department of your insurance carrier will provide sample forms for this purpose.

**Property & Casualty Claims Office:** \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**Workers Compensation Claims:** \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_



## Supervisor's Report of Injury or Illness Form

Type of Injury:    Disabling    Medical    First Aid Only    Illness    Unclassified  
 Name of Employee \_\_\_\_\_ Department \_\_\_\_\_  
 Occupation \_\_\_\_\_ Years Experience \_\_\_\_\_  
 Place of Accident \_\_\_\_\_ Date \_\_\_\_\_  
 Time \_\_\_\_\_ Witnesses \_\_\_\_\_  
 Sent to Doctor \_\_\_\_\_ Given First Aid    Refused

1. Place of Accident or Exposure: \_\_\_\_\_
2. What was employee doing when injured? \_\_\_\_\_  
\_\_\_\_\_
3. How did accident occur? (*describe fully*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Part of Body Affected: \_\_\_\_\_
5. Name of object or substance that directly injured employee: \_\_\_\_\_  
\_\_\_\_\_
6. What is being done to prevent similar accidents or injuries? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

## Supervisor's Report of Injury or Illness Form

**Cause:**

| Mark Basic Cause <u>X</u>  | Mark Contributing Cause If Any <u>X</u>  |
|--|--|
| Operating without authority<br>Operating at unsafe speed<br>Making safety devices inoperative<br>Using unsafe equipment or equipment unsafely<br>Unsafe loading, placing, mixing<br>Taking unsafe position<br>Working on moving or dangerous equipment<br>Distraction, teasing, horseplay<br>Failure to use personal protective device | Inadequately guarding<br>Unguarded<br>Defective tools or equipment<br>Unsafe design/construction<br>Hazardous conditions<br>Unsafe illumination<br>Unsafe ventilation<br>Unsafe clothing<br>Weather conditions |
| <b>Why was the unsafe act committed?</b>   |  |
| <b>Why did the unsafe condition exist?</b>   |  |
| <b>Follow-up Action:</b>   |  |

Signature of Safety Director/Committee Member      Date



## Customer Accident/Incident Reporting Policy

GAKCO Corp is implementing a customer Accident/Incident/Injury Reporting Policy, effective immediately. This policy is intended to standardize procedures associated with accidents, incidents, or injuries at our business. A benefit of this policy is continuous improvement in safety awareness at our business.

\_\_\_\_\_  
GAKCO Corp

\_\_\_\_\_  
Date

The following procedure guidelines will be followed whenever there is a customer accident, incident, or injury:

1. Immediately report any accident, incident, or injury to a supervisor or manager.
2. Determine extent of injuries and provide first aid, if possible and allowed by company policy. If the employee in the immediate area does not know what to do, find someone who does.
3. Call ambulance, or other emergency personnel, if condition warrants. Emergency numbers are posted near telephones.
4. Document all accidents, incidents, or injuries, no matter how small or insignificant they may seem to be.
  - A. Provide a Customer Incident Report Form to the customer for completion and signature. If the customer will not complete and sign, have an employee complete the form as closely as possible and note that the customer would not sign.
  - B. Determine if there are any witnesses to the accident, incident, or injury. Provide the witness a copy of the Report by Eyewitness Form for their completion and signature.
  - C. The supervisor, or manager, will complete an investigation of the accident/incident/injury and complete the Manager/Supervisor Investigation of Customer Accident/Incident Form.
5. Photograph the area or hazard as soon as possible after the accident, incident, or injury has occurred. (A camera that will imprint date/time of photograph is preferable)
6. If video monitoring is used, review the videotape for a record of the accident, incident, or injury. Be careful to preserve the tape.



## Customer Incident Report Form

Store/Dealership: \_\_\_\_\_ Date Incident Reported: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

\_\_\_\_\_

Describe in detail how the incident occurred:

Describe any Injuries: \_\_\_\_\_

Name of Person Involved: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Notifications (Ambulance, Emergency Rescue): \_\_\_\_\_

Other Actions Taken: \_\_\_\_\_

Comments:

Witness Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_



## Report by Eyewitness Form

Witness Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

In your own words, please describe, in detail, what you saw happen:

Did anyone else see the incident? Yes No

If so, please list their names: \_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# Manager/Supervisor Investigation of Customer Accident/Incident Form

Store/Dealership: \_\_\_\_\_ Customer Employee

Name of Injured Person: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date Notified: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Type of Injury: \_\_\_\_\_ Part of Body: \_\_\_\_\_

Where did incident occur? \_\_\_\_\_

Specific activity engaged in when incident occurred: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Photo taken? ..... Yes No

Was injured person interviewed? ..... Yes No

Was eyewitness interviewed? ..... Yes No

Was first aid administered? ..... Yes No

Was injured person taken to hospital/clinic? ..... Yes No

In your own words, describe what happened. Be as detailed as possible.

Explain how similar incidents could be prevented (*training, communication, policies/procedures, inspections*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any action taken to prevent similar incidents? ..... Yes No

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date and Time





## Vehicle Accident Review Form

### Section A - To be Completed by Driver

Name: \_\_\_\_\_

Date, Time, and Location of Accident: \_\_\_\_\_  
\_\_\_\_\_

Weather Conditions: \_\_\_\_\_  
\_\_\_\_\_

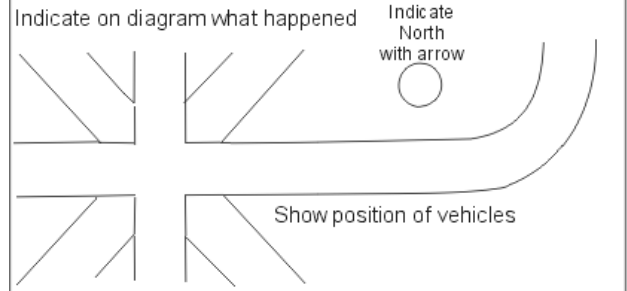
Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Cause of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How to Prevent Future Accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



### Section B - To be Completed by Driver's Supervisor

I have reviewed this accident with the driver involved and have the following comments:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Section C - Safety Committee Review

The Committee has reviewed this accident and has found that it should be judged:  
Preventable    Non-Preventable

Consideration of the facts indicated the following action should be taken to prevent such an accident in the future:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver notified in writing    Driver notified verbally

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_





## **Employee Reporting and Communication System**

It is important for employees to notify management of unsafe acts or conditions and to receive a timely and appropriate response to such communication. Such employee insight provides management a greater perspective of possible unsafe acts or conditions while actively involving employees in safety and health issues.

In a credible program, management should give a timely response to address any problems identified and a timely explanation of why particular actions were or were not taken. An example of an "employee reporting and communication" form is provided to you as part of this safety program. You may tailor it to your particular needs.



## Employee Reporting and Communication System Form

Unsafe Act or Condition:

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Location of Unsafe Act or Condition:

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Proposed Solution for Unsafe Act or Condition:

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Date Submitted: \_\_\_\_\_

Signature (if desired): \_\_\_\_\_  
(Action will be taken whether signed or not)

Safety Director/Committee Evaluation:

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Plan of Action:

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Date to be Completed \_\_\_\_\_ Date of Completion \_\_\_\_\_

Signature \_\_\_\_\_

### **III. Hazard Prevention and Control**



## General Safety Guidelines

### GAKCO Corp

1. Follow the established safe job procedures. You are to perform only those jobs you have been assigned and properly instructed to perform.
2. Wear the protective equipment required for your job as established by your supervisor through job instruction. It is your responsibility to see that protective equipment should be in good repair. Damaged equipment should be reported to your supervisor immediately.
3. Report unsafe acts or unsafe conditions to your supervisor without delay.
4. Report all accidents to your supervisor immediately whether anyone is hurt or not. In cases of injury, get first aid as soon as possible.
5. Keep all mechanical safeguards in position during operation.
6. Put main switch in "off" position whenever making adjustments, when setting up jobs or when machine is to remain idle for any length of time. Don't allow machinery to operate unattended.
7. Use only the machinery, equipment and tools you are qualified and authorized to use by the supervisor.
8. **Horseplay**, such as scuffling, practical jokes, or throwing articles at each other will not be tolerated.
9. No employee is permitted to make repairs on any electrical device or equipment unless authorized to do so. **Electrical equipment is not to be tampered with in any way.**
10. **Machine master switches are to be tagged or locked open when major repair, oiling and greasing or maintenance is being performed.**
11. The covers on switch boxes and fuse stations are to be kept closed at **all times**.
12. All employees are requested to **walk - not run while they are within** the work area.
13. No employee will be permitted to remove any guard installed over the point of operation, power transmission, or moving parts without permission from the supervisor and then only after proper safety procedures have been followed.
14. Compressed air should never be used for cleaning clothes, cooling or practical jokes. **Violation of this rule can result in serious injury or death.**
15. Fire extinguishers, sprinklers or fire exits are not to be blocked by supplies, stock or parts at any time.
16. No worker will be permitted to use flammable solvents in an open container. **Flammables must be stored and handled in approved safety containers.**
17. First aid will be administered only by the First Aid Department or specifically authorized personnel. Under no circumstances shall any employee attempt to remove foreign objects from the eyes or ears of a fellow employee.
18. Riding hand trucks and hitching rides on forklifts is prohibited.
19. The use of any tools, machinery or equipment for the personal use of any employee, whether on company time or shall not be permitted.
20. Only qualified maintenance persons authorized by supervision are permitted to repair machinery and equipment.
21. Safety equipment such as brushes, safety glasses, shields, safety shoes, etc., shall be used whenever the operation or job requires them.

Employees who violate these safety guidelines may be subject to disciplinary action.



## Fleet Safety Guidelines

### GAKCO Corp

1. Anyone who operates a licensed vehicle owned or controlled by their company must maintain a current driver license as required by Federal and/or State regulations.
2. Transportation of non-employee passengers is prohibited. Use of company vehicles by non-employees or unqualified employees is prohibited, unless permission has been given by an authorized official of the company.
3. All drivers are required to inspect their vehicle at the beginning of each work day. A vehicle check list will be provided to all drivers. Vehicles must be kept clean.
4. Obey all traffic laws. All fines are the responsibility of the driver. Traffic citations are to be reported to your supervisor in writing. Repeated violations are cause for disciplinary action, which may include suspension and/or dismissal.
5. Seat belts will be worn by all occupants, at all times.
6. Unattended vehicles shall have the keys removed, brakes set, windows rolled up and the doors locked.
7. Consumption of alcohol or non-prescribed drugs is grounds for immediate dismissal whether reporting for work or while on the job. If anyone is taking prescribed medication which may affect their ability to perform their duties safely, they must notify their supervisor when reporting to work.
8. All incidents involving damage to company property, property of others, personal injury of employee or to others must be reported to the safety director or supervisor immediately. Failure to report any accident involving a company vehicle is grounds for termination.
9. No radar equipment will be permitted in any company vehicle.
10. Courtesy should be extended to other motorists. The vehicle and you are a rolling billboard for your company.
11. All drivers should use good **Defensive Driving Techniques** while operating company vehicles.
12. Any employee that is in charge of a truck is also responsible for all tools and equipment assigned to that truck.
13. All vehicles should be equipped with an appropriate fire extinguisher and a first aid kit.

Employees who violate these safety guidelines may be subject to disciplinary action.

## **Safety Incentives and Awards**

Maintaining interest in safety may often be accomplished with an effective incentive program. Incentives help by improving employee morale, promoting safety awareness, and improving employee receptivity of the Safety Program. If not developed and run properly, it is conceivable that these programs will have little or no effect, or even a negative effect on your overall Safety Program.

Well run safety incentive programs can be a helpful addition to your Safety Program. An incentive program should start small with allowance for growth. Once an incentive program has been implemented it should be continued until the objective is met.

A well run safety incentive program may involve several components:

1. The program must be in addition to, not a substitute for, an otherwise solid company Safety Program.
2. The program should have a specific focus addressing definite safety issues, not safety in general.
3. The program should not discourage the reporting of mishaps or injuries.
4. The program should be timely and provide a reward soon after the objective is met.
5. The program should be based on employee involvement in as many ways as possible.
6. Rewards should be sincere and have meaning to employees. Awards need not be monetary. Often times the use of plaques, emblems, insignias, or similar items can become status symbols if awarded properly.
7. Consider how promotional publicity could be used and launched before the program gets under way. Publicity can be internal or external. Internal publicity includes newsletters, banners, special signs, posters or other internal recognition, while external includes releases to local newspaper, radio and television stations.

### **Example Types of Incentives and/or Awards**

1. A company could provide a gift/award to each employee after completing 30 - 60 - 90 days with no safety violations. The reward can be chosen by management such as: flashlights, caps, jackets, etc.
2. Group awards such as a trophy or plaque, savings bonds, gift certificates, cash or dinners could be given after completing a safety-training program.
3. Awards can be given as a planned drawing with prizes for completing safety inspections on schedule.
4. Awards or recognition could be associated with suggestions that eliminate unsafe conditions and close-calls.
5. On-the-spot incentives can be issued for seat belt use (or other recognized safe practices).
6. Recognition award for leadership participation on a safety committee.



## **IV. Safety and Health Planning**

# Employee Education and Training

Education and training are the foundations of a Loss Control Program. If the hazards are not known, prevention cannot be practiced. New employees must be trained. Continuing education is a fact of today's business world. Safety is no exception. Training is one of the main cornerstones of any Safety Program.

The primary purpose of safety training is to help employees learn how to work safely and to reduce mishaps while performing their specific function.

Safety training is recommended:

1. For all new employees,
2. When new equipment, procedures, or processes have been introduced, and
3. When employee safety performances needs improved.

Instructions should be given to all employees. An overall safety and accident prevention program, including group and individual training, should also be included for specific employee work assignments. When appropriate and possible, allow employees to engage in hands on training. While lecture and discussion formats are fine, employees may not understand the procedures until they actually perform the tasks with someone there to assist them.

Subjects to consider for training:

- Company Safety Rules/Policy
- Job Orientation
- Hazard Communication
- Emergency Response
- Fleet and Transportation Safety
- Unique Operations or Activities
- Specific Employee Work Assignments
- Waste Management

An "employee safety orientation checklist" can be provided to you as part of this safety program. Use it as a guideline to develop your own training checklist.

OSHA's seven step voluntary training guidelines are a good place to start when setting up a training program. This allows for an organized approach by following proven techniques.

- Step 1 - Determining if training is needed
- Step 2 - Identifying training needs
- Step 3 - Identifying goals and objectives
- Step 4 - Developing learning activities
- Step 5 - Conducting program effectiveness
- Step 6 - Evaluating program effectiveness
- Step 7 - Improving the program

The OSHA 10-Hour and 30-Hour General Industry course helps to provide a certain level of safety training, and is widely known as a standard for OSHA orientation training. This training may be used to learn more about the occupational safety and health standards applied to workplace decisions.

The length and complexity of industry standards make it difficult to evaluate where training may be needed. As an aid, the general industry OSHA training-related requirements are listed on the next page. Additional standards may be included for other industries, such as construction. The requirements for posting information, warning signs, and labels are excluded, as are most references to the qualifications of people assigned to test workplace conditions or equipment.

## General Industry

The following list includes the general industry standards that specifically indicate required training.

### General Industry 29 CFR Part 1910

|           |  |           |  |
|-----------|--|-----------|--|
| Subpart D | Walking Working Surfaces - Fall Hazards  | Subpart N | Materials Handling and Storage<br>Servicing of Multi-Piece and Single-Piece Rim Wheels<br>Powered Industrial Trucks<br>Moving the Load<br>Crawler Locomotives and Truck Cranes   |
| Subpart E | Means of Egress<br>Employee Emergency Plans and Fire Prevention Plans  | Subpart O | Machinery and Machine Guarding<br>Mechanical Power Presses<br>Mechanical Power Presses - Instructions to Operators<br>Training of Maintenance Personnel<br>Operator Training<br>Forging Machines   |
| Subpart F | Powered Platforms, Manlifts, and Vehicle-Mounted Work Platforms<br>Powered Platforms for Building Maintenance - Operations - Training<br>Care and use Appendix C, Section 1  | Subpart Q | Welding, Cutting, and Brazing<br>General Requirements<br>Oxygen - Fuel Gas Welding and Cutting<br>Arc Welding and Cutting<br>Resistance Welding  |
| Subpart G | Occupational Health and Environmental Control<br>Dip Tanks - Personal Protection<br>Inspection, Maintenance, and Installation<br>Hearing Protection<br>Training Program  | Subpart R | Special Industries<br>Pulp, Paper, and Paperboard Mills<br>Laundry Machinery and Operating Rules<br>Sawmills<br>Logging<br>Telecommunications<br>Derrick Trucks<br>Cable Fault Locating<br>Guarding Manholes<br>Joint Power and Telecommunication Manholes<br>Tree Trimming - Electrical Hazards<br>Electric Power Generation, |
| Subpart H | Hazardous Materials<br>Flammable and Combustible Liquids<br>Explosives and Blasting Agents<br>Bulk Delivery and Mixing Vehicles<br>Storage and Handling of Liquefied Petroleum Gases<br>Process Safety Management of Highly Hazardous Chemicals<br>Contract Employer Responsibilities<br>Mechanical Integrity<br>Hazardous Waste Operations and Emergency Response<br>Hazardous Waste Cleanup Workers<br>New Technology Programs<br>Hazardous Waste - Emergency Responders |           |  |

|           |   |   |  |
|-----------|---|---|--|
|           |   |   | Transmission, and Distribution                               |
| Subpart I | Personal Protective Equipment             |   | Grain Handling Facilities                                    |
|           | Respiratory Protection                    |   | Entry Into Bins, Silos, and Tanks                            |
|           | Respiratory Protection for M Tuberculosis |   | Contractors  |
| Subpart J | General Environmental Controls            | Subpart S                               | Electrical Safety-Related Work Practices                     |
|           | Temporary Labor Camps                     |   | Content of Training  |
|           | Specifications for Accident Prevention    |   |  |
|           | Signs and Tags                            | Subpart T                               | Commercial Diving Operations                                 |
|           | Permit Required Confined Spaces           |   |  |
|           | The Control of Hazardous Energy           | Subpart Z                               | Toxic and Hazardous Substances                               |
|           | (Lockout/Tagout)                          | Asbestos                                | Lead   |
|           | Lockout or Tagout Devices Removed         | 4-Nitrobiphenyl                         | Cadmium  |
|           | Outside Personnel                         | Alpha-Naphthylamine                     | Benzene  |
| Subpart K | Medical Services and First Aid            | Methyl Chloromethyl Ether               | Coke Oven Emissions  |
|           |   | 3, 3'-Dichlorobenzidine (and its salts) | Bloodborne Pathogens   |
|           |   | Bis-Chloromethyl Ether                  | Cotton Dust  |
|           |   | Beta-Naphthylamine                      | 1,2-Dibromo-3-Chloropropane                                  |
|           |   | Benzidine                               | Acrylonitrile (Vinyl Cyanide)                                |
|           |   | 4-Aminodiphenyl                         | Ethylene Oxide   |
|           |   | Ethyleneimine                           | Formaldehyde   |
|           |   | Beta-Propiolactone                      | 4, 4' Methyleneedianiline                                    |
| Subpart L | Fire Protection                           | 2-Acetylaminofluorene                   | Ionizing Radiation Testing                                   |
|           | Fire Brigades                             | 4-Dimethylaminoazobenzene               | Hazard Communication   |
|           | Training and Education                    | N-Nitrosodimethylamine                  | Occupational Exposure to Hazardous Chemicals in Laboratories |
|           | Portable Fire Extinguishers               | Vinyl Chloride                          |  |
|           | Fixed Extinguishing Systems               | Inorganic Arsenic                       |  |
|           | Fire Detection Systems                    |   |  |
|           | Employee Alarm Systems                    |   |  |



## Employee Safety Orientation Checklist

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

|  | Supervisor | Initials Employee | Date  |
|--|------------|-------------------|-------|
| 1. Company Safety Policy Statement           | _____      | _____             | _____ |
| 2. Company Safety Rules                      | _____      | _____             | _____ |
| 3. Job Orientation                           | _____      | _____             | _____ |
| 4. Accident Reporting                        | _____      | _____             | _____ |
| 5. Employee Reporting & Communication System | _____      | _____             | _____ |
| 6. _____                                     | _____      | _____             | _____ |
| 7. _____                                     | _____      | _____             | _____ |
| 8. _____                                     | _____      | _____             | _____ |

### Tools, Machinery and Equipment

Managers are required to conduct "hands on" demonstration on the safe use of tools, machinery and equipment to be used by the employee. Special instruction and emphasis will be placed on safety devices. Identify equipment on which the employee was trained below.

|          |       |       |       |
|----------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ |

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Signature

## Safety Meetings

Safety meetings are an effective way for GAKCO to implement our safety program. Meeting are good for discussing a recent mishap or near miss along with efforts to prevent a similar occurrence. Changes in company policies, procedures, and rules may also be discussed.

The following is a brief outline to aid your presentation.

Consider the following general outline:

1. Describe what employees should do.
2. Explain the expected outcome.
3. Provide credible examples of adverse consequences.
4. Be specific about any methods or controls to use.
5. Include a reminder about any personal protection, if needed.
6. Point out any coordination needed with others.
7. Verify understanding and ask if there are any questions.



# Safety Meeting Sign-up Sheet

Topic: \_\_\_\_\_ Date: \_\_\_\_\_

Conducted by: \_\_\_\_\_

Please sign in below:

**Name**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature



# Safety Activity Log

| Safety Meeting Topic | Date | Comments |
|----------------------|------|----------|
|                      |      |          |
|                      |      |          |
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## V. Safety Topic Guides



## Compressed Air Guidelines

- Check the condition of the hose. Air hoses are designed to withstand pressure, but become weakened at bends, kinks, and connections to shut-off valves and nozzles. Such weak points may swell and burst, throwing pieces of hose in every direction, also causing the hose to thrash about dangerously.
- Keep the air hose off the floor. It is a tripping hazard and is subject to damage by trucks, doors, and dropped tools.
- Always coil the hose, without kinks, and hang it over a broad support when not in use.
- Where you have choice of pressure, use the lowest pressure possible.
- Air pressure against the skin may penetrate deeply to cause internal hemorrhage and intense pain. Air that enters body openings may burst internal organs.
- It is dangerous to use compressed air to remove dust from clothing. Use safer, better ways of cleaning dust from your clothes. Dust blown from anything merely rises and settles again to become a nuisance.
- Air compressors shall be equipped with pressure relief valves and pressure gauge.
- Use low pressure (under 30psi) and the correct nozzle to remove duct or particles from jigs, fixtures or deep holes in parts. Wear cup type goggles and set up shields to protect others in the area.
- For transferring liquids from properly rated pressure vessels, check air pressure, attach hose connection tightly, remain at control valve to shut off in emergency, and make sure bleed-off valve and pressure relief valve work. Never use compressed air to transfer flammable liquids.
- Air filters shall be installed on the compressor intake to ensure only clean, uncontaminated air enters the compressor.
- Safety devices on compressed air systems shall be checked frequently.
- Before any repair work is done on the pressure system of a compressor, the pressure shall be bled off and the system locked-out.
- Signs shall be posted to warn of the automatic starting
- Feature of the compressors.
- The belt drive system shall be totally enclosed to provide protection for the front, back, top and sides.
- When compressed air is used with abrasive blast cleaning equipment, the operating valve shall be of the type that must be held open manually.
- A clip on chuck and an in line regulator (preset to 40psi) shall be required when compressed air is used to inflate auto tires.

## Construction Site Safety Guidelines

- **Perimeter Barricades:** Entire construction site should be fenced, or otherwise secured, to prevent unauthorized persons from intentionally or unintentionally entering the work site.
- **Internal Barricades:** Barricades will help warn workers of hazardous areas where dangerous conditions might exist.
- **Tools:** Tools should be well maintained. They should be properly stored when not in use. The correct tool should always be used for the job.
- **Walkways:** Walkways should be clearly marked and roped off, allowing employees to safely enter and leave the work site.
- **Housekeeping:** All debris, tools and equipment, should be picked up and either stored or disposed of in the proper location.
- **Excavations:** Excavations should get special attention and a detailed company procedure should be followed.
- **Above Ground Work:** Ladders and scaffolds should be regularly inspected for damage and weakness. Specific safety rules should be adopted for these devices.
- **Electricity:** Electrical power sources not necessary for construction should be shut off. Insulate all wiring and post warnings around live wires. Fuses, circuit breakers, and ground fault interrupters should be used to help prevent shock injury. Be aware of the dangers of overhead wires.
- **Fires:** Fire protection equipment should be made available and employees trained in proper use.
- **Personal Protective Equipment:** Safety equipment such as shoes, gloves, hard hats, and eye protection should be provided to all employees at the site. All employees should use and maintain these items.

## Electrical Guidelines

- When electrical equipment or lines are to be serviced, maintained or adjusted, necessary switches should be opened, locked-out and tagged-out whenever possible.
- All portable electrical tools and equipment should be grounded or double insulated type.
- Extension cords should have grounded conductors and insulation in good condition.
- Use of metal ladders is prohibited in areas where the ladder or the person using the ladder could come in contact with energized parts of equipment, fixtures or circuit conductors.
- Exposed wiring and cords with frayed or deteriorated insulation should be repaired or replaced.
- All cord, cable and raceway connections should be intact and secured. All unused openings in electrical enclosures and fittings closed with appropriate covers, plugs, or plates. Electrical enclosures such as switches, receptacles, or junction boxes should be provided with tight fitting covers or plates.
- Ground fault circuit interrupters should be installed on each temporary 15 or 20 ampere, 120 volt AC circuit at locations where construction, demolition, modifications, alterations or excavations are being performed.
- Electrical installations in hazardous dust or vapor areas should meet the National Electrical Code (NEC) for hazardous locations Class I, Division 1.
- Inspect all electrical equipment before using. Use only equipment in good condition.
- Start and end electrical equipment with switch in "OFF" position. Do not leave the switch in the "ON" position and use the plug to turn the equipment on and off.
- Installation work should be in compliance with the National Electric Code Standards, OSHA, local building codes and ordinances. This work should be performed by a qualified and fully licensed electrician.
- Fixtures, appliances and equipment used should be listed or labeled by Underwriters Laboratories or another nationally accepted testing organization.

## Eye Protection Guidelines

In all operations where striking and struck tools are used, or where the cutting action of a tool causes particles to fly, eye protection (American National Standards Institute Z87.1- *Practice for Occupational and Educational Eye and Face Protection*) is needed by the user of the tool and by others who may be exposed to flying particles.

- Protective equipment, including personal protective equipment for eyes and face, shall be provided, used, and maintained in a sanitary and reliable condition. This protection should be provided whenever it is necessary by reason of hazards of processes or entrainment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.
- Where employees provide their own protective equipment, the employer shall be responsible to assure its adequacy, including proper maintenance, and sanitation of such equipment.
- Protective eye and face equipment shall be required where there is a reasonable probability of injury that can be prevented by such equipment. In such cases, employers shall make conveniently available a type of protector suitable for the work to be performed, and employees shall use such protectors.
- Persons whose vision requires the use of corrective lenses in spectacles, and who are required by this standard to wear eye protection, shall wear goggles or spectacles of the following types: spectacles whose protective lenses provide optical protection or goggles that can be worn over corrective lenses mounted behind the protective lenses.
- Safety goggles or face shields should be worn when woodworking or cutting tools, such as chisels, brace bits, planes, scrapers, and saws are used and there is a chance of particles falling or flying into the eyes.
- Eye protection should be worn when working with grinders, buffing wheels and scratch brushes.
- Jobs such as cutting wire and cable, hand drilling, removing nails, chipping concrete, shoveling material or working under objects where particles of materials may fall require eye protection.
- Wear eye protection, keep it clean and fit for use, wear the right protection for the job.

Follow appropriate first aid for eye injuries.

## **Fire Extinguishers Guidelines**

- A fire extinguisher, rated not less than 2A 10B:C, should be provided for each 3,000 square feet of the protected building area or major fraction thereof. Travel distance from any point of the protected area to the nearest fire extinguisher shall not exceed 75 feet.
- One or more fire extinguishers should be provided for each floor. In multi-story buildings, at least one fire extinguisher should be posted adjacent to the stairway.
- Fire extinguishers should be conspicuously located and readily accessible at all times. They should be periodically inspected and maintained in operating condition.
- Carbon tetrachloride and other toxic vaporizing liquid fire extinguishers are prohibited.
- Each fire extinguisher is considered professional equipment and its effectiveness in protecting property depends on knowing: What it can and cannot do how to use it, where to install it, how to maintain it, knowledge of classes or types of fires, what class or classes of fire the extinguisher is capable of extinguishing.
- Training should be provided for the use of fire extinguishers.

### **Classes of Fires**

Class A - Fires in ordinary combustible materials (wood, paper, cloth)

Class B - Fires involving flammable liquids, gases and greases

Class C - Fires which involve energized electrical equipment

Class D - Fires in combustible metals

Class K - Fires associated with cooking oils, fats, and grease

## Flammable and Combustible Liquids Guidelines

A flammable liquid is defined as any liquid whose flash point, the temperature at which vapors can ignite when there is a spark, flame or static electricity, is below 100 degrees F. At higher concentrations and higher temperatures the vapors of the liquid can ignite or explode without a spark. Most flammable liquids are volatile, evaporate quickly and reach a concentration in the air that could lead to an explosion. Some highly volatile flammable liquids are gasoline, acetone and alcohol. Containers with these flammable liquids must be marked with a red label indicating the hazard. To work safely with flammable liquids the three potential hazards: temperature, concentration of vapor and ignition sources must be controlled. A combustible liquid is defined as any liquid whose flash point is at or above 100 degrees F.

- Only approved containers and portable tanks shall be used for storage and handling of flammable and combustible liquids.
- No more than 60 gallons of flammable or combustible liquids shall be stored in any one storage cabinet. No more than three storage cabinets may be located in a single storage area.
- Inside storage rooms for flammable and combustible liquids shall be of fire resistive construction, have self closing fire doors at all openings, 4 inch sills or depressed floors, a ventilation system that provides at least six air changes within the room per hour, and electrical wiring and equipment approved for Class I, Division 1 locations.
- Storage in containers outside buildings shall not exceed 1,100 gallons in any one pile or area. The storage shall be graded to divert possible spills away from building or other exposures, or shall be surrounded by a curb or dike. Storage areas shall be located at least 20 feet from any building and shall be free from weeds, debris and other combustible materials not necessary to the storage.
- **"No Smoking"** signs shall be posted in service and refueling areas.
- Drums containing Class I flammable liquids shall be grounded and bonded before and during dispensing into containers.
- All flammable and combustible liquid wastes shall be kept in fire-resistant, covered containers.
- Appropriate fire extinguishers shall be mounted within 50 feet of outside areas containing flammable liquids and within 10 feet of any inside storage area for such materials.
- Listed Safety containers shall be used for the dispensing of flammable or combustible liquids.
- All spills of flammable or combustible liquids shall be cleaned up promptly.
- All flammable or combustible liquid storage tanks shall be adequately vented to prevent the development of excessive vacuum or pressure as a result of filling, emptying or atmosphere temperature changes.
- All flammable or combustible liquid storage tanks shall be equipped with emergency venting that will relieve excessive internal pressure caused by fire exposure.
- Flammable liquids shall be stored separately from other chemicals, especially reactive such as oxidizers.
- All containers containing a flammable or combustible liquid shall be labeled correctly and clearly.

## Foot Protection Guidelines

Foot protection is guarding your toes, ankles, and feet from injury. Manufacturers now offer a wide variety of protective devices for hazards in many industries. Manufacturers also continually update materials and engineering of their products to insure protection from new hazards.

The Occupational Safety and Health Administration (OSHA) have outlined regulations that specify foot protection for the workplace. These regulations can be found in the Code of Federal Regulations, 29 CFR 1910.136.

### Types of foot injuries:

Your feet are vulnerable to many types of skin diseases, cuts, punctures, burns, sprains, and fractures, but *sharp or heavy objects falling on the foot are the primary source of injury*. Other hazards include:

- Compression - the foot or toe is squeezed between two objects or rolled over
- Puncture - a sharp object, like a nail, breaks through the sole
- Electricity - a hazard where workers use power tools or electric equipment
- Slipping - surface hazards such as oil, water, or chemicals causing falls
- Chemicals - chemicals corrode ordinary safety soles and can harm your feet
- Extreme heat or cold - insulation or ventilation is required; depends on climate
- Wetness - hazard may be slipping, but also discomfort and even fungal infections in your feet are wet for long periods of time

Many facility operations or manufacturing processes involve a combination of hazards listed above.

### Specific types of safety shoes:

- **Safety boots** - rubber or plastic safety boots offer protection against oil, water, acids, corrosives, and other industrial chemicals. They are also available with features like steel-toe caps, puncture resistant insoles, and metatarsal guards. Some rubber boots are made to be pulled over regular safety shoes.
- **Electric hazard shoes** - these are used in areas where employees work on live or potentially live electrical circuits. The toe box is insulated from the shoe so there is no exposed metal. These shoes are most effective when dry and in good repair.
- **Foundry shoes** - foundry shoes are used by welders and molders where there is a hazard from hot splashes of molten metal or flying sparks. Instead of laces they have elastic gores to hold the top of the shoe close to the ankle. This way they can be removed quickly if hot metal or sparks get inside the shoe.
- **Conductive shoes** - this type of protective footwear is used where there is a danger of shock from high voltage. They permit the static electricity that builds up in the body of the wearer to drain off harmlessly into a conductive grounded floor. These shoes must have rubber or cork heels, no exposed metal parts, and a connector (from calf to heel) to pass electricity to the ground.
- **Non-conductive shoes** - unlike conductive shoes, they do not require that the floor be conductive and grounded. They offer protection from the hazards of electric current in live circuits and equipment. Non-conductive shoes have rubber soles and no metal parts so they insulate feet from the ground.
- **Add-on foot protection** - Metatarsal guards and shoe covers can be attached to shoes for greater protection from falling objects. Strap-on wooden-soled sandals can be used for protection against the underfoot hazards of oils, acids, hot water, caustic or sharp objects.

Rubber spats protect feet and ankles against chemicals. Puncture-proof inserts made of steel can be slipped into shoes to protect against underfoot hazards. Strap-on cleats fastened to shoes provide greater protection.

Footwear should always be matched to the job and to the hazards that are encountered there. It is important during the selection and purchases of safety footwear that shoes and boots meet the requirements recommended by the American National Standards Institute (ANSI) or ASTM International (ASTM), according to the OSHA regulations. ANSI approved footwear will show ANSI Z41 on the label inside shoes or boots made until 2005. The most current "Standard Specification for Performance Requirements for Protective Footwear" is ASTM F-2413.

## Hand Safety Guidelines

| Sources of Injuries     |
|-------------------------|
| Burns                   |
| Cuts                    |
| Electrical Shock        |
| Absorption of Chemicals |
| Pinching                |
| Crushing                |
| Cold                    |
| Vibration               |
| Repetitive Motion       |

- Analyze the work place for hazards to the hands. Look at each job and consider the possible hazards to the hands.
- Make sure all tools and machines are well maintained. Make sure all guards are in place.
- Employees must be properly trained in the use of the tools and machines in their area.
- Determine the proper protective equipment and make sure it is available to all employees who need it. Reinforce it by developing a company-wide hand protection policy.

### Preventing Hand Injuries:

- Use protective gloves or other protection whenever necessary. There are gloves to protect against heat, cold, sharp objects, chemicals, electricity and a wide variety of other hazards.
- Gloves should not be worn around tools and machinery with rotating or moving parts, such as grinders, drills, lathes or milling machines.
- Watches, rings, bracelets, or other jewelry should be removed and loose fitting clothing avoided.
- Use tools and equipment **only** for the job they were designed for.
- The work place should be clean and well organized, and the tools and equipment well maintained.
- Tools and equipment should have their guards in place.



# Ladders

## Guidelines

A ladder is an appliance usually consisting of two side rails joined at regular intervals by crosspieces called steps, rungs or cleats, on which a person may step in ascending or descending. There are variations called step ladder, single ladder, extension ladder, fixed ladder, job-made ladder, platform ladder, and sectional ladder. Ladders are constructed of wood, metal, aluminum or fiberglass.

### Proper Selection

- Select a ladder of proper duty rating to support combined weight of user and materials.
- Ladders are available with duty ratings of 200, 225, 250, and 300 lbs.
- Select a ladder of proper length to safely reach the desired height.

### Inspection Before Each Use

- Inspect thoroughly for missing or damaged components. Never use a damaged ladder and never make temporary repairs.
- Inspect thoroughly for loose fasteners. Make sure all working parts are in good working order. Lubricate if necessary.
- Clean ladder of all foreign material (wet paint, mud, snow, grease, oil).
- Destroy ladder if damaged, worn, or exposed to fire or chemicals. Bring back the ladder to the shop, tag for inspection; put a note on your daily report and management will make the decision of destruction.

### Consider Before Each Use

- Metal ladders conduct electricity. Keep away from electrical circuits or wires.
- Consult manufacturer for use in chemical or other corrosive environments.
- Use ladder only as outlined in instructions. Ladders are designed for one person only.
- Do not use in high winds or during a storm.
- Keep shoes clean. Leather shoes should not be used.
- Never leave ladder set-up and unattended.

### Proper Setup and Use

- Use help in setting up ladder if possible.
- Do not place on unstable, loose or slippery surfaces. Do not place in front of unlocked doors. Ladders are not intended to be used on scaffolds.
- Secure base section before raising ladder to upright position. Do not raise or lower with fly section extended.
- Extend and retract fly section only from the ground when no one is on the ladder.
- Do not overextend. A minimum overlap of section is required as follows:
  - Ladder size up to and including 32 feet---3 foot overlap
  - Over 32 feet up to and including 36 feet---4 foot overlap
  - Over 36 feet up to and including 48 feet---5 foot overlap
  - Sizes over 48 feet---6 foot overlap
- Position ladder against upper support surface. Make sure ladder does not lean to the side. Ladder must make a 75 degree angle with the ground.
- Erect ladder approximately 3 feet beyond upper support point.
- Check that top and bottom of ladder are properly supported. Make sure rung locks are engaged before climbing.

- Face ladder when climbing up or down. Maintain a firm grip. Use both hands in climbing.
- Keep body centered between side rails. **Do not over reach.** Get down and move ladder as needed.
- Fly section must have safety shoes if used as a single ladder.

#### **Proper Care and Storage**

- Hang ladder on racks at intervals of 6 feet for support.
- Never paint a wooden ladder. Treat with wood preservative.
- Protect wooden ladder from exposure to the elements, but allow good ventilation. Keep away from heat and moisture.

## Machine Guarding Guidelines

- Guards are put on machines for one purpose.....**to protect!**
- Machines without guards or suitable safety devices in place must not be operated.
- Only authorized personnel should remove or adjust guards or safety devices.
- Be sure the main power switch for the machine is locked and tagged before removing the guard or safety devices.
- Guards isolate hazards from workers. Safety devices also save fingers, limbs and lives. They protect from distractions, impatience and accidents caused by inattention.
- A guard or safety device not secured or functioning improperly can create an additional hazard. Inspect guards or safety devices regularly and keep them in good repair.
- Manufacturer installed guards and safety devices may not be enough. Review the working purpose of your machine. If need be, install additional guards or safety devices at point-of-operations at other hazardous areas.
- Do not bypass guards or safety devices. Trying to speed up production and save time only increases the chance for serious injury. Guard or safety devices are a vital part of any safe environment.

## **Material Handling Guidelines**

- Aisles and doorways should provide adequate clearances.
- Aisles and doorways should be designated, permanently marked and kept clear to allow unhindered passage.
- Hand operated and motorized vehicles should be adequate for the load and operation.
- All dock plates and loading ramps should be constructed and maintained with sufficient strength to support the required load.
- Maintain hand operated and motorized vehicles in a safe operating condition.
- Pallets should be of the proper size and strength to the imposed load.
- Shelving should be maintained and of proper strength to support the required load.
- Hooks with safety latches should be used when hoisting materials.
- Securing chains, ropes and slings should be adequate to support the required load.
- Keep floors clean, dry and free of oil.
- Practice proper lifting techniques.
- Use hand operated or motorized vehicles to move heavy loads.
- Employees should be trained in the proper operation of material handling equipment.

## **Portable Hand Tools Guidelines**

- The correct tool should be utilized for the job and used in a correct manner.
- If a job requires excessive force or bending of the wrist creating stress, a powered tool or a differently shaped tool should be used.
- Tools should be kept in good working condition. Damaged, worn or defective tools can cause injuries and should not be used.
- Keep tools in a safe place. Do not leave tools on the floor or above work areas.
- Sharpened tools should not be carried in pockets or left in tool boxes with cutting edges exposed.
- Appropriate personal protective equipment, such as safety goggles and gloves, should be worn to protect against hazards that may be encountered while using hand tools.
- Keep impact tools, such as chisels and punches, free of mushroomed heads.
- Keep wooden handles free of splinters or cracks, and assure a tight connection between the tool head and the handle.

## **Power Tools Guidelines**

- Electric power operated tools should either be approved double insulated, be properly grounded, or used with ground fault circuit interrupters.
- Power tools should not be used until proper instruction has been given and authorization given by a supervisor.
- Guards on machinery and equipment should not be removed without authorization.
- The power tool should be off and motion stopped before the tool is set down.
- Disconnect the tool from power source before changing bits or blades, or attempting any repair or adjustment. Never leave a running tool unattended.
- Inspect electrical extension cords and other wiring to be certain they are properly insulated and grounded. Do not use frayed or damaged cords.
- A power tool must never be used with a safety guard removed.
- All fixed power driven woodworking tools should be provided with a disconnect switch that can either be locked or tagged in the off position.
- Only trained employees will be allowed to operate power actuated tools. All power actuated tools will be tested daily before use and defects discovered before and during use will be corrected. Tools will not be loaded until immediately before use.
- Never operate power actuated tools in, near or around water.

## Safe Backing Guidelines

- Whenever possible, avoid backing situations. Find a parking spot that will allow you to leave without backing.
- Avoid blocking the rearward, inside view with equipment and stock. Does the cargo safety cage block the view? How high is the load stacked?
- Increase the size of the side mirrors to gain a larger, clearer picture of hazards behind the vehicle.
- Install a wide-view, convex mirror on the upper rear driver's side of the vehicle.
- Drivers should walk completely around the vehicle, looking for dangers. Watch for overhangs too.
- When preparing to back, roll down the window and turn off the radio. The driver should check all mirrors and look over both shoulders before starting to back. Sound the horn twice to provide further warning for pedestrians. Back up s-l-o-w-l-y!
- If a second person is available, use this person to guide the backing vehicle. The guide should stand at the left rear driver's side of the vehicle (if room) and use full motion arm signals . . . not hand signals . . . to assist the driver. If the driver loses visual contact of the ground guide, backing should stop at once.
- Add dashboard stickers highlighting, "**Look Before You Back**".
- Provide paycheck stuffers and posters covering safe driving tips.
- Add backup alarms to vehicles.
- Hold safety meetings covering safe/unsafe driving techniques and driving rules.
- Provide orange traffic cones to be set out behind the vehicle, if backing will be required upon leaving.
- Add a reward/recognition program for safe drivers.
- Set up an obstacle driving course in a parking lot and hold a "driving rodeo" with score sheets and trophies for the best drivers.
- If a driver has trouble backing, have his/her eyes tested for depth perception.

## Safe Lifting Guidelines

Most back injuries are the result of improper lifting techniques. The worst lifting situations occur when the body is extended over the load. Keep the back straight to shift the weight of the load being lifted onto powerful leg muscles, thus reducing the lever effect caused when the body is extended over the load.

- Keep in good physical condition. Difficult lifting tasks should not be attempted if not accustomed to vigorous exercise.
- Think before lifting. Make certain there is adequate space and clear aisle ways. Also, plan for a place to set the load down.
- Maintain a good grip on the load by using the palms of the hands.
- Lift with the load close to the body. The closer the load is to the spine, the less force it exerts on the back. This is one of the most important rules in lifting.
- Test the load before handling it. If it appears to be too heavy or bulky, get help or some type of mechanical aid.
- Place the feet close to the load. The feet should be far enough apart for stability, have one foot slightly ahead of the other and pointed in the direction of movement.
- Tighten stomach muscles. Abdominal muscles support the spine when lifting, offsetting the force it exerts on the back.
- Lift with your legs. The stronger leg muscles are better suited for lifting than the weaker back muscles.
- Keep the back straight, head up whether lifting or putting down the load. Avoid twisting, it can cause injury.

### Think Before You Lift

**Mental Lifting** - Lift the load **twice**, by first lifting the load mentally.

**Find a Better Way** - Mechanical help can be used to avoid heavy loads, twisting motions, repetitive motions, bulky loads, vertical lifting and uneven surfaces. Pushcarts, conveyors, two wheeled carts, hoists, or forklifts are good examples of material handling devices that can be used.

**Push, Don't Pull** - Twice as much can be pushed than pulled, while running less risk of back injury.

**Watch Your Footing** - Wear proper footwear, take small steps, go slowly and clear a proper pathway free from tripping hazards.



## **Hand Safety When Lifting**

- Inspect materials for splinters, jagged or sharp edges, burrs, and rough or slippery surfaces.
- Grasp the object with a firm grip.
- Keep fingers away from pinch and shear points, especially when setting down materials.
- When handling pipe, lumber or other long objects, keep hands away from the ends to help prevent them from being pinched.
- Wipe off greasy, wet or dirty objects before trying to handle them.
- Keep hands free from oil and grease.

## **Security Guidelines**

- Protect building openings, docks, yards, and alleys with quality lighting.
- Provide interior lighting over valuable merchandise and over the safe.
- Control all security lighting by a timer or photo-electric cell.
- All outside doors should have double cylinder dead bolt locks.
- Utilize the bar extension lock on overhead doors, along with a case hardened padlock.
- Door hinges should not be located on outside of entrance doors, or be secured in such a manner that pins cannot be removed.
- Windows should be equipped with locks, bars or wire mesh. Protect window bars and wire mesh from outside tampering.
- Security fencing should be provided for the entire open lot. Try to make it a "man proof" type of fencing. Maintain the fence and check it regularly. Fence gates should have padlocks.
- Develop a written procedure for securing the building and yard at the end of the business day.
- Metal locking cross bars can also be added on outside doors to provide extra security.
- For life safety purposes, provide single cylinder locks, panic bars or alarmed releasing bars on outside doors.

## Slip, Trip, and Fall Prevention Guidelines

Slips, trips and falls can happen to anyone, anytime, anywhere. The resulting injuries can be severe. While there is no single method to prevent all slips and falls, we should be deliberate to check the walking areas for conditions that may create slip, trip or fall hazards. The "Walking Area Check Log" is used to note periodic observations and actions taken in areas where members of the public are invited.

The most common causes of slips and falls include: unsafe use of ladders, jumping on or off lift gates, slippery surfaces, inappropriate footwear, poor lighting, and obstacles on walkways, inattention and haste.

- Mop floor in area of spills immediately and post a sign stating "**Wet Floor**". Never leave spills unattended.
- Follow the flooring surface manufacturer instructions for cleaning and treatment.
- An oil absorbing material should be used to control small oil spills in the work place.
- During inclement weather keep rugs, mats, and floors dry. Snow and ice should be removed from all sidewalks, drives and access points used by the general public or employees. **Post wet floor signs.**
- Keep all floors, stairs, ladders, walkways, sidewalks and driveways in good repair.
- Be aware that electrical cords cause many tripping injuries.
- Good housekeeping is a must in accident prevention.
- Stairs, aisles and walkways should be clearly marked and kept free of any material.
- Look at each job and work area to consider the possible hazards.
- Special precautions such as the use of guardrails, a safety net, or personal fall protection systems is needed for when working at heights four feet above a lower level or on a roof.

### Common Hazards

- Slippery areas
- Blocked walkways and stairs
- Ladders
- Electrical cords
- Poor lighting
- Housekeeping conditions

### Preventative Measures

- Proper footwear
- Warning signs
- Non-skid surface
- Correct use of tools and ladders
- Floor mats
- Proper lighting

# Trenching and Excavating Guidelines

Guidelines are the suggested for trenching and excavating. Additional safety guidelines may be required to meet individual specific safety needs.

Utility installations, such as sewer, telephone, fuel, electric, water, or any other underground installations that reasonably may be expected to be encountered during excavation work, shall be determined prior to opening an excavation. This can be accomplished by contacting local or state "one-call" system before digging.

- When the excavation is open, underground installations shall be protected, supported or removed as necessary to safeguard employees.
- Each employee in an excavation shall be protected from cave-ins by an adequate protective system:
  - 1) Any excavation more than five feet deep, slope the sides no more steeply than the proper *angle of repose* or soil conditions;
  - 2) Proper shoring; and/or
  - 3) Trench box, as recommended by OSHA.

(*angle of repose*-The greatest angle above the horizontal at which a material will lie without sliding. This varies for different soil conditions.)
- Keep excavated materials a minimum of two feet from the edge of the trench.
- In trenches more than four feet deep, locate adequate means of exit, such as ladders, or steps, so they can be reached in no more than 25 feet of travel from anywhere in the trench. Where atmospheric hazards could reasonably be expected, test for low oxygen and hazardous or toxic gases.
- Keep heavy loads of all kinds as far from the trench as possible.
- Do not allow water, rain, ground water, surface water to accumulate in a trench. Water reduces soil stability.
- Daily inspections of excavations, the adjacent areas and protective systems shall be made by a competent person prior to the start of work and as needed throughout the shift. If evidence of a situation that could result in a possible cave-in, indications of failure of protective systems, hazardous atmospheres or other hazardous conditions are found, exposed employees shall be removed from the hazardous area until the necessary precautions have been taken to ensure their safety.
- Never touch a piece of excavation machinery while it is in operation.
- Always stand in view of the machine operator, and out of the way. Never stand at the edge of the excavation.
- In locations where oxygen deficiency or gaseous conditions are possible, the air in excavations shall be tested.
- Unattended excavations must be lighted and barricaded. Keep non-workers away from the trench, particularly at night.
- When excavating near traffic areas safety vests shall be worn by all employees involved.
- Full bodied safety harness will be utilized for extreme conditions.
- Head protection shall be required of everyone at the job site.

# Workplace Violence Guidelines

On average, 20 employees are murdered, and 18,000 assaulted, while working each week in the United States. Experience shows 75 percent of workplace homicides occur during robberies. Almost 50 percent occur in retail trade and service industries.

## Some Risk Factors for Workplace Violence

The potential for workplace-related violence is usually greater if employee's jobs involve:

- Face to face contact with the public
- Exchange of money with the public
- Delivery of passengers, goods, or services
- Working alone or in small numbers
- Working late at night or during early morning hours
- Working in high-crime areas
- Working with unstable or volatile persons
- Guarding valuable property or possessions

## Reducing the Potential for Workplace Violence

The following may help reduce the potential for robberies or other acts of workplace violence:

- Establish a violence prevention program for your company. It should include:
  - ✓ Written statement expressing corporate policy of zero tolerance for threats, harassment or acts of violence (all employees should receive a copy)
  - ✓ Screening applicants for jobs (check references, work record of prospective employees)
  - ✓ Fair and prompt procedures for reporting and dealing with grievances
  - ✓ Procedures for employees to report threats, harassment, acts of violence or "unusual" behavior. It is desirable to also provide a means for confidential (anonymous) reporting of such incidents.
  - ✓ Mechanism for assessing and responding to threats or acts of violence (examples: verbal confrontation between employees, workplace entered by unauthorized person, employee brandishing weapon in workplace)
  - ✓ Procedures for documenting threats, acts of violence
  - ✓ Written procedures for disciplinary action, termination of employees who threaten or harass other employees, or commit acts of workplace violence
  - ✓ Training for new employees, refresher training as needed (corporate workplace violence policy, procedure for reporting threats, what to do, or not do, if a robbery occurs, conflict avoidance/ resolution, other pertinent topics)

- Implement cash control procedures (keep minimal amount of cash in registers during evenings and late night hours, use drop safes or other devices to limit readily available cash, post signs informing public amount only limited amount of cash is available and that employees do not have keys to safes)
- Adopt work practices that limit opportunities for robbery or other acts of violence (admit no one to building after closing time, no removal of trash from building after dark, do make bank deposits at same time daily, etc.)
- Physically separate workers from customers (counters, bullet-resistant barriers or enclosures)
- Control non-employee access to workplace (visitor sign-in policies, use of employee identification badges, car-key access systems)
- Monitor workplace and parking lots for presence of unauthorized persons, “unusual” activity (closed circuit cameras, two-way mirrors, other security devices)
- Provide good lighting inside and outside building
- Provide a clear, direct line of view through windows into stores (not obstructed by signs, displays, merchandise)
- Escort employees to/from parking lots
- Provide security guards

## **VI. Special Programs**

# Chemical Hazard Communication Program

## Hazard Communication Program

### A Guide to Compliance

The contents of this document have been updated to reflect the globally harmonized system for hazard communication. The following material is to be used as a guideline only. For strict compliance check with your local Occupational Safety and Health Administration (OSHA) office and ask for the Hazard Communication Standard 29 CFR 1910 1200, which is called the Employee Right-to-Know law in some states.

#### **Hazard Communication Coordinator**

Appoint one person to take charge of you Hazard Communication (HAZCOM) Program. This is not required by law, but it is recommended. Make sure the employees know who your HAZCOM Coordinator is.

#### **Chemical Inventory**

Under OSHA regulations employers must develop a list of the hazardous chemicals workers may be exposed to during normal work procedures or in the case of emergencies such as leaks and spills. This hazard information is then required to appear on the label of each container. Then check your list against the Safety Data Sheets (SDSs previously known as MSDSs, Material Safety Data Sheets) forms you have received from your suppliers. If there are hazardous chemicals in your work place for which you do not have a SDS, you must write to the manufacturer, importer, or supplier to obtain the missing SDS.

*Consumer products-* Are exempt from some aspects of the Standard, such as labeling and SDS requirements, if they are used in a similar manner to normal consumer use and if exposure does not exceed normal consumer exposure. For example, if an employee occasionally uses a glass cleaner on a window or computer screen, the cleaner would be exempt. If the employee routinely uses the glass cleaner, such as maintenance or custodial work, then the cleaner would not be exempt.

*Sealed containers-* For work situations where employees handle chemicals in sealed containers which are not opened under normal work conditions (such as marine cargo handling, warehousing and retail sales) certain exemptions to the Standard also apply.

#### **Warning Label Requirements**

Manufacturers, importers and distributors must provide hazard information on each container label. Employers are required to make sure each label remains clearly readable while it's in your work place. If a hazardous substance is transferred to a smaller container, that container should have a label with the same information as the original container. A label is not required if the smaller container is intended only for the immediate use during the work shift by the employee who transfers the hazardous chemicals. Hazardous substance container labels must have the following information located together:

- *Product identifier*
- *Signal word "Danger" or "Warning"*
- *Hazard statement(s)*
- *Pictogram(s)*
- *Precautionary statement(s) for prevention, response, storage*
- *Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party*

#### **Safety Data Sheets**

Safety Data Sheets (SDSs) are forms which contain detailed information about a specific chemical. You are required to have a SDS for every hazardous chemical in the work place. If you are missing a SDS or if you receive any new hazardous chemical without a SDS, you must write to the supplier requesting a current SDS.

All employees must have ready access to SDSs for those chemicals. The SDS must be located close to where the employee may be exposed to the chemical. All employees must know the location of the SDSs and how to read them. Since SDSs are a valuable source of information in the event of an emergency, keep an extra copy of all SDSs in a separate and secure location.



The SDS must include at least the following section numbers and headings, and associated information under each heading, in the order listed:

- *Section 1, Identification*
- *Section 2, Hazard(s) identification*
- *Section 3, Composition/information on ingredients*
- *Section 4, First-aid measures*
- *Section 5, Fire-fighting measures*
- *Section 6, Accidental release measures*
- *Section 7, Handling and storage*
- *Section 8, Exposure controls/personal protection*
- *Section 9, Physical and chemical properties*
- *Section 10, Stability and reactivity*
- *Section 11, Toxicological information*
- *Section 12, Ecological information*
- *Section 13, Disposal considerations*
- *Section 14, Transport information*
- *Section 15, Regulatory information*
- *Section 16, Other information*

### **Written Communication Plan**

Your written plan should include the following:

- *Designation of responsibility*
- *A list of the hazardous chemicals known to be present using a product identifier that is referenced on the appropriate safety data sheet*
- *Labeling system and other forms of warning*
- *SDS forms*
- *Training*
- *Non-routine tasks*
- *Multiple on-site employers*



## Compliance Checklist

|   | Yes | No |
|---|-----|----|
| Obtained a Copy of the Rule   |     |    |
| Read and Understood the Requirements  |     |    |
| Have you designated a HAZCOM Coordinator?   |     |    |
| Have you made a list of all hazardous chemicals?  |     |    |
| Is there clear communication between purchasing and receiving departments and HAZCOM Coordinator? |     |    |
| Are all containers of hazardous substances labeled?   |     |    |
| Do you have up-to-date SDSs for every hazardous chemical?   |     |    |
| Have you contacted appropriate supplier for missing or incomplete SDSs?                           |     |    |
| Have you assembled a written HAZCOM plan?   |     |    |
| Have you established a training program?  |     |    |
| Have you identified and trained all employees?  |     |    |
| Have you established a procedure to monitor who has received training?                            |     |    |
| Are your SDSs accessible to all employees?  |     |    |
| Do other on site employers know your HAZCOM program?  |     |    |
| Established Procedures to Maintain Current Program  |     |    |



## Employee Training Steps

|     |  |  |
|-----|--|--|
| 1.  | <i>The standard</i>                        | Inform employees about the existence and the requirements of the Hazard Communication Standard.  |
| 2.  | <i>Hazardous substances</i>                | Inform them about which hazardous chemicals they might be exposed to while working. Show them your list of hazardous substances.   |
| 3.  | <i>Hazards</i>                             | Explain the physical and health hazards associated with these chemicals. Identify which hazards they are most likely to encounter in their specific work sites. Also explain the hazards of non-routine jobs such as cleaning storage tanks, containers and pipes. |
| 4.  | <i>Detection</i>                           | Explain the methods that can be used to detect the presence or release of hazardous chemicals such as odor color and appearance.   |
| 5.  | <i>Safety precautions</i>                  | Explain the proper safety precautions for handling and storage of each chemical, including protective clothing and equipment.  |
| 6.  | <i>Protective procedures</i>               | Point out the things you are doing to provide protection such as proper ventilation, engineering changes or using substances that less hazardous. Those using a respirator should also be included in your respiratory protection program.                         |
| 7.  | <i>Emergency procedures</i>                | Explain emergency procedures, cleanup and disposal.  |
| 8.  | <i>Labels</i>                              | Make sure the employees know and understand the labeling system, and to replace damaged labels.  |
| 9.  | <i>SDS forms</i>                           | Explain the SDS forms and where they are located. Employees must know how to read and interpret them and obtain copies.  |
| 10. | <i>Review hazard communication program</i> | Review the details. Where will the program be located? Explain the employee responsibilities and their part in taking training seriously.  |
| 11. | <i>Documentation of training</i>           | Have each employee sign a statement listing the date, who performed the training and what the training consisted of.   |
| 12. | <i>Who must receive training</i>           | Those employees who will be exposed to the hazardous substances. All new employees. When new chemicals are introduced into the work place. Annual refresher training is required in some states.   |
| 13. | <i>Employee involvement</i>                | Encourage a positive atmosphere. The program is designed to protect their health and safety. The "Right to Know" Law provides them with life-saving knowledge.   |



## Employee Training Checklist

| Do All Employees Know:  | Yes | No |
|---|-----|----|
| About the HAZCOM Standard?  |     |    |
| Who the HAZCOM Coordinator is?  |     |    |
| Where the written communication program is?   |     |    |
| About the chemical hazards they are exposed to?   |     |    |
| How to read and understand warning labels?  |     |    |
| The location of the SDS forms?  |     |    |
| How to read and understand SDS forms?   |     |    |
| The safety precautions for handling chemicals?  |     |    |
| How to detect presence or release of chemicals?   |     |    |
| What are the physical hazards that may be present, if any?  |     |    |
| Signs of overexposure?  |     |    |
| The physical, health, simple asphyxiation, combustible dust, and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work area (if any)? |     |    |
| Measures to take for protecting themselves from hazards?  |     |    |
| Personal protective equipment to be used?   |     |    |
| Procedures the employer has to protect employees from exposure?   |     |    |
| Emergency and First Aid procedures?   |     |    |
| Their responsibilities and involvement with compliance?   |     |    |



## Hazard Communication/Worker-Right-to-Know Regulations Member/Employee Training Acknowledgement

This document signifies that you have received training about relevant physical hazards and the types of chemicals present in the workplace and that you have been informed of the chemical labels and safety data sheets available, and that you have the right to continue to obtain information on these chemicals should you so desire.

I, \_\_\_\_\_, have received training regarding the relevant physical hazards and chemicals used in the workplace, including their properties, use of safety equipment, proper handling techniques, emergency response procedures, and potential health effects.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hazard Communication Coordinator Signature  
GAKCO Corp

\_\_\_\_\_  
Date

# Written Hazard Communication Program

## Employee Right to Know

GAKCO Corp has developed a program to establish procedures for working with and handling hazardous chemical substances. This program supports compliance with the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard as found in 29 CFR 1910.1200. This program is maintained within your workplace and applies to all company employees.

The written Hazard Communication Program will include:

1. Container labeling.
2. Safety Data Sheets (SDSs).
3. Employee training.

The following program outlines the steps that will help accomplish this objective.

### 1. Container Labeling

It is the policy of GAKCO Corp that no container of hazardous substances will be released for use until the following information is verified:

- Containers are clearly labeled as to the contents.
- Appropriate hazard warnings are noted.
- The name and address of the manufacturer can be identified.

The responsibility has been assigned to the Hazard Communication Coordinator. To help ensure that employees are aware of the hazards of material used in their work areas, it is our policy to label all secondary containers. There are limited exceptions when the contents will be used immediately by the employee who transfers the hazardous chemicals from a labeled container.

The supervisor in each department will help ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with generic labels which have a block for identity and blocks for the hazard warning.

### 2. Safety Data Sheets (SDSs)

Copies of SDSs for hazardous substances to which employees may be exposed are kept (*insert a location specified by management*). The Hazard Coordinator will be responsible for obtaining and maintaining the data sheet system for GAKCO Corp.

The Coordinator will review incoming data sheets for new and significant health/safety information. The Hazard Coordinator will see that any new information is passed on to the affected employees.

SDSs will be reviewed for completeness by the Hazard Coordinator. If a SDS is missing or obviously incomplete, a new SDS will be requested from the manufacturer or supplier. SDSs are available to employees in their work area for review during each work shift. If a SDS is not available or a new hazardous substance is in use and does not have a SDS, please contact your supervisor immediately.

### 3. Employee Information and Training

Employees will be expected to attend a health and safety orientation set up by the Personnel Manager, for information and training on the following:

- An overview of the requirements contained in the Hazard Communication Regulation, including their rights under the Regulation.
- Location and availability of the written Hazard Communication Program and SDSs.
- How to lessen or prevent exposure to these hazardous substances through usage of control, work practices and personal protective equipment
- Steps GAKCO Corp has taken to lessen or prevent exposure to these substances.
- How to read labels and review SDSs to obtain appropriate hazard information.

Safety meetings will be held when new hazardous substances are introduced. Your supervisor will review the above items as they relate to the new material in your work area.

**4. Hazardous Substances**

**GAKCO Corp** maintains a list of hazardous chemicals present. Information about the hazardous chemicals and substances can be found in the SDS books.

**5. Hazardous Non-Routine Tasks**

Employees might be required to perform non-routine tasks involving hazardous substances. Prior to starting work on such projects, each affected employee will be given information by their supervisor about hazards to which they may be exposed during this activity.

This information will include:

- Specific hazards.
- Protective/safety measures which must be utilized.
- Measures GAKCO Corp has taken to help lessen the hazards including ventilation, respirators, presence of another employee and emergency procedures.

**6. Informing Contractors**

To help ensure that outside contractors work safely in our place of business, it is the responsibility of the Coordinator to provide contractors the following information:

- Hazardous substances to which they may be exposed while on the job site.
- Precautions the contractors may take to help lessen the possibility of exposure by usage of appropriate protective measures.

If anyone has questions or suggestions about this plan contact the Coordinator. The plan will be monitored by the Coordinator or the Personnel Manager to help ensure that the policies are carried out and that the plan is effective. This written program available, upon request, to employees.

GAKCO Corp recognizes the need for a written Hazard Communication Program to meet its specific business needs. After thorough consideration, GAKCO Corp elects to adopt and implement the above Hazard Communication Program. This program will become effective \_\_\_\_\_.

\_\_\_\_\_  
GAKCO Corp

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hazard Communication Coordinator

\_\_\_\_\_  
Date

## Sample SDS Request Letter

Date:

To: Chemical Manufacturer, Importer, or Distributor

### SAFETY DATA SHEET REQUEST

As you are aware, the Occupational Safety and Health Administration (OSHA) requires employers to provide training to their employees concerning the hazards of chemicals and other hazardous materials.

To properly train our employees, we need a Safety Data Sheet (SDS) for one of your products.

Your prompt attention is necessary to maintain a proper level of safety for our employees. Please send the SDS for \_\_\_\_\_ no later than \_\_\_\_\_.

Sincerely,



# Confined Space Entry Program

## Confined Space Entry

Federal rules require employers to determine what kinds of spaces their workers are in, what hazards could be there, how those hazards should be made safe, what training workers should receive, and how to rescue those workers if anything goes wrong. Further details are described in the requirements of 29 CFR 1910 Subpart J and 1926 Subpart AA.

A written program is required where a “permit space” entry exposure exists.

Only workers who have been assigned and trained to work in a permit space may do so. Additionally, before workers can enter a permit space, GAKCO Corp will write a permit that specifies what safety measures must to be taken and who is allowed to go in. Entering a space without using a completed permit is only when all workers' exposure to confined space hazards are eliminated.

### Definitions

A "confined space" is any area having limited means of entry and/or exit which makes it difficult to enter, leave, or work in, and is not intended for regular continuous employee occupancy. Confined spaces include, but are not limited to such areas as: storage tanks, cargo tanks, manholes, grain bins and silos, bulk material hoppers, autoclaves, furnaces and boilers, plenums, pits, crawl spaces, attics, and many more.

A “permit space” is a confined space that may have a hazardous atmosphere, engulfment hazard, or other serious hazard, such as exposed wiring, that can interfere with a worker's ability to leave the space without assistance.

A “qualified person” means one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training, and experience, has successfully demonstrated an ability to solve or resolve problems relating to the subject matter, the work, or the project.

### Contractors and Construction Industry

Construction industry operations require a competent person to evaluate the work site and identify confined spaces, including permit spaces. The entry supervisor must be a qualified person responsible for determining if acceptable entry conditions are present, and for authorizing entry and overseeing entry operations, and for terminating entry.

Controlling contractors and host employers along with the entry employer (company who's worker enters a confined space), will discuss the confined spaces with each other, and their hazards, before and after entry. The controlling contractor, rather than the host employer, is the primary point of contact for information about permit spaces at the work site. The host employer must provide information it has about permit spaces at the work site to the controlling contractor, who then passes it on to the employers whose employees will enter the spaces. Likewise, entry employers must give the controlling contractor information about their entry program and hazards they encounter in the space, and the controlling contractor passes that information on to other entry employers and back to the host.

The controlling contractor is also responsible for making sure employers outside a space know not to create hazards that can affect the space, and that entry employers working in a space at the same time do not create hazards for one another's workers.

## Policy

The main purpose of all confined space entry standards is to protect the people working in confined spaces where toxic, explosive, and asphyxiating atmospheres may exist and from possible engulfment by loose materials.

If at **least** one (1) of the four (4) following conditions exist in the designated work area, it is considered a "permit required" confined space:

1. Contains or has the potential to contain a **hazardous atmosphere**;
2. Contains a material that has the potential for **engulfing** an entrant;
3. Has an internal configuration such that the entrant could be trapped or **asphyxiated**;
4. Contains any other recognized **serious safety or health hazard**.

All employees of GAKCO Corp are **prohibited** from entering a confined space until a confined space entry permit is issued and signed by the client's entry supervisor in charge of that confined space work area.

Anyone working within a confined space should take necessary precautions to guard against this hazard. This would include independent subcontractors as well. Construction industry operations require a competent person to evaluate the work site and identify the confined spaces, including permit spaces. A sign reading, "DANGER -- Permit-Required Confined Space, Do Not Enter" will be posted at locations identified as permit spaces.

The procedure at GAKCO Corp requires that at **least** these minimum criteria be met prior to commencing any work:

1. Testing and continuously monitoring conditions in the permit space, including engulfment hazards.
2. Stationing an attendant outside the permit space during entry and while work is being performed in the confined space. The responsibilities of the attendant are as follows, but not limited to:
  - A. Monitoring authorized entrants in the confined space;
  - B. Being familiar with the hazard(s) in the confined space and the behavioral effects of the hazard(s);
  - C. Staying in contact with entrants making sure they are not experiencing any negative effects;
  - D. Ordering entrants out of the confined space if deemed necessary;
  - E. Summoning rescuers, preventing unauthorized entry, and performing **non-entry** rescues;
  - F. Staying in position and **not** attempting any entry of the confined space, should any rescue situation occur;
  - G. **Not** performing any other duties that might divert attention away from monitoring and protecting the safety of the authorized entrants of the confined space.
3. Establishing procedures to summon rescuers and prevent unauthorized personnel from attempting any rescue. If there is a need to rely on local emergency services, then arrangements are needed for the first responders to give the company advance notice if they will be unable to respond for a period of time.
4. Requiring a permit including the following information:
  - A. Identification of the space;
  - B. Purpose of the entry;
  - C. Date and duration of the permit;
  - D. List of authorized entrants;
  - E. Names of current attendants and qualified entry supervisor;
  - F. List of hazards in the permit space;
  - G. List of measures to isolate permit space and eliminate or control hazards;
  - H. Explanation of acceptable entry conditions;
  - I. Results of initial and periodic testing;
  - J. Rescue and emergency services and means to summon such services;

- K. Communication plan for entrants and attendants;
- L. List of required equipment (i.e., respirators, communication systems, lighting, alarms, test equipment);
- M. Any additional permits required (i.e., hot work, lock out/tag out);
- N. Any other necessary information, as required.

**Note:** If the original permit is canceled or the time period has expired, a **new** permit will need to be issued following the standard procedure. A permit may be suspended, instead of cancelled, when there have been changes from the entry conditions listed on the permit or an unexpected event requiring evacuation of the space. The space must be returned to the entry conditions listed on the permit before re-entry.

- 5. Training employees to ensure initial understanding, with annual refresher training, as mandated by the standard.
- 6. The people involved in confined space entry are required to know and do the following:
  - A. Know the hazards they face;
  - B. Recognize signs or symptoms of exposure;
  - C. Understand the consequences of exposure;
  - D. Know the use of any needed equipment;
  - E. Have passed medical tests required to wear needed equipment;
  - F. Communicate with attendants, as necessary;
  - G. Exit as quickly as possible whenever ordered or altered by alarm, warning sign, prohibited condition, or other;
  - H. The qualified entry supervisor must verify that all conditions and procedures have been met before he/she signs the permit for work to begin.
- 7. Ventilating the confined space and monitoring the atmosphere at all times. Employees must wear all necessary personal protective equipment and follow permit procedures **every** time they enter the confined space;
- 8. Providing explosion proof lighting inside the confined space (12 volt or battery powered/or with ground fault interrupters);
- 9. Testing the atmosphere inside the confined space, before each shift change and after each work interruption, to ensure the following ranges: oxygen 19.5% to 22.0%, hydrogen sulfide 0%, and explosive vapors 0%;
- 10. Requiring personnel entering confined spaces to wear a safety body harness with life line attached, to permit rapid exit or rescue;
- 11. Ensuring all electrical power has been locked out and tagged out, and all process lines, including sewer and drain connections have been discontinued or otherwise plugged;
- 12. Locking out and tagging out all power driven and agitating equipment serving the confined space;
- 13. Requiring that personal protective safety equipment be worn in areas other than the confined space and that equipment may include respirators, fire retardant clothing, or rubber steel-toed boots.



## Confined Space Entry Permit

**This permit is to be kept at the job site and returned to the office upon job completion.**

Name of Confined Space Being Entered: \_\_\_\_\_

Purpose for Entering: \_\_\_\_\_

Hazards Identified and Methods of Control: \_\_\_\_\_

Special Entry Conditions Required: \_\_\_\_\_

|   |    |     |    |
|---|----|-----|----|
| Ventilation Modification: .....                           | NA | Yes | No |
| Low voltage lamps and air tools required? .....           | NA | Yes | No |
| Lockouts and/or blind flange needed? .....                | NA | Yes | No |
| Hoisting equipment, harness, and lifelines present? ..... | NA | Yes | No |
| Rescue arrangements coordinated? .....                    | NA | Yes | No |

Entry Certified For: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Through Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Attendant: \_\_\_\_\_

Authorized Entrant(s): \_\_\_\_\_

### Initial and Periodic Tests

**Monitoring Done By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For atmospheric tests, record continuous monitoring every two hours where applicable:

|                    | Results   | Initial Concentration | Concentration | Concentration | Concentration | Concentration |
|--------------------|---|-----------------------|---------------|---------------|---------------|---------------|
|                    | <b>Time: 00:00</b>                              |                       |               |               |               |               |
|                    | <b>Oxygen</b><br>Minimum 19.5%<br>Maximum 22.0% |                       |               |               |               |               |
|                    | <b>Explosive</b><br>(LFL%)                      |                       |               |               |               |               |
| <b>Toxic Gases</b> | <b>H2S</b>                                      |                       |               |               |               |               |
|                    | <b>CO2</b>                                      |                       |               |               |               |               |
|                    | <b>CO</b>                                       |                       |               |               |               |               |
|                    | <b>Cl</b>                                       |                       |               |               |               |               |
|                    |   |                       |               |               |               |               |





## Confined Space Entry Training Roster

\_\_\_\_\_ certifies that employees whom perform work in confined spaces (permit required) have appropriate training. This training includes a test for employee proficiency in their duties related to confined space entry.

Training must be provided:

- Before first assigned duties.
- Before a change in assigned duties.
- Whenever there is a change in permit space operations that presents a hazard about which an employee has not previously been trained.
- Whenever the employer has reason to believe either that there are deviations from the permit space entry procedures or that there are inadequacies in the employee's knowledge or use of these procedures.

Employees certified by \_\_\_\_\_ as having successfully completed confined spaces training are:

| <b>Employee Name</b> | <b>Signature or Initials of Trainer(s)</b> | <b>Date(s) of Training</b> |
|----------------------|--|----------------------------|
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# Drug and Alcohol Program - Transportation

GAKCO Corp has a policy on the misuse of alcohol and use of controlled substances. All drivers and employees required to have a commercial driver license (CDL), and operate a commercial motor vehicle are affected by this policy and program. Participation is a condition of employment and is required under Parts 40 and 382 of the Department of Transportation rules.

This policy extends to employees in safety-sensitive functions that include driving and making decisions or actions that affect the safe operation of a commercial motor vehicle such as preparing a commercial motor vehicle for safe use.

Each affected employee is subject to the provisions of this program during all periods of the work day. This means all time from the time a driver begins to work or is required to be ready to work until the time he/she is relieved from work and all responsibilities for performing work.

Any affected employee found to be in violation of this policy will be restricted from driving or from performing a safety-sensitive function and subject to disciplinary action, which may include termination.

## Prohibited Conduct - Alcohol

An employee/driver is not permitted to continue working under any of the prohibited conduct which is listed below.

- **Alcohol concentration:** A driver is not allowed to report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. A driver having an alcohol concentration of 0.02 or greater, but less than 0.04, is not permitted to continue to perform safety-sensitive functions until 24 hours following the administration of an alcohol test. At the discretion of the company, disciplinary actions to include termination may result when the alcohol concentration of 0.02 or greater is found.
- **On-duty use:** A driver is not allowed to use alcohol while performing safety-sensitive functions.
- **Pre-duty use:** A driver is not allowed to perform safety-sensitive functions within four hours after using alcohol.
- **Following an accident:** No driver required to take a post-accident alcohol test is permitted to use alcohol for eight hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.

## Prohibited Conduct - Controlled Substances

An employee/driver is not permitted to report for work or remain at work that requires performing safety-sensitive functions when using any controlled substance, except when the use is at the instruction of a physician who has advised that the substance does not adversely affect the ability to safely operate a commercial motor vehicle.

An employee/driver is not permitted to report for work, remain at work or perform a safety-sensitive function, if they test positive or have adulterated or substituted a test specimen for controlled substances.



## Required Testing

The company has arranged with \_\_\_\_\_ to assure that all testing is conducted according to Part 40 of the Department of Transportation rules. While we are not required to do so, the company will generally pay for the required tests.

The circumstances under which a driver will be tested for alcohol and/or controlled substances include:

- **Pre-Employment:** This test is required and negative results must be received before the company allows a person to drive a commercial vehicle or perform a safety sensitive function. The pre-employment test is only required for controlled substances although alcohol testing might be included.
- **Post-Accident:** This applies to all CDL drivers involved in a fatal motor vehicle crash. The test must also be conducted on all CDL drivers who are cited for moving violations arising in a crash that requires a vehicle being towed, or an injury requiring medical attention away from the scene. The alcohol test must be done within 8 hours and the controlled substances test must be done within 32 hours of the crash. If a test is not completed within the required time after an accident, the company will prepare and maintain file with a record stating the reasons the test was not done.
- **Random Testing:** Random Testing: A random unannounced test can be done just before, during, or just after performance of safety-sensitive functions. A person is randomly selected for testing from a "pool" of individuals. The number of random tests conducted is determined annually. For the 2020 calendar year, the average number of driver positions selected is 10% for alcohol testing and 50% for drug testing. Once notified of selection for testing, a person must proceed immediately to accomplish the test.
- **Reasonable Suspicion Testing:** Required when a trained supervisor/employer has reasonable suspicion to believe that the driver has used alcohol and/or controlled substances.
- **Return-to-Duty and Follow-Up:** These unannounced tests must be conducted if an individual who has violated the prohibited alcohol conduct standards returns to performing safety-sensitive duties. At least 6 tests are done in the first 12 months if a driver is permitted to return to work.

## Alcohol Testing Procedure

Screening tests will be conducted using saliva devices or breath testing using testing devices approved by the National Highway Traffic Safety Administration.

The alcohol test may be administered by a qualified employee of the company or by contract services, or by a service through a consortium of member companies.

Two tests are required to determine if a person has a prohibited alcohol concentration. First, a screening test is conducted by a qualified screening test technician. Any result less than 0.02 alcohol concentration is considered a "negative" test. If the alcohol concentration is 0.02 or greater, a second confirmation test will be done by a qualified breath alcohol technician.

## **Drug Testing Procedure**

Drug testing is conducted by analyzing a driver's urine specimen. The analysis is performed at laboratories certified and monitored by the Department of Health and Human Services. The employee provides a urine specimen in a location that affords privacy. Direct observation by the collection administrator is required if the purpose is for a follow-up or return to duty test. The "collector" seals and labels the specimen, completes a Federal Drug Testing and Control Form, and prepares the specimen and accompanying paperwork for shipment to a drug-testing laboratory.

The drug testing rules require that drug testing procedures for commercial motor vehicle drivers include split specimen procedures. Each urine specimen is subdivided into two bottles labeled as a "primary" and a "split" specimen. Both bottles are sent to a laboratory. Only the primary specimen is opened and used for the urinalysis. The split specimen bottle remains sealed and is stored at the laboratory. If the analysis of the primary specimen confirms the presence of illegal, controlled substances, the driver has 72 hours to request the split specimen be sent to another approved laboratory for analysis. This split specimen procedure essentially provides an opportunity for a "second opinion".

All specimens are analyzed according to the current mandatory guidelines in Part 40 of Title 49 CFR.

The testing process ensures that over-the-counter medications or preparations are not reported as positive results.

## **Medical Review**

All drug test results are reviewed and interpreted by a physician (Medical Review Officer-MRO) before they are reported to the employer. If the laboratory reports a positive result to the MRO, the MRO contacts the driver (in person or by telephone) and conducts an interview to determine if there is an alternative medical explanation for the drugs found in the driver's urine specimen. If the driver provides appropriate documentation and the MRO determines that it is a legitimate medical use of the prohibited drug, the drug test result is reported as negative to the employer.

## **Confidentiality**

Test results and other confidential information may be released only to the company and a substance abuse professional. Testing results and records are maintained under strict confidentiality by the company, the drug-testing laboratory, and the medical review officer. Any other release is only done with the affected employee's written consent. There are limited exceptions to this confidentiality provision such as for litigation or administrative proceedings arising from a positive drug test.

GAKCO Corp must report the following violations to the Federal Motor Carrier Safety Administration Commercial Driver's License Drug and Alcohol Clearinghouse database:

- An alcohol confirmation test result with an alcohol concentration of 0.04 or greater;
- A negative return-to-duty test result;
- The driver's refusal to submit to a DOT test for drug or alcohol use;
- An "Actual knowledge" violation with the use of alcohol or controlled substances;
- A report that the driver successfully completed all follow-up tests as ordered by the Substance Abuse Professional.

Affected employees are required to provide consent for a limited query in the Clearinghouse to determine whether drug or alcohol violation information exists. A limited query will be done at least annually. A full query in the Clearinghouse is required within 24 hours when information is discovered about an employee. Refusal to provide consent to conduct the appropriate Clearinghouse query will result in removal from performing safety-sensitive functions, including driving a commercial motor vehicle.

## Refusal to Test

As a condition of employment, employee/drivers must submit to alcohol or controlled substances testing when required by this policy. Anyone refusing to submit to a required test is not permitted to perform safety-sensitive functions, and subject to disciplinary action including termination.

The kinds of behavior that constitute a refusal to submit to a test include:

- Refusal to take the test;
- Inability to provide sufficient quantities of breath, saliva, or urine to be tested without a valid medical explanation;
- Tampering with or attempting to adulterate the specimen;
- Interfering with the collection procedure;
- Not immediately reporting to the collection site;
- Failing to remain at the collection site until the collection process is complete;
- Having a test result reported as adulterated or substituted; or
- Leaving the scene of an accident without a valid reason before the tests have been conducted.

## Treatment

When you have violated DOT drug and alcohol regulations, you have violated a condition of employment. You cannot again perform any DOT safety-sensitive duties for any employer until you complete a Substance Abuse Professional's evaluation, referral, and education/treatment process. The company will provide a listing of Substance Abuse Professionals available to you, however, the company is generally under no obligation to pay for any of their services to include an evaluation or any subsequent recommended education or treatment for a person who has violated a DOT drug and alcohol regulation.

## Education

Alcohol and controlled substances can affect a person's physical response, impairs mental functions, and can result in serious health consequences. Fact sheets are available concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life, along with signs and symptoms of an alcohol or a controlled substances problem.

The company encourages appropriate interventions when an alcohol or a controlled substances problem is suspected. All employees and co-workers have the ability to communicate their concerns to a supervisor or manager. Supervisors of commercial drivers and transportation safety sensitive employees are provided special training to recognize when a person should be referred for testing based on a reasonable suspicion according to the signs and symptoms of alcohol misuse and or controlled substance use.

Mike Parda / Leah Omilion is designated by the company to answer your questions about the drug and alcohol program.

This document is provided to all employee/drivers affected by this policy. A signed acknowledgement for receiving a copy of this policy will be retained by the company.

General Consent for Limited Queries of the Federal Motor Carrier Safety  
Administration (FMCSA) Drug and Alcohol Clearinghouse

I, \_\_\_\_\_, hereby provide consent for GAKCO Corp to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This consent allows a limited query at any time during the course of employment. A limited query will be done at least annually while employed in a safety-sensitive position, including driving a commercial motor vehicle.

I understand that if the limited query conducted by GAKCO Corp indicates that if drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to GAKCO Corp without first obtaining additional specific consent from me to allow a full query.

I understand a full query is required within 24 hours if records are found in the Clearinghouse about me. I will take the necessary action to provide electronic consent for authorizing a full query. Refusal to grant the required consent will result in removal from safety-sensitive functions, including operating a commercial motor vehicle.

NOTE: A driver can register in the Clearinghouse to allow an "Automatic Consent Request" so if a limited query returns that the driver has violation information in his/her Clearinghouse record, the Clearinghouse will automatically submit a request from the employer to that driver for his/her consent to a full query.

I further understand that if I refuse to provide consent for GAKCO Corp to conduct a limited query of the Clearinghouse, GAKCO Corp must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Emergency Action Plan Program

## I. Purpose

The purpose of this Emergency Action Plan is to protect the employees of GAKCO Corp from serious injury, property loss, or loss of life in the event of a major disaster. A major disaster constitutes any one (1) of the following: fire, tornado, earthquake, bomb threat, or hazardous chemical spill.

In the event of any disaster listed, this Emergency Action Plan describes the responsibilities and actions to be taken to protect all employees.

## II. General Procedures

In the event of a disaster, the warning may come from any one (1) of the following sources: commercial radio or television, civil defense radio, facility automatic sprinkler system, facility alarm, messenger, or police.

### A. Notification of Early Warning

A person receiving notification of a possible disaster, or a facility emergency should immediately notify their immediate supervisor. The type of disaster or emergency situation should then be conveyed to all employees with the use of the facility emergency alarm system.

### B. Emergency Control Committee

The following personnel of **GAKCO Corp** will constitute the Emergency Control Committee (ECC). In the event of a disaster or immediate emergency, they are to report to a designated Emergency Control Center unless the prevailing situation dictates otherwise. Committee members are:

1. Manager \_\_\_\_\_
2. Personnel Director \_\_\_\_\_
3. Safety Director \_\_\_\_\_

#### Responsibilities - Emergency Control Committee

1. Assess nature and extent of all emergencies;
2. Assume control of all emergency actions;
3. Assign tasks to personnel to carry out specific actions;
4. Order evacuation if deemed necessary;
5. Take any other action necessary to protect life;
6. Annually review plan and revise as necessary;
7. Plan training exercises to test evacuation plan; and
8. Instruct personnel of their duties under this plan.

In any emergency situation, the ranking member of management present shall have final authority to coordinate procedures, and amend, modify, or supersede any provisions of this plan in order to ensure employee safety.

### C. Emergency Control Center

Emergency actions should be coordinated at the Emergency Control Center which will be designated as the manager's office. If this office is not available, report to the most convenient office of the other two (2) committee members.

If the emergency situation warrants the committee members to meet on the plant floor, it will be the plant manager's responsibility to notify, and give the location where members are needed.

### D. First Aid Services

All first-line supervisors have been certified by the American Red Cross to provide first aid. They will be

available to administer first aid in the plant, or in the event of a complete evacuation at a safe assembly area outside the plant.

#### **E. Utility Controls**

All maintenance personnel will know the location and operation of main controls for shutting off the gas, electricity, and water leading into the building.

#### **F. News Information**

Information to any source of news media will only be released at the discretion of the plant manager.

### **III. Emergency Alarms**

#### **A. Automatic Sprinkler Alarm**

In the event of a fire, the Automatic Sprinkler Alarms System will be activated automatically. Upon activation, the flow of water will begin in the area of the fire, and an alarm will sound throughout the building. Upon hearing the alarm employees should, if time permits, shut off the power to the equipment they are operating and proceed to the evacuation sites indicated outside the building and conduct a roll call.

#### **B. Action**

When the alarm is activated, at least one (1) member of the ECC should report to the evacuation site outside the facility. The other members should take the necessary action to ensure the safety of the employees and notify proper agencies for any services that are needed.

#### **C. Facility-wide Evacuation Alarm (Continuous High Pitched Alarm)**

With the exception of a fire, employees should not evacuate the building unless authorized by the ECC. The signal/alarm for a facility-wide evacuation will be a continuous high-pitched alarm. Once at the assembly site, the first-line supervisor should conduct a roll call and report to an ECC member for assistance.

**D.** The signal/alarm for a segmented area evacuation will be an intermittent high-pitched alarm. A first-line supervisor will have the authority to activate this alarm and give appropriate instructions to employees to insure safety. Before leaving, the first-line supervisor should inspect the area to ensure all employees are evacuated. Evacuated employees should report to the assembly site posted inside the building. Once at the assembly site, the first-line supervisor should conduct a roll call and report to an ECC member for assistance.

#### **E. Phone Listings**

A listing of all emergency telephone numbers is located at facility and office telephones. If the emergency occurs on the day shift, the switchboard operator will be responsible for contacting the appropriate agency. A member of the ECC should then be contacted for assistance.

### **IV. Evacuation Sites**

A map of all evacuation sites will be displayed in the lunch room and all departments. Each map shows the route and exit to take, depending where employees are located in the facility. It will be the responsibility of the first-line supervisor to inform employees of these evacuation routes.

### **V. Procedure for Emergency Shutdown of Operations**

An emergency shutdown will only be ordered from the highest ranking member of the ECC. No employee should risk any type of injury to accomplish this task. However, if time permits, the following personnel should perform the following duties:

- A.** All warehouse personnel and material handling personnel should drive forklift trucks out of aisles and exit ways.
- B.** Maintenance department should shut off gas lines and electrical supply as instructed by the maintenance manager.

## VI. Tornado

In the event of a tornado or a severe weather warning, the following procedure should be put into effect by the supervisor or ECC:

- A. Listen for latest advisories on radio.
- B. Post outlooks for outside observation.
- C. If necessary, initiate emergency shutdown procedures.
- D. Move personnel into designated safe assembly areas with the building.
- E. After tornado passes, restore calm and check for injuries.

## VII. Earthquake (Intermittent Alarm)

An earthquake will usually occur without any type of warning. Due to the suddenness, all personnel should attempt to shelter in a safe location. After an earthquake has stopped, the following procedure should be initiated.

- A. All employees should help restore calm to fellow employees.
- B. Emergency Control Committee and first-line supervisors should check for injuries and provide first aid as needed.
- C. The maintenance department should check for fires and shut off all gas, electricity, and water at main controls.
- D. The building should be inspected by a member of the ECC for damage. If major structural damage has occurred, the ECC should order a complete evacuation.
- E. The ECC should then notify proper utility companies or other services as needed.

## VIII. Bomb Threat (Continuous High-Pitched Siren)

In the event of a bomb threat, which will normally be received over the telephone, the following procedure should be followed:

- A. The person receiving the bomb threat should complete the attached **Bomb Threat Checklist** as soon as possible and answer questions once the report has been turned over to the ECC.
- B. The ECC shall determine the appropriate procedures to be taken among the following:
  - 1. Commence immediate facility wide evacuation to outside evacuation sites.
  - 2. Contact proper law enforcement agencies.
  - 3. Contact the fire department.
  - 4. Do not permit re-entry until the building has been searched and declared safe by bomb disposal unit.
- C. If a bomb threat is received by any other means than the telephone, the person receiving the threat should report immediately to their first-line supervisor or a member of the ECC.

## IX. Fire Prevention and Workplace Hazards

- A. It is the responsibility of all employees to prevent any type of fire in the building. Listed below is a list of general items to take into consideration to accomplish this objective:
  - 1. Extinguish all cigarettes in their proper place.
  - 2. Do not have open flame around any type of chemicals, paints, solvents, or flammables.

3. Make sure all hand held torches are extinguished when not in use.
4. Do not put any type of hot object, such as cigarette butts, in trash cans.

**B. Listing of Some Workplace Hazards**

1. Flammable substances:
  - a) Paint and paint solvents
  - b) Mineral spirits
  - c) Alcohol
  - d) Propane tanks for forklift trucks
  - e) Oxygen and acetylene tanks
  - f) Hydraulic oil
  - g) Grease
2. Welding Operations
  - a) All welding operations will be done in a confined area unless, otherwise instructed by the maintenance manager. A fire extinguisher will be immediately available in case of an emergency.

**X. Control of Workplace Hazards**

- A. All flammable and combustible materials will be stored in a designated area or flammable storage area.
- B. Good housekeeping will be the responsibility of **all** employees.
  1. Waste materials are to be discarded in their proper places.
  2. Operators are to pick up and sweep any debris on or around their machine on a shift to shift basis.
  3. All aisles and exits will be kept clear.
  4. All painted areas to fire extinguishers will be kept clear for access.
  5. All employees will know evacuation routes and exits to proceed to when instructed if an emergency situation develops.
  6. All employees will be instructed on **GAKCO Corp** Emergency Action Plan.
  7. Emergency telephone numbers will be posted at the main receptionist desk, offices of ECC members, and first-line supervisors.
  8. Each first-line supervisor will be responsible for their shift employees to handle, store, and maintain hazardous materials properly.

**XI. Maintenance of Fire Equipment and Systems**

- A. Maintenance Manager Responsibilities
  1. To have monitoring company run monthly checks of the water sprinkler system.
  2. Maintenance department will conduct monthly inspection of fire extinguishers and blanket locations.
  3. An outside safety firm will run annual checks on all fire extinguisher equipment.



**Emergency Telephone Numbers**  
**GAKCO Corp**



**Emergency Number:** \_\_\_\_\_  
(Fire, Police, Ambulance)

**Police Department:** \_\_\_\_\_

**County Sheriff:** \_\_\_\_\_

**State Police:** \_\_\_\_\_

**FBI:** \_\_\_\_\_

**Poison Information:** \_\_\_\_\_

**U.S. Marshal:** \_\_\_\_\_

**Civil Defense:** \_\_\_\_\_

**Electrical Utility:** \_\_\_\_\_

**Gas Utility:** \_\_\_\_\_

**Water Department:** \_\_\_\_\_

**Weather Information:** \_\_\_\_\_

# Bomb Threat Checklist

**Instructions: Be Calm and Courteous.  
Listen, Do Not Interrupt the Caller.**

**Name of Operator:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Caller's Identity:** Male      Female      Adult      Juvenile

**Origin of Call:** Local      Long Distance      Booth      Internal

- A. Keep caller talking if the caller is agreeable to further conversation.
- B. Ask questions like:
  - When will the bomb go off?
  - What is the location of the bomb?
  - What kind of bomb?
  - What is your present location?
  - What is your name and address?
  - How do you know so much about the bomb?
- C. Did the caller appear familiar with the facility or building by his description of the bomb location?
- D. After the call is taken, notify at once a member of the emergency control committee.

# Fall Protection Program, Construction

## Background

Construction activity presents a variety of hazards with constant changing conditions. Each operation or jobsite presents its own peculiar problems, thus no two jobs are alike. It is not possible to form one set of rules to cover all the hazards. Ideally, the best way to protect against potential falls is to eliminate the hazards. When the hazard cannot be eliminated, a comprehensive fall management program helps protect against most, if not all fall related incidents.

A review of worksite conditions should be conducted to identify potential causes of injury and losses resulting from unsafe methods and conditions. Fall hazard exposures are generally expected in areas such as:

- Steel erection
- Bridges
- Pre-fab erection
- Heavy equipment access/egress
- Hoistway enclosures
- Unsecured materials, tools, and equipment
- Open sides, floor coverings, and stairs
- Excavations
- Use of Ladders
- Scaffolds
- Elevating equipment
- Uneven/cluttered surfaces
- Roofs and Skylights

The following applies to construction industry employees working in areas where fall hazards of 6 feet or greater are possible.

## Fall Hazard Control

Fall protection is a means of minimizing or protecting workers from experiencing accidental falls. Fall protection is required when, during the jobsite evaluation, a potentially hazardous condition cannot be adequately and fully controlled.

A competent person should evaluate each jobsite where a potential fall hazard may exist. Procedures should be developed to specify the means of dealing with the identified hazards. This should indicate the types of personal protective equipment required when elimination of potential hazards is not possible and indicate how fall protection equipment is to be used and maintained. Procedures should be clearly written and communicated with details about how each type of work is to be performed.

A fall protection program does not need to be elaborate, but should cover the basics with essential elements communicated to and understood by employees.

## GAKCO Corp Fall Protection Program

Designated Company Safety Manager will assess each workplace to determine if the walking/working surfaces have the strength and integrity to safely support workers and to identify and evaluate fall hazard exposures before starting work. Once determined the surface is safe to work on, the fall protection listed in "Fall Protection Systems and Considerations" can be applied where a fall hazard is present.

When fall protection equipment is made available to employees, the complete system should be provided that is suitable for the particular project. Employee training about the use of fall protection is done before any jobsite exposures are allowed. Employees should have an opportunity to try on any equipment to help assure a safe fit and have specific training prior to use.



## Jobsite Fall Hazard Assessment

Job Location: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>Fall Hazard Identification Checklist</b>   | <b>Other Conditions/Notes</b>   |
|---|---|
| <u>Yes</u> <u>No</u>  |   |
| Heights 6 ft. or More   | _____   |
| Hoist Areas   | _____   |
| Holes   | _____   |
| Formwork  | _____   |
| Ramps/Runways/Walkways  | _____   |
| Unprotected Sides & Edges   | _____   |
| Excavations   | _____   |
| Dangerous Equipment   | _____   |
| Overhand Bricklaying  | _____   |
| Roof Work   | _____   |
| Leading Edge  | _____   |
| Wall Openings   | _____   |
| Falling Objects   | _____   |
| <br><b>Conventional Fall Protection Systems Checklist</b>   |   |
|   | <u>Installation</u> <u>Maintenance</u> <u>Inspection</u> <u>Disassembly</u> N/A |
| Guardrails  |   |
| Personal Fall Arrest Systems  |   |
| Safety Nets   |   |
| Covers  |   |
| <br><b>Alternative Fall Protection Systems Checklist</b>  |   |
|   | <u>Yes</u> <u>No</u>  |
| <b><u>Alternative Fall Protection</u></b>   |   |
| <ul style="list-style-type: none"> <li>• When it is used</li> </ul>   |   |
| <b><u>Controlled Access Zones</u></b>   |   |
| <ul style="list-style-type: none"> <li>• Who can enter</li> <li>• Demarcation procedures</li> <li>• Warning line systems</li> </ul> |   |
| <b><u>Safety Monitoring System</u></b>  |   |

- When it is used

**Fall Protection Plan**

- Written procedures
- Role of each employee

## Fall Protection Systems and Considerations

| Area Protection<br>(29CFR 1926 Subpart M)    | Guardrail Systems | Safety Net Systems | Personal Fall Arrest Systems | Covers | Positioning Devices | Fences | Barricades | Equipment Guards | Controlled Access Zone | Warning Line System/Guardrail | Warning Line/Safety Net System | Warning Line/Safety Personal Fall Arrest | Warning Line System/Safety Monitor | Safety Monitor | Fall Protection Plan |
|--|-------------------|--------------------|------------------------------|--------|---------------------|--------|------------|------------------|------------------------|-------------------------------|--------------------------------|--|------------------------------------|----------------|----------------------|
| Unprotected Sides & Edges                    | X                 | X                  | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                |                      |
| Leading Edges                                | X                 | X                  | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                | X*                   |
| Hoisting Areas                               | X                 |                    | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                |                      |
| Holes  | X                 |                    | X                            | X      |                     |        |            |                  |                        |                               |                                |  |                                    |                |                      |
| Formwork/Reinforcing Steel                   |                   | X                  | X                            |        | X                   |        |            |                  |                        |                               |                                |  |                                    |                |                      |
| Ramps, Runways, other Walkways               | X                 |                    |                              |        |                     |        |            |                  |                        |                               |                                |  |                                    |                |                      |
| Excavations                                  | X                 |                    |                              |        |                     | X      | X          |                  |                        |                               |                                |  |                                    |                |                      |
| Excavations<br>(wells, pits, shafts)         | X                 |                    |                              | X      |                     | X      | X          |                  |                        |                               |                                |  |                                    |                |                      |
| Dangerous Equipment<br>(less than 6 feet)    | X                 |                    |                              |        |                     |        |            | X                |                        |                               |                                |  |                                    |                |                      |
| Dangerous Equipment<br>(more than 6 feet)    | X                 | X                  | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                |                      |
| Overhand Bricklaying                         | X                 | X                  | X                            |        |                     |        |            |                  | X                      |                               |                                |  |                                    |                |                      |
| Overhand Bricklaying<br>(reaching 10" below) | X                 | X                  | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                |                      |
| Roofing Work<br>(low slope)                  | X                 | X                  | X                            |        |                     |        |            |                  |                        | X                             | X                              | X  | X                                  | X**            |                      |
| Steep Roofs                                  | X                 | X                  | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                |                      |
| Precast Concrete Erection                    | X                 | X                  | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                | X*                   |
| Residential Construction                     | X                 | X                  | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                | X*                   |
| Wall Openings                                | X                 | X                  | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                |                      |
| Other Walking Working Surfaces               | X                 | X                  | X                            |        |                     |        |            |                  |                        |                               |                                |  |                                    |                |                      |

\*Must show unfeasibility or greater hazard

\*\*Roof width less than 50 feet



## Site-Specific Fall Protection Plan

We presume that conventional fall protection systems will be used. Some exceptions may apply with leading edge work, precast concrete erection work, or certain residential construction work. Locations where conventional fall protection methods cannot be used are generally classified as controlled access zones.

A fall protection plan is necessary if conventional fall protection is infeasible or creates a greater hazard. This type of plan is developed on a site-by-site basis.

### **The fall protection plan should contain:**

1. Location of the job, Company Name, date of preparation or modification of the plan, name of plan preparer, name of plan approver, and Name of plan supervisor
2. Statement of Company Policy
3. Fall protection systems to be used on this project
4. How the fall protection plan is to be implemented
5. Other fall protection measures considered for this job
6. Enforcement
7. Accident investigation
8. How changes to the plan are reviewed and approved

A "Sample Fall Protection Plan" is provided in 29 CFR 1926 Subpart M Appendix E.

### **Other unique conditions and special training should be evaluated for:**

- Personal Protective and Life Saving Equipment (applies to belts, lanyards, lifelines, nets for work on tanks, communication and broadcast towers)
- Scaffolds
- Steel Erection
- Underground Construction
- Power Transmission and Distribution
- Stairways and Ladders
- Cranes and Derricks in Construction



## Training

Training provisions found in 29 CFR 1926.503 supplement and clarify the training requirements of 29 CFR 1926.21 regarding the hazards in Subpart M and training for steel erection construction activity in 29 CFR 1926.761, Subpart R. The training program must enable each employee to recognize the hazards of falling and the procedures to minimize these hazards. Hands-on training helps assure a proper fit for personal fall protection harnesses.

GAKCO Corp must assure that each employee has been trained by a competent person qualified in the following areas:

1. The nature of fall hazards in the work area
2. The correct procedures for erecting, maintaining, disassembling, and inspecting the fall protection systems to be used
3. The use and operation of guardrail systems, personal fall arrest systems, safety net systems, controlled access zones, and other protection to be used
4. The role of each employee in the safety monitoring system when this system is used
5. The limitations on the use of mechanical equipment during the performance of roofing work on low-sloped roofs
6. The correct procedures for the handling and storage of equipment and materials and the erection of overhead protection
7. The role of employees in fall protection plans
8. Special procedures (e.g. controlled decking zones) and the applicable content of construction Subparts M and R

GAKCO Corp is required to verify training by preparing a written certification record. The written certification record must contain the name or other identity of the employee trained, date(s) of training, and the signature of the person who conducted the training or the signature of the employer. If the company relies on training conducted by another employer or completed prior to the effective date of this section, the certification record should indicate the date you determined the prior training was adequate rather than the date of actual training. The latest training certification should be maintained.

If, or when, there is reason to believe that any employee, who has already been trained, does not have the understanding and skill required to recognize the hazards of falling or to minimize falling hazards, that employee must be retrained. Circumstances where retraining is required include, but are not limited to:

1. Changes in the workplace rendering previous training obsolete;
2. Changes in the types of fall protection systems or equipment to be used rendering previous training obsolete; or
3. Inadequacies in an affected employee's knowledge or use of fall protection systems or equipment indicating the employee has not retained the requisite understanding or skill.



## Training Verification Form Fall Protection

All GAKCO Corp employees must be trained before any fall hazard exposure work is assigned. The training program helps each employee to recognize the hazards of falling and trains employees in the procedures to minimize the hazard. Employees having adequate prior training, such as while at another company, do not need retraining and may be certified under the discretion of company management.

**Name of Employee:** \_\_\_\_\_

| Training Topics   | Date(s) <sup>1</sup> | Signature of Trainer <sup>2</sup> |
|---|----------------------|-----------------------------------|
| Types of fall hazards to expect on jobsite  |                      |                                   |
| When and how to use the following systems<br>Guardrails<br>Personal fall arrest systems<br>Safety nets<br>Covers<br>Safety monitoring (low-sloped roofs)<br>Controlled access zones<br>Fall protection plan<br>Alternative safe work practices<br>Other _____ |                      |                                   |
| Cautions for the use of mechanical equipment during low-slope roofing work  |                      |                                   |
| How to handle and store equipment and materials on roofs, and erect overhead protection   |                      |                                   |
| Details of the Fall Protection Regulation   |                      |                                   |

The GAKCO Corp training program is designed to help each employee recognize the hazards of falling and train employees in the procedures to minimize the hazard of falling. This training is done before any related work is assigned.

This certifies the employee has successfully completed training on the above topics.

Employees must meet every criteria of the Fall Protection Training Program prior to receiving certification to work. As part of our Safety and Health Program, GAKCO Corp reserves the right to periodically evaluate employees on the implementation of the fall protection training program content. If it is determined that retraining is necessary, that retraining must be completed before the employee continues to work.

GAKCO Corp will routinely evaluate its Fall Protection Program. If there are significant changes in work procedures or fall protection equipment being used, employees will be trained with regard to these changes.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Date

-----  
<sup>1</sup> Date of training, or date current employer determined prior training is adequate

<sup>2</sup> Trainer or employer if for prior training



## Definitions

*Authorized person:* a person approved or assigned by the employer to perform a specific type of duty or duties or to be at a specific location or locations at the jobsite.

*Competent person:* one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

*Controlled Access Zone (CAZ):* an area in which certain work may take place without the use of fall arrest systems, or safety net systems, and access to the zone is controlled.

*Infeasible:* impossible to perform the construction work using a conventional fall protection system or that it is technologically impossible to use any one of these systems to provide fall protection.

*Leading edge:* the edge of a floor, roof, or formwork for a floor or other working surface which changes location as additional floor, roof, decking, or formwork sections are placed, formed or construction. A leading edge is considered to be an "unprotected side and edge" during periods when it is not actively and continuously under construction.

*Low-slope roof:* a roof having a slope less than or equal to 4 in 12 (vertical to horizontal).

*Personal fall arrest system:* a system used to arrest an employee in a fall from a working level. It consists of an anchorage, connectors, a body harness, and may include a lanyard, deceleration device, lifeline, or suitable combinations of these.

*Qualified:* one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training, and experience, has successfully demonstrated his ability to solve or resolve problems relating to the subject matter, the work, or the project.

*Roofing work:* the hoisting, storage, application, and removal of roofing materials and equipment, including related insulation, sheet metal, and vapor barrier work, but not including the construction of the roof deck.

*Safety-monitoring system:* a safety system in which a competent person is responsible for recognizing and warning employees of fall hazards.

*Self-retracting lifeline/lanyard:* a deceleration device containing a drum-wound line which can be slowly extracted from, or retracted onto, the drum under slight tension during normal employee movement, and which, after onset of a fall, automatically locks the drum and arrests the fall.

*Unprotected sides and edges:* any side or edge (except at entrances to points of access) of a walking/working surface where there is no wall or guardrail system at least 39 inches (1.0 m) high.

*Walking/working surface:* any surface, whether horizontal or vertical on which an employee walks or works, including, but not limited to, floors, roofs, ramps, bridges, runways, formwork, and concrete reinforcing steel, but not including ladders, vehicles, or trailers, on which employees must be located in order to perform their job duties.

*Warning line system:* a barrier erected on a roof to warn employees that they are approaching an unprotected roof side or edge, and which designates an area in which roofing work may take place without the use of guardrail, body harness, or safety net systems to protect employees in the area.

# First Aid

The details of a workplace medical and first aid program depend on the circumstances of each workplace. Injury treatment can range from self-care for minor incidents up to a full emergency medical response in serious cases. Report all work related injuries.

For all life or limb threatening emergencies, call 911 or immediately go to the emergency room.

The designated medical provider for GAKCO Corp at <Enter Location> is <Enter Name> and is posted along with other employee notices. Emergency medical service is generally available within minutes.

## First Aid Services

First aid is available at the location where an injury occurs in the critical moment before the availability of professional urgent or emergency care, if necessary. First, contact the site supervisor, or have a co-worker call (###) ###-#### to access the GAKCO Corp nurse to request first aid assistance.

First aid often consists of a one-time, short-term treatment and requires little technology or training to administer. If you sustain an injury or are involved in an accident requiring minor first aid treatment:

- Apply self-care, as appropriate.
- Inform your supervisor.
- Administer first aid treatment to the injury or wound.
- Indicate usage of any first aid kit material on the confidential Supervisor's Report of Injury or Illness Form.
- Provide details for the completion of the accident report.

All first-line supervisors are certified by the <Enter Organization, e.g. American Red Cross, American Heart Association, National Safety Council, or Other> to provide first aid where an infirmary, clinic, or hospital is not in near proximity to the workplace.

Although OSHA's recordkeeping rule does not generally require documenting first aid cases, a supervisor or risk manager investigates all cases to determine how the mishap occurred in order to help prevent future related incidents.

## First Aid Guidelines for Injuries

### All employees should know:

- Basic self-care for minor injuries or illness.
- What to do when help is needed and what to do until help arrives.
- Name of the person who is trained in first aid.

**For all life or limb threatening emergencies, call 911.** (Note: 911 service is not available in all areas.)

**Self-Care** – A first aid kit is available for minor incidental injuries and ailments, small cuts and burns. First aid attendants should be notified to help assure supplies are maintained and materials are clean and fit for use. All care given by first aid workers must be recorded and is confidential.

- Small cuts or abrasions - Cleaning, flushing or soaking wounds on the surface of the skin then use wound coverings such as adhesive bandages, gauze pads, etc.; or using butterfly bandages to help control infection and aid healing. Topical use of an over-the-counter ointment can help prevent infection. (A tetanus immunization within 48 hours is often advised for deep or dirty puncture wounds.)
- Splinters or foreign materials can be removed from areas (other than the eye) by irrigation, tweezers, cotton swabs or other simple means.

### Non-Emergency Medical Treatment

If you sustain an injury requiring treatment other than first aid:

- Inform your supervisor.

- Report to the appropriate medical facility. Your supervisor will assist with transportation, if necessary.
- Provide details for the completion of the injury report.

**Good Samaritan**

Without the direction of GAKCO Corp, a co-worker may volunteer as a “Good Samaritan” in good faith to help another co-worker who has experienced an injury and is in need of assistance when no other care is available. The volunteer must avoid worsening the injury. Only provide aid with consent from the injured. Assume implied consent if the injured co-worker is unconscious, not breathing, or has no pulse or heartbeat - seek emergency help immediately.

**Exposure to Blood**

See GAKCO Corp Bloodborne Pathogen Program. All emergency and first aid responders receive training on the requirements of universal precautions for self-protection in OSHA's Bloodborne Pathogen Standard, and offered the Hepatitis B vaccine.

**Exposure to Chemicals**

See GAKCO Corp Hazard Communication Program. Trained personnel have the ability to read first aid medical information from within the Safety Data Sheet, labels on medication and antidotes, and Med-Alert bands to render proper first aid in the workplace.

**Returning Back to Work**

Minor injuries may result in a brief interruption of work while tending the injury. For injuries resulting in a loss of a workday, see GAKCO Corp Return to Work Program.

**Suspicion of Substance Abuse**

See GAKCO Corp Drug and Alcohol Testing Program when there is information an employee may have caused or contributed to an accident at work and may be under the influence of drugs or alcohol.

# Basic First Aid Guidelines

These basic first aid procedures are not a substitute for medical advice, and do not replace comprehensive first aid training. Injuries common to an occupational setting are considered. Your first aid procedures and policies may differ from those listed.

## Amputations

- Control bleeding by applying direct pressure. Elevate extremity.
- Contact emergency medical service immediately.
- Recover and clean amputated body part by rinsing with clean water.
- Do not remove any embedded objects.
- Wrap amputated body part with sterile gauze or a dry, clean cloth, put in a waterproof container, such as a plastic bag, and place on a bed of ice. Transport to hospital with victim.

## Bleeding

- Control bleeding by gently applying direct pressure with a dry, sterile dressing. If it becomes saturated, do not remove it. Add another dressing.
- If possible, wear latex gloves or use other methods to protect against transmission of infection.
- Do not remove any impaled objects. Immobilize the object instead.
- Seek medical attention immediately.

## Burns (Minor)

- Eliminate cause of the burn and cool the area.
- Avoid use of neutralizers, ointments, butters or other substances unless directed by a medical professional.
- Thermal Burns - rinse area without scrubbing, apply cool water then dry and cover.
- Chemical Burns - use directions from specific Safety Data Sheet.
- Electrical Burns - avoid any contact with live current. Make sure breathing and heartbeat are regular. Check where electricity entered and exited the body, and then treat as a thermal burn.

## Fractures

- Symptoms: swelling, deformity, pain and tenderness, loss of use.
- Avoid moving the injured body part if possible. Check for symptoms of shock.
- If the victim must be moved, "splint" the injured area.
- Control bleeding, but do not attempt to push protruding bones back beneath the skin.
- Seek medical attention immediately.

## Neck and Spinal Injuries

- Symptoms: Painful movement of the arms and/or legs, numbness, tingling, or weakness in arms or legs, loss of bowel or bladder control, paralysis to arms or legs, deformity of head and neck.
- Check heart rate and breathing; administer CPR if necessary, but do not use head tilt.
- Do not move victim unless the victim is in immediate danger.
- Stabilize victim to prevent any movement. Immobilize head and neck by placing objects on either side.
- Protect victim against shock or hypothermia.
- Do not attempt to splint a victim. Await professional EMS help.

### **Shock (Electrical)**

- Where the victim is unable to break away from an energized circuit, be careful not to touch the victim with your body or with any conducting material.
- If possible, de-energize the circuit.
- If de-energizing the circuit is not possible, use a dry stick, rope, piece of cloth, leather belt, or other nonconductor to free the victim.
- After freeing the victim, check for pulse and initiate chest compression CPR or AED if appropriate.
- Seek immediate emergency medical help.

### **Shock (Injury Trauma)**

Symptoms: cold, clammy, pale skin; quick, weak pulse; rapid, shallow breathing; nausea or vomiting.

- Contact emergency medical service immediately.
- Speak calmly to the injured employee.
- Check possible allergy and if victim has an epinephrine pen.
- Ask the employee to lie down.
- Check for head, neck, spine and abdominal injuries.
  - If there are none, raise the injured person's feet a few inches off the ground by placing a blanket or pillow under their feet.
  - If there are none, and the employee has vomited, turn the employee on their side and clear their mouth.
- Keep the employee warm, but not hot.
- To make breathing easier, loosen tight clothing.
- Keep the employee calm. Reassure them that they will be OK and that help is on the way.
- Seek medical attention immediately.

### **Sprains or Strains**

A sprain is an injury to a ligament (tissue that connects two or more bones at a joint). A strain is an injury to a muscle or tendon (tissue that connects muscle to bone). Over-the-counter pain relievers, such as ibuprofen or naproxen sodium may help manage pain, but be mindful of the product warnings.

Follow the instructions for R.I.C.E.

- R - rest the sprained or strained limb
- I - ice the area with a cold pack 15-20 minutes about every 2-4 hours while awake
- C - compress the area with an elastic wrap or sleeve
- E - elevate the injured limb above the heart when possible to help limit swelling

Seek medical attention when experiencing:

- Severe pain when the injured part is touched or moved
- Trouble bearing weight
- More bruising develops
- Numbness or a feeling of "pins and needles" in the injured area
- A limb that looks "bent" or misshapen
- Signs of infection (increased warmth, redness, streaks, swelling, and pain)
- A strain or sprain that doesn't seem to be improving after 5 to 7 days



# First Aid Guidelines for Eye Injuries

## All employees should know:

- What to do in the event of an injury until help arrives.
- Name of the person who is trained in first aid.

These basic first aid procedures are not a substitute for medical advice, and do not replace comprehensive first aid training. Your first aid procedures and policies may differ from those listed.

### Small particles, specks or dust

Don't rub the eye. Hold eye open and flush with water at nearest eyewash station. One may also try pulling the upper lid out and down over lower lid, causing the eye to tear and particle to wash out.

### Blow to the eye

Apply an ice-cold compress for 15 minutes in order to reduce pain and swelling. Have a doctor examine the eye as soon as possible to make sure there is no internal injury.

### Chemical splash

Flush immediately with water at nearest eyewash station or shower for at least 15 minutes. Do not rub or squeeze eye shut. Seek medical attention immediately.

### Object embedded in eye

Do not try to remove the object. Cover both eyes to help prevent movement of injured eye. If object is large and protruding, cover it with a paper cup or something similar. Seek medical attention.

### Light burns

Symptoms include redness, swelling, light sensitivity and a gritty feeling in the eyes. Symptoms may not be apparent until 3-12 hours after injury. Keep eyes closed and seek medical attention immediately.

# First Aid Guidelines for Insect, Rodent, and Snake Bites

## All employees should know:

- What to do in the event of an injury until help arrives.
- Name of the person who is trained in first aid.

These basic first aid procedures are not a substitute for medical advice, and do not replace comprehensive first aid training. Your first aid procedures and policies may differ from those listed.

### Insects

- Check for anaphylactic shock risk (previous history, injured has an epi-pen or antihistamines) and allergic response (swollen tongue or lips, hives, weak and rapid pulse, runny nose and sneezing, flush pale skin, dizziness and faint). If allergic signs or symptoms appear, be prepared to perform basic life support measures. Seek immediate medical assistance.
- If the stinger is present, remove by scraping with a knife or fingernail. Do not squeeze venom sac on stinger; more venom may be injected.
- Remove all jewelry from affected part, if applicable, to avoid complications with swelling.
- Wash the area.
- Apply ice or freeze pack, if available.
- Treat bites and stings with over-the-counter products that relieve pain and prevent infection.

### Spiders

- Clean the bite area with soap and water.
- Apply ice to the bite area to slow absorption of the venom.
- Elevate and immobilize the bitten extremity.
- Capture or take a photo of the spider for identification purposes.

- Seek medical attention. Hospitalization may be needed for those with underlying heart conditions.

### **Ticks**

- Remove unattached ticks promptly.
- Attached ticks are promptly removed using fine pointed tweezers:
  - The mouth parts of the tick are grasped with the tweezers as close to the skin as possible.
  - Apply firm steady pressure upward until the tick releases - do not jerk, twist, squash or squeeze the tick.
  - Clean the wound and the tweezers with an antiseptic.
  - Do not use petroleum jelly or nail polish remover, or prick or burn the tick, these actions can cause infected secretions to enter the wound.
  - If possible, seal the tick in a container and place it in a freezer. Your doctor may want to see the tick if you develop new symptoms.
  - A small red bump may appear at the site of the tick bite. This is normal. If it develops into a larger rash, perhaps with a bull's-eye pattern (typically within three to 14 days), it may indicate Lyme disease. Seek medical attention.
  - Seek medical attention if you develop flu-like symptoms, or you think the bite site might be infected and/or you think a deer tick bit you. Antibiotics may be needed.

### **Rodents and Wild or Stray Animals**

- Cleanse the wound thoroughly with soap.
- Flush it well with water.
- Cover it with a sterile dressing.
- If unable to capture or kill the animal, note any information that will help identify it.
- Seek medical attention immediately.

### **Snakes**

- Treat all snakebites as if they are poisonous.
- Take note (or capture or photo) of the color and patterns on the snake, and the shape of its head to help determine injury treatment.
- Lay the person down so that the bite is below the level of the heart, and cover the bite with a clean, dry dressing. DO NOT elevate a bitten limb above the level of the heart.
- Keep bite victims still and calm to slow the spread of venom in case the snake is poisonous.
- Apply a constricting band or bands (not a tourniquet).
- DO NOT cut the wound or attempt to suck out the venom.
- Seek medical attention as soon as possible.

## First Aid Kit

Basic first aid instructions and supplies are easily accessible when required. One of the safety and health responsibilities of supervisors is to ensure that first aid kits are stocked and readily accessible in the marked locations.

All vehicles that transport work crews have first aid supplies along with directions for requesting emergency assistance.

Note: 911 service is not available in all areas. If contacting 911 services, be prepared to identify the location of the injury in areas that do not automatically provide your location to the 911 dispatcher (such as in some remote areas and with some wireless or cell phone services).

### **Contents of a first aid kit can include:**

1. Basic first aid instructions
2. A clean container for supplies
3. Wound cleaning agent, sealed alcohol moistened wipes
4. One package gauze roller bandage at least 2 inches wide
5. Two large gauze pads (at least 8 x 10 inches)
6. Gauze pads (at least 4 x 4 inches)
7. Box adhesive bandages
8. Two triangular bandages
9. Adhesive tape
10. Scissors
11. A blanket
12. Tweezers
13. Hand sanitizer
14. Exam gloves
15. Two elastic wraps
16. Splint
17. Instant cold pack
18. Temperature strips
19. Red biohazard bags
20. Sterile unopened bags (for amputated/severed part)
21. Over-the-counter medication (antihistamine, ointment, pain relief)
22. Resuscitation equipment (resuscitation bag, pocket mask)

Appropriate fluids for quick drenching or flushing of eyes or the body should be made available where injurious corrosive materials are used. See the chemical hazard communication Safety Data Sheet for additional first aid guidance, when applicable.

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## Supervisor's Report of Injury or Illness Form

Type of Injury:    Disabling    Medical    First Aid Only    Illness    Unclassified  
 Name of Employee \_\_\_\_\_ Department \_\_\_\_\_  
 Occupation \_\_\_\_\_ Years Experience \_\_\_\_\_  
 Place of Accident \_\_\_\_\_ Date \_\_\_\_\_  
 Time \_\_\_\_\_ Witnesses \_\_\_\_\_  
 Sent to Doctor \_\_\_\_\_ Given First Aid    Refused

1. Place of Accident or Exposure: \_\_\_\_\_
2. What was employee doing when injured? \_\_\_\_\_
3. How did accident occur? (*describe fully*) \_\_\_\_\_
4. Part of Body Affected: \_\_\_\_\_
5. Name of object or substance that directly injured employee: \_\_\_\_\_
6. What is being done to prevent similar accidents or injuries? \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

### Cause:

| Mark Basic Cause <u>X</u>  | Mark Contributing Cause If Any <u>X</u>  |
|--|--|
| Operating without authority<br>Operating at unsafe speed<br>Making safety devices inoperative<br>Using unsafe equipment or equipment unsafely<br>Unsafe loading, placing, mixing<br>Taking unsafe position<br>Working on moving or dangerous equipment<br>Distraction, teasing, horseplay<br>Failure to use personal protective device | Inadequately guarding<br>Unguarded<br>Defective tools or equipment<br>Unsafe design/construction<br>Hazardous conditions<br>Unsafe illumination<br>Unsafe ventilation<br>Unsafe clothing<br>Weather conditions |
| <b>Why was the unsafe act committed?</b>   |  |
| <b>Why did the unsafe condition exist?</b>   |  |
| <b>Follow-up Action:</b>   |  |

Signature of Safety Director/Committee Member \_\_\_\_\_ Date \_\_\_\_\_



# Fleet Management Program

**Purpose:** To help                      Reduce vehicle accidents  
    Reduce employee injuries  
    Protect the public  
    Increase profit by decreasing losses

## **Fleet Safety Supervisor:**

Appoint a fleet safety supervisor. This may be the owner, office manager or one of the senior drivers. This specific individual should be designated to be in charge of fleet safety. The fleet safety supervisor should possess knowledge and understanding of safe driving so that he or she can educate and train new and experienced drivers. The fleet safety supervisor should also be able to communicate well with drivers and management on matters related to fleet safety. This person may also coordinate vehicle maintenance.

## **Accident or Incident Reporting:**

Employees are required to report all accidents and incidents. Report forms are available for this purpose. Notification procedures have been established so that drivers are aware of whom to contact in case of an accident or emergency. Commercial driver employees should be aware of the drug and alcohol testing requirements in certain accident situations.

## **Driver Hiring and Selection:**

A motor vehicle report is obtained on all prospective drivers. A personal interview is done with each prospective applicant. In this interview, the hiring manager will ask questions regarding previous work experience, educational background, knowledge of basic working rules, and past driving records along with information provided on the Employment Application.

Only authorized drivers are permitted to operate **GAKCO Corp** vehicles. Decision-making strategies to avoid accidents depend on hiring drivers who have the skills and behaviors critical to safe driving. Awareness is possibly the most important single factor separating good drivers from others. There are several aspects to awareness, including situational awareness and awareness of one's own capabilities and limitations. Situational awareness refers to the immediate driving environment, which includes weather and road conditions, and other factors that can cause sudden changes in the situation. Those drivers who have good situational awareness are usually able to anticipate probable actions of others and choose potential escape paths. A good driver is one who avoids dangerous situations, a distinction that may be based on strategic decision-making done outside the driving environment. Try to determine, during an interview, if the prospective driver has behaviors such as impulsiveness or anger.

The company creates and maintains a driver qualification file for each individual driver. The file contains initial qualification documents, background checks, as well as ongoing updates with a periodic review of driving records and medical examination certificate verification (when applicable). A copy of the "Driving Policy" signed by each driver is also retained.

## **Underage Drivers:**

Commercial trucks should not be driven by any person under age 21. Truck tractor units should not be driven by any person under age 25. Experience shows that youthful operators of these types of units are more prone to be involved in motor vehicle accidents than more experienced operators.

## **Leasing or Loaning Vehicles:**

Leasing or loaning business vehicles to anyone under the age 25 is not allowed, including:

- Under age 25 child of an employee
- Under age 25 customer unless accompanied by an employee (such as a demonstration drive)

## **Training:**

**GAKCO Corp** has a program to orientate and train all new employee drivers. Statistics show that properly trained drivers are less likely to become involved in accidents than those with little or no training.

- A. All new drivers of commercial vehicles with gross vehicle weights of over 10,000 lbs. should be accompanied by either the fleet safety supervisor or by an experienced driver for a minimum of three days of driving.
- B. When an employee driver changes from driving a single rear axle unit to a dual rear axle unit or to a truck tractor unit, the driver should be accompanied by the fleet safety supervisor or an experienced driver for at least one day.
- C. The transportation of hazardous materials has training requirements and includes content specific to **GAKCO Corp**. Initial training must be completed within 90 days of employment. Retraining is done at least every three years.

## **Safety Meetings:**

The fleet safety supervisor holds periodic meetings with all drivers to discuss new issues or to maintain a safety focus.

## **Counseling Drivers:**

Employee evaluation should be conducted by the fleet safety supervisor. The supervisor should recognize those drivers who establish good driving records. An employee whose record reveals violations and/or at fault accidents approaching the maximum allowed by the Driving Policy of **GAKCO Corp** should be counseled by the fleet safety supervisor.

Any driver with an impaired driving charge should immediately be counseled by the fleet safety supervisor. That employee should not be allowed to drive a company vehicle for at least three years and until proper and adequate counseling (defensive driving, alcohol or drug rehabilitation and the return-to-duty process) has been completed.

## **Vehicle List:**

**GAKCO Corp** maintains an accurate, current inventory of all vehicles including unit number; vehicle identification number; vehicle make, year, model; and license plate state and number; and tire size. While the Company has a replacement schedule, occasionally, vehicles may be kept as a back-up vehicle if mechanically sound and presentable. A maintenance file is kept for each vehicle.

## **Vehicle Maintenance:**

**The Company Vehicle Fleet Manager** is responsible for the administration of the Vehicle Maintenance Program.

The purpose of the maintenance plan is to provide consistent and systematic guidance for **GAKCO Corp** to properly maintain and service its vehicles. Qualified mechanics at \_\_\_\_\_ garage perform maintenance and repair for vehicles owned and operated by **GAKCO Corp**. Proof of the vehicle inspectors and mechanics qualifications are on file.

## **Preventive Maintenance:**

All vehicles have a detailed annual inspection, as well as regular maintenance done at pre-scheduled cycles to ensure optimal performance, efficiency, safety and reliability of our vehicles. Preventive maintenance is based on the manufacturer's suggested recommendations and the type of duty the vehicle has. During the preventive maintenance scheduled service, the mechanic will document all defects found and will have all defects listed on the repair order. All significant defects are corrected prior to returning the vehicle to service. Individual maintenance records will be kept for each vehicle, tractor, and trailer.

A qualified and certified inspector must inspect each commercial vehicle every 12 months. Records of all inspections, repairs, and maintenance are retained for at least 14 months at the location where the vehicle is garaged or maintained. Such records are also retained for at least six months after the sale, trade-in, or otherwise disposal of the vehicle.

Vehicle mounted cargo tanks undergo periodic testing and inspection according to required specifications for the type of cargo tank. Do not use a vehicle with a cargo tank with a past-due test or inspection.

## **Driver Pre-Trip Inspections and Post-Trip Reports:**



Before operating the vehicle, the driver must inspect the vehicle and be satisfied that it is in safe operating condition. A vehicle inspection report is required after finding a defect or deficiency, which would affect the safe operation of the vehicle or result in its mechanical breakdown. If the last vehicle inspection had any reported needs for repair, the driver must review and sign to acknowledge and certify that the required repairs were made. Driver inspection reports are retained for a period of three months. The absence of a submitted report indicates the driver confirms the vehicle is satisfactory to operate.

**Vehicle Breakdown:**

Your safety is important. In the event a vehicle breakdown, tire blowout, or otherwise becomes disabled. Try positioning the vehicle out of the path of traffic and contact the office immediately. Arrangements will be made for roadside assistance. Emergency equipment is located on all vehicles. Fire extinguishers are located within each cab. Additional emergency equipment on board includes a first aid kit, a reflective vest and reflective triangles, and a spare tire with jack and lug wrench.

**En-Route Security:**

The company has a security plan in place for transporting hazardous materials and valuable items. Special training is provided on a need-to-know basis.



## Driving Policy

GAKCO Corp has made a commitment of safety, service, and quality to both our employees and customers. GAKCO Corp insists that both our employees and non-employees operate all vehicles owned by or used by GAKCO Corp in a safe and economical manner. The following summarizes policy guidelines:

- Vehicles are not to be operated unless in a safe operating condition.
- Drivers must be physically and mentally able to drive safely.
- Drivers must conform to all traffic laws and allowances made for adverse weather and traffic conditions.
- Respect the rights of other drivers and pedestrians. Courtesy is contagious.
- Drivers may not use drugs or alcohol, or be under the influence of drugs or alcohol, while operating a vehicle.

### Accidents

All accidents are to be reported to management of GAKCO Corp within twenty-four (24) hours after the accident occurs. All accidents will be reviewed and a determination made as either preventable or non-preventable which result from factors outside of a driver's control.

*A preventable accident is defined as an accident in which the driver failed to do everything reasonably possible to avoid it.*

### Driver Standards

Employees who qualify as a driver may be evaluated and selected based on their driving ability and history. Motor Vehicle Records (MVRs) will be checked periodically on anyone where driving for company use is a part of their job. The MVR will be reviewed to determine whether the driver holds a valid license and their driving record is within the parameters set by company management. MVRs that reveal the following will disqualify the driver from using vehicles for company use for GAKCO Corp:

- a) Within the past 3 years:
    - Three (3) or more traffic violations and/or at fault accidents for drivers age 25 and older
    - Two (2) or more traffic violations and/or at fault accidents for drivers age 18 through 24
    - One (1) or more traffic violation and/or at fault accidents for drivers 17 and under
- Or-
- b) One or more violations or convictions of the following type of serious offenses within the past 3 years will disqualify the driver from driving vehicles for company use for GAKCO Corp:
    - Driving while under the influence of alcohol or a controlled substance
    - Refusal to submit to test for alcohol or controlled substances as required (e.g., Failure to take a Chemical Test, Blood Test, or Breath Analyzer Test)
    - Leaving the scene of an accident without reporting it
    - Homicide, assault, or criminal negligence resulting from the operation of a vehicle
    - Using a motor vehicle to commit a felony
    - Driving while license is suspended or revoked
    - Reckless driving as defined by state or local law, including, but not limited to, offenses of driving a motor vehicle in a willful or wanton disregard for the safety of property or persons
    - Racing
    - Passing a stopped school bus
    - Illegal possession, transportation or unlawful use of a controlled substance

Drivers with other violations, convictions and/or at-fault accidents within the past three years may also exceed our driver standards. Examples include, but are not limited to, distracted driving violations, cell phone violations, and seat belt violations, but do not include such non-moving violations such as weight violations, no insurance violations, administrative type violations, or improper or inadequately maintained equipment violations.

### Distracted Driving and Mobile Devices

We deeply value the safety and well-being of all employees. Due to the increasing number of accidents resulting from distracted driving and the use of mobile devices, it is our company policy that you not engage in activities that cause you to become distracted when driving, including, but not limited to:

- Sending or reading text messages
- Using a hand held mobile device for either outgoing or incoming calls
- Using a hands free device for either outgoing or incoming calls
- Using cell phones and other devices for social media and other forms of entertainment
- Adjusting or programming controls of audio or navigation systems
- Searching for and/or reaching for items in the vehicle
- Eating or drinking beverages
- Reading maps or other printed material

The above restrictions apply anytime the vehicle is in motion. It is our company policy that, in all circumstances, you pull the vehicle over to a safe area prior to engaging in these activities. Employees are also expected to follow all state laws regarding mobile device usage. Any violation of these mobile device state laws or the restrictions listed above may be grounds for termination.

### **Vehicle Usage**

Your primary responsibility when driving a motor vehicle for our organization is driving the vehicle safely. GAKCO Corp has developed the following expectations for you as a driver to help ensure company-owned vehicles and/or those used by company employees will be operated in a safe and economical manner.

- Seat belts must be worn at all times when the vehicle is in motion.
- Defects and needed repairs of any company vehicle will be reported to management so necessary repairs can be made.
- Cargo must be secured and doors locked while en route and when company vehicles are parked.
- All accidents must be reported to the manager consistent with GAKCO Corp's Accident Reporting Policy.
- You, the employee, may be held responsible for damages to vehicle(s) resulting from preventable accidents as determined by GAKCO Corp's accident review process. All traffic violations received will be paid by you, the employee.
- No permission may be given for any other person, including family members, to drive company vehicles. Specific permission must be obtained from company management for any personal use of a company vehicle.
- The use of radar detectors is forbidden in all vehicles owned or used by the company. Use of a radar detector will result in revoked driving privileges.
- Hitchhikers and passengers, other than company employees or authorized persons, are not permitted in company vehicles.

### **Company consequences for failing to follow company policy:**

- Employees may be transferred to a non-driving position.
- Employees may be given warnings prior to being terminated for violation of the policy.
- Employees who violate this policy may be subject to disciplinary action.
- Employees who violate this policy may be subject to disciplinary action including termination.

All current drivers of GAKCO Corp must have a signed copy of GAKCO Corp's Driving Policy retained in a management file.

Your signature below certifies your agreement to comply with this policy, and you are willing to accept the consequences of failing to do so.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (printed): \_\_\_\_\_

## Negligent Entrustment

- Involves negligent hiring, supervision, and retention of employees.
- Is directly related to the severity of risk to a third party by an incompetent employee.
- Focuses on pre-employment investigation into an employee's background and exhibited behaviors while employed.
- Business owners have a responsibility to ensure that employee drivers are competent to operate vehicles.
- Expensive judgments and punitive damages have been awarded that far exceed insurance coverage.
- A logical method to limit liability is to review motor vehicle records regularly.
- Checking records gives the employer a defense: "We ran the MVR. The driver has a good record. How could we have known? What else could we have done?"

GAKCO Corp maintains a driver qualification file for each commercial motor vehicle driver, to include:

### Initial Commercial Driver Qualification File

- Driver's Application for Employment
- Driver's Road Test Certificate or Equivalent
- Inquiry to Previous Employers: Safety Performance History Records Request
- Safety Performance History Records: Driver Correction or Rebuttal
- Pre-Employment Drug and Alcohol Documents

### Ongoing Updates

- Inquiry to State Agencies for Driving Record - Annual
- Review of Driving Record - Annual
- Driver's Certification of Violations - Annual
- Medical Examination Report and Medical Examiner's Certificate - at least every 24 months
- Employer note verifying that medical examiner is listed on National Registry of Certified Medical Examiners

The following additional documents are only required for certain types of drivers, or in specific situations.

- Entry-Level Driver Training Certificate
- Longer Combination Vehicle (LCV) Driver Training Certificate
- Longer Combination Vehicle (LCV) Certificate of Grandfathering
- Multiple-Employer Drivers
- Skill Performance Evaluation Certificate



## Motor Vehicle Record (MVR) Policy

It is the policy of GAKCO Corp to obtain and review the Motor Vehicle Record (MVR) on each prospective driver\* before an offer for employment is extended to the individual. Management will review the Motor Vehicle Record to determine whether the applicant or employee holds a valid license and his/her driving record is within the parameters set by company driving policy.

\* A "driver" is someone who could not perform the duties assigned to him/her without driving a vehicle.

Management will conduct an annual review of each employee's driving performance, where driving is a part of his or her job. Based upon the outcome of the annual review, the driving exposure, and the losses experienced during the past year, MVRs may then be ordered and reviewed.

As a company policy MVRs are checked every three years on all employees where driving is part of their job description, annually for commercial drivers, and annually on drivers under the age of 25 or drivers identified during a previous review as needing closer supervision. If the employee's driving record does not meet the criteria set by management, driving privileges or duties for the company may be revoked, or other disciplinary action may be taken in the sole discretion of the company.

---

GAKCO Corp

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Date



## Motor Vehicle Record Review

Driver Name: \_\_\_\_\_

Driver License #: \_\_\_\_\_

I have reviewed the driving record of the above named driver and considered the accident record and any evidence he/she has violated laws governing the operation of motor vehicles, especially such violations as: speeding, reckless driving, and operation while under the influence of alcohol or drugs, that indicate the driver has exhibited a disregard for the safety of the public or GAKCO Corp Driving Policy.

A copy of the MVR used for this review is maintained in each commercial driver's qualification file. The MVR is retained for at least three years along with this Motor Vehicle Record Review.

On Date: \_\_\_\_\_

I find the driver:

Meets the minimum requirements for safe driving

Was counseled according to the attached Notification of Counseled Driver

Is disqualified from driving a motor vehicle

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

On Date: \_\_\_\_\_

I find the driver:

Meets the minimum requirements for safe driving

Was counseled according to the attached Notification of Counseled Driver

Is disqualified from driving a motor vehicle

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

On Date: \_\_\_\_\_

I find the driver:

Meets the minimum requirements for safe driving

Was counseled according to the attached Notification of Counseled Driver

Is disqualified from driving a motor vehicle

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

On Date: \_\_\_\_\_

I find the driver:

Meets the minimum requirements for safe driving

Was counseled according to the attached Notification of Counseled Driver

Is disqualified from driving a motor vehicle

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_



## Notification of Counseled Driver

Name of Driver: \_\_\_\_\_ Company Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

### Reason

### Action Taken

\_\_\_\_\_  
Fleet Safety Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver (optional)

\_\_\_\_\_  
Date

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# Driver List

Policy #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

|    | Last Name | First Name | Date of Birth | License State | Date of Hire | Driver Role<br>a) Owner, Officer<br>b) Full-time Driver<br>c) Part-time Driver<br>d) Family Member |
|----|-----------|------------|---------------|---------------|--------------|--|
| 1  |           |            |               |               |              |  |
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## Driver's Vehicle Inspection Report

Prepare and submit a report if ANY defect or deficiency is discovered which would affect the safe operation of the vehicle or result in its mechanical breakdown. Give details under "Remarks."

For non-passenger carrying vehicles, the absence of a submitted report indicates the driver confirms and no report is needed. For passenger-carrying vehicles, the driver is required to prepare and submit a report for each day of vehicle use, even if no defect or deficiency is discovered. Reports are retained for three months.

Truck/Tractor Vehicle No. \_\_\_\_\_ Mileage \_\_\_\_\_ Date \_\_\_\_\_

|                   |                        |                   |
|-------------------|------------------------|-------------------|
| Air Compressor    | Horn                   | Springs           |
| Air Lines         | Lights                 | Starter           |
| Battery           | Head - Stop            | Steering          |
| Brake Accessories | Tail - Dash            | Tachograph        |
| Brakes            | Turn Indicators        | Tires             |
| Carburetor        | Mirrors                | Transmission      |
| Clutch            | Muffler                | Wheels            |
| Defroster         | Oil Pressure           | Windows           |
| Drive Line        | On-Board Recorder      | Windshield Wipers |
| Engine            | Radiator               | Other             |
| Fifth Wheel       | Rear End               |                   |
| Front Axle        | Reflectors             |                   |
| Fuel Tanks        | Safety Equipment       |                   |
| Heater            | Fire Extinguisher      |                   |
|                   | Flags - Flares - Fuses |                   |
|                   | Spare Bulbs & Fuses    |                   |
|                   | Spare Seal Beam        |                   |

Trailer(s) No(s). \_\_\_\_\_

|                     |              |           |
|---------------------|--------------|-----------|
| Brake Connections   | Hitch        | Tarpaulin |
| Brakes              | Landing Gear | Tires     |
| Coupling Chains     | Lights - All | Wheels    |
| Coupling (king) Pin | Roof         | Other     |
| Doors               | Springs      |           |

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition of the above vehicle is satisfactory

\_\_\_\_\_  
Driver's Signature

Above Defects Corrected  
Above Defects Need NOT be Corrected for Safe Operation of Vehicle

\_\_\_\_\_  
Mechanic's Signature

\_\_\_\_\_  
Date

Driver's Signature

Date

## Commercial Motor Vehicle Authorized Passenger

GAKCO Corp has a policy to prohibit the transporting of unauthorized persons in our commercial motor vehicles.

Unless specifically authorized in writing, a driver is not permitted to have any other person ride along in a commercial vehicle unless the other person is an employee of GAKCO Corp or is assigned to that vehicle by the company. Such authorization is also required if a driver wants to have a non-employee family member ride along in the commercial motor vehicle.

GAKCO Corp will maintain the following authorization at our principal place of business. At our discretion, a driver may also carry a copy of this authorization.

The following individual is authorized to be transported in our commercial vehicle.

Name: \_\_\_\_\_

From Location: \_\_\_\_\_

To Destination: \_\_\_\_\_

This Authorization Expires after the Date: \_\_\_\_\_.

Authorization Approved By: \_\_\_\_\_

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## Hearing Conservation Program

Workplace noise can create physical stress and can contribute to accidents by making it difficult to hear warning signals. As many as 14 million workers in the U. S. are exposed to hazardous noise levels in the workplace. Noise levels can be controlled by:

- Using quieter work processes;
- Altering or enclosing equipment to reduce noise at the source; or
- Using sound absorbing materials to prevent the spread of noise by isolating the source.

The Occupational Safety and Health Administration has specific standards on noise levels in the workplace. Sound level meters and/or noise dosimeters are used and then calculations must be made to determine the noise level average over an 8 hour period. This must be done for all employees who may be exposed to noise levels above 85 dBA. Once this is done there are 3 categories into which the employees would fall:

1. The time weighted average for the eight hour day is **below 85 dBA**.

Nothing more needs to be done other than periodic monitoring to insure that the level is not exceeded in the future.

2. The time weighted average for the eight hour day in general industry is **between 85 & 90 dBA**.

Every employee must receive a baseline audiometric exam and one annually thereafter at no charge to themselves. The results must be reviewed by a "competent" person to determine if a partial loss of hearing has occurred.

Hearing protection equipment must be made available to the affected employees such as ear plugs or muffs. Proper training must be provided to them about the selection, use, care, and maintenance of the equipment.

The use of equipment must be strictly enforced if the employee has suffered a significant threshold shift as determined by the review of 2 successive hearing tests.

3. The time weighted average for the eight hour day is **above 90 dBA**.

Every employee must receive a baseline audiometric exam and one annually thereafter at no charge to themselves. The results must be reviewed by a "competent" person to determine if a partial loss of hearing has occurred.

Hearing protection equipment must be made available to the affected employees such as ear plugs or muffs. Proper training must be provided to them about the selection, use, care, and maintenance of the equipment.

The use of hearing protection equipment must be strictly enforced without exception for all employees exposed to noise levels above 90 dBA.

Engineering evaluations must be performed to determine what, if any, things need to be done to reduce the noise at its source. This includes but is not limited to: redesign of the workplace, machinery and task; enclosure barriers around the machine; changes in the tool design, and material being used. The use of hearing protection must be enforced until the engineering controls are proven effective.

### Hearing Conservation Program



GAKCO Corp has established a hearing conservation program for the protection employees. Areas that have been screened with noise levels above 80 dBA will be summarized with affected employees and job positions identified. All employees found to be exposed to a time weighted average for the eight hour day of 85 dBA or greater will be notified within 21 days of this determination. Whenever noise monitoring is being performed employees will have the opportunity to observe the monitoring in a manner which does not disrupt work flow. The safety coordinator will be the hearing conservation coordinator and shall be the contact person for information or questions.

Annual audiometric (hearing) tests will be performed on employees exposed to a time weighted average above 85 dBA for the eight hour day. This will be performed at no cost to the employee. New employees in affected job positions will have a baseline test administered within the first 30 days of employment. Exposure to noise will be minimized for 14 hours prior to the exam.

Testing will be performed by a licensed or certified technician, audiologist, otolaryngologist, or physician using equipment meeting ANSI S3.6. Tests will be pure tone, air conduction, hearing threshold examinations at test frequencies of 500, 1000, 2000, 3000, 4000, and 6000 Hz. Each ear will be tested separately.

If a standard threshold shift (an average shift in either ear of 10 dBA or more than 2000, 3000, and 4000 Hz.) is identified:

- A. the employee will be notified of the threshold shift within 21 days of this determination.
- B. the employee will be informed of the need for further evaluation if a medical problem is suspected.
- C. the use of hearing protection will be mandatory.
- D. the employee will be refitted or retrained in the use of hearing protection.
- E. any employee believed to have some pathology of the ear that is unrelated to workplace exposure may be referred for further examination.

**When directed by the safety coordinator hearing protection will be worn at all times at the work station. Failure to do will result in disciplinary action.**

An annual training program for employees will include information on the effects of noise on hearing, the purpose and use of hearing protection including the advantages and disadvantages of various types, instructions in the selection, fitting, use and care of the hearing protection and the purpose of audiometric testing and an explanation of the test procedures.

GAKCO Corp will maintain audiometric test records for the duration of the affected workers employment. All records will be available to employees for their review at their request. All noise exposure measurement records will be maintained for at least 2 years.



## Noise Level Measurement Record

Monitoring Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

### Sound Level Meter Hearing Zone Noise Level Data:

| Employee Name/<br>Workstation/Area/<br>Equipment | Operational Notes | Time of<br>Check | C = Continuous<br>I = Intermittent<br>M = Impulse | dBA<br>(Add 2 dB to<br>account for<br>variation then<br>round to nearest<br>whole number) |
|--|-------------------|------------------|---|---|
|  |                   |                  |   |   |
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|  |                   |                  |   |   |

Apply noise exposure computation from §1910.95 Mandatory Appendix A

**Notification Letter Above Action Level**  
(General Industry)

DATE

EMPLOYEE NAME  
EMPLOYEE POSITION

**Workplace Noise Exposure**

On DAY, the noise you are exposed to at work was sampled while you operated the MACHINE. Your full shift noise exposure did not exceed Occupational Safety and Health Administration's Permissible Exposure Level; however your noise dose of \_\_\_\_\_% exceeds OSHA's Action Level for noise exposure. The Action Level for noise exposure is one-half of the Permissible Exposure Limit.

You have been enrolled in the company's Hearing Conservation Program to lessen chances of a serious hearing loss as a result of on-the-job noise exposure. Within the next 30 days, you will be provided with training about hearing conservation, and you will be offered audiometric testing (hearing test) and your choice of either ear muffs or ear plugs. Until then, you will be required to wear hearing protection while you are operating the machine or exposed to any other noise sources in the work area unless other controls are implemented to reduce the noise exposure.

Please feel free to contact me or your supervisor if you have any questions.

Sincerely,

MANAGER NAME  
**GAKCO Corp**

**Note:** The employer must notify each employee exposed at or above an 8-hour time weighted average of 85 decibels of the results of the monitoring.

# Notification Letter Above Permissible Exposure Level

DATE

EMPLOYEE NAME  
EMPLOYEE POSITION

## Workplace Noise Exposure

On DAY the noise you are exposed to at work was sampled while you operated the MACHINE. Your full shift noise dose was determined to be \_\_\_\_\_% of the Occupational Safety and Health Administration's Permissible Exposure Level for noise exposure.

You have been enrolled in the company's Hearing Conservation Program to lessen chances of a serious hearing loss as a result of on-the-job noise exposure. Within the next 30 days, you will be provided with training about hearing conservation, and you will be offered audiometric testing (hearing test) and your choice of either ear muffs or ear plugs. Until then, you will be required to wear hearing protection while you are operating the machine or exposed to any other noise sources in the work area unless other controls are implemented to reduce the noise exposure.

Please feel free to contact me or your supervisor if you have any questions.

Sincerely,

MANAGER NAME  
GAKCO Corp

**Note:** The employer must notify each employee exposed at or above an 8-hour time weighted average of 85 decibels of the results of the monitoring.



## Personal Protective Equipment Training Acknowledgement

When the job warrants, personal protective equipment must be worn and appropriately utilized. This equipment will be provided by GAKCO Corp and should be maintained and cared for by the employee. Training shall be provided on use, inspection, wear and cleaning, and storage of the personal protective equipment. Management will be responsible for monitoring and enforcing use of the equipment.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job: \_\_\_\_\_

| Type of Equipment Issued | Date Trained | Employee Initials |
|--------------------------|--------------|-------------------|
|                          |              |                   |
|                          |              |                   |
|                          |              |                   |
|                          |              |                   |
|                          |              |                   |

This certifies that \_\_\_\_\_ (employee) has been provided with and trained on the use of the above noted equipment.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

I have been given the above noted equipment and have been trained in its use. I understand why it is necessary to use such equipment and I agree to use it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



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# Lockout/Tagout Program

## Purpose

The purpose of the Lockout/Tagout program at GAKCO Corp is for employee safety. It is designed to protect individuals who might be involved in or affected by the servicing or maintenance of machines and equipment, from injuries resulting from unintended machine motion or unintended release of energy.

## Scope

This program covers all such equipment servicing and/or maintenance activities on **GAKCO Corp** property and shall include the work of outside contractors to the degree described here after. Also, certain routine adjusting, cleaning or setup activities performed by employees may be subject to these procedures.

## Program

### Management

The **Safety Director** shall have the responsibility for the overall management of the Lockout/Tagout Program, including providing for the training of GAKCO Corp personnel, periodic program revisions as they may become necessary and annual inspections to determine the effectiveness of the procedure. The safety director shall maintain a list of trained, authorized individuals. Supervisors shall ascertain that only authorized persons who have received proper training are initiating Lockout/Tagout procedures. They shall make sure that adequate communication between affected persons takes place when Lockout/Tagout is being used.

### Definitions

**Lockout** is the procedure of blocking the source of energy to a machine or piece of equipment, and keeping it out, in order to perform maintenance or repairs. Lockout is accomplished by placement of a lockout device at the power source of equipment so that the equipment powered by that source cannot be operated until lockout device is removed.

**Tagout** is the procedure of placing a tag on the power source. It is a special tag which acts as a warning to others the dangers of starting up the equipment. It is not a physical restraint. Tags must be applied by hand and clearly state that the equipment being controlled cannot be operated until tag is removed.

**Energy Sources** on which lockout/tagout must be used to protect individuals from the release of hazardous energy include but not limited to the following.

- Electrical
- Mechanical
- Pneumatic
- Fluid and gases
- Hydraulic
- Thermal
- Water under pressure
- Gravity

**Authorized** person means any employee who has undergone the training prescribed herein for users of Lockout/Tagout.



## **Training**

All employees shall be trained in the recognition of, and compliance with, the warning system.

Authorized employees training shall consist of the following:

- Explanation of the rules.
- How to use the Procedure and who to notify.
- Identification of machinery energy sources at GAKCO Corp.

All necessary lockout devices and warnings tags will be issued after training is completed.

## **Lockout/Tagout Rules**

1. If an outside contractor is called in to perform work at GAKCO Corp, it shall be the responsibility of the company supervisor involved to advise the contractor of any locks or tags which might affect the contractor or his employees. Whenever a company supervisor actively directs the work of any such workers, it shall be the responsibility of that supervisor to apply lockout/tagout procedures if they are necessary. If an outside contractor creates a hazardous condition for GAKCO Corp employees by failure to observe or execute proper lockout/tagout procedures, it shall be immediately reported to the safety director or company supervisor.
2. Lockout/Tagout shall be applied when maintaining or servicing any powered equipment or machinery, whether mechanical, electrical, pneumatic, natural gas, water pressure, hydraulic, thermal, or gravity.
3. The supervisor and/or the mechanic working on the equipment shall direct the Lockout/Tagout procedure. When more than one person working on the equipment, each shall put his/her lock and/or tag on the equipment, as directed by the procedure.
4. If work on equipment which has been locked out tagged is to continue to another shift, the supervisor shall notify any persons on subsequent shifts who might be affected.
5. Each authorized employee using this program shall be issued a lock and key for their use only. Only that person who applied his lock or lockout device may remove it.
6. Certain personnel will be issued locks and/or lockout devices when it becomes evident that routine maintenance, setup or adjustments to their equipment subjects them to hazard from unexpected start up or energy.
7. It shall be the responsibility of the person initiating the lockout/tagout procedure to inform the area supervisor when the machine or equipment is taken out of commission and when it is put back into commission.
8. Each person's lockout equipment (lock, lockout device, or tag) shall have their name affixed to it for easy identification.
9. If it becomes necessary to disable machinery/equipment for tagout by means of blocking hydraulic, electrical, pneumatic or other such systems, only persons qualified to work on those systems shall initiate the tagout procedure.
10. Supervisors shall enforce these lockout/tagout procedures and rules. Violations of these rules are considered serious and must be followed with disciplinary action.

## GAKCO Corp

# Lockout/Tagout Procedure for Authorized Employees

## Preparation for Lockout or Tagout

Make a survey to located and identify all isolating devices to be certain which switch(s), valve(s) or other energy isolating devices apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical, others) may be involved.

### Sequence of Lockout or Tagout System Procedure

1. Notify all affected employees that a lockout or tagout system is going to be utilized and the reason therefore. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.
2. If the machine or equipment is operating, shut it down by normal stopping procedures (depress stop button, open toggle switch).
3. Operate the switch, valve, or other energy isolating device(s) so that 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) must be dissipated or restrained by methods such as repositioning, blocking, or bleeding down.
4. Lock out and/or tag out the energy isolating devices with assigned individual lock(s) or tag(s). Note: When tagout alone is used (without lockout) energy sources must be disabled (removed fuses or circuit breakers, close valves and remove handles, disconnect wires) so that the same level of safety is achieved as would be achieved with lockout.
5. After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate.  
**Note:** Return operating control(s) to "Neutral" or "Off" position after the test.
6. The equipment is now locked or tagged out.

### Restoring Machines or Equipment to Normal Production Operations

1. 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.
2. After all tools have been removed from the machine or equipment, guards have been reinstalled and employees are in the clear, remove all lockout or tagout devices. Operate the energy isolating devices to restore energy to the machine or equipment.

### Procedures Involving More Than One Person

In the preceding steps, if more than one individual is required to lockout or tagout equipment, each shall place their 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. Each employee will then use their own lock to secure the multiple lockout device. As each person no longer needs to maintain their lockout protection, that person will remove their lock from the device.

### Basic Rules for Using Lockout or Tagout System Procedure

All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other isolating device where it is locked or tagged out.

# Personal Protective Equipment Program

## I. Purpose

The objective of the Personal Protective Equipment (PPE) Program is to protect employees from the risk of injury by creating a barrier against workplace hazards. Personal protective equipment is not a substitute for good engineering or administrative controls, or good work practices, but should be used in conjunction with these controls to ensure the safety and health of employees. Personal protective equipment will be provided, used, and maintained when it has been determined that its use is required, and that such use will lessen the likelihood of occupational injury and/or illness.

## II. Scope

This program addresses only minimum requirements of eye, face, head, foot, hand and/or dermal protection. Separate programs exist for respiratory and hearing protection, since the need for participation in these programs is established through industrial hygiene monitoring.

## III. Hazard Assessment and Equipment Selection

**GAKCO Corp** will, in compliance with Occupational Safety and Health Administration (OSHA) Personal Protective Equipment standards, as found in 29 CFR 1910.132 through 1910.138, conduct inspections of all workplaces to determine the need for PPE and to help in selecting the proper PPE for each task performed.

Management of **GAKCO Corp**, in conjunction with supervisors, will evaluate each work area to identify sources of hazards, including impact, penetration, compression, chemical, heat, dust, electrical sources, material handling, and light radiation. A certificate will be completed for each work location listing the findings of the inspection and the specific PPE needed for that location. Each survey will be documented, using the Certification of Hazard Assessment Form, identifying the workplace surveyed, the person conducting the survey, findings of potential hazards, and the date of the survey.

Once the hazards of a workplace have been identified, management of **GAKCO Corp** will determine the suitability of the PPE currently available. New or additional PPE will be selected by management, supervisors, and employees that ensure the level of protection greater than the minimum required to protect the employees from identified hazards. Care will be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards will be provided or recommended for purchase.

## IV. Responsibilities

Management is responsible for the development, implementation, and administration of the Personal Protective Equipment Program. This includes:

- Conducting workplace hazard assessments to determine the presence of hazards that necessitate the use of PPE.
- Conducting periodic workplace reassessments as requested by supervisors and/or as determined by management.
- Maintaining records of hazard assessments.
- Providing training and technical assistance to supervisors on the proper use, care, and cleaning of approved PPE.
- Providing guidance to the supervisor for the selection and purchase of approved PPE.
- Periodically reevaluating the suitability of previously selected PPE.
- Reviewing, updating, and evaluating the overall effectiveness of the PPE Program.

Supervisors have the primary responsibility for implementation of the PPE Program in their work area. This involves:

- Providing appropriate PPE and making it available to employees.

- Ensuring employees are trained on the proper use, care, and cleaning of PPE.
- Maintaining records on PPE assignments and training.
- Supervising staff to ensure the PPE Program elements are followed and the employees properly use and care for PPE.
- Seeking assistance from management to evaluate hazards.
- Notifying management when new hazards are introduced or when processes are added or changed.
- Ensuring defective or damaged equipment is immediately replaced.

Employees, as users, are responsible for following the requirements of the PPE Program. This involves:

- Wearing the PPE as required.
- Attending required training sessions.
- Informing the supervisor of the need to repair or replace PPE.

## **V. Protective Devices**

All PPE will be of safe design and construction for the work to be performed and will be maintained in a sanitary and reliable condition. Only those items of protective clothing and equipment that meet the applicable ASTM International, ANSI (American National Standards Institute) or NIOSH (National Institute of Safety & Health) standards will be procured or accepted for use. Newly purchased PPE must conform to the updated standards which have been incorporated into the OSHA PPE regulations, as found in 29 CFR 1910.132 through 1910.138 for general industry, and in 29 CFR 1926 Subpart E for the construction industry.

Careful consideration will be given to comfort and fit in order to ensure the PPE will be used. Protective devices are generally available in a variety of sizes. Care will be taken to ensure the right size is selected.

### **Eye and Face Protection**

Prevention of eye injuries requires all persons who may be in eye hazard areas wear protective eyewear. This includes employees, visitors, contractors, or others passing through an identified eye hazard area. The supervisor of each identified eye hazard area will have a sufficient quantity of goggles and/or plastic eye protectors, which afford the maximum amount of protection possible. If the personnel wear personal glasses they will be provided with a suitable eye protector to wear over them. OSHA regulations require each affected employee who wears prescription lenses while engaged in operations involving eye hazards will wear eye protection that either incorporates the prescription into its design or wear eye protection worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses. Personnel requiring prescription safety glasses should contact the main office to have their request for prescription safety glasses processed.

Suitable protectors will be used when employees are exposed to hazards from flying particles, molten metal, acids or caustic liquids, chemical liquids, gases or vapors, bioaerosols, or potentially injurious light radiation.

- Wearers of contact lenses must also wear appropriate eye and face protection devices in a hazardous environment.
- Side protectors will also be used when there is a hazard from flying objects.
- Goggles and face shields will be used when there is a hazard from chemical splash.
- Face shields will only be worn over primary eye protection (safety glasses or goggles).
- For those employees who wear prescription lenses, eye protectors will either incorporate the prescription in the design or fit properly over the prescription lenses.
- Protectors will be marked to identify the manufacturer.
- Equipment fitted with appropriate filter lenses will be used to protect against light radiation. Tinted or shaded lenses are not filter lenses unless they are marked or identified as such.

Emergency eyewash facilities, meeting the requirements of ANSI Z358.1, will be provided in all areas where the eyes of an employee will be exposed to corrosive materials. All emergency eyewash facilities will be located where they are easily accessible in an emergency.

### **Head Protection**

Head protection will be furnished to, and used by all employees and contractors engaged in construction work, and in all work areas identified as required during the hazard assessment of that particular work area. Head protection will be worn when hazards from falling or fixed objects or electrical shock are present.

### **Foot Protection**

Safety shoes will be worn where identified as required during the hazard assessment of each particular work

area.

- Safety shoes or boots, with impact protection, are required to be worn in work areas where carrying or handling materials such as packages, objects, parts or heavy loads, which could be dropped; and for other activities where objects might fall onto the feet.
- Safety shoes or boots, with compression protection, are required for work activities involving skid trucks (manual materials handling cars) or other activities in which materials or equipment could potentially roll over the feet of an employee.
- Safety shoes or boots, with puncture protection, are required where sharp objects such as nails, wire, tacks, screws, large staples, or scrap metal can be stepped on by employees.

### **Hand Protection**

Suitable gloves will be worn when hazards from chemicals, cuts, lacerations, abrasions, punctures, burns, biologicals, or harmful temperature extremes are present. Glove selection will be based on performance characteristics of the gloves, conditions, duration of use, and hazards present.

In selecting gloves for use during chemical exposure the first consideration will be the exact nature of substances encountered. Read the instructions and warnings found on chemical containers and/or Safety Data Sheets (SDS) prior to working with any chemical. Recommended glove types are usually listed in the section for personal protective equipment.

### **Cleaning and Maintenance**

All PPE will be kept clean and properly maintained. Cleaning is particularly important for eye and face protection, where dirty or fogged lenses could impair vision. PPE should be inspected, cleaned, and maintained at regular intervals so the PPE provides the requisite protection. Personal protective equipment should not be shared between employees until it has been properly cleaned and sanitized. PPE will be distributed for individual use whenever possible.

### **Training**

Any employee who is required to wear PPE will receive training in the proper use and care of the PPE. Initial training will be from instructional materials provided with the PPE by the manufacturer of the product. Periodic retraining will be offered to employees and supervisors as needed. Training will include, but not necessarily be limited to, the following subjects:

- When it is necessary for PPE to be worn?
- What PPE is necessary?
- How to properly don, doff, adjust, and wear PPE.
- The limitations of PPE.
- The proper care, maintenance, useful life, and disposal of the PPE.

After completion of the training employees will be required to demonstrate they understand the components of the Personal Protective Equipment Program, and how to use PPE properly, or they will be retrained.

### **Recordkeeping**

Written records will be kept with the names of the persons trained, the type of training provided, and the dates when training occurred. Training records will be maintained on each employee a minimum of 3 years. An evaluation for each work site, as recorded on the Hazard Assessment Certification Form, will be completed at minimum of each 3 years.

# PPE Assessment Checklist

**GAKCO Corp**

**Date:** \_\_\_\_\_

**Complete if employees are subjected to eye, head, hand, foot, and/or dermal exposure.**

## **General Policies**

- |     |    |  |
|-----|----|--|
| Yes | No | Has a workplace survey been conducted to determine which PPE items are necessary?                |
| Yes | No | Is this survey documented?   |
| Yes | No | Is all protective equipment maintained in a sanitary condition and ready to use?                 |
| Yes | No | Have employees been trained and tested on how and when to use PPE items?                         |
| Yes | No | Are temporary or rotated shift employees, vendors, and visitors advised on the use of PPE items? |
| Yes | No | Are these same groups required to wear PPE while in the work area?                               |
| Yes | No | Has Safety Data Sheet information been surveyed for required PPE usage?                          |
| Yes | No | Are employee training records maintained accurately and kept up to date?                         |

## **Use and Disposal**

- |     |    |   |
|-----|----|---|
| Yes | No | Are procedures in place for decontamination/disposal of PPE items?  |
| Yes | No | Are PPE items for reorder verified for the same level of protection when there is a change in manufacturer? |
| Yes | No | Is the compatibility of replacement parts (such as respirator cartridges) also verified?                    |
| Yes | No | Are procedures in place for cleaning up hazardous materials?  |

## **Vision Protection**

- |     |    |   |
|-----|----|---|
| Yes | No | Are protective goggles, glasses, and face shields provided and worn when there is any danger of flying particles or corrosive materials?  |
| Yes | No | Are approved safety glasses required to be worn when there is a risk of eye injuries, such as punctures, abrasions, contusions, or burns? |
| Yes | No | Are employees who use corrective lenses required to wear approved prescription safety glasses with goggles and face shields?              |

## **Apparel**

- |     |    |   |
|-----|----|---|
| Yes | No | Are protective gloves, aprons, shields, or other precautions (protective cream) provided wherever there is a danger employees could be cut or exposed to corrosive, hazardous, or infectious materials? |
| Yes | No | Are eyewash facilities and a quick drench shower within any work area where employees are exposed to injurious corrosives?  |
| Yes | No | Are hard hats inspected periodically for damage to the suspension system and the shell?   |
| Yes | No | Are employees who work in identified areas required to wear protective footwear?  |

## **Respirators, Hearing Protection**

- |     |    |  |
|-----|----|--|
| Yes | No | Are approved respirators provided for regular or emergency use where needed? |
| Yes | No | Is protection provided against occupational noise exposure when required?    |
| Yes | No | Is hearing testing also provided?  |

# Personal Protective Equipment Certification of Hazard Assessment Form

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Specific Tasks Performed at this Location: \_\_\_\_\_

Analysis Conducted By: \_\_\_\_\_

|  |   |   |
|--|---|---|
| <b>I. Overhead Hazards</b>   |   |   |
| <p>Hazards to consider include:</p> <ul style="list-style-type: none"> <li>• Suspended loads that could fall</li> <li>• Overhead beams or loads that could be hit against</li> <li>• Energized wires or equipment that could be hit against</li> <li>• Employees work at elevated site who could drop object on others below</li> <li>• Sharp objects or corners at head level</li> </ul>  |   |   |
| <b>Hazards Identified:</b>   |   |   |
| <p><b>Head Protection:</b>    Yes    No<br/>         If yes, type:<br/>             Type G (General) Impact &amp; penetration resistance, low voltage exposure, proof-tested at 2,200 volts<br/>             Type E (Electrical) Impact &amp; penetration resistance, high voltage exposure, proof-tested at 20,000 volts<br/>             Type C (Conductive) Impact &amp; penetration resistance, no electrical exposure</p>   |   |   |
| <b>II. Eye and Face Hazards</b>  |   |   |
| <p>Hazards to consider include:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; padding-right: 20px;"> <ul style="list-style-type: none"> <li>• Chemical Splashes</li> <li>• Smoke &amp; Fumes</li> <li>• Lasers/Optical Radiation</li> <li>• Projectiles</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Dust</li> <li>• Welding Operations</li> <li>• Bioaerosols</li> </ul> </td> </tr> </table>                            | <ul style="list-style-type: none"> <li>• Chemical Splashes</li> <li>• Smoke &amp; Fumes</li> <li>• Lasers/Optical Radiation</li> <li>• Projectiles</li> </ul> | <ul style="list-style-type: none"> <li>• Dust</li> <li>• Welding Operations</li> <li>• Bioaerosols</li> </ul>                                 |
| <ul style="list-style-type: none"> <li>• Chemical Splashes</li> <li>• Smoke &amp; Fumes</li> <li>• Lasers/Optical Radiation</li> <li>• Projectiles</li> </ul>  | <ul style="list-style-type: none"> <li>• Dust</li> <li>• Welding Operations</li> <li>• Bioaerosols</li> </ul>   |   |
| <b>Hazards Identified:</b>   |   |   |
| <p><b>Eye Protection:</b>    Yes    No<br/>         Safety Glasses        Yes    No<br/>         Face Shields            Yes    No</p>   |   |   |
| <b>III. Hand Hazards</b>   |   |   |
| <p>Hazards to consider include:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; padding-right: 20px;"> <ul style="list-style-type: none"> <li>• Chemicals</li> <li>• Temperature Extremes</li> <li>• Exposed Electrical</li> <li>• Material Handling</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Sharp Edges, Splinters</li> <li>• Biological Agents</li> <li>• Sharp Tools, Machine Parts</li> </ul> </td> </tr> </table> | <ul style="list-style-type: none"> <li>• Chemicals</li> <li>• Temperature Extremes</li> <li>• Exposed Electrical</li> <li>• Material Handling</li> </ul>      | <ul style="list-style-type: none"> <li>• Sharp Edges, Splinters</li> <li>• Biological Agents</li> <li>• Sharp Tools, Machine Parts</li> </ul> |
| <ul style="list-style-type: none"> <li>• Chemicals</li> <li>• Temperature Extremes</li> <li>• Exposed Electrical</li> <li>• Material Handling</li> </ul>   | <ul style="list-style-type: none"> <li>• Sharp Edges, Splinters</li> <li>• Biological Agents</li> <li>• Sharp Tools, Machine Parts</li> </ul>                 |   |
| <b>Hazards Identified:</b>   |   |   |

|  |  |
|--|--|
| <b>Hand Protection:</b> Yes    No<br>Gloves                    Yes    No<br>Chemical Resistant<br>Temperature Resistant<br>Abrasion Resistant<br>Other (Explain): _____  |  |
| <b>IV. Foot Hazards</b>  |  |
| Hazards to consider include: <ul style="list-style-type: none"> <li style="width: 50%;">• Heavy Materials handled by Employees</li> <li style="width: 50%;">• Sharp Edges or Points (puncture risk)</li> <li style="width: 50%;">• Exposed Electrical Wires</li> <li style="width: 50%;">• Unusually Slippery Conditions</li> <li style="width: 50%;">• Wet Conditions</li> <li style="width: 50%;">• Construction/Demolition</li> </ul> |  |
| <b>Hazards Identified:</b><br><br>   |  |
| <b>Foot Protection:</b> Yes    No<br>Safety Shoes            Yes    No<br>Types:<br>Toe Protection<br>Metatarsal Protection<br>Puncture Resistant<br>Electrical Insulation<br>Other (Explain) _____  |  |
| <b>V. Other Identified Safety and/or Health Hazards</b>  |  |
| <b>Hazards Identified:</b><br><br>   | <b>Recommended Protection:</b><br><br> |

I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards present on this day.

\_\_\_\_\_  
 GAKCO Corp

\_\_\_\_\_  
 Date





**Personal Protective Equipment  
Certification of Training**

Name of Employee: \_\_\_\_\_

| PPE Training Subject | Dates of Training | Initials of Trainer |
|----------------------|-------------------|---------------------|
|                      |                   |                     |
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# Respiratory Protection Program

The detailed requirements of the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard are found in 29 CFR 1910.134 and the included Appendix A, B, C, and D. The application of these requirements in the affected workplaces will promote more effective use of respirators and help provide for the safety and health of employees.

Generally businesses are required to establish a respiratory protection program whenever employees:

- work in situations where the level of oxygen is insufficient, or potentially insufficient,
- are potentially exposed to harmful levels of hazardous gases or vapors, or
- are exposed to other potential respiratory hazards, such as dust, mists, fumes, sprays and other airborne particles.

Engineering and work practice controls should be the primary means used to reduce employee exposure to toxic chemicals, and that respirators should only be used if engineering or work practice controls are infeasible or while they are being implemented. This preference for engineering and work practice controls is stated in a number of OSHA's standards and in the standards establishing permissible exposure limits for a number of harmful air contaminants. Feasible engineering, administrative, or work practice controls should be used in conjunction with respirators even though such controls may not be sufficient to reduce exposure to or below the permissible exposure limit (PEL).

It is imperative for the employer to provide the right type of respirator for the substance and level of exposure involved. The employer is responsible for identifying and evaluating the respiratory hazards in the workplace. This evaluation should be a reasonable estimate of employee exposures to respiratory hazards and an identification of the contaminant's chemical state and physical form. The evaluation can be completed by:

- Identifying the chemicals to which employees are exposed and evaluating the chemical hazards. Where exposure cannot be identified or reasonably estimated, the atmosphere should be considered immediately dangerous to life or health (IDLH). All oxygen-deficient atmospheres (less than 19.5% O<sub>2</sub> by volume) are considered IDLH.
- Determining the state and physical form of the chemicals. Are they solids, liquids or gases? Do the liquids and solids give off vapors or do they form dusts or mists?
- Estimating or measuring employee exposures to the hazards.

The employer is then required to select and provide an appropriate respirator based on the respiratory hazards to which the worker is exposed. Note that some chemical substances have very specific criteria that must be used in estimating the exposure.

A written respiratory protection program is required when necessary to protect the health of the employee from workplace contaminants or when the employer requires the use of respirators. A limited written program is also required when respirators (other than filtering facepieces) are being voluntarily worn by employees.

The OSHA published a Small Entity Compliance Guide to help businesses understand the Respiratory Protection Standard. It provides guidance only and does not replace the official Respiratory Protection Standard (29 CFR 1910.134), which must be referred to for compliance. A sample respiratory protection program is provided as a part of the Small Entity Compliance Guide. It is suggested that this program be read, analyzed, and adapted to meet the needs of your program. Keep in mind, however, that there is often more than one way to implement certain requirements of the standard in a particular workplace setting.

# **Eight Steps for an Effective Respiratory Protection Program**

The program must include workplace specific procedures and contain all applicable program elements. Where respirators are required, respirators (and their associated requirements such as fit-testing and maintenance), training, and medical evaluations must be provided at no cost to the employee. If employers allow the voluntary use of respirators other than filtering facepieces, the costs associated with ensuring the respirator itself does not create a hazard, such as medical evaluations and maintenance must be provided at no cost to the employee.

## **1. Administration**

Put one person in charge of the entire program. This person should have knowledge about the respiratory protection standards and methods of hazard control.

## **2. Defining Respiratory Hazards**

Consider the possibility of oxygen deficient atmospheres. Study all the contaminants that could cause trouble for your employees. Determine the permissible exposure limit of the contaminants.

## **3. Hazard Assessment**

Review your entire operation and locate any potential hazards. Sample and test with the proper equipment during operations. Take samples in the work area frequently enough to cover the range of average exposures.

## **4. Hazard Controls**

Engineering controls should be used whenever possible to reduce or eliminate an employee's exposure to contaminants. When this cannot eliminate all exposure, appropriate protection equipment should be provided to all employees.

## **5. Selection of Respiratory Protection**

On the basis of your hazard assessment, select a protective device which gives the desired protection. Respirators are selected according to the type and concentration of airborne contaminant that is present. The selection must use the regulated assigned protection factors. Respirators should have a maximum use concentration indicated to assure it is capable of providing the needed protection.

## **6. Training**

All employees who are required to wear respiratory protection devices should be thoroughly trained on the use of the device, the nature of the hazard, its potential harm, and the limitations of the device. All training should be followed by close field supervision. Annual training is required. Since a person's facial characteristics may change through time, fit testing should be done annually, as well, and could be done at the same time as the training.

## **7. Inspection, Maintenance, and Repair**

A written, mandatory procedure for the inspection, maintenance, and repair of the protective devices should be developed. This program should include adequate documentation of all work performed. The expected service life for the selected respirators must be determined or a change schedule is needed.

## **8. Medical Surveillance**

Employees who are either required to wear respirators, or who choose to wear an air purifying respirator voluntarily, must pass a medical exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use. The voluntary use of a filtering facepiece respirator does not generally require medical evaluation. In addition to a regular program of pre-employment medical evaluation, a process of medical monitoring can help determine the success of the respiratory protection program.

## Employee Training

Employee training is a critical part of a successful respiratory protection program and is essential for correct respirator use. Training must be provided to all employees who are required to wear respirators. Training must address the identification of hazards, the extent of employee exposure to those hazards, and the potential health effects of exposure. The training that is required under the Hazard Communication standard (29 CFR 1910.1200) can help satisfy this requirement for chemical hazards.

Comprehensive training must be repeated at least annually. Employees must understand that proper fit, usage, and maintenance of respirators is critical to ensure that they can perform their protective function. Basic information on the proper use of respirators should be presented to the employee either verbally or in written form, if the employee chooses to wear a respirator but is not required to do so.

For those that are not required to wear a respirator, the company will generally provide employees who voluntarily choose to wear a respirator with a copy of Appendix D of the standard. (Appendix D details the requirements for voluntary use of respirators by employees.)

Appendix D (Mandatory) of the standard covers Information for Employees Using Respirators When Not Required Under the Standard, and states:

“Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substances does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning, and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute of Safety and Health of the U. S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

# Respirator Inspection and Maintenance

## General Guidelines:

Anyone wearing a respirator must inspect it daily whenever it is in use.

Supervisors will periodically spot check respirators for fit, usage and condition.

An end of service life or change schedule must be determined for all cartridge respirators. Reliance on odor thresholds and other warning properties will not be permitted as the primary basis for determining the service life of gas and vapor cartridges and canisters.

A general "rule of thumb" that should only be used with a more precise method of predicting service life for specific contaminants suggests that:

- If the chemical's boiling point is  $> 70\text{ }^{\circ}\text{C}$  and the concentration is less than 200 ppm you can expect a service life of 8 hours at a normal work rate.
- Service life is inversely proportional to work rate. A faster work pace increases ones breathing rate which decreases the life of a respirator.
- Reducing the contaminant concentration by a factor of 10 will increase service life by a factor of 5.
- Humidity above 85% will reduce service life by 50%.

Respirators not discarded after one shift must be cleaned on a daily basis, in accordance to the manufacturer's recommendations. All cleaning of respirators is to be done by individuals trained in the procedure.

Respirators not discarded after one shift must be stored in a suitable container and located in an area away from contamination.

If a respirator is used by more than one individual it must be properly cleaned between uses. Each area requiring the regular use of respirators will maintain a log book. Employees not discarding respirators after one shift should sign this log to document the inspection and maintenance of their respirator.

The OSHA Standard 1910.134 for respiratory protection Appendix A, describes mandatory fit testing procedures; Appendix B-1 describes mandatory user seal check procedures; and Appendix B-2 describes mandatory respiratory cleaning procedures.

## Inspection Procedures:

The following procedure is the responsibility of each person using a cartridge respirator; they must be trained before being allowed to use the respirator. The respirator must be inspected before each use to ensure it is in proper operating condition, and any damaged or defective part must be repaired or replaced.

- Check the faceplates for cracks, tears, and dirt. Be certain the faceplate, especially the face seal area, is not distorted. The material must be pliable, not stiff.
- Examine the inhalation valves for signs of distortion, cracking, or tearing. Lift valves and inspect the valve seats for dirt or cracking.
- Determine that the head straps are intact and have good elasticity.
- Examine all plastic parts for signs of cracking or fatigue. Make sure the gaskets are properly sealed.
- Remove the exhalation valve cover and examine the valve and valve seat for signs of dirt, distortion, cracking, or tearing. Replace the exhalation cover.

**Assembling and Fitting a Respirator:**

1. To attach the cartridge to the respirator faceplate, remove the retainer cap from the cartridge holder. Make sure the rubber gasket is properly seated in the slot around the base of the holder. If the gasket is twisted or out of its slot, the respirator may leak. Replace or reseat the gasket if necessary.
2. Place the filter cartridge into the holder. The high efficiency cartridge must be placed with the large solid center dot facing out away from the respirator.
3. If used, place the pre-filer on top of the cartridge. The printed side of the filter should face the cartridge.
4. Place the retainer over the filter and rotate it clockwise until tight. Twisting the retainer too tightly can result in distortion and may cause leakage.
5. Place the respirator over the mouth and nose. Then pull the head harness over the crown of the head.
6. Take the bottom straps, in both hands, place them in back of the neck and hook them together.
7. Pull the ends of the head harness and bottom straps to adjust the tightness.

**Maintenance and Disassembly:**

Cleaning is recommended after each use. Disassemble by removing the cartridge, headbands and other parts.

Clean and sanitize the masks by immersing them in a warm water solution and scrubbing with a soft brush until clean. Use cleaning solutions recommended by the manufacturer.

Rinse in fresh, warm water and air dry in an uncontaminated area.

Respirators components, especially the exhalation valve and seat valve should be inspected with any worn or deteriorated parts being replaced.

**Assembly:**

1. Place the exhalation valve on its post, making certain that it seats to the flared top of the post. Fit the valve cover to the hinged end of the seat, then firmly snap the cover closed.
2. Place the valve assembly into the bottom opening of the face piece with the arrow pointing directly at the arrow on the face piece.
3. Replace the face piece yoke, making certain that the hole in the yoke engages the rubber button on the face piece. Moisten the rubber button for easier assembly.
4. Attach the straps to the yoke by placing the tee-bar into the slot while sliding the tab over the outside of the yoke. Rotate  $\frac{1}{4}$  turn to lock in place.
5. Place the cartridge into the side ports of the face piece. Make certain that the arrow on the holder is pointed toward the upper arrow on the inside of the face piece.

**Storage:**

The respirator must be placed in a clean container and stored at room temperature in a dry and uncontaminated atmosphere.

# OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

(Appendix C to Sec. 1910.134)

**To the employer:** Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

**To the employee:** Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

**Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).**

1. Today's Date: \_\_\_\_\_
2. Your Name: \_\_\_\_\_
3. Your Age (to nearest year): \_\_\_\_\_
4. Sex (circle one): Male/Female
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your Job Title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
  - a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No  
If "yes," what type(s): \_\_\_\_\_

**Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").**

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you **ever had** any of the following conditions?
  - a. Seizures: Yes/No
  - b. Diabetes (sugar disease): Yes/No
  - c. Allergic reactions that interfere with your breathing: Yes/No
  - d. Claustrophobia (fear of closed-in places): Yes/No
  - e. Trouble smelling odors: Yes/No
3. Have you **ever had** any of the following pulmonary or lung problems?
  - a. Asbestosis: Yes/No



- b. Asthma: Yes/No
  - c. Chronic bronchitis: Yes/No
  - d. Emphysema: Yes/No
  - e. Pneumonia: Yes/No
  - f. Tuberculosis: Yes/No
  - g. Silicosis: Yes/No
  - h. Pneumothorax (collapsed lung): Yes/No
  - i. Lung cancer: Yes/No
  - j. Broken ribs: Yes/No
  - k. Any chest injuries or surgeries: Yes/No
  - l. Any other lung problem that you've been told about: Yes/No
4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: Yes/No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
  - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
  - e. Shortness of breath when washing or dressing yourself: Yes/No
  - f. Shortness of breath that interferes with your job: Yes/No
  - g. Coughing that produces phlegm (thick sputum): Yes/No
  - h. Coughing that wakes you early in the morning: Yes/No
  - i. Coughing that occurs mostly when you are lying down: Yes/No
  - j. Coughing up blood in the last month: Yes/No
  - k. Wheezing: Yes/No
  - l. Wheezing that interferes with your job: Yes/No
  - m. Chest pain when you breathe deeply: Yes/No
  - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you **ever had** any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
  - b. Stroke: Yes/No
  - c. Angina: Yes/No
  - d. Heart failure: Yes/No
  - e. Swelling in your legs or feet (not caused by walking): Yes/No
  - f. Heart arrhythmia (heart beating irregularly): Yes/No
  - g. High blood pressure: Yes/No
  - h. Any other heart problem that you've been told about: Yes/No
6. Have you **ever had** any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
  - b. Pain or tightness in your chest during physical activity: Yes/No
  - c. Pain or tightness in your chest that interferes with your job: Yes/No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
  - e. Heartburn or indigestion that is not related to eating: Yes/No
  - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you **currently** take medication for any of the following problems?
  - a. Breathing or lung problems: Yes/No
  - b. Heart trouble: Yes/No
  - c. Blood pressure: Yes/No
  - d. Seizures: Yes/No
  
8. If you've used a respirator, have you **ever had** any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
  - a. Eye irritation: Yes/No
  - b. Skin allergies or rashes: Yes/No
  - c. Anxiety: Yes/No
  - d. General weakness or fatigue: Yes/No
  - e. Any other problem that interferes with your use of a respirator: Yes/No
  
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you **ever lost** vision in either eye (temporarily or permanently): Yes/No
  
11. Do you **currently** have any of the following vision problems?
  - a. Wear contact lenses: Yes/No
  - b. Wear glasses: Yes/No
  - c. Color blind: Yes/No
  - d. Any other eye or vision problem: Yes/No
  
12. Have you **ever had** an injury to your ears, including a broken ear drum: Yes/No
  
13. Do you **currently** have any of the following hearing problems?
  - a. Difficulty hearing: Yes/No
  - b. Wear a hearing aid: Yes/No
  - c. Any other hearing or ear problem: Yes/No
  
14. Have you **ever had** a back injury: Yes/No
  
15. Do you **currently** have any of the following musculoskeletal problems?
  - a. Weakness in any of your arms, hands, legs, or feet: Yes/No
  - b. Back pain: Yes/No
  - c. Difficulty fully moving your arms and legs: Yes/No
  - d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
  - e. Difficulty fully moving your head up or down: Yes/No
  - f. Difficulty fully moving your head side to side: Yes/No
  - g. Difficulty bending at your knees: Yes/No
  - h. Difficulty squatting to the ground: Yes/No
  - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.: Yes/No
  - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

**Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
- b. Silica (e.g., in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No
- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any second jobs or side businesses you have: \_\_\_\_\_  
\_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_  
\_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_  
\_\_\_\_\_

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: \_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas masks): Yes/No
- c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours **per week**: Yes/No
- d. Less than 2 hours **per day**: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

- a. **Light** (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1-3 lbs.) or controlling machines.

- b. **Moderate** (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban traffic; **standing** while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; **walking** on a level surface about 2 mph or down a 5-degree grade about 3 mph; or **pushing** a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. **Heavy** (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; **shoveling**; **standing** while bricklaying or chipping castings; **walking** up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

\_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the third toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

## Qualitative and Quantitative Fit Test Record

Employees using a tight-fitting facepiece respirator must pass an appropriate fit test annually.

A fit test record is retained for each respirator user until the next fit test is administered.

Date of Test: \_\_\_\_\_

The Name or Identification of the Employee Tested: \_\_\_\_\_

Specific Respirator Tested:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Style: \_\_\_\_\_

Size: \_\_\_\_\_

Check the type of fit test performed and provide results. See 1910.134 Appendix A (Mandatory)

| Qualitative Fit Tests  | Quantitative Fit Tests  |
|--|---|
| Isoamyl Acetate Protocol<br>Saccharin Solution Aerosol Protocol<br>Denatonium Benzoate Protocol<br>Stannic Chloride Protocol | Generated Aerosol Protocol<br>Ambient Aerosol (CNC) Protocol<br>Controlled Negative Pressure Protocol<br>Controlled Negative Pressure REDON Protocol<br>Other: _____<br>_____ |
| For Qualitative Fit Tests, Check one:<br>Pass: _____<br>Fail: _____  | For Quantitative Fit Tests, attach fit factor and strip chart recording or other recording of the test results.   |

# Return-to-Work & Modified Duty Job Program

## A Guide to Implementation

Wage loss benefits to injured workers make up almost 50 percent of a typical workers compensation claim. These costs result in higher experience modifications which, in turn, result in higher premiums. A systematic method of getting an injured employee back to work as quickly as possible can impact these costs, thus reducing **your** premiums.

### How to Institute Return-to-Work & Modified Duty Job Program

#### Develop a Return-to-Work & Modified Duty Job Policy Statement:

- Put it in writing;
- Communicate the policy to all employees;
- Emphasize your commitment to get injured employees back to productive work as quickly as possible;
- List some of the modified duty jobs that will be made available; and
- Indicate your willingness to provide work that meets the employee's physical limitations.

#### Designate person(s) responsible for the administration of the program. This person should be responsible for:

- Reporting claims to the insurance company promptly;
- Keeping a supply of forms used:
  - Claims forms
  - Return-to-Work Agreement
  - Return-to-Work Authorization Form
- Keeping a list of key contact people and telephone numbers:
  - Claims person
  - Designated physician

#### Designate a company physician.

- Communicate this to all employees;
- In most cases, have a/the supervisor take the injured employee to the physician;
- Have the injured employee bring a Return-to-Work Authorization Form to the physician to be completed and returned to the employer as soon as possible.

#### Contact your injured employee if he/she does not return to work immediately.

- Explain to the employees that you value them and would like to have them back to work as soon as possible.
- Contact your employee on a regular basis to check on his/her status.
- Stress your commitment to returning the employee to work as soon as possible.
- Explain that you have modified duty and transitional work available that may meet his/her physical limitations.

#### When the employee returns to work:

- Complete the Return-to-Work Agreement with the injured employee;
- Have the employee perform appropriate modified duty or transitional work; and
- Regularly evaluate the employee's physical capabilities.





## Key Contact People

### Insurance Company

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Designated Physician

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### State Workers Compensation Division

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_



# Return to Work Authorization Form

Employee: \_\_\_\_\_ Employer: GAKCO Corp

Employer Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Applicable Shift Duration: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Work Related - Submit Claim to: \_\_\_\_\_

Non-Work Related - Submit Claim to: \_\_\_\_\_

Treatment: \_\_\_\_\_

Disposition Return to work date (no limitations) \_\_\_\_\_

Return to work date (with limitations) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Unable to work From \_\_\_\_\_ To \_\_\_\_\_

Return to Clinic on \_\_\_\_\_

Prognosis: \_\_\_\_\_

Referral: To Consultant - Doctor: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Physical Therapy: \_\_\_\_\_ Frequency: \_\_\_\_\_

## Work Restrictions

Restrictions Apply to: Work Home Leisure

During the applicable workday, this employee can: Sit \_\_\_\_\_ hours Stand \_\_\_\_\_ hours Walk \_\_\_\_\_ hours

In terms of an applicable work day, "occasionally" equals 1-33%, "frequently" equals 34-66%, and "continuously" equals 67-100%.

| Employee Can:              | Never | Occasionally | Frequently | Continuously |
|----------------------------|-------|--------------|------------|--------------|
| Lift and Carry:            |       |              |            |              |
| Up to 10 pounds            |       |              |            |              |
| 11 to 25 pounds            |       |              |            |              |
| 26 to 35 pounds            |       |              |            |              |
| 36 to 50 pounds            |       |              |            |              |
| 51 to 75 pounds            |       |              |            |              |
| 76 to 100 pounds           |       |              |            |              |
| Reach Above Shoulder Level |       |              |            |              |
| Push/Pull                  |       |              |            |              |
| Climb                      |       |              |            |              |
| Crawl                      |       |              |            |              |
| Squat/Kneel                |       |              |            |              |
| Bend/Stoop/Crouch          |       |              |            |              |
| Balance                    |       |              |            |              |
| Twist Upper Body           |       |              |            |              |
| Use Hands Dexterously      |       |              |            |              |

No operation moving equipment or machinery

No exposure to chemicals (Specify): \_\_\_\_\_

No static position (Specify): \_\_\_\_\_

Other: \_\_\_\_\_

Physician's Comments: \_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_ Date: \_\_\_\_\_



## Return-to-Work Agreement

Employer: **GAKCO Corp** ("We" herein).

Employee: \_\_\_\_\_ ("You" herein).

We agree that the following represents the restrictions under which you are able and have agreed to return to work as of \_\_\_\_\_.

Those restrictions are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

We will not require you to perform any tasks beyond those restrictions. If you are asked to perform such a task by any of our employees or agents, please decline. They may not be aware of your restrictions.

By signing below, you agree and verify that you will not do anything beyond the noted restrictions either here at work, beyond the work site, at home or at recreation until such time as the doctor has released the restrictions and we have been notified to that effect.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Return-to Work & Modified Duty Job Policy

If you become ill or injured as a result of a job related accident, you will be missed by other employees working in your department. Employees have a responsibility to return to work at the earliest possible time, commensurate with your health and safety.

We will actively seek to return disabled employees covered by workers compensation to productive work as quickly as possible, in cooperation with the employee's physician or health care provider.

If necessary, a temporary job may be provided for you that is within your physical capabilities, consistent with company needs. Even working at partial capacity will assist your fellow employees in completing the work. Efforts will be made to return you to your previous job, when possible.

Listed below are some examples of modified duty jobs which we have available for you to do, depending upon your injury, capabilities and company need.

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(This form to be posted at each premise)

\_\_\_\_\_  
Owner/Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title