



# SAFETY PROGRAM

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*These safety plan documents are provided as general information and recommendations regarding risk prevention only and should not be considered legal or other expert advice. These are sample forms and are not intended to cover or identify all possible risk exposures. Use of these documents does not warrant or guarantee accreditation or certification for any program. Since each business situation is unique, these sample documents should be edited to meet your specialized circumstances and needs. The material included is not intended to be a substitute for or ensure compliance with any state, federal or local laws or regulations, including but not limited to specific laws and standards on accreditation or certification. The recommendations provided may help reduce the risk of loss, but should not be construed as eliminating any or all risk of loss. Qualified counsel should be sought regarding questions specific to your circumstances and to develop forms and procedures for your business.*

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### Important Notice (F70-400)

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This sample document is intended solely for educational and informational purposes and is not intended to set forth or establish programs or policies specific to your business. The information contained in this document is merely suggested procedures based upon collective experience. These suggestions may or may not apply in any given situation. Under no circumstances should this document be used as a sole resource to supply the specialized advice necessary for developing an effective safety and accident prevention program. **Since each business situation is unique, this sample document should be edited to meet your specialized circumstances and needs and the laws applicable to your business.**

Your safety program is intended to help you deal with the known and recognized hazards that you have chosen to focus upon, concentrating on hazards that may exist in your business. These guidelines and procedures are based on various state and federal laws and the collective experience of loss control professionals. However, the material presented here is not intended to comply with any state, federal or local regulations. Use this resource material as a guideline only, and obtain the advice of appropriate legal and other business professionals for specific information on special hazards or regulations that may apply to your particular operation and for developing forms and procedures for your business. This sample form should not be considered legal or specialized safety advice.

Programs contained in this document are general enough to meet most state laws and regulations; however, it is strongly recommended that you consult a competent legal professional who is familiar with the specific laws and regulations of your state and can help you edit this information to your specific circumstances.

This safety information is designed to supplement your existing safety training and does not constitute a complete safety training program. Remember, the key to an effective program is using the safety program material and **implementing** it into your normal business operations.

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.

may vary from the policies and provisions in this manual if, in its sole discretion, the circumstances require.



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I.

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**Management Commitment and  
Employee Involvement**

**Safety** is everyone's responsibility. It is the desire of \_\_\_\_\_ 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.

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President

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**

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- 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

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I am pleased to announce \_\_\_\_\_ has been appointed to the position of Safety Director for \_\_\_\_\_.

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.

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President

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

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Safety performance indicators for \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_ :

Safety Performance	Previous Period		Current Period	
Leading Indicators	Frequency Count	Prevention Cost (\$)	Frequency Count	Prevention Cost (\$)
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	
Leading Indicators	Frequency Count	Prevention Cost (\$)	Frequency Count	Prevention Cost (\$)
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		\$		\$

:

Safety committees can be invaluable to a safety program by providing the active participation and cooperation of many key people in the organization. They also can be unproductive and ineffective. The difference between success and failure lies with the original purpose of the committee, its staffing and structure, and the support it receives while carrying out its responsibilities.

A safety committee is a group that aids and advises both management and employees on matters of safety and health pertaining to company operations. In addition, it performs essential monitoring, educational, investigative, and evaluative tasks.

### Safety Committee Program

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#### Formation of a safety committee:

1. Members should represent daily work activities;
2. Both employee and employer representatives should be on the committee;
3. The committee may be chaired by one member, or co-chaired by more than one;
4. Membership on this committee should vary.

#### Duties of the safety committee:

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1. Conduct regularly scheduled and documented safety committee meetings;
2. Actively participate in safety and health instruction programs;
3. Conduct hazard recognition inspections of the workplace on a regular basis;
4. Review and evaluate hazard recognition reports;
5. Review all accident investigation reports;
6. Review all employee reporting and communications reports;
7. Inform management of proposed safety and health recommendations and improvements;
8. Monitor and evaluate the effectiveness of safety and health recommendations and improvements;
9. Compile and distribute safety and health information to employees; and
10. Monitor Federal, state and local worker related laws and regulations.

#### Agenda of a safety committee meeting:

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1. Review minutes of previous meeting;
2. Discuss any unfinished business from last meeting;
3. Report on actions taken by management as a result of previous suggestions;
4. Review accident investigation reports;
5. Review hazard recognition reports;
6. Review employee reporting and communication reports; and
7. Report suggestions on health and safety hazards to management.



### 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;
- 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 Coordinator

**Responsibilities:**

- 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.

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.

Examples	
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

1st Warning \_\_\_\_\_

2nd Warning \_\_\_\_\_

3rd Warning \_\_\_\_\_

### Employer Statement

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

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

### Employee Statement

I  agree  disagree with Employer's statement

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

\_\_\_\_\_  
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 \_\_\_/\_\_\_/\_\_\_

I acknowledge receipt of the Safety Program.

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

\_\_\_\_\_  
Signature Date

(This portion to be retained by employee)

I acknowledge receipt of the Safety Program.

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

\_\_\_\_\_  
Signature Date

(This portion to be retained by employer in employee personnel file)

## II.

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# Workplace Analysis

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**

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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.

#### **Potential Adverse Event or Threat**

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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**

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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**

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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**

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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.

## Sample 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)
Example- 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)

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.

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 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.

## Safety Items

Are the employees under your supervision wearing:

- 1. Safety glasses with side shields .....  Yes  No  Corrected
- 2. Eye protection for liquids or welding .....  Yes  No  Corrected
- 3. Steel-toed shoes .....  Yes  No  Corrected
- 4. Proper clothing for the job .....  Yes  No  Corrected
- 5. Face shields for grinders .....  Yes  No  Corrected
- 6. Sleeves and gloves as required .....  Yes  No  Corrected
- 7. Aprons and other protective clothing .....  Yes  No  Corrected
- 8. Proper head protection .....  Yes  No  Corrected
- 9. Other: \_\_\_\_\_  Yes  No  Corrected

What corrections were required? \_\_\_\_\_

## Machines

Are all machines:

- 1. Gears and flywheels properly guarded .....  Yes  No  Corrected
- 2. Two hand controls work .....  Yes  No  Corrected
- 3. Hand tools being used .....  Yes  No  Corrected
- 4. Point of operation guards in place .....  Yes  No  Corrected
- 5. Die blocks, interlocks in place .....  Yes  No  Corrected
- 6. Lockout procedure in place and used .....  Yes  No  Corrected
- 7. Electrical box covers secured and in place .....  Yes  No  Corrected
- 8. Maintenance schedules documented .....  Yes  No  Corrected
- 9. Other: \_\_\_\_\_  Yes  No  Corrected

What corrections were required? \_\_\_\_\_

## Floors and Platforms

Are all:

- 1. Walking surfaces clean and dry .....  Yes  No  Corrected
- 2. Working areas free from pallets, parts, debris .....  Yes  No  Corrected
- 3. Extension and electrical cords in good repair .....  Yes  No  Corrected
- 4. Metal shaving disposal .....  Yes  No  Corrected
- 5. Floor dry used on oil spills .....  Yes  No  Corrected
- 6. Hand rails in place .....  Yes  No  Corrected
- 7. Ladders in good condition .....  Yes  No  Corrected
- 8. Ladders in good condition .....  Yes  No  Corrected
- 9. Other: \_\_\_\_\_  Yes  No  Corrected

What corrections were required? \_\_\_\_\_

## Miscellaneous

Are:

- 1. Employees using proper lifting methods .....  Yes  No  Corrected
- 2. Employees asking for help lifting 100 lbs. ....  Yes  No  Corrected
- 3. Tools in good working condition .....  Yes  No  Corrected
- 4. Safety meetings held weekly .....  Yes  No  Corrected
- 5. Other: \_\_\_\_\_  Yes  No  Corrected

What corrections were required? \_\_\_\_\_

## Storage

Are:

- 1. Materials or pallets straight and even .....  Yes  No  Corrected
- 2. Stairs, fire escape doors and exits unobstructed .....  Yes  No  Corrected
- 3. Sprinkler mains kept in the "on", open position .....  Yes  No  Corrected
- 4. Fire hydrants visible & unobstructed .....  Yes  No  Corrected
- 5. Fire extinguishers marked & inspected .....  Yes  No  Corrected
- 6. Aisles free and clear of obstructions .....  Yes  No  Corrected
- 7. Overhanging or protruding hazards .....  Yes  No  Corrected
- 8. Electrical boxes unobstructed/kept clear .....  Yes  No  Corrected
- 9. Other: \_\_\_\_\_  Yes  No  Corrected

What corrections were required? \_\_\_\_\_

## Illumination, Ventilation and Sanitation

Are:

- 1. All areas sufficiently lighted .....  Yes  No  Corrected
- 2. Does lighting reveal obstructions & hazards .....  Yes  No  Corrected
- 3. Any burned out bulbs .....  Yes  No  Corrected
- 4. Any sockets without bulbs .....  Yes  No  Corrected
- 5. Paint booth ventilation (clean filters) .....  Yes  No  Corrected
- 6. Exotic metals being used .....  Yes  No  Corrected
- 7. Unsanitary conditions .....  Yes  No  Corrected
- 8. Other: \_\_\_\_\_  Yes  No  Corrected

What corrections were required? \_\_\_\_\_

## Forklift Trucks and Drivers

Are:

- 1. All forklift trucks in good repair .....  Yes  No  Corrected
- 2. Drivers certified to operate forklifts .....  Yes  No  Corrected
- 3. Warning device installed and operating .....  Yes  No  Corrected
- 4. Drivers obeying all safety rules.....  Yes  No  Corrected
- 5. Other: \_\_\_\_\_  Yes  No  Corrected

What corrections were required? \_\_\_\_\_

## Inspection Comments

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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

- List of emergency phone numbers posted .....  Yes  No  Corrected
- First aid kit & instructions available .....  Yes  No  Corrected
- Job personnel informed of accident procedure .....  Yes  No  Corrected
- Someone on job trained in first aid .....  Yes  No  Corrected
- OSHA posters posted .....  Yes  No  Corrected
- Copy of company safety program on hand .....  Yes  No  Corrected

**Housekeeping:**

- Aisles and stairs clear of obstacles .....  Yes  No  Corrected
- Aisles and stairs adequately lighted .....  Yes  No  Corrected
- Work area generally clean .....  Yes  No  Corrected
- Holes, pits, excavations etc. barricaded .....  Yes  No  Corrected
- Proper toilet facility .....  Yes  No  Corrected
- Toilet facilities clean.....  Yes  No  Corrected
- Adequate and clean drinking facilities .....  Yes  No  Corrected
- Materials stored safely .....  Yes  No  Corrected
- Any overhead dangers .....  Yes  No  Corrected
- Fire prevention equipment available .....  Yes  No  Corrected
- Waste containers of adequate size & covered .....  Yes  No  Corrected

**Electric Equipment:**

- Tools properly grounded .....  Yes  No  Corrected
- Cords in good condition .....  Yes  No  Corrected
- Plugs & receptacles in good condition .....  Yes  No  Corrected
- Tools operating properly .....  Yes  No  Corrected
- Ground fault interruption devices installed .....  Yes  No  Corrected
- Chemicals stored safely .....  Yes  No  Corrected
- SDS available .....  Yes  No  Corrected
- Mechanical equipment checked & in good working order .....  Yes  No  Corrected
- Ladders checked and in good condition .....  Yes  No  Corrected
- Scaffolding checked, in good condition, guarded .....  Yes  No  Corrected
- Ropes and cables checked and in good condition .....  Yes  No  Corrected
- Welding cables checked and in good condition .....  Yes  No  Corrected
- Welding and burning hoses checked and in good condition .....  Yes  No  Corrected
- Gas cylinders secured properly .....  Yes  No  Corrected
- Rubbish disposed of properly .....  Yes  No  Corrected
- Safety signs posted .....  Yes  No  Corrected
- Hoists in good condition and load rated .....  Yes  No  Corrected
- Safety equipment (glasses, hats, gloves, shoes, etc.) .....  Yes  No  Corrected
- Are there hazards not under your control? .....  Yes  No  Corrected
- Did you conduct a weekly safety meeting? .....  Yes  No  Corrected

**Additional checks pertinent to your job:**

- \_\_\_\_\_  Yes  No  Corrected

Have sub-contractors been trained on safety rules? .....  Yes  No  Corrected

**Inspection Comments**

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date

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

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

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

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

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

	Adequate	Inadequate
<b>1) Program Administration:</b>		
a) OSHA and other job-site warning posters posted? .....	<input type="checkbox"/>	<input type="checkbox"/>
b) Safety meetings held on regular basis? .....	<input type="checkbox"/>	<input type="checkbox"/>
c) Job safety training, including first-aid training? .....	<input type="checkbox"/>	<input type="checkbox"/>
d) Emergency phone numbers posted?.....	<input type="checkbox"/>	<input type="checkbox"/>
e) Company Safety Program available? .....	<input type="checkbox"/>	<input type="checkbox"/>
f) SDS Manual available? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>2) Housekeeping and Sanitation:</b>		
a) General neatness of working area? .....	<input type="checkbox"/>	<input type="checkbox"/>
b) Regular disposal of waste and trash? .....	<input type="checkbox"/>	<input type="checkbox"/>
c) Passageways and walkways clear? .....	<input type="checkbox"/>	<input type="checkbox"/>
d) Sanitary facilities adequate and clean? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3) Fire Prevention:</b>		
a) Fire instructions to personnel? .....	<input type="checkbox"/>	<input type="checkbox"/>
b) Fire extinguishers identified, checked and lighted? .....	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydrant clear; access to public thoroughfare open? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4) Electrical Installations:</b>		
a) Adequate wiring; well insulated? .....	<input type="checkbox"/>	<input type="checkbox"/>
b) Fire hazards checked? .....	<input type="checkbox"/>	<input type="checkbox"/>
c) Electrical dangers posted? .....	<input type="checkbox"/>	<input type="checkbox"/>
d) Terminal boxes have required covers; covers are used? .....	<input type="checkbox"/>	<input type="checkbox"/>
e) Ground Fault Interruption devices installed? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5) Hand Tools:</b>		
a) Proper tool being used for each job?.....	<input type="checkbox"/>	<input type="checkbox"/>
b) Neat storage; safe carrying? .....	<input type="checkbox"/>	<input type="checkbox"/>
c) Inspection and maintenance? .....	<input type="checkbox"/>	<input type="checkbox"/>
d) Damaged tools repaired or replaced promptly? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6) Power Tools:</b>		
a) Tools and cords in good condition? .....	<input type="checkbox"/>	<input type="checkbox"/>
b) Proper grounding? .....	<input type="checkbox"/>	<input type="checkbox"/>
c) Proper instruction in use? .....	<input type="checkbox"/>	<input type="checkbox"/>
d) All mechanical safeguards in use? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7) Fall Protection:</b>		
a) Ladders inspected for condition? .....	<input type="checkbox"/>	<input type="checkbox"/>
b) Scaffolding condition and guarding inspected? .....	<input type="checkbox"/>	<input type="checkbox"/>
c) Harnesses and lanyards inspected and used? .....	<input type="checkbox"/>	<input type="checkbox"/>
d) All floor openings properly guarded? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Notes:**

Outside contractors, vendors, visitors, and staffing agencies are made aware of various parts of the safety and health program. \_\_\_\_\_ 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.

\_\_\_\_\_ 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 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.

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## Accident Investigation Policy

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

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

Mark Basic Cause ✓	Mark Contributing Cause If Any ✓
<input type="checkbox"/> Operating without authority <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Making safety devices inoperative <input type="checkbox"/> Using unsafe equipment or equipment unsafely <input type="checkbox"/> Unsafe loading, placing, mixing <input type="checkbox"/> Taking unsafe position <input type="checkbox"/> Working on moving or dangerous equipment <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to use personal protective device	<input type="checkbox"/> Inadequately guarding <input type="checkbox"/> Unguarded <input type="checkbox"/> Defective tools or equipment <input type="checkbox"/> Unsafe design/construction <input type="checkbox"/> Hazardous conditions <input type="checkbox"/> Unsafe illumination <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> 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

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.

\_\_\_/\_\_\_/\_\_\_  
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.

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

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

Where did the incident occur?

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

Describe in detail how the incident occurred:

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: \_\_\_\_\_

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

## Section A - To be Completed by Driver

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

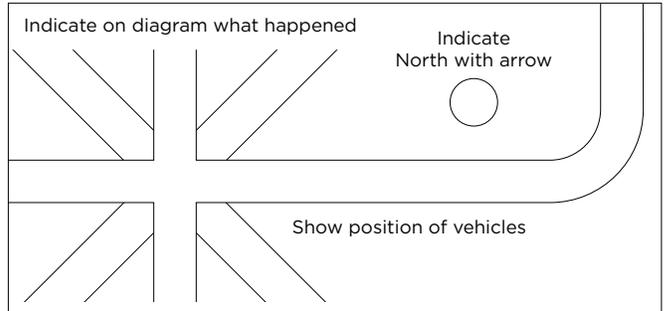
How to Prevent Future Accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

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

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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.**

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# **Hazard Prevention and Control**

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.

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.

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

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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.**

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# **Safety and Health Planning**

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.



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

**General Industry 29 CFR Part 1910**

- |  |   |
|--|---|
| <p>Subpart D <input type="checkbox"/> Walking Working Surfaces - Fall Hazards</p> <p>Subpart E <input type="checkbox"/> Means of Egress<br/><input type="checkbox"/> Employee Emergency Plans and Fire Prevention Plans</p> <p>Subpart F <input type="checkbox"/> Powered Platforms, Manlifts, and Vehicle-Mounted Work Platforms<br/><input type="checkbox"/> Powered Platforms for Building Maintenance - Operations - Training<br/><input type="checkbox"/> Care and use Appendix C, Section 1</p> <p>Subpart G <input type="checkbox"/> Occupational Health and Environmental Control<br/><input type="checkbox"/> Dip Tanks - Personal Protection<br/><input type="checkbox"/> Inspection, Maintenance, and Installation<br/><input type="checkbox"/> Hearing Protection<br/><input type="checkbox"/> Training Program</p> <p>Subpart H <input type="checkbox"/> Hazardous Materials<br/><input type="checkbox"/> Flammable and Combustible Liquids<br/><input type="checkbox"/> Explosives and Blasting Agents<br/><input type="checkbox"/> Bulk Delivery and Mixing Vehicles<br/><input type="checkbox"/> Storage and Handling of Liquefied Petroleum Gases<br/><input type="checkbox"/> Process Safety Management of Highly Hazardous Chemicals<br/><input type="checkbox"/> Contract Employer Responsibilities<br/><input type="checkbox"/> Mechanical Integrity<br/><input type="checkbox"/> Hazardous Waste Operations and Emergency Response<br/><input type="checkbox"/> Hazardous Waste Cleanup Workers<br/><input type="checkbox"/> New Technology Programs<br/><input type="checkbox"/> Hazardous Waste - Emergency Responders</p> <p>Subpart I <input type="checkbox"/> Personal Protective Equipment<br/><input type="checkbox"/> Respiratory Protection<br/><input type="checkbox"/> Respiratory Protection for M Tuberculosis</p> <p>Subpart J <input type="checkbox"/> General Environmental Controls<br/><input type="checkbox"/> Temporary Labor Camps<br/><input type="checkbox"/> Specifications for Accident Prevention<br/><input type="checkbox"/> Signs and Tags<br/><input type="checkbox"/> Permit Required Confined Spaces<br/><input type="checkbox"/> The Control of Hazardous Energy (Lockout/Tagout)<br/><input type="checkbox"/> Lockout or Tagout Devices Removed<br/><input type="checkbox"/> Outside Personnel</p> <p>Subpart K <input type="checkbox"/> Medical Services and First Aid</p> <p>Subpart L <input type="checkbox"/> Fire Protection<br/><input type="checkbox"/> Fire Brigades<br/><input type="checkbox"/> Training and Education<br/><input type="checkbox"/> Portable Fire Extinguishers<br/><input type="checkbox"/> Fixed Extinguishing Systems<br/><input type="checkbox"/> Fire Detection Systems<br/><input type="checkbox"/> Employee Alarm Systems</p> | <p>Subpart N <input type="checkbox"/> Materials Handling and Storage<br/><input type="checkbox"/> Servicing of Multi-Piece and Single-Piece Rim Wheels<br/><input type="checkbox"/> Powered Industrial Trucks<br/><input type="checkbox"/> Moving the Load<br/><input type="checkbox"/> Crawler Locomotives and Truck Cranes</p> <p>Subpart O <input type="checkbox"/> Machinery and Machine Guarding<br/><input type="checkbox"/> Mechanical Power<br/><input type="checkbox"/> Mechanical Power Presses - Instructions to Operators<br/><input type="checkbox"/> Training of Maintenance Personnel<br/><input type="checkbox"/> Operator Training<br/><input type="checkbox"/> Forging Machines</p> <p>Subpart Q <input type="checkbox"/> Welding, Cutting, and Brazing<br/><input type="checkbox"/> General Requirements<br/><input type="checkbox"/> Oxygen - Fuel Gas Welding and Cutting<br/><input type="checkbox"/> Arc Welding and Cutting<br/><input type="checkbox"/> Resistance Welding</p> <p>Subpart R <input type="checkbox"/> Special Industries<br/><input type="checkbox"/> Pulp, Paper, and Paperboard Mills<br/><input type="checkbox"/> Laundry Machinery and Operating Rules<br/><input type="checkbox"/> Sawmills<br/><input type="checkbox"/> Logging<br/><input type="checkbox"/> Telecommunications<br/><input type="checkbox"/> Derrick Trucks<br/><input type="checkbox"/> Cable Fault Locating<br/><input type="checkbox"/> Guarding Manholes<br/><input type="checkbox"/> Joint Power and Telecommunication Manholes<br/><input type="checkbox"/> Tree Trimming - Electrical Hazards<br/><input type="checkbox"/> Electric Power Generation, Transmission, and Distribution<br/><input type="checkbox"/> Grain Handling Facilities<br/><input type="checkbox"/> Entry Into Bins, Silos, and Tanks<br/><input type="checkbox"/> Contractors</p> <p>Subpart S <input type="checkbox"/> Electrical Safety-Related Work Practices<br/><input type="checkbox"/> Content of Training</p> <p>Subpart T <input type="checkbox"/> Commercial Diving Operations</p> <p>Subpart Z <input type="checkbox"/> Toxic and Hazardous Substances</p> <p>Asbestos<br/>4-Nitrobiphenyl<br/>Alpha-Naphthylamine<br/>Methyl Chloromethyl Ether<br/>3, 3'-Dichlorobenzidine (and its salts)<br/>Bis-Chloromethyl Ether<br/>Beta-Naphthylamine<br/>Benzidine<br/>4-Aminodiphenyl<br/>Ethyleneimine<br/>Beta-Propiolactone<br/>2-Acetylaminofluorene<br/>4-Dimethylaminoazobenzene<br/>N-Nitrosodimethylamine<br/>Vinyl Chloride</p> <p>Inorganic Arsenic<br/>Lead<br/>Cadmium<br/>Benzene<br/>Coke Oven Emissions<br/>Bloodborne Pathogens<br/>Cotton Dust<br/>1,2-Dibromo-3-Chloropropane<br/>Acrylonitrile (Vinyl Cyanide)<br/>Ethylene Oxide<br/>Formaldehyde<br/>4, 4' Methyleneedianiline<br/>Ionizing Radiation Testing<br/>Hazard Communication<br/>Occupational Exposure to Hazardous Chemicals in Laboratories</p> |
|--|---|

### Construction Safety Training and Education

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Construction industry companies should instruct each employee in the recognition and avoidance of unsafe conditions and the regulations applicable to their work environment to control or eliminate any hazards or other exposure to illness or injury. Employees that need to handle or use poisons, caustics, and other potentially harmful or dangerous substances should be provided instructions in the safe handling and use, and be made aware of the potential hazards, personal hygiene, and personal protective measures required. Where harmful plants or animals are present, employees who may be exposed should be instructed about the potential hazards and how to avoid injury, and the first-aid procedures.

All employees that are required to enter into a hazardous confined or enclosed space should be informed as to the nature of the hazards involved, the necessary precautions to be taken, and in the use of protective and emergency equipment that may be required. A “confined or enclosed space” means any space having a limited means of egress, which is subject to the accumulation of toxic or flammable contaminants or has an oxygen deficient atmosphere. Confined or enclosed spaces include, but are not limited to, storage tanks, process vessels, bins, boilers, ventilation or exhaust ducts, sewers, underground utility vaults, tunnels, pipelines, and open top spaces more than 4 feet in depth such as pits, tubs, vaults, and vessels.

### Competent Person

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The general safety and health provisions for a construction safety program provides for inspections of the job sites, materials, and equipment to be made by competent persons. A competent person is one designated by the employer and capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who have authorization to take prompt corrective measures to eliminate them.

### OSHA 10-Hour and 30-Hour Construction Course

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By training and/or experience, a competent person is knowledgeable of the applicable standards. The OSHA 10-Hour and 30-Hour Construction course helps to provide a certain level of safety training, and is widely known as a standard for OSHA orientation training, as well as is required for certain construction projects.

Supervisors at construction sites should conduct a brief “toolbox” or “tailgate” safety meeting with their crews at the beginning of the job to emphasize safety - especially with particular machinery, tools and materials.

### Planning and Organizing

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Unless planning a general training session, the subject of the toolbox talk should be relevant to the work done at the location. Size up the worksite. Take into consideration any extreme weather conditions that can affect the worksite, special work instructions involved, special precautions, energy source controls, and personal protective equipment requirements. Identify tools or equipment (ladders, scaffolds, material handling, etc.) for which a safety instruction or reminder would apply. Review findings from safety inspections including corrective actions.

Prepare an outline or notes to aid the presentation. Using a scenario or story to describe conditions, which can or has happened, is often helpful for the participants in relating to the subject.

Have a safety meeting sign-up sheet for each meeting that includes each attendee’s name, the date, subject, and the supervisor’s name.

### Presentation

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Focus on the tasks to be done during the day, or during the extent of the project, along with the types of problems or hazards that may be present and how these might be handled at the jobsite. Encourage employee participation, but keep the meeting short, and to the point.

In terms of safety:

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

### References

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- For machinery or tools, consult the manufacturer’s operations manual or instructions.
- For handling toxic substances, get a copy of the Safety Data Sheet.

### Other useful references:

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- Electronic Library of Construction Occupational Safety and Health (Look for “Toolbox Talks”)  
<http://www.elcosh.org/index.php>
- National Institute for Occupational Safety and Health (Look for “Construction Topics”)  
<http://www.cdc.gov/niosh/construction/>
- OSHA’s Alliance Program Participants (Look for “Toolbox Talk”)  
[https://www.osha.gov/dcsp/alliances/alliance\\_products.html](https://www.osha.gov/dcsp/alliances/alliance_products.html)
- Fatality Assessment and Control Evaluation Program (Search Reports by North American Industry Classification System) <http://www.cdc.gov/niosh/face/default.html>
- Construction Digest of frequently used OSHA standards in the construction industry.  
<https://www.osha.gov/Publications/osha2202.pdf>

The following list is the OSHA construction industry standards that specifically indicate required training.

**Construction Industry 29 CFR Part 1926**

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| <p>Subpart C <input type="checkbox"/> General Safety and Health Provisions</p> <p>Subpart D <input type="checkbox"/> Occupational Health and Environmental Controls<br/> <input type="checkbox"/> Medical Services and First-Aid<br/> <input type="checkbox"/> Ionizing Radiation<br/> <input type="checkbox"/> Nonionizing Radiation<br/> <input type="checkbox"/> Gases, Vapors, Fumes, Dusts, and Mists<br/> <input type="checkbox"/> Hazard Communication<br/> <input type="checkbox"/> Methylenedianiline<br/> <input type="checkbox"/> Lead in Construction<br/> <input type="checkbox"/> Process Safety Management of Highly Hazardous Chemicals<br/> <input type="checkbox"/> Hazardous Waste Operations and Emergency Response</p> <p>Subpart E <input type="checkbox"/> Personal Protective and Life Saving Equipment<br/> <input type="checkbox"/> Hearing Protection<br/> <input type="checkbox"/> Respiratory Protection</p> <p>Subpart F <input type="checkbox"/> Fire Protection and Prevention</p> <p>Subpart G <input type="checkbox"/> Signs, Signals, and Barricades Signaling</p> <p>Subpart I <input type="checkbox"/> Tools - Hand and Power<br/> <input type="checkbox"/> Powder-Operated Hand Tools<br/> <input type="checkbox"/> Woodworking Tools</p> <p>Subpart J <input type="checkbox"/> Welding and Cutting<br/> <input type="checkbox"/> Gas Welding and Cutting<br/> <input type="checkbox"/> Arc Welding and Cutting<br/> <input type="checkbox"/> Fire Prevention<br/> <input type="checkbox"/> Welding, Cutting, and Heating In Way of Preservative Coatings</p> <p>Subpart K <input type="checkbox"/> Electrical<br/> <input type="checkbox"/> Ground Fault Protection</p> <p>Subpart L <input type="checkbox"/> Scaffolding - Training Requirements</p> <p>Subpart M <input type="checkbox"/> Fall Protection - Training Requirements</p> <p>Subpart N <input type="checkbox"/> Hoists, Elevators, and Conveyors<br/> <input type="checkbox"/> Material Hoists, Personnel Hoists, and Elevators</p> <p>Subpart O <input type="checkbox"/> Motor Vehicles, Mechanized Equipment, and Marine Operations<br/> <input type="checkbox"/> Material Handling Equipment<br/> <input type="checkbox"/> Site Clearing</p> <p>Subpart P <input type="checkbox"/> Excavations<br/> <input type="checkbox"/> General Protection Requirements</p> <p>Subpart Q <input type="checkbox"/> Concrete and Masonry Construction</p> | <p>Subpart R <input type="checkbox"/> Steel Erection<br/> <input type="checkbox"/> Bolting, Riveting, Fitting-up, and Plumbing-up<br/> <input type="checkbox"/> Laundry Machinery and Operating Rules</p> <p>Subpart S <input type="checkbox"/> Underground Construction, Caissons, Cofferdams, and Compressed Air<br/> <input type="checkbox"/> Underground Construction<br/> <input type="checkbox"/> Compressed Air</p> <p>Subpart T <input type="checkbox"/> Demolition<br/> <input type="checkbox"/> Preparatory Operations<br/> <input type="checkbox"/> Chutes<br/> <input type="checkbox"/> Mechanical Demolition</p> <p>Subpart U <input type="checkbox"/> Blasting and Use of Explosives<br/> <input type="checkbox"/> General Provisions<br/> <input type="checkbox"/> Blaster Qualifications<br/> <input type="checkbox"/> Surface Transportation of Explosives<br/> <input type="checkbox"/> Firing the Blast</p> <p>Subpart V <input type="checkbox"/> Power Transmission and Distribution<br/> <input type="checkbox"/> General Requirements<br/> <input type="checkbox"/> Overhead Lines<br/> <input type="checkbox"/> Underground Lines<br/> <input type="checkbox"/> Construction in Energized Substations</p> <p>Subpart X <input type="checkbox"/> Stairways and Ladders<br/> <input type="checkbox"/> Ladders<br/> <input type="checkbox"/> Training Requirements</p> <p>Subpart Y <input type="checkbox"/> Diving<br/> <input type="checkbox"/> Commercial Diving Operations</p> <p>Subpart Z <input type="checkbox"/> Toxic and Hazardous Substances<br/> <input type="checkbox"/> Asbestos<br/> <input type="checkbox"/> 13 Carcinogens<br/> <input type="checkbox"/> Vinyl Chloride<br/> <input type="checkbox"/> Inorganic Arsenic<br/> <input type="checkbox"/> Cadmium<br/> <input type="checkbox"/> Benzene<br/> <input type="checkbox"/> Coke Oven Emissions<br/> <input type="checkbox"/> 1,2-Dibromo-3-Chloropropane<br/> <input type="checkbox"/> Acrylonitrile<br/> <input type="checkbox"/> Ethylene Oxide<br/> <input type="checkbox"/> Formaldehyde<br/> <input type="checkbox"/> Methylene Chloride</p> <p>Subpart CC <input type="checkbox"/> Cranes, Derricks</p> |
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## Employee Safety Orientation Checklist

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

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

	Supervisor	Initials Employee	Date
1. <b>Company Safety Policy Statement</b>	_____	_____	_____
2. <b>Company Safety Rules</b>	_____	_____	_____
3. <b>Job Orientation</b>	_____	_____	_____
4. <b>Accident Reporting</b>	_____	_____	_____
5. <b>Employee Reporting &amp; Communication System</b>	_____	_____	_____
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 are an effective way to implement your safety program. During a safety meeting company policies, procedures, rules, and regulations can be communicated to employees. The use of posters, pamphlets, signs and safety films will help to promote employee involvement. These safety meetings should be documented and signed by all employees attending the session. A file should be kept on all safety activity that is communicated to the employees by the methods mentioned above.

A **Safety Meeting Sign-Up Sheet** and **Safety Activity Log** are provided as part of this safety program.



## Safety Meeting Sign-up Sheet

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

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

Please sign in below:

Name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
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26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_

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Supervisor's Signature

