



## Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

**Benefits.** Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

**Naming Your Own Physician Before Injury or Illness (Predesignation).** You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

### If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
  - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
  - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
  - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. You may consult a licensed attorney to advise you of your rights under workers' compensation laws. In most instances, attorney's fees will be paid from your recovery.
5. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: \_\_\_\_\_

MPN Effective Date: \_\_\_\_\_ MPN Identification number: \_\_\_\_\_

If you need help locating an MPN physician, call your MPN access assistant at: \_\_\_\_\_

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: \_\_\_\_\_

**Discrimination.** It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Questions?** Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator \_\_\_\_\_ Phone \_\_\_\_\_

Workers' compensation insurer \_\_\_\_\_ (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: \_\_\_\_\_ or by calling toll-free (800) 736-7401. Learn more information about workers' compensation online: [www.dwc.ca.gov](http://www.dwc.ca.gov) and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

**False claims and false denials.** Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.



## Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

**Beneficios.** Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

**Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa).** Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione. Usted debe de ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

**Si Usted se Lastima:**

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
  - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
  - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
  - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. Puede consultar a un abogado con licencia para que le asesore sobre sus derechos bajo las leyes de compensación para trabajadores. En la mayoría de los casos, los honorarios del abogado se pagarán a partir de su recuperación.
5. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN :

Página web de la MPN: \_\_\_\_\_

Fecha de vigencia de la MPN: \_\_\_\_\_ Número de identificación de la MPN: \_\_\_\_\_

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: \_\_\_\_\_

Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: \_\_\_\_\_

**Discriminación.** Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

**¿Preguntas?** Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos \_\_\_\_\_ Teléfono \_\_\_\_\_

Asegurador del Seguro de Compensación de trabajador \_\_\_\_\_ (Anote "autoasegurado" si es apropiado)

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en: \_\_\_\_\_ o llamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: [www.dwc.ca.gov](http://www.dwc.ca.gov) y acceder a una guía útil "Compensación del Trabajador de California Una Guía para Trabajadores Lesionados."

**Los reclamos falsos y rechazos falsos del reclamo.** Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier **actividad fuera del trabajo, recreativa, social, o atlética** que no sea parte de sus deberes laborales.

Alan J Blair Personnel Services

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## Safety Manual

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July 2025

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## **Alan J Blair Personnel Services**

### **SAFETY AND HEALTH POLICY STATEMENT**

Safety and health in our company must be a part of every operation, and is every employee's responsibility.

We maintain a safety and health program conforming to the best practices of businesses in our industry. To be successful, such a program must embody the proper attitudes toward injury and illness prevention and requires cooperation in all safety and health matters between employees at all levels. Only through a cooperative effort can an effective safety and health program be established and preserved.

The safety and health of every employee is a high priority. Management accepts responsibility for providing a safe working environment and employees are expected to take responsibility for performing work in accordance with safe standards and practices. Safety and health is only achieved through teamwork. Everyone must join together in promoting safety and health and taking every reasonable measure to assure safe working conditions in the company.





## PROGRAM OVERVIEW

# ACCESS TO EMPLOYEE EXPOSURE AND MEDICAL RECORDS

REGULATORY STANDARD: OSHA 29 CFR [1910.1020](#)  
OSHA 29 CFR [1926.33](#)

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## INTRODUCTION

Records that pertain in any way to exposures or to employee specific health information must be maintained confidentially by the company. Employees must understand what records are kept, why, and how to access these records. This would include medical exams, facility surveys for air contaminants, noise surveys, hearing exams, etc.

## TRAINING

Employees informed on the types of records, location, and access procedures.

## ACTIVITIES

- Identify what records must be maintained
- Maintain employee records confidentially
- Ensure access to records by employees, as required

## FORMS

- Recordkeeping Requirements for Exposure Records (reference)
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## ACCESS TO EMPLOYEE EXPOSURE AND MEDICAL RECORDS PROGRAM

1. **Purpose.** This document provides written guidance for specific exposure monitoring, testing results, medical surveillance, and similar documents required by OSHA regulations with regard to employee-specific information. Records that contain health related information specific to an employee or employee exposure must be maintained for specific timeframes.
2. **Scope.** Applies to any medical or exposure monitoring records, and medical surveillance monitoring records maintained by the company.

### 3. Responsibilities

#### 3.1 Area Management:

- 3.1.1 Determines what records must be maintained. (Reference Recordkeeping Requirements for Medical and Exposure Records form)
- 3.1.2 Ensures medical and exposure records are maintained confidentially.
- 3.1.3 Ensures employees have access to medical and exposure records.

#### 3.2 Employees:

- 3.2.1 Understand where records are kept, why they are required, and how to access them.

#### 3.3 Safety Representative must (as needed):

- 3.3.1 Assist in the implementation of this program.

### 4. Procedure

#### 4.1 Access Rules.

- 4.1.1 Employee access to records must be provided within 15 working days from the date of request.
  - 4.1.1.1 Except for trade secrets, employers are to disclose the specific chemical identity [chemical name and Chemical Abstract Service (CAS) number] of materials for which exposure records are requested
  - 4.1.1.2 Requests need not be in writing, unless trade secret information is involved in the request.
  - 4.1.1.3 Delays of more than 15 days must be documented in writing and the employee informed (also in writing) of the reason for the delay and include the date of release of the record.

- 4.1.1.4 Access may be to employees to whom the records pertain or to that employee's legal representative. The records of other employees are not to be considered part of this information, unless the information is part of objective data evaluations.
- 4.1.2 OSHA may access these records at any time without written consent of the employee.
- 4.1.3 Health professionals (physicians, occupational health nurses, industrial hygienists, toxicologists, and epidemiologists) who require information for non-emergency medical treatment may request access to medical records with the written consent of the patient or their legal representative.
- 4.1.4 Health professionals (physicians, occupational health nurses, industrial hygienists, toxicologists, and epidemiologists) who require information for emergency or medical treatment of an exposed employee will be granted immediate access to pertinent information about the exposure without delay.
  - 4.1.4.1 If trade secret information is part of this record, confidentiality agreements may be obtained at a future point, however, immediate information will be transmitted as it pertains to the emergency medical treatment.
- 4.1.5 Employers must inform their workers initially and at least annually of their rights to access to medical and exposure records.

## **5. Safety Information**

### 5.1 Records Retention:

- 5.1.1 Exposure records are generally required to be maintained for 30 years.
- 5.1.2 Medical records are generally required to be maintained for the duration of employment plus 30 years.
- 5.1.3 Biological and Chemical monitoring results are generally maintained for the duration of employment plus 30 years.
- 5.1.4 First aid records and experimental toxicological research records are excluded from the 30-year retention requirements.
- 5.1.5 Safety Data Sheets and Chemical Inventory Information is generally not required to be maintained, provided the specific information on chemical name, manufacturer and date is maintained in the exposure record.
- 5.1.6 Personal medical records for short-term employees (less than one year) do not have to be retained if they are provided to the employee on termination

5.1.7 X-rays (except chest x-rays) may be microfilmed for easier storage. Chest x-rays must be maintained in their original condition.

## 5.2 Copies of Records

5.2.1 Employees are entitled to view their records at any time.

5.2.2 One copy of the record will be provided within 15 days of a written request at no charge to the employee.

5.2.2.1 X-rays may be viewed at the site or at a convenient off-site location.

## 5.3 Transfer of Records

5.3.1 Should the company cease to do business during the record retention time frame, the company will transfer all records to the successor employer.

5.3.2 Whenever an employer is ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the employer shall notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business.

## 6. Training and Information

Employees must be informed of the types of records maintained by the company, who maintains these records, and the process for accessing their personal records.

## 7. Definitions.

- *Access* – The right to read, examine, and copy.
- *Exposure Record* - Environmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained; or Biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems (e.g., the level of a chemical in the blood, urine, breath, hair, fingernails, etc.) but not including results which assess the biological effect of a substance or agent or which assess an employee's use of alcohol or drugs;
- *Medical Record* – Documentation concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel, or technician, including: Questionnaires or histories, medical examination results or laboratory test results (including x-rays), medical opinions, descriptions of treatments and prescriptions, detailed first aid descriptions, and employee medical complaints. Health insurance claims and voluntary employee assistance program information (drug or alcohol counseling, and/or personal counseling programs) are not considered part of the medical record if they are maintained in a separate system, nor are voluntary employee assistance program information.

- *Objective Data Evaluations* - a type of exposure evaluation using area or personnel sampling where the data is representative of employee exposures in the work environment.
- *Trade Secret* – Confidential information that pertains to the chemical make up of a substance or mixture that, when disclosed, will have a negative impact on the company's business activities with regard to trademarked or similarly protected products.

## Recordkeeping Requirements For Exposure and Medical Records

This listing outlines the requirements for recordkeeping for employee exposure and medical records for the regulations listed in the General Industry Standards			
Topic or Record Type	OSHA Standards	Frequency of Monitoring or Records	Duration of Recordkeeping
Incident Reports	1904	As Incident Occurs	5 years
Training Records	General	As deemed by specific regulation	Until superseded unless otherwise noted
Injury and Illness Logs (300/300A)	1904	Annual	5 years
Noise Monitoring Results	1910.95	Annual	2 years
Noise and Hearing Audiograms	1910.95	Annual	Duration of employment
Process Safety for Highly Hazardous Chemicals	1910.119	As Incident Occurs	5 years
Hazardous Waste Operations and Emergency Response for exposures above PEL	1910.120	Annual or as deemed by physician	Duration of employment plus 30 years
Respirator Use Medical Evaluations	1910.134	Annual	Duration of employment plus 30 years
Respirator Use Fit Test	1910.134	Annual	Until superseded
Commercial Diving Incident and Injury Reports	1910.401-441	As Incident Occurs	Duration of employment plus 30 years
Commercial Diving Medical Records	1910.440	Annual	5 years then to OSHA
Commercial Diving Dive Records	1910.440	Per Dive	1 year
Commercial Diving Decompression Evaluation	1910.440	Per Dive	5 years then to OSHA
Commercial Diving Equipment Evaluations and Inspections	1910.440	Per Use	Until superseded
Air Contaminants Exposures above PEL	1910.1000	Annual or as deemed by physician	Duration of employment plus 30 years
Asbestos Exposure Monitoring	1910.1001	Per Job	30 years
Asbestos Employee Exposures	1910.1001	Per Employee	Duration of employment plus 30 years
Asbestos Training Records	1910.1001	Annual	Duration of employment plus 1 year
13 Carcinogens 4-nitrobiphenyl; alpha-Naphthylamine; Methyl chloromethyl ether; 3,3'-Dichlorobenzidine (& salts); bis-Chloromethyl ether; beta-Naphthylamine; Benzidine; 4-Aminodiphenyl; Ethyleneimine; beta-Propiolactone; 2-Acetylaminofluorene; 4-Dimethylaminoazobenzene; N-Nitrosodimethylamine	1910.1003-1006	Annual	Duration of employment
Vinyl Chloride Monitoring and Medical Surveillance Reports	1910.1007	Annual	Duration of employment plus 20 years (not less than 30 years)
Inorganic Arsenic Monitoring and Medical Surveillance Reports	1910.1008	Annual	Duration of employment plus 20 years (not less than 40 years)
Lead Monitoring and Medical Surveillance Reports	1910.1025	Annual	Duration of employment plus 20 years (not less than 40 years)
Lead Exposure Medical Removal	1910.1025	As occurs	Duration of employment
Cadmium Exposure Monitoring	1910.1027	Annual	30 years
Cadmium Exposure Medical Surveillance	1910.1027	Annual	Duration of employment plus 30 years

## Recordkeeping Requirements For Exposure and Medical Records

Cadmium Exposure Training	1910.1027	Annual	1 year
Benzene Exposure Monitoring	1910.1028	Annual	30 years
Benzene Exposure Medical Surveillance	1910.1028	Annual	Duration of employment plus 30 years
Coke Oven Emission Monitoring and Medical Surveillance	1910.1029	Annual	Duration of employment plus 20 years (not less than 40 years)
Bloodborne Pathogens Training	1910.1030	Annual	3 years
Bloodborne Pathogens Exposure Incident Reports which include Hepatitis B Vaccine Status	1910.1030	As occurs	5 years (if no reported health effect) Duration of employment plus 30 years (if reported health effect)
Bloodborne Pathogens Sharps Injury Log	1910.1030	Annual	5 years
Cotton Dust Exposure Monitoring and Medical Surveillance	1910.1043	Annual	20 years
1,2-dibromo-3-chloropropane Exposure Monitoring and Medical Surveillance	1910.1044	Annual	Duration of employment plus 20 years (not less than 40 years)
Acrylonitrile Exposure Monitoring and Medical Surveillance	1910.1045	Annual	Duration of employment plus 20 years (not less than 40 years)
Ethylene Oxide (EtO) Exposure Monitoring	1910.1047	Annual	30 years
Ethylene Oxide (EtO) Medical Surveillance	1910.1047	Annual	Duration of employment plus 30 years
Formaldehyde Exposure Monitoring	1910.1048	Annual	30 years
Formaldehyde Medical Surveillance Records	1910.1048	Annual	Duration of employment plus 30 years
Methylenedianaline Exposure Monitoring	1910.1050	Annual	30 years
Methylenedianaline Medical Surveillance Records and Medical Removal Records	1910.1050	Annual	Duration of employment plus 30 years
1,3-Butadiene Exposure Monitoring Records	1910.1051	Annual	30 years
1,3-Butadiene Medical Surveillance Records	1910.1051	Annual	Duration of employment plus 30 years
Methylene Chloride Exposure Monitoring Records	1910.1052	Annual	30 years
Methylene Chloride Medical Surveillance Records	1910.1052	Annual	Duration of employment plus 30 years
Ionizing Radiation (X-ray) Programs	1910.1096	Per program	3 years after superseded date
Ionizing Radiation (X-ray) Surveys	1910.1096	Annual or as needed	3 years
Ionizing Radiation (X-ray) License Agreements; Planned Special Exposures; Individual Monitoring Results; and Waste Disposal Records	1910.1096	Per company	3 years after termination of license agreement
Ionizing Radiation (X-ray) Individual Monitoring Results and Public Individual Monitoring Results	1910.1096	Annual or as needed	3 years after termination of license agreement
Laboratory Safety Chemical Exposure Monitoring	1910.1450	As deemed by specific chemical or regulation	Duration of employment plus 30 years

## **ACCESS TO EMPLOYEE EXPOSURE AND MEDICAL RECORDS (OSHA 1910.1020)**

Employees and their designated representative have a right of access to relevant exposure and medical records; and to provide representatives of OSHA a right of access to these records to fulfill responsibilities under the Occupational Safety and Health Act.

Employee medical records include: medical exams, facility surveys for air contaminants, noise surveys, hearing examinations, etc.

### Location of records and availability

All exposure and medical records are on file in the \_\_\_\_\_. A copy of the records is available to the employee and an employee representative. All requests must be in writing, including the employee's signature.

### Person responsible for maintaining records

The \_\_\_\_\_ is responsible for maintaining and providing access to records and to provide information on employee's rights of access of their records.

### Location and availability of Section 1910.1020

A copy of section 1910.1020 and its appendices are located on the OSHA website ([http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10027](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027)) or are printed and posted, and available to employees in the workplace at the following location:

\_\_\_\_\_.

**RELEASE OF MEDICAL OR EXPOSURE RECORDS CONSENT  
FORM**

I, \_\_\_\_\_, hereby authorize  
(full name of worker/patient)

\_\_\_\_\_ to release to  
(organization holding the medical records)

\_\_\_\_\_ the following records:  
(organization authorized to receive information)

\_\_\_\_\_  
\_\_\_\_\_  
(Describe the specific information desired to be released).

I give my permission for this medical information to be used for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_  
but I do not give permission for any other use or re-disclosure of this information.

This release consent expires on: \_\_\_\_\_  
(date)

ONLY the above listed information is authorized to be released. No other information  
pertaining to my records is authorized for release.

\_\_\_\_\_  
Full name (printed) of Employee or Legal Representative

\_\_\_\_\_  
Signature of Employee or Legal Representative

Date of Signature: \_\_\_\_\_



# **Accident Investigation and Reporting**

## PROGRAM OVERVIEW

# ACCIDENT INVESTIGATION AND REPORTING SAFETY PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1903. \(General Duty Clause\)](#)

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## INTRODUCTION

The accident investigation and reporting program is a tool used to ensure notification of accidents and assist in the correction action process. Accident investigation is primarily a fact-finding procedure - the facts revealed are used to prevent recurrences of similar accidents in the future.

## TRAINING

- Supervisors should be trained in accident investigation
- Employees should be trained on when and how to report accidents and incidents

## ACTIVITIES

- Determine who is a part of the Accident Investigation Team, which may include supervisors, management, and employees
- Determine accident and near miss reporting procedures
- Inform employees of the work-related injuries and illness procedures and their rights to report
- OSHA Recordkeeping, forms 300 and 301 or equivalent
- Injury trending

## FORMS

- Accident, Incident, or Near Miss Investigation Report
- Training Attendance Roster - Accident Investigation
- Training Attendance Roster – Accident Reporting

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# ACCIDENT INVESTIGATION AND REPORTING SAFETY PROGRAM

1. **Purpose.** Accidents and Incidents result from a failure of people, equipment, supplies, or surroundings. A successful accident investigation determines not only what happened, but also attempts to find out how and why the accident occurred. Investigations are an effort to prevent a similar or perhaps more disastrous sequence of events. The company will review and evaluate this safety program:
  - 1.1 When changes occur that prompt revision of this document (within the company or to regulatory documents)
  - 1.2 When facility operational changes occur that require a revision of this document
2. **Scope.** This program applies to the total workplace regardless of the number of workers employed or the number of work shifts.
3. **Responsibilities**
  - 3.1 Management:
    - 3.1.1 Ensure supervisors are trained in accident investigation, as needed or required.
    - 3.1.2 Inform employees of the company's work-related injury or illness procedures and the employees' rights to report work-related injuries and illnesses.
    - 3.1.3 Provide resources, as needed or required, to implement corrective actions based on results of incident investigations.
    - 3.1.4 Review incident reports and any incident trends to establish corrective and preventive actions.
    - 3.1.5 Communicate incident information to other areas of the company where similar incidents may occur, and implement preventive actions to eliminate the potential for future incidents.
    - 3.1.6 Maintain required documentation.
    - 3.1.7 Train appropriate personnel to review and implement Job Hazard Analysis and Trend Analysis as needed.
  - 3.2 Supervisor
    - 3.2.1 Provide or arrange for adequate medical treatment for any injured employee.
    - 3.2.2 Promptly investigate any incidents or near miss incidents that occur.
    - 3.2.3 Provide recommendations to management on corrective actions to prevent recurrence of similar incidents.

### 3.3 Employees

3.3.1 Promptly report incidents or near misses that occur.

3.3.2 Report hazardous conditions to your supervisor.

3.3.3 Participate in incident investigations, as needed or required.

## 4. Procedure

4.1 Inform employees of the company's work-related injury or illness procedures and the employees' rights to report work-related injuries and illnesses without fear of being discriminated against in any manner or fear of being discharged. Post the OSHA "It's The Law" worker rights poster.

4.2 Accident Investigation Team Composition. Supervisors, in conjunction with the safety officer as needed or required, are primarily responsible for the investigation of accidents and incidents. In addition, members of the safety committee or a separate Accident Investigation Team may serve as incident investigators.

4.3 Hazard Reporting:

4.3.1 Hazards or potential hazards identified by employees will immediately be reported to management or supervision.

4.3.1.1 Person reporting hazard

- Notify department Supervisor of the hazard.
- Initiate lock-out/tag-out, if required, on the machine.

4.3.1.2 Supervisor

- Notify all affected workers of hazard.
- Notify Maintenance Department of hazard, if required.
- Ensure hazard is properly marked and controlled until corrected.

4.4 Accident Investigation, Analysis and Reporting. Accident investigation is primarily a fact-finding procedure; the facts revealed are used to prevent recurrences of similar accidents. The focus of accident investigation will be to prevent future accidents and injuries to increase the safety and health of all our employees.

4.4.1 Immediate concerns:

4.4.1.1 Ensure any injured person receives proper care.

- 4.4.1.2 Ensure co-workers and personnel working with similar equipment or in similar jobs are aware of the situation. This is to ensure that procedural problems or defects in certain models of equipment do not exist.
- 4.4.1.3 Start the investigation promptly.
- 4.4.2 Accident Investigation and Reporting Form. OSHA Form 301 (or a standardized investigation report form which details specific company requirements for investigation) will be used to gather data to determine causes and corrective actions. As a minimum the form will contain the following areas of concern.
  - 4.4.2.1 Injured employee's name and any other identifier
  - 4.4.2.2 Employee's address
  - 4.4.2.3 Date and time of injury
  - 4.4.2.4 Shift and department
  - 4.4.2.5 Sex/DOB
  - 4.4.2.6 Length of service (hire date) and length of time at specific job
  - 4.4.2.7 Time shift started
  - 4.4.2.8 Physician's and hospital name (if transported)
  - 4.4.2.9 Indication if employee was hospitalized as an in-patient (i.e. overnight)
  - 4.4.2.10 Type of injury
  - 4.4.2.11 Body part or body system injured
  - 4.4.2.12 Resulting fatalities (date of death)
  - 4.4.2.13 Occupation or task being performed just prior to being injured
  - 4.4.2.14 Description and analysis of accident
  - 4.4.2.15 Indication of the object or substance that directly harmed the employee
  - 4.4.2.16 Name of person completing form, their title, phone number and the date

- 4.4.3 Additional information that is recommended on the form is:
  - 4.4.3.1 Time shift started
  - 4.4.3.2 Overtime length when injury occurred
  - 4.4.3.3 Action taken to prevent recurrence
  - 4.4.3.4 Employee's statement
  - 4.4.3.5 Witnesses' statement
  - 4.4.3.6 Employer's statement
  - 4.4.3.7 Name of person(s) reviewing form and date of review
- 4.5 Accident Investigation Review Team. A member of management responsible will review all Incident Reports for the department/section involved ensuring pertinent information is transmitted to all concerned and remedial action(s) taken.
- 4.6 Accident Investigation Final Report. The report will include but is not limited to the following:
  - 4.6.1 Investigation report form and pertinent data
  - 4.6.2 Photographs/drawings/exhibits of scene
  - 4.6.3 Narrative of accident
  - 4.6.4 Sequence of events
  - 4.6.5 Contributing information
  - 4.6.6 Findings and recommendations of review team
  - 4.6.7 Action items and completion dates
  - 4.6.8 Responsible persons
  - 4.6.9 Follow-up procedures to ensure completion
  - 4.6.10 Distribution list
- 4.7 Safety and Job Hazard Analysis. The company will identify through the use of information sources, screening and job surveys any activities that place employees at risk. After any accident or near miss, the task or job in question will have a job hazard analyses routinely performed by a qualified person(s). This analysis will help to verify that all required actions are being taken to determine if risk factors for a work position have been reduced or eliminated to the maximum extent feasible.

- 4.7.1 Workstation Analysis. Workstation analysis will be conducted to identify risk factors present in each job or workstation.

## 5. Safety Information:

- 5.1 Administrative Controls. Once data has been gathered from the Incident Report, administrative controls will be used where needed to eliminate or reduce the frequency and severity of accidents and near misses. Examples of administrative controls include the following:
  - 5.1.1 Reducing the production rates and or line speeds where possible.
  - 5.1.2 Providing rest pauses to relieve fatigued muscle-tendon groups.
  - 5.1.3 Increasing the number of employees assigned to a task to alleviate severe conditions, especially in lifting heavy objects.
  - 5.1.4 Using job rotation and as a preventive measure, not as a response to physical symptoms. The principle of job rotation is to alleviate physical fatigue and stress of a particular set of muscles and tendons by rotating employees among other jobs that use different muscle-tendon groups. If rotation is utilized, the job analyses must be reviewed to ensure that the same muscle-tendon groups are not used when they are rotated.
  - 5.1.5 Providing sufficient numbers of standby/relief personnel to compensate for foreseeable upset conditions on the line (e.g., loss of workers).
  - 5.1.6 Job enlargement. Having employees perform broader functions which reduce the stress on specific muscle groups while performing individual tasks.
  - 5.1.7 Machine maintenance/guarding. Ensure regular maintenance is performed on machines and/or tools used by employees are properly guarded and that maintenance is routinely performed.
  - 5.1.8 Employee training. Ensure all employees are properly trained in the hazards associated with the job before work is performed unsupervised.
- 5.2 Medical Management. The Safety Officer or other designated person will manage the safety program. Employees of each work shift should have access to health care providers or designated alternates in order to facilitate treatment, surveillance activities, and recording of information. During an accident investigation the medical management safety program will, as a minimum, address the following issues:
  - 5.2.1 Injury and illness recordkeeping
  - 5.2.2 Early recognition of problems such as strains and muscle fatigue that could lead to accidents
  - 5.2.3 Systematic evaluation and referral

- 5.2.4 Conservative treatment after an accident
- 5.2.5 Conservative return to work after an accident
- 5.2.6 Systematic monitoring
- 5.2.7 Recordability criteria. The accident must be work related. Simply stated, unless the illness was caused solely by a non-work-related event or exposure off-premises, the case is presumed to be work related.
- 5.2.8 Occupational injuries. Injuries are caused by instantaneous events in the work environment. To keep recordkeeping determinations as simple and equitable as possible, back cases are classified as injuries even though some back conditions may be triggered by an instantaneous event and others develop as a result of repeated trauma. Any occupational injury involving any of the following circumstances is to be recorded on the OSHA-Form 300:
  - 5.2.8.1 Medical treatment resulting from significant injury/illness as diagnosed by a physician or other licensed health care professional
  - 5.2.8.2 Loss of consciousness
  - 5.2.8.3 Restriction of work or motion
  - 5.2.8.4 Contaminated needle stick or sharp exposure
  - 5.2.8.5 Work related tuberculosis infection
  - 5.2.8.6 Cases of medical removal as required under specific OSHA Regulatory Standard
  - 5.2.8.7 Transfer to another job
- 5.2.9 When an incident is recorded on the OSHA Form 300, that same incident must also be recorded on OSHA Form 301.
- 5.2.10 Periodic Workplace Walk-throughs. Supervisors, in conjunction with the Safety Officer or Health Care provider as needed or required, will conduct periodic, systematic workplace walk-throughs on a monthly basis (OSHA recommended) to remain knowledgeable about operations and work practices, to identify potential light duty jobs, and to maintain close contact with employees. Safety Officers and Health care providers also should be involved in identifying accident risk factors in the workplace as part of the Accident Investigation Team. A record will be kept documenting the date of the walk-through, area(s) visited, accident risk factors recognized, and action initiated to correct identified problems. Follow-up will be initiated and documented to ensure corrective action is taken when indicated.

## 5.3 Accident Trend Analysis

- 5.3.1 The information gathered from incident investigations, OSHA logs and hazard reports will help to identify areas or jobs where potential accident or injury conditions could or do exist. This information may be shared with anyone in the company since employees' personal identifiers are not solicited. The analysis of medical records (e.g., sign-in logs and individual employee medical records) may reveal areas or jobs of concern, but it may also identify individual workers who require further follow-up. The information gathered while analyzing medical records will be of a confidential nature, therefore care must be exercised to protect the individual employee's privacy.
- 5.3.2 The information gained from the trend analysis may help determine the effectiveness of the various safety programs initiated to decrease accidents in our facility.
- 5.3.3 Employee survey or Job Hazard Analysis. A survey may be used to provide a standardized measure of the extent of progress in reducing work-related accidents for each area of the plant or facility. This will determine which jobs are exhibiting problems and measure progress of the overall safety program.
  - 5.3.3.1 Design of the survey. A survey of employees will be conducted to measure employee awareness of work-related accident and to report the location, frequency, and type of accidents likely to occur.
  - 5.3.3.2 Surveys normally will not include an employee's personal identifiers. This is to encourage employee participation in the survey.
  - 5.3.3.3 Frequency. Surveys will be conducted anytime deemed necessary by the Accident Investigation Team. Conducting the survey should help detect any major change in the prevalence, incidence, and/or location of reported and unreported accidents.
- 5.3.4 List of Jobs. The company will compile a list of jobs, tasks and activities. This listing should be prioritized, based on the risk factors for type of injury (s) sustained. Jobs will be analyzed to determine the physical procedures used in the performance of each job including lifting requirements, postures, handgrips, frequency of repetitive motion, and general safety requirements of the job. This information will assist health care providers in recommending assignments to light or restricted duty jobs. Supervisors should periodically review and update the lists.

## 6. Training and Information

- 6.1 The purpose of accident investigation training and education is to ensure those members of the Accident Investigation Team and all of our employees are sufficiently informed about the Accident Investigation Safety Program.

- 6.1.1 Employees should be adequately trained about the company's Accident Investigation Safety Program. Proper training will allow managers, supervisors, and employees to understand the procedures to follow to report an accident, hazards associated with a job or production process, their prevention and control, and their medical consequences.
- 6.1.2 Training program design. The program will be designed and implemented by the Safety Officer, Senior Manager or other designated person. Appropriate special training will be provided for personnel responsible for administering the program.
- 6.1.3 Learning level. The safety program will be presented in language and at a level of understanding appropriate for the individuals being trained. It will provide an overview of the potential risk of illnesses and injuries, their causes and early symptoms, the means of prevention, and treatment.
- 6.1.4 Training for affected employees will consist of both general and specific job training:
  - 6.1.4.1 General Training. Employees will be given formal instruction on the hazards associated with their jobs and with their equipment. This will include information on the varieties of hazards associated with the job, what risk factors cause or contribute to them, how to recognize and report hazardous conditions, and how to prevent accident with their respective jobs. This instruction will be repeated for each employee as necessary.
  - 6.1.4.2 Job-Specific Training. New employees and reassigned workers will receive an initial orientation and hands-on training before being placed in a full-production job. Each new hire will receive a demonstration of the proper use of and procedures for all tools and equipment before assignment.
- 6.1.5 Training for Supervisors. Supervisors are responsible for ensuring that employees follow safe work practices and receive appropriate training to enable them to do this. Supervisors therefore will undergo training comparable to that of the employees. Such additional training as will enable them to recognize and correct hazardous work practices, proper accident reporting/investigation requirements, and to reinforce the company safety program.
- 6.1.6 Training for Managers. Managers will be made aware of their safety and health responsibilities and will receive sufficient training pertaining to issues at each workstation and in the production process as a whole so that they can effectively carry out their responsibilities.
- 6.1.7 Training for Engineers and Maintenance Personnel. Plant engineers and maintenance personnel will be trained in the prevention and correction of job hazards through job and workstation design and proper maintenance, both in general and as applied to the specific conditions of the facility.

6.2 Employee Training and Education. Health care providers will participate in the training and education of all employees, as needed or required. This training will be reinforced during workplace walk-throughs and the individual health surveillance appointments. All new employees will be given such education during orientation. This demonstration of concern along with the distribution of information should facilitate early recognition of accident conditions before their development, an elimination or reduction in accidents, and increased likelihood of compliance with recognition, prevention, and control.

## 7. Definitions.

- *Accident* - An injury or substance exposure that results in a detrimental health effect to an individual.
- *Incident* – An event that results in an accident, near miss or property damage.
- *Near Miss* – An avoided accident. An incident that could have occurred, but due to mitigating circumstances (or luck) did not occur.

# ACCIDENT, INCIDENT OR NEAR MISS INVESTIGATION REPORT

## PART 1 IDENTIFICATION INFORMATION

Employee Name	
Date of Accident	Time: <span style="float: right;">AM PM</span>
Occupation	Shift
Department	SS#:
Employee Home Address:	Date of Birth:
	Date of Hire
	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

## PART 2 SUPPLEMENTARY INFORMATION

Company			
Mailing Address			
City	State	Zip	
Telephone (      )			
Accident Location	<input type="checkbox"/> Same as establishment?	<input type="checkbox"/> On premises?	(Check if applies)
Location Where Accident Occurred (if different from above):			
Remarks:			
Was injured person performing regular job at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe activity the person was doing just before they were injured:			
Length of Service: With Employer		On this job	
Time shift started	AM    PM	Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of physician:			
City	State	Zip	
Employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No.		Employee hospitalized overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hospitalized, name and address of hospital:			
City	State	Zip	
Fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, date of death	

## PART 3 ACCIDENT TREE

NATURE OF INJURY OR ILLNESS:			PART OF BODY AFFECTED:		
Operation Location:	Operation Task:	Employee Task:	Employee Body Position/Activity	Preceding Situation or Event	Type of Accident

## PART 4 DESCRIPTION AND ANALYSIS

Fully describe accident:

What factors led to the accident (from Part 3/Tree)?

### MACHINERY/EQUIPMENT INVOLVED

Manufacturer

Equip. age

Serial No.

Model

Function

Location

Has machine/equipment been modified?  Yes  No

If so, when?

Was it guarded?  Yes  No

If Yes, describe guarding and how it functions to provide element of safety desired:

Was guarding properly:

Constructed?  Yes  No

Installed?  Yes  No

Adjusted?  Yes  No

If No to any of above, explain:

Was there any mechanical failure?  Yes  No

If yes, explain:

If construction related, date of contract:

Is firm  General Contractor

Subcontractor

Name of other contractors

List any weather conditions that contributed to the incident:

### TRAINING

Did employee receive specific training or instructions relating to safety and health on the job being performed?

Yes  No

Type:

Instructed by:

When instructed:

Length of training:

PERSONAL PROTECTIVE EQUIPMENT		
Did employee use any protective equipment for the job or task performed? <input type="radio"/> Yes <input type="radio"/> No		
Type:		
Did equipment fail? <input type="radio"/> Yes <input type="radio"/> No		
If so, describe:		
CORRECTIVE ACTIONS:		
Were any corrective or preventive actions put into place due to the incident? <input type="radio"/> Yes <input type="radio"/> No		
If so, list them:		
Action Taken	Expected Result	Expected Completion Date
Were corrective actions followed through to completion? <input type="radio"/> Yes <input type="radio"/> No		
If so, list results and dates:		
Action Taken	Expected Result	Expected Completion Date
STATEMENTS CONCERNING ACCIDENT		
EMPLOYEE STATEMENT CONCERNING ACCIDENT		
Name	Title	Date
SUPERVISOR/EMPLOYER'S STATEMENT		
Name	Title	Date
WITNESS STATEMENT		
Name	Title	Date
SAFETY COMMITTEE COMMENTS		
Name	Title	Date
ATTACH ADDITIONAL COMMENTS, REPORTS AND PHOTOS ON NEXT PAGE		







**Back Safety  
in the Workplace**

## PROGRAM OVERVIEW

# BACK SAFETY IN THE WORKPLACE PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1903. \(General Duty Clause\)](#)  
OSHA 29 CFR [1910.151 \(Medical Services\)](#)  
*Best Practices – Ergonomics*

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## INTRODUCTION

Outlines the methods for identifying back disorder risk factors and for implementing protective measures to prevent back injuries.

## TRAINING

Recommended for most workplaces

## ACTIVITIES

- Identify risk factors for back injury in the operations
  - Repetitive or prolonged activities
  - Awkward postures
  - Unusual size or weight objects
- Implement any required controls to minimize or eliminate hazards.

## FORMS

- Training Attendance Roster, as needed

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# BACK SAFETY IN THE WORKPLACE PROGRAM

1. **Purpose.** This safety program is designed to establish clear company goals and objectives with regard to back safety and will be communicated to all required personnel. The company will review and evaluate this safety program:

- 1.1 When changes occur to 29 CFR that prompt revision of this document
- 1.2 When facility operational changes occur that require a revision of this document
- 1.3 When there is an accident or close-call that relates to this area of safety
- 1.4 Review the safety program any time these procedures fail

2. **Scope.** This program applies to the total workplace regardless of the number of workers employed or the number of work shifts

## 3. Responsibilities

3.1.1 Management and Supervisor:

- 3.1.1.1 Evaluate the workplace for potential back safety issues
- 3.1.1.2 Implement controls and awareness training to prevent back injuries
- 3.1.1.3 Review this program and needed.

3.1.2 Employees:

- 3.1.2.1 Follow workplace rules and procedures
- 3.1.2.2 Immediately report injuries or symptoms of back disorders

## 4. Procedure

4.1 Back Disorder Risk Factors. Identification of hazards will be based on risk factors such as conditions of a job process, workstation, or work methods that contribute to the risk of developing problems associated with back disorders. Not all of these risk factors will be present in every job containing stressors nor is the existence of one of these factors necessarily sufficient to cause a back injury. Supervisors will use the following known risk factors to isolate and report suspected problem areas:

- 4.1.1 Repetitive and/or prolonged activities
- 4.1.2 Bad body mechanics such as:
  - 4.1.2.1 Continued bending over at the waist
  - 4.1.2.2 Continued lifting from below the knuckles

- 4.1.2.3 Continued lifting above the shoulders
- 4.1.2.4 Twisting at the waist
- 4.1.2.5 Twisting at the waist while lifting
- 4.1.2.6 Lifting or moving objects of excessive weight
- 4.1.2.7 Lifting or moving object of asymmetric size
- 4.1.2.8 Prolonged sitting with poor posture
- 4.1.2.9 Lack of adjustable :
  - 4.1.2.9.1 Chairs
  - 4.1.2.9.2 Footrests
  - 4.1.2.9.3 Body supports
  - 4.1.2.9.4 Work surfaces at workstations
- 4.1.2.10 Poor grips on handles
- 4.1.2.11 Slippery footing
- 4.1.2.12 Frequency of movement
- 4.1.2.13 Duration and pace
- 4.1.2.14 Stability of load
- 4.1.2.15 Coupling of load
- 4.1.2.16 Type of grip
- 4.1.2.17 Reach distances
- 4.1.2.18 Work height

4.2 Safe Lifting Techniques. First, use a pushcart or other material-handling device! Second, ask a co-worker for help if no device is available! If you must lift alone here are some tips. Before starting to lift or carry anything, check your entire walkway to make sure your footing will be solid. Your shoes should give you good balance, support and traction. Keep loads as close to your body as possible. The following situations show basic lifting techniques to avoid injury:

- 4.2.1 Lifting or lowering from a high place
  - 4.2.1.1 Stand on a platform instead of a ladder

- 4.2.1.2 Lift the load in smaller pieces, if possible
- 4.2.1.3 Slide the load as close to yourself as possible before lifting
- 4.2.1.4 Grip firmly and slide it down
- 4.2.1.5 Get help when you need it to avoid injury
- 4.2.2 Lifting from hard-to-get-at places
  - 4.2.2.1 Get as close to the load as possible
  - 4.2.2.2 Keep back straight, stomach muscles tight
  - 4.2.2.3 Push buttocks out behind you
  - 4.2.2.4 Bend your knees
  - 4.2.2.5 Use leg, stomach, and buttock muscles to lift -- not your back
- 4.2.3 Lifting drums, barrels, and cylinders
  - 4.2.3.1 Use mechanical assists
  - 4.2.3.2 Always be aware that loads can shift
  - 4.2.3.3 Get help if load is too heavy
- 4.2.4 Awkward objects
  - 4.2.4.1 Bend your knees with feet spread
  - 4.2.4.2 Grip the top outside and bottom inside corners
  - 4.2.4.3 Use your legs to lift, keeping back straight
- 4.2.5 Shoveling
  - 4.2.5.1 Make sure your grip and balance are solid
  - 4.2.5.2 Tighten your abdomen as you lift
  - 4.2.5.3 Keep the shovel close to your body
  - 4.2.5.4 Use the strength of your thigh muscles to bring you to an upright position
  - 4.2.5.5 Increase your leverage by keeping your bottom hand low and toward the blade

## 4.2.6 General safety tips

4.2.6.1 Don't lift objects over your head

4.2.6.2 Don't twist your body when lifting or setting an object down

4.2.6.3 Don't reach over an obstacle to lift a load

4.2.6.4 Pace yourself to avoid fatigue

## 5. Safety Information.

5.1 Job Hazard Analysis and Work Station Analysis Surveys. Job hazard analysis surveys will be routinely performed by a qualified person for jobs that put workers at risk. This analysis survey will help to verify risk factors and to determine if risk factors for a work position have been reduced or eliminated to the extent feasible.

5.1.1 Upper extremities. For upper extremities three (3) measurements of repetitiveness will be reviewed:

5.1.1.1 Total hand manipulations per cycle.

5.1.1.2 The cycle time.

5.1.1.3 The total manipulations or cycles per work shift.

5.1.2 Force measurements. Force measurements will be noted as an estimated average effort and a peak force (unless quantitative measurements are feasible). They will be recorded as "light," "moderate," or "heavy".

5.1.3 Tools. Tools will be checked for excessive vibration and weight. (The NIOSH criteria document on hand/arm vibration should be consulted.) The tools, personal protective equipment, and dimensions and adjustability of the workstation will be noted for each job hazard analysis.

5.1.4 Postures. Hand, arm, and shoulder postures and movements will be assessed for levels of risk.

5.1.5 Lifting Hazards. Workstations having tasks requiring manual materials handling will have the maximum weight-lifting values calculated. (The NIOSH *Work Practices Guide for Manual Lifting* should be used for basic calculations.)

5.1.6 Videotape Method. The use of videotape, where feasible, will be used as a method for analysis of the work process. Slow-motion videotape or equivalent visual records of workers performing their routine job tasks will be used where practical to determine the demands of the task on the worker and how each worker actually performs each task. A task analysis log/form will be used to break down the job into components that can be individually analyzed.

5.2 Hazard Prevention and Control. Company management understands that engineering solutions, where feasible, are the preferred method of control for ergonomic hazards. The focus of this safety program is to make the job fit the person, not to make the person fit the job. This is accomplished by redesigning the workstation, work methods, or tools to reduce the demands of the job. Such as high force, repetitive motion, and awkward postures. This safety program will whenever possible research into currently available controls and technology. The following examples of engineering controls will be used as models for workstation design and upgrade.

5.2.1 Workstation Design. Workstations when initially constructed or when redesigned will be adjustable in order to accommodate the person who actually works at a given workstation. It is not adequate to design for the "average" or typical worker. Workstations should be easily adjustable and either designed or selected to fit a specific task so that they are comfortable for the workers using them. The workspace should be large enough to allow for the full range of required movements especially where hand held tools are used. Examples include:

5.2.1.1 Adjustable fixtures on work tables so that the position of the work can be easily manipulated.

5.2.1.2 Workstations and delivery bins that can accommodate the heights and reach limitations of various-sized workers.

5.2.1.3 Work platforms that move up and down for various operations.

5.2.1.4 Mechanical or powered assists to eliminate the use of extreme force.

5.2.1.5 Suspension of heavy tools.

5.2.1.6 The use of diverging conveyors off of main lines so that certain activities can be performed at slower rates.

5.2.1.7 Floor mats designed to reduce trauma to the legs and back.

5.2.2 Design of Work Methods. Traditional work method analysis considers static postures and repetition rates. This will be supplemented by addressing the force levels and the hand and arm postures involved. The tasks will be altered where possible to reduce these and the other stresses. Examples of methods for the reduction of extreme and awkward postures include the following:

5.2.2.1 Enabling the worker to perform the task with two hands instead of one.

5.2.2.2 Conforming to the NIOSH *Work Practices Guide for Manual Lifting*.

- 5.2.3 Excessive force. Excessive force in any operation can result in both long-term problems for the worker and increased accident rates. Ways to reduce excessive force will be continually emphasized by first line supervisors and employees. Examples of methods to reduce excessive force include:
  - 5.2.3.1 The use of automation devices.
  - 5.2.3.2 The use of mechanical devices to aid in removing scrap from work areas.
  - 5.2.3.3 Substitution of power tools where manual tools are now in use.
  - 5.2.3.4 The use of articulated arms and counter balances suspended by overhead racks to reduce the force needed to operate and control power tools.
- 5.2.4 Repetitive motion. All efforts to reduce repetitive motion will be pursued. Examples of methods to reduce highly repetitive movements include:
  - 5.2.4.1 Increasing the number of workers performing a task.
  - 5.2.4.2 Lessening repetition by combining jobs with very short cycle times, thereby increasing cycle time. (Sometimes referred to as "job enlargement.")
  - 5.2.4.3 Using automation where appropriate.
  - 5.2.4.4 Designing or altering jobs to allow self-pacing, when feasible.
  - 5.2.4.5 Designing or altering jobs to allow sufficient rest pauses.
- 5.3 Administrative Controls. Administrative controls should be used to reduce the duration, frequency, and severity of exposures to ergonomic stressors that can cause back injury. Examples of administrative controls include the following:
  - 5.3.1 Reducing the total number of repetitions per employee by such means as decreasing production rates and limiting overtime work.
  - 5.3.2 Providing rest pauses to relieve fatigued muscle-tendon groups. The length of time needed depends on the task's overall effort and total cycle time.
  - 5.3.3 Increasing the number of employees assigned to a task to alleviate severe conditions, especially in lifting heavy objects.
  - 5.3.4 Using job rotation, with caution and as a preventive measure, not as a response to symptoms. The principle of job rotation is to alleviate physical fatigue and stress of a particular set of muscles and tendons by rotating employees among other jobs that use different muscle-tendon groups. If rotation is utilized, the job analyses must be reviewed to ensure that the same muscle-tendon groups are not used when they are rotated.

- 5.3.5 Providing sufficient numbers of standby/relief personnel to compensate for foreseeable upset conditions on the line (e.g., loss of workers).
- 5.3.6 Job enlargement. Having employees perform broader functions which reduce the stress on specific muscle groups while performing individual tasks.

## 6. Training and Information

6.1 Types of training. Supervisors will determine whether training required for specific jobs will be conducted in a classroom or on-the-job. The degree of training provided shall be determined by the complexity of the job and the associated hazards.

6.1.1 Initial Training. Prior to job assignment the company shall provide training to ensure that the hazards associated with pre-designated job skills are understood by employees, including the knowledge and skills required for the safe application and usage of work place procedures and equipment is acquired by all employees. The training shall include the following:

6.1.1.1 Each affected employee shall receive training in the recognition of back injury hazards involved with a particular job, and the methods and means necessary for safe work.

6.1.1.2 Training course content. All new and current workers, who work in areas where there is reasonable likelihood of back injury, will be kept informed through continuing education programs. Initial and refresher training will, as a minimum, cover the following:

6.1.1.2.1 Back hazards associated with the job.

6.1.1.2.2 Lifting techniques.

6.1.1.2.3 Potential health effects of back injury.

6.1.1.2.4 Back injury precautions.

6.1.1.2.5 Proper use of protective clothing and equipment.

6.1.1.2.6 Use of engineering controls.

6.1.1.3 Responsibility. Employees are responsible for following proper work practices and control procedures to help protect their health and provide for the safety of themselves and fellow employees, including instructions to immediately report to the Supervisor any significant back injury.

6.1.2 Refresher Training. Scheduled refresher training will be conducted on an as needed basis.

6.1.2.1 Retraining shall be provided for all authorized and affected employees whenever there is a change in their job assignments, a change in equipment or processes that present a new hazard, or when their work takes them into other hazard areas.

6.1.2.2 Additional retraining shall also be conducted whenever a periodic inspection reveals, or when there is reason to believe that there are deviations from or inadequacies in the employee's knowledge of known hazards and use of equipment or procedures.

6.1.2.3 The retraining shall reestablish employee proficiency and introduce new equipment, new lifting procedures or revised control methods and procedures.

6.1.3 Verification. The company shall verify that employee training has been accomplished and is being kept up to date. The verification shall contain a synopsis of the training conducted, each employee's name, and dates of training.

6.2 New Employee Acclimatization Period. Supervisors will ensure that new or transferred employees are allowed an appropriate acclimatization period. New and returning employees will be gradually integrated into a full work schedule as appropriate for specific jobs and individuals. Employees will be assigned to an experienced trainer for job training and evaluation during this period. Employees reassigned to new jobs should also have an acclimatization period.

## 7. Definitions.

➤ *None at this time*





## PROGRAM OVERVIEW

# INJURY ILLNESS PREVENTION PROGRAM (IIPP) SAFETY MANAGEMENT PROGRAM

REGULATORY STANDARD: CAL OSHA [8 CCR 3203](#)  
OSHA [General Duty Clause](#)

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## INTRODUCTION

The Injury and Illness Prevention Program is intended to establish a framework for identifying and correcting workplace hazards. The California Occupational Health & Safety Administration requires most employers to maintain a written safety program. The material in this program provides guidance on establishing a safety culture that promotes safety as an integral part of its daily operations.

## TRAINING

Training should be consistent with the risk exposures anticipated for the nature of the work being conducted and or performed.

## ACTIVITIES

- Assign responsibilities to manage this program
- Conduct a safety inspection to evaluate workplace conditions recognizing unsafe work practices and conditions and identify improvement areas
- Develop an action plan, based on priority levels to implement controls for identified hazards
- Maintain the program and schedule periodic reviews to look at each critical component in your IIPP to determine what is working and what changes, if any are needed

## FORMS

- General Hazard Assessment
- Hazard Alert, as required
- Injury and Illness Prevention Program
- Training Attendance Roster
- ATD Exemption for Dental Clinics, Dental Offices, or Specialty Medical Offices of an Outpatient Nature, if included

## Table of Contents

1. Purpose
2. Scope
3. Responsibilities
4. Procedure
5. Safety Information
6. Training and Information
7. Definitions

# **INJURY ILLNESS PREVENTION PROGRAM (IIPP) SAFETY MANAGEMENT PROGRAM**

- 1. Purpose.** Effective implementation for job safety and health of our employees requires a written safety program fully endorsed and advocated by the highest level of management within the company. This safety program is designed to establish clear company goals and objectives and will be communicated to all required personnel. It encompasses the total workplace regardless of the number of workers employed or the number of work shifts. Company management will review and evaluate this safety program:
  - 1.1 On an annual basis or as necessary.
  - 1.2 When changes occur to 29 CFR and/or 8 CCR that prompt a revision.
  - 1.3 When changes occur to any regulatory document that affect this program.
  - 1.4 When facility operational changes occur that affect this program.
- 2. Scope.** Applies to all facilities and sites.
- 3. Responsibilities**
  - 3.1 Executive Management
    - 3.1.1 Provide sufficient human and financial resources to address federal, state, and local safety and health compliance.
    - 3.1.2 Assign compliance and general safety and health responsibilities to the Safety Officer or another designated person.
    - 3.1.3 Establish employee safety and health management performance goals.
    - 3.1.4 Review the company safety and health management performance as required.
    - 3.1.5 Hold Managers and Supervisors accountable for safety and health performances through performance appraisals or by other means.
  - 3.2 Management and Supervisors
    - 3.2.1 Develop safety rules and job procedures necessary to eliminate or control hazards.
    - 3.2.2 Conduct employee orientation and on-the-job training as required.
    - 3.2.3 Conduct scheduled employee safety meetings.
    - 3.2.4 Conduct on-going informal hazard identification checks and scheduled formal audits.
    - 3.2.5 Provide personal protective equipment to employee as required, train employees on its proper use and require employees to use it where necessary.

- 3.2.6 Record all incidents and injuries and report them to regulatory agencies as needed or required.
  - 3.2.7 Investigate and document all accidents per accident investigation procedures.
  - 3.2.8 Support and enforce all company, department, and job specific safety rules, policies and procedure – utilize disciplinary procedures as necessary as per company policy or the Employee Handbook.
  - 3.2.9 Implementing and maintain the IIP Program in their work areas and for answering worker questions about this program. A copy of the IIP Program will be available and provided as may be requested or needed.
- 3.3 Employees
- 3.3.1 Follow all safety and job rules and procedures, including wearing required personal protective equipment.
  - 3.3.2 Use only tools, equipment, and materials for which training and authorization have been given.
  - 3.3.3 Report all accidents, injuries, property damage, and near-miss incidents, as required.
  - 3.3.4 Report all observed unsafe conditions and behaviors.
  - 3.3.5 Participate in all employee safety and health training programs.
- 3.4 Safety Officer (as needed or required):
- 3.4.1 Develop programs to comply with federal, state, and local employee safety and health regulations.
  - 3.4.2 Coordinate provision of employee and management safety and health training.
  - 3.4.3 Maintain all required documentation.
  - 3.4.4 Prepare safety and health management status reports, which may include Workers' Compensation loss summaries, compliance summaries, trend analyses of audit and inspection results, accident and incident causes, safety alerts or other reported safety concerns.
  - 3.4.5 The Safety Officer will be identified in our company's written Injury and Illness Prevention Program. The Safety Officer has the authority and the responsibility for implementing and maintaining this IIP Program for our company.
- 3.5 Method of Accountability. Employee and company performance, in relation to safety and health responsibilities, is reviewed within the status reports, and may include the following items:
- 3.5.1 Number of workers' compensation claims within the business unit.

- 3.5.2 Number of lost time incidents or the types of incidents that occur.
- 3.5.3 Occurrence(s) of disciplinary actions resulting from failure to comply with safety procedures.
- 3.5.4 Occurrence(s) of recognized safe behaviors.
- 3.5.5 Attendance and participation in safety training.
- 3.5.6 Timeliness of audits, inspections, incident reporting and investigation of incidents or accidents.
- 3.5.7 Quality of investigation reports and recommended corrective actions.
- 3.5.8 Timeliness and effectiveness of implemented corrective actions.

## **4. Procedure**

### **4.1 General Work Rules**

- 4.1.1 All employees are to follow all task, department, and facility rules, policies, and procedures. Appropriate personal protective equipment or other control measures will be used as required.
- 4.1.2 All employees are to refrain from running, horseplay, practical jokes, and other activities, which could lead to the injury of the employee or others.
- 4.1.3 All employees are to report to work in appropriate attire and condition to ensure constant awareness of surroundings and activities. Employees under the influence of alcohol or illegal drugs will be disciplined according to company policies, up to or including termination. If an employee's abilities may be impaired by legal over the counter or prescription medications, he/she is to inform their Supervisor or Manager.
- 4.1.4 Employees will only use, repair, or adjust tools and machinery if trained and authorized by Supervisory personnel.
- 4.1.5 Employees will maintain good housekeeping in all work areas and follow housekeeping schedules as required by job procedures and department policies.
- 4.1.6 Department and job specific rules are located in the main office or can be accessed via the area Supervisor or Manager.
- 4.1.7 General Compliance
  - 4.1.7.1 All workers, including managers and supervisors are responsible for complying with safe work practices. To ensure that all workers comply with these practices, the company will do the following;
    - Inform workers of the applicable provisions of the IIPP as it affects them.

- Evaluate the safety performance of all workers.
- Recognize employees who perform safe work practices (may be verbal, written or other means).
- Provide training to workers whose safety performance is deficient.
- Discipline workers for failure to comply with safe work practices, following the company's disciplinary procedures.

## 4.2 Incidents and Accidents

### 4.2.1 Definitions

4.2.1.1 *Incident/Accident – An unplanned event resulting in injury or property damage, regardless of severity or fault.*

### 4.2.2 Accident, Injury, Property Damage or Near Miss Incident Reporting Procedures

4.2.2.1 Employees must report all incidents, accidents and near misses to their Supervisor or Manager. Reporting responsibilities are as follows:

4.2.2.2 The employee or their Supervisor may complete portions of the accident or incident report. However, the employee's Supervisor must complete all portions relating to the investigation and must also ensure the full completion of all portions of the report. All three types of events (accidents, incidents and near misses) are required to have reports maintained.

4.2.2.3 The Supervisor or Manager must review and sign the completed form.

4.2.2.4 As needed or required, copies of the report should be forwarded to the Safety Officer, Claims Officer, and internal Human Resources Representative.

4.2.2.5 Procedures for investigating accidents, incidents and near misses may include interviewing injured workers and witnesses and examination of the involved area for factors associated with the event. Photographs may also be taken to help with the investigation

### 4.2.3 Accident, Injury, Property Damage or Near Miss Incident Report flow:

4.2.3.1 The employee initiates the report as soon as he/she is aware of the event.

4.2.3.2 The Supervisor conducts an investigation, as required, and completes the report within 24 hours or as soon as possible.

- 4.2.3.3 The Supervisor forwards the report to the designated Safety Officer or directly to company management who reviews the report to ensure the completion of a thorough investigation. Additional copies may be sent to other personnel, as appropriate.
- 4.2.3.4 If the employee needs outside medical attention or loses time, the Supervisor should phone the safety officer or human resources representative to assure that any necessary claims management activities are initiated.
- 4.2.4 Use of Accident, Injury, Property Damage or Near Miss Incident Report Information
- 4.2.4.1 Once the reports are completed and forwarded to the appropriate personnel, the following personnel will undertake the listed activities to make the most of the information provided on the reports:
- Safety Officer or other designated person at the company reviews the reports to identify incident trends. A Trend Summary Report or similar document may be compiled and presented to company management, who would then initiate corrective actions to address the identified trends.
  - Claims or Human Resources Officer uses the report information to complete the necessary worker's compensation forms and to initiate claims management activities where applicable.
  - Supervisors and Managers follow up with all affected area Supervisors and employees to ensure the correction of identified causes. The Managers may also share relevant information with Supervisors in other areas to ensure similar hazard situations are addressed. Finally, Management ensures the provision of sufficient resources to make the necessary corrections and changes. Such resources may include equipment, materials, money, time, and support for policy changes.
  - Senior Managers use the reports to identify the types of incidents and hazards occurring within the company in order to make appropriate decisions regarding safety and health management program improvement efforts.

### 4.3 Hazard Assessment and Control

- 4.3.1 Formal safety audits - are scheduled inspections in which the findings are documented and reviewed. Informal safety audits are unscheduled inspections in which findings may or may not be documented. However, documentation (such as work orders or disciplinary actions) for hazardous conditions or behaviors observed during informal audits is recommended.

4.3.2 Periodic inspections will be performed as follows: (a) when the IIP Program is initially established; (b) when new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace; (c) when new or previously unidentified hazards are recognized; (d) when occupational injuries and illnesses occur; and (e) whenever workplace conditions warrant an inspection.

4.3.3 Audit and Inspection Procedures - Audit schedules will be maintained by company management or their specific designee. Audit procedures and finding reports should be maintained until corrective actions are formalized, or until subsequent audit reports supersede them. Inspection reports will be documented and maintained for at least one year and will include the name of the person doing the inspection, the unsafe condition or work practice and the action(s) taken.

4.3.3.1 Formal Audits: (Reference General Hazard Assessment form)

- Auditors will use the General Hazard Assessment form or an equivalent auditing document to conduct formal audits.
- Auditors will review the previous audit documentation and other hazard reports or documented concerns prior to conducting the audit.
- Auditors will complete the auditing documentation and review their findings with the appropriate Supervisor or Manager upon the completion of the audit.
- Copies of the audit documentation will be forwarded to the company Manager or their specific designee who is in charge of the audit program.
- The area Manager or Supervisor will assign responsibilities for corrective actions and provide the names and action dates for such assignments to the person responsible for maintaining audit documentation.
- The auditor or audit team will prepare a summary of audit documentation to present to company management. The summary will include the identification of trends in observed unsafe behaviors, unsafe conditions, or non-compliance with regulated elements.
- The company Manager will review the audit summary to ensure the effective implementation of corrective actions for each deficient item and to address any identified trends. Any meeting minutes or notes will reflect the discussions, identify uncorrected hazards or trends with personnel assigned responsibility for correction, and an estimated time frame for initiating corrective actions.

#### 4.3.3.2 Inspections (Informal Audits): (Reference Hazard Alert form)

- Any employee observing an unsafe behavior or condition must report it to their Supervisor or Manager, verbally or in writing. Documentation in the form of a “hazard alert” or equivalent form may be completed to initiate corrective actions. Employees can fill such forms anonymously without identifying themselves if they so desire.
- Imminent Hazards. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, all exposed workers will be removed from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection.
- The Hazard Alert form recipient will review the reported hazard and initiate corrective actions as appropriate.
- The person designated to make any corrective action will note the findings and corrective actions taken on the Hazard Alert form.
- A copy of the completed Hazard Alert form is sent to the Manager or Supervisor of the area where the hazardous condition or activity took place for review. Additional copies will be provided to company management or the specific designated person who is in charge of any company formal audits for use in the next area audit.

4.3.3.3 Compliance Audits To ensure compliance with federal and state employee safety and health laws, company management (in conjunction with the designated Safety Officer) will perform evaluations to determine the level of compliance with the regulations and our internal compliance programs.

4.3.3.4 Irrespective of how an unsafe or unhealthy condition, work practice or procedure was identified, correction of the situation will be done in a timely manner based on the severity of the hazard.

## 5. Safety Information

### 5.1 New or Altered Equipment and Processes

5.1.1 New equipment, chemicals or activities will be reviewed and their hazards evaluated prior to installation or implementation. Area Supervisors or management may be designated to lead the review and evaluation, or a “process change committee” may be set up to perform this task. If a committee is used, documentation will be retained with regard to meeting minutes or notes, corrective actions, evaluation documentation and any of the documents listed below:

- 5.1.1.1 Evaluation of new or altered (changes to existing) equipment or to equipment related activities will be documented using the New or Altered Equipment Review form, or an equivalent document.
- 5.1.1.2 Evaluation of new chemicals or changes to existing usages or process activities will be documented using the New or Changed Chemical Activity Worksheet, or an equivalent document.
  - Safety Data Sheets and hazard information will be reviewed with all employees using a new chemical or utilizing a new activity with existing chemicals prior to the activity being implemented or performed, in accordance with the company's Hazard Communication program, if one is required.
- 5.1.1.3 New activities and tasks will have written procedures developed that include an evaluation of the hazards of that activity or task, the methods to control identified hazards, protective equipment to be used (if any), and any emergency information related to the task or activity. These procedures will be reviewed with employees who perform that activity or task prior to the implementation of the activity or task.

## 5.2 Employee Safety Committee

- 5.2.1 Safety Committees are not mandatory in the state of California. If the company decides to establish one, a separate program outlining the requirements will be included in the company's Safety Manual.

## 6. Training and Information

- 6.1 Management will ensure that OSHA compliance training is provided to all employees and in a form readily understandable by all affected employees, as required by company Safety Programs. The area Supervisor or company safety officer may be designated to perform this task. Attendance rosters will be maintained in the main office or where similar documentation and training records are maintained. Training summaries may also be retained.

- 6.2 Exception: If the company has fewer than 10 employees, communication with employees as noted in 6.1 may be done orally in general work practices with specific instructions with respect to hazards unique to the employee's job assignment.

## 6.3 Employee Orientation

- 6.3.1 New Employees All new employees will receive an orientation provided by the Safety Officer, their Supervisor or other designated person prior to their exposure to work place hazards. The new employee orientation may include the following items, as applicable:

- 6.3.1.1 Overview of the Safety Management Program (IIPP).
- 6.3.1.2 Review of employee and management responsibilities.
- 6.3.1.3 Hazard reporting procedures.

- 6.3.1.4 Accident, injury, property damage and near miss incident reporting procedures.
- 6.3.1.5 General work rules.
- 6.3.1.6 Department work rules.
- 6.3.1.7 Method of access to first aid treatment.
- 6.3.1.8 Job tasks hazards and methods of control.
- 6.3.1.9 OSHA required training.
- 6.3.2 Transferred Employees Employees transferring within the company will be trained in the items and exposures that any previous training did not cover.
  - 6.3.2.1 The area Supervisor or Manager will provide this training prior to the employee's exposure to new hazards.
- 6.3.3 Orientation Documentation Employee orientation will be documented through the completion of the New Employee Safety Orientation Training List or an equivalent training record. This form must be signed and dated by the trainer and the employee. The form will be maintained in the main office, or where similar documentation and training records are kept.
- 6.4 Job/Task Training. Employees will be trained in the hazards of their jobs and the proper procedures to control the hazards prior to their exposure to the hazards and for new unrecognized hazards. Training will be provided by the area Supervisor or Manager (or their specific designee) and documented on the employee's training record or attendance roster.
  - 6.4.1 Anonymous Notification Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal. Workers can anonymously inform management about workplace hazards via the Hazard Alert Form or other similar means where feasible.
- 6.5 On-Going Training Employees will be provided on-going safety training throughout their tenure with the company. This training will be provided through any combination of the following sources:
  - 6.5.1 Safety meetings
  - 6.5.2 Safety newsletter
  - 6.5.3 Safety posters or bulletin board communications
  - 6.5.4 Job performance feedback
  - 6.5.5 Training on existing safety programs
- 6.6 Management Training. To ensure the success of the Safety Management Program, Supervisors and Managers will receive employee safety and health management

training. Managers and Supervisors will receive training through the Safety Officer or other designated person. Attendance rosters will be maintained in the main office, or where similar documentation and training records are kept. Training rosters will include the name of the employee, date of training, topic, name of trainer, and will be maintained for at least one year.

6.6.1 The topics presented to the Supervisors and Managers are applicable to their specific responsibilities. The topics presented may include:

6.6.1.1 Review of the Safety Management Program (IIPP).

6.6.1.2 Procedures to conduct formal and informal audits.

6.6.1.3 Methods of employee training.

6.6.1.4 Procedures to record and report accidents, injuries, property damage and near miss incidents.

6.6.1.5 Methods to conduct accident investigations.

6.6.1.6 Methods to develop and enforce appropriate safety and health rules.

## 7. Definitions

- *Incident/Accident - An unplanned event resulting in injury or property damage, regardless of severity or fault.*

**GENERAL HAZARD ASSESSMENT**

<b>SURVEY DATE:</b>	<b>SURVEYED BY:</b>	<b>DEPT:</b>	<b>SUBMITTED TO:</b>
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<u>CONDITION</u>	<u>COMPLIANT</u>	<u>CORRECTED BY</u>	<u>COMPLETION DATE</u>	<u>COMMENTS AND CORRECTIVE ACTION</u>
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***Electrical:***

§ Extension cords stored properly	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Extension cords used only for project work	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Face plates on all outlets & switches	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Covers on all junction boxes	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Electrical panel boards: -3 ft clearance maintained -Door closed -Blanks cover empty breaker spaces -Breakers labeled	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ GFCI's on all outlets within 6 ft of water source	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ All electrical wiring properly covered	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Equipment grounded	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Electrical cords & plugs in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Wiring going through walls in conduit	<input type="checkbox"/> Yes <input type="checkbox"/> No			

***Elevated Work Areas:***

§ All open sides of floors or platforms 4 or more feet above ground are protected with standard railing & toeboard	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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CONDITION	COMPLIANT	CORRECTED BY	COMPLETION DATE	COMMENTS AND CORRECTIVE ACTION
<b>Floors &amp; Stairs:</b>				
§ Floors are clean & dry	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Warning signs place in wet areas	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Carpets/mats/other friction control used in high traffic areas	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Carpets/mats lie flat & in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Inside stairs well lit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Stair treads in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Riser height even	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Railings properly installed on right descending side (3 or more stairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Floor halls properly covered or guarded	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Ladders:</b>				
§ Rungs in good condition & secure	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Braces in good working condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Safety feet are in place & in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Ladders in use are properly secured	<input type="checkbox"/> Yes <input type="checkbox"/> No			

CONDITION	COMPLIANT	CORRECTED BY	COMPLETION DATE	COMMENTS AND CORRECTIVE ACTION
<b>Life Safety:</b>				
§ Clear access maintained to all work stations, emergency exits, fire extinguishers, fire alarms, fire blankets, electrical disconnects, etc...	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Exits are clearly marked	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Doors & other emergency exits are clear of debris, shrubs, & other obstructions	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Doors & windows working properly	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Emergency lighting systems functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Sprinkler systems properly inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Fire detection systems properly inspected & functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Fire extinguishers checked monthly & in good operating condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Fire extinguishers accessible & identified where not easily seen	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Emergency phone numbers & procedures posted where appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No			

CONDITION	COMPLIANT	CORRECTED BY	COMPLETION DATE	COMMENTS AND CORRECTIVE ACTION
<b>Storage:</b>				
§ Storage closets with sufficient aisle space	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Sprinkler heads have minimum 18" clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Shelf strength sufficient for load	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Lofts – floor capacity rated & posted	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Portable Tools/Equipment:</b>				
§ Equipment stored properly when not in use	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Power cords stored properly	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Cords & plugs in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Tool grounding checks done regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Hand tools in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Walking Areas:</b>				
§ Floor free of debris	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Floor clean & dry	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Working Areas:</b>				
§ Work area sufficient for employee & materials	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Employees can vary position to maintain comfort	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Work area minimize employee stress of bending, twisting & reaching	<input type="checkbox"/> Yes <input type="checkbox"/> No			
§ Work areas free of clutter	<input type="checkbox"/> Yes <input type="checkbox"/> No			

## HAZARD ALERT

**OBSERVATION DATE:**

**HAZARD REPORT DATE:**

### HAZARD INFORMATION

HAZARD DESCRIPTION (include specific hazard location):

RECOMMENDED CORRECTIVE ACTIONS:

EMPLOYEE SIGNATURE (Optional):

DATE:

### MANAGEMENT RESPONSE:

RESULTS OF HAZARD ASSESSMENT:

RECOMMENDED CORRECTIVE ACTIONS:

MANAGEMENT SIGNATURE:

DATE:

SUMMARY OF RESPONSE TO EMPLOYEE:

MANAGEMENT SIGNATURE:

DATE:

# INJURY AND ILLNESS PREVENTION PROGRAM (IIPP) for

---

(Company Name)

## RESPONSIBILITY

The Injury and Illness Prevention Program (IIP Program) administrator:

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has the authority and responsibility for implementing the provisions of this program for:

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All managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program.

## COMPLIANCE

Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

All employees are responsible for using safe work practices, for following all directives, policies, and procedures, and for assisting in maintaining a safe work environment.

Our system of ensuring that all workers comply with the rules and maintain a safe work environment include:

1. Informing workers of the provisions of our IIP Program.
2. Evaluating the safety performance of all workers.
3. Recognizing employees who perform safe and healthful work practices.
4. Providing training to workers whose safety performance is deficient.
5. Disciplining workers for failure to comply with safe and healthful work practices.
6. The following practices:

## COMMUNICATION

We recognize that open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable and consists of one or more of the following checked items:

- New worker orientation including a discussion of safety and health policies and procedures.
- Review of our IIP Program.
- Workplace safety and health training programs.

- Regularly scheduled safety meetings.
- Effective communication of safety and health concerns between workers and supervisors, including translation where appropriate.
- Posted or distributed safety information.
- A system for workers to anonymously inform management about workplace hazards.
- Our establishment has less than ten employees and communicates with and instructs employees orally about general safe work practices and with respect to hazards unique to each employee's job assignment.
- A labor/management safety and health committee that meets regularly, prepares written records of the safety and health committee meetings, reviews results of the periodic scheduled inspections, reviews investigations of accidents and exposures and makes suggestions to management for the prevention of future incidents, reviews investigations of alleged hazardous conditions, and submits recommendations to assist in the evaluation of employee safety suggestion.

## HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by the following competent observer(s) in the following areas of our workplace:

Competent Observer	Area

Periodic inspections are performed according to the following schedule:

1. Enter the frequency: (daily, weekly, monthly, etc.) \_\_\_\_\_
2. When we initially established our IIP Program.
3. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace.
4. When new, previously unidentified hazards are recognized.
5. When occupational injuries and illnesses occur.
6. When we hire and/or reassign permanent or intermittent workers to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
7. Whenever workplace conditions warrant an inspection.

Periodic inspections consist of identification and evaluation of workplace hazards using the Hazard Assessment Checklist and any other effective methods to identify and evaluate workplace hazards.

## ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Visiting the accident scene as soon as possible.
2. Interviewing injured workers and witnesses.
3. Examining the workplace for factors associated with the accident/exposure.
4. Determining the cause of the accident/exposure.
5. Taking corrective action to prevent the accident/exposure from reoccurring.
6. Recording the findings and corrective actions taken.

## HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

1. When observed or discovered.
2. **When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection.**
3. All such actions taken and dates they are completed shall be documented on the appropriate forms.

## TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction shall be provided as follows:

1. When the IIP Program is first established.
2. To all new workers, except for construction workers who are provided training through a Cal/OSHA approved construction industry occupational safety and health training program.
3. To all workers given new job assignments for which training has not previously provided.
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
5. Whenever the employer is made aware of a new or previously unrecognized hazard.
6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
7. To all workers with respect to hazards specific to each employee's job assignment.

Workplace safety and health practices for all industries include, but are not limited to, the following:

1. Explanation of the employer's IIP Program, emergency action plan and fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
2. Use of appropriate clothing, including gloves, footwear, and personal protective equipment.
3. Information about chemical hazards to which employees could be exposed and other hazard communication program information.
4. Availability of toilet, hand-washing and drinking water facilities.
5. Provisions for medical services and first aid including emergency procedures.

In addition, we provide specific instructions to all workers regarding hazards unique to their job assignment, to the extent that such information was not already covered in other training.

## **EMPLOYEE ACCESS TO THE IIPP**

Our employees – or their designated representatives - have the right to examine and receive a copy of our IIPP. This will be accomplished by [Describe how this will be accomplished using either of the following two methods:

1. Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.
  - a. Whenever an employee or designated representative requests a copy of the Program, we will provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
  - b. One printed copy of the Program will be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, we may charge reasonable, non-discriminatory reproduction costs for the additional copies.
2. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

Also describe how we will communicate the right and procedure to access the Program to all employees.

Any copy provided to an employee or their designated representative need not include any of the records of the steps taken to implement and maintain the written IIP Program.

Where we have distinctly different and separate operations with distinctly separate and different IIPPs, we may limit access to the IIPP applicable to the employee requesting it.

An employee must provide written authorization in order to make someone their “designated representative.” A recognized or certified collective bargaining agent will be treated automatically as a designated representative for the purpose of access to the company IIPP. The written authorization must include the following information:

- The name and signature of the employee authorizing the designated representative.
- The date of the request.
- The name of the designated representative.
- The date upon which the written authorization will expire (if less than 1 year).

## RECORDKEEPING

We have checked one of the following categories as our recordkeeping policy.

- Category 1. Our establishment is on a designated high hazard industry list. We have taken the following steps to implement and maintain our IIP Program:
  1. Records of hazard assessment inspections, including the person(s) or persons conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form; and
  2. Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers are recorded on a worker training and instruction form. We also include the records relating to worker training provided by a construction industry occupational safety and health program approved by Cal/OSHA.

Inspection records and training documentation will be maintained according to the following checked schedule:

- For one year, except for training records of employees who have worked for less than one year that are provided to the worker upon termination of employment; or
  - Since we have less than ten workers, including managers and supervisors, we maintain inspection records only until the hazard is corrected and only maintain a log of instructions to workers with respect to worker job assignments when they are first hired or assigned new duties.
- Category 2. We are a local governmental entity (any county, city, or district, and any public or quasi-public corporation or public agency therein) and we are not required to keep written records of the steps taken to implement and maintain our IIP Program.

DEPARTMENT OF INDUSTRIAL RELATIONS  
 Division of Occupational Safety and Health  
 Asbestos and Carcinogen Unit  
 1750 Howe Avenue, Suite 460  
 Sacramento, CA 95825  
 (916) 574-2993 Office

<http://www.dir.ca.gov/dosh/asbestos.html> [acru@dir.ca.gov](mailto:acru@dir.ca.gov)



Report of Use Number:

**REPORT OF USE  
 OF REGULATED CARCINOGENS**

Title 8 California Code of Regulations section [5203](#) requires reporting the use of regulated carcinogens to the Division of Occupational Safety and Health. The list below indicates those carcinogens currently regulated and references the appropriate Title 8 Section numbers (in bold) for each regulated carcinogen. Completion of the information below meets these requirements for Report of Use.

Any change in location, use, additions, or deletions of carcinogens used in your workplace, must be reported within 15 calendar days.

A copy of each written report required by the section is required to be posted in the locations where the carcinogens are present in the workplace or in another appropriate location where the posting is conspicuous to employees.

- |  |  |
|--|--|
| <input type="checkbox"/> 2-Acetylaminofluorene <b>5209</b>           | <input type="checkbox"/> Silica, <b>1532.3, 5204</b>   |
| <input type="checkbox"/> 4-Aminodiphenyl                             | <input type="checkbox"/> Beryllium, <b>1535.1, 5205, 8359.1</b>                              |
| <input type="checkbox"/> Benzidine (and its salts)                   | <input type="checkbox"/> Chromium, <b>5206, 1532.2, 8359</b>                                 |
| <input type="checkbox"/> 3,3'-Dichlorobenzidine (and its salts)      | <input type="checkbox"/> Cadmium, <b>1532, 5207</b>  |
| <input type="checkbox"/> 4-Dimethylaminoazobenzene                   | <input type="checkbox"/> Asbestos, <b>1529, 5208, 8358</b>                                   |
| <input type="checkbox"/> alpha-Naphthylamine                         | <input type="checkbox"/> Non-asbestiform Tremolite, Anthophyllite, Actinolite, <b>5208.1</b> |
| <input type="checkbox"/> beta-Naphthylamine                          | <input type="checkbox"/> Vinyl Chloride, <b>5210</b>   |
| <input type="checkbox"/> 4-Nitrobiphenyl                             | <input type="checkbox"/> Coke Oven Emissions, <b>5211</b>                                    |
| <input type="checkbox"/> N-Nitrosodimethylamine                      | <input type="checkbox"/> 1,2-Dibromo-3-Chloropropane (DBCP), <b>5212</b>                     |
| <input type="checkbox"/> beta-Propiolactone                          | <input type="checkbox"/> Acrylonitrile, <b>5213</b>  |
| <input type="checkbox"/> bis-Chloromethyl ether                      | <input type="checkbox"/> Inorganic Arsenic, <b>5214</b>                                      |
| <input type="checkbox"/> Methyl chloromethyl ether                   | <input type="checkbox"/> 4,4'-Methylenebis(2-Chloroaniline) (MBOCA), <b>5215</b>             |
| <input type="checkbox"/> Ethyleneimine                               | <input type="checkbox"/> Formaldehyde, <b>5217</b>   |
| <input type="checkbox"/> Methylenedianiline (MDA), <b>1535, 5200</b> | <input type="checkbox"/> Benzene, <b>5218</b>  |
| <input type="checkbox"/> 1,3 Butadiene, <b>5201</b>                  | <input type="checkbox"/> Ethylene Dibromide (EDB), <b>5219</b>                               |
| <input type="checkbox"/> Methylene Chloride, <b>5202</b>             | <input type="checkbox"/> Ethylene Oxide (EtO), <b>5220</b>                                   |

\_\_\_\_\_  
 Employer/Company and Division Name Telephone Number

\_\_\_\_\_  
 Address City County Zip

\_\_\_\_\_  
 If there has been a change, write the previous name; address; date, & report number if known

\_\_\_\_\_  
 Original Signature Print Name and Title of Employer Representative Date





# MODEL WRITTEN WORKPLACE VIOLENCE PREVENTION PLAN for GENERAL INDUSTRY (NON-HEALTHCARE SETTINGS)

This is a fillable template that the employer must complete. Instructions in red font enclosed in brackets indicate where you must enter your worksite-specific information.

## Overview and directions for using the model plan

### Who is this model plan for?

As a result of [California Senate Bill 553 \(SB 553\)](#), all employers that fall within the scope of [California Labor Code \(LC\) 6401.7 and LC 6401.9](#), are required to establish, implement, and maintain an effective, written Workplace Violence Prevention Plan (WVPP) no later than July 1, 2024.

The following employers, employees, and places of employment are exempt from this section:

- (A) Health care facilities, service categories, and operations covered by Section 3342 of Title 8 of the California Code of Regulations. Employers with workplaces covered by California Code of Regulations (CCR), Title 8, section 3342 Violence Prevention in Health Care should not use this model program, but instead implement the requirements of section 3342.
- (B) Employers that comply with Section 3342 of Title 8 of the California Code of Regulations.
- (C) Facilities operated by the Department of Corrections and Rehabilitation, if the facilities are in compliance with Section 3203 of Title 8 of the California Code of Regulations.
- (D) Employers that are law enforcement agencies that are a “department or participating department,” as defined in Section 1001 of Title 11 of the California Code of Regulations and that have received confirmation of compliance with the Commission on Peace Officer Standards and Training (POST) Program from the POST Executive Director in accordance with Section 1010 of Title 11 of the California Code of Regulations. However, an employer shall be exempt pursuant to this subparagraph only if all facilities operated by the agency are in compliance with Section 3203 of Title 8 of the California Code of Regulations.
- (E) Employees teleworking from a location of the employee’s choice, which is not under the control of the employer.
- (F) Places of employment where there are less than 10 employees working at the place at any given time and that are not accessible to the public, if the places are in compliance with Section 3203 of Title 8 of the California Code of Regulations.

### What does the model plan include?

Employers are not required to use this model WVPP. They may create their own, use another WVPP template, or incorporate workplace violence prevention into their existing [Injury and Illness Prevention Program \(IIPP\)](#) as a separate section. Cal/OSHA requires employers to engage with employees in developing and implementing their WVPP. This model plan is intended to help employers develop a separate, stand-alone Workplace Violence Prevention Plan (WVPP). It was written for a broad spectrum of employers, and it may not match your establishment's exact needs. However, it provides the essential framework to identify, evaluate, and control workplace violence hazards.

Use of this model program does not ensure compliance with LC section 6401.9. Employers are liable for any violations of LC section 6401.9 regardless of use of this model program.

## How to put the model program to use?

Proper use of this model program requires the employer to identify and ensure that the person or person(s) responsible for implementing the plan:

- Review the full requirements of LC sections 6401.7 and 6401.9.
- Review the requirements for each of the WVPP elements found in this model plan, ensure workplace violence concerns are incorporated, fill in the appropriate blank spaces/instructions in red font enclosed in brackets, and check those items that are applicable to their workplace
- Read [www.dir.ca.gov/dosh/dosh\\_publications/\\_\\_\\_\\_\\_](http://www.dir.ca.gov/dosh/dosh_publications/_____) (workplace violence webpage link.html) for additional guidance.
- Obtain the active involvement of employees and their authorized employee representatives in developing and implementing the plan.
- Make the plan available and easily accessible to affected employees, authorized employee representatives, and representatives of Cal/OSHA at all times.



Cal/OSHA Publications Unit

February 2024

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# WORKPLACE VIOLENCE PREVENTION PROGRAM for

\_\_\_\_\_  
[Name of Employer]

Our establishment's Workplace Violence Prevention Plan (WVPP) addresses the hazards known to be associated with the four types of workplace violence as defined by [Labor Code \(LC\) section 6401.9](#).

**Date of Last Review:** \_\_\_\_\_ [Type the date the last review was done to the plan]

**Date of Last Revision(s):** \_\_\_\_\_ [Type the date the last revision(s) (if any) were made to the plan]

## DEFINITIONS

**Emergency** - Unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.

**Engineering controls** - An aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the employee and the hazard.

**Log** - The violent incident log required by LC section 6401.9.

**Plan** - The workplace violence prevention plan required by LC section 6401.9.

**Serious injury or illness** - Any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

**Threat of violence** - Any verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts, or any behavioral or physical conduct, that conveys an intent, or that is reasonably perceived to convey an intent, to cause physical harm or to place someone in fear of physical harm, and that serves no legitimate purpose.

**Workplace violence** - Any act of violence or threat of violence that occurs in a place of employment.

**Workplace violence** includes, but is not limited to, the following:

- The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
- The following four workplace violence types:

**Type 1 violence** - Workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.

**Type 2 violence** - Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.

**Type 3 violence** - Workplace violence against an employee by a present or former employee, supervisor, or manager.

**Type 4 violence** - Workplace violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee.

**Workplace violence** does not include lawful acts of self-defense or defense of others.

**Work practice controls** - Procedures and rules which are used to effectively reduce workplace violence hazards.

## RESPONSIBILITY

The WVPP administrator, \_\_\_\_\_ [enter the name of the program administrator or the job title], has the authority and responsibility for implementing the provisions of this plan for \_\_\_\_\_ [Name of Employer]. If there are multiple persons responsible for the plan, their roles will be clearly described.

Responsible Persons	Job Title/Position	WVPP Responsibility(ies)	Phone #	Email

### Example:

Responsible Persons	Job Title/Position	WVPP Responsibility(ies)	Phone #	Email
[Joe Smith]	[CEO]	<b>[Overall responsibility for the plan; John approves the final plan and any major changes.]</b>	[(323) 123-4567]	[jsmith@company.com]
[Joe White]	[HR Manager]	<b>[Responsible for employee involvement and training; Joe organizes safety meetings, updates training materials, and handles any reports of workplace violence.]</b>	[(213) 123-4567]	[jwhite@company.com]
[Semore Joes]	[Security Manager]	<b>[Responsible for emergency response, hazard identification, and coordination with other employers; Semore conducts safety inspections, coordinates emergency response procedures, and communicates with other employers about the plan.]</b>	[(562) 123-4567]	[semorej@company.com]

All managers and supervisors are responsible for implementing and maintaining the WVPP in their work areas and for answering employee questions about the WVPP.

## EMPLOYEE ACTIVE INVOLVEMENT

\_\_\_\_\_ [Name of Employer] ensures the following policies and procedures to obtain the active involvement of employees and authorized employee representatives in developing and implementing the plan:

- Management will work with and allow employees and authorized employee representatives to participate in:
  - Identifying, evaluating, and determining corrective measures to prevent workplace violence. [Provide details on what those policies and procedures are.]

---

**Example:**

Management will have monthly safety meetings with employees and their representatives to discuss identification of workplace violence related concerns/hazards, evaluate those hazards and/or concerns, and how to correct them. These meetings could involve brainstorming sessions, discussions of recent incidents, and reviews of safety procedures.)]

- Designing and implementing training [Provide details on what those policies and procedures are.]

---

**Example:**

Employees are encouraged to participate in designing and implementing training programs, and their suggestions are incorporated into the training materials. For example, an employee might suggest a new training scenario based on a recent incident.]

- Reporting and investigating workplace violence incidents. [Provide details on what those policies and procedures are.]

- 
- Management will ensure that all workplace violence policies and procedures within this written plan are clearly communicated and understood by all employees. Managers and supervisors will enforce the rules fairly and uniformly.
  - All employees will follow all workplace violence prevention plan directives, policies, and procedures, and assist in maintaining a safe work environment. [Provide details on what those policies and procedures are.]

- 
- The plan shall be in effect at all times and in all work areas and be specific to the hazards and corrective measures for each work area and operation.

## EMPLOYEE COMPLIANCE

Our system to ensure that employees comply with the rules and work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include at a minimum:

- Training employees, supervisors, and managers in the provisions of \_\_\_\_\_  
[Name of Employer] Workplace Violence Prevention Plan (WVPP)
- Effective procedures to ensure that supervisory and nonsupervisory employees comply with the WVPP.  
[Describe how this will be accomplished]

---

- Provide retraining to employees whose safety performance is deficient with the WVPP.
- Recognizing employees who demonstrate safe work practices that promote the WVPP in the workplace by [describe how this will be done, for instance by memos/emails or certificate of recognition from the owner/management of the company].

---

- Discipline employees for failure to comply with the WVPP. (You can either refer to [Name of Employer] existing discipline process or outline specific steps for the WVPP) [Enter information on additional means of ensuring employee compliance]

---

- [List and explain other procedures for ensuring employee compliance with the WVPP]

---

## COMMUNICATION WITH EMPLOYEES

We recognize that open, two-way communication between our management team, staff, and other employees, about workplace violence issues is essential to a safe and productive workplace. The following communication system is designed to facilitate a continuous flow of workplace violence prevention information between management and staff in a form that is readily understandable by all employees, and consists of one or more of the following:

- New employee orientation includes workplace violence prevention policies and procedures.
- Workplace violence prevention training programs.
- Regularly scheduled meetings that address security issues and potential workplace violence hazards
- Effective communication between employees and supervisors about workplace violence prevention and violence concerns. [Describe how this will be accomplished]

- 
- For example, ensure that supervisors and employees can communicate effectively and in the employees' first language.

- Posted or distributed workplace violence prevention information.
- How employees can report a violent incident, threat, or other workplace violence concern to employer or law enforcement without fear of reprisal or adverse action. [Describe how this will be accomplished]

---

o Examples:

- Employees can anonymously report a violent incident, threat, of other violence concerns.
  - Provide contact information for who to call for emergency response [Describe how this will be accomplished, including what number(s) will be called. E.g.: precise access number(s), including how 911 will be accessed.]
- Employees will not be prevented from accessing their mobile or other communication devices to seek emergency assistance, assess the safety of a situation, or communicate with a person to verify their safety. Employees' concerns will be investigated in a timely manner and they will be informed of the results of the investigation and any corrective actions to be taken. [Describe how this will be accomplished]

- 
- [Enter other methods of effective communication]

---

Example:

Updates on the status of investigations and corrective actions are provided to employees through email and at safety meetings. These updates could include information about the progress of investigations, the results of investigations, and any corrective actions taken.

Example:

Updates during daily/weekly/monthly/quarterly meetings with other employers in the building (at or near and around the same worksite) to discuss the plan and any updates. These meetings could involve sharing updates to the plan, discussing recent incidents, and coordinating training sessions.

Example:

Sharing training materials and incident reports with other employers to ensure a coordinated response to any incidents. This could involve sending copies of training materials and incident reports to other employers.]

## COORDINATION WITH OTHER EMPLOYERS

\_\_\_\_\_ [Name of Employer] will implement the following effective procedures to coordinate implementation of its plan with other employers to ensure that those employers and employees understand their respective roles, as provided in the plan.

- All employees will be trained on workplace violence prevention.
- Workplace violence incidents involving any employee are reported, investigated, and recorded.
- At a multiemployer worksite, \_\_\_\_\_ [Name of Employer] will ensure that if its employees experience workplace violence incident that \_\_\_\_\_ [Name of Employer] will record the information in a violent incident log and shall also provide a copy of that log to controlling employer.

# WORKPLACE VIOLENCE INCIDENT REPORTING PROCEDURE

\_\_\_\_\_ [Name of Company] will implement the following effective procedures to ensure that:

- All threats or acts of workplace violence are reported to an employee's supervisor or manager, who will inform the WVPP administrator. This will be accomplished by \_\_\_\_\_ [describe].  
If that's not possible, employees will report incidents directly to the WVPP administrator, \_\_\_\_\_ [Enter the name of the program administrator or the job title].
- [Enter other procedures for reporting incidents, threats, hazards and concerns of workplace violence.

---

### Examples:

Employees can report incidents to their supervisor, HR, or through an anonymous hotline. The hotline could be a dedicated phone number or an online form.

- Workplace Violence Reporting Hotline: [Insert Workplace Violence Hotline number]
- Workplace Violence Reporting form: [Insert Workplace Violence Reporting Form weblink or QR code]

A strict non-retaliation policy is in place, and any instances of retaliation are dealt with swiftly and decisively.  
[Describe how this will occur:

---

For example, an employee who retaliates against a coworker for reporting an incident could be disciplined or terminated.]

# EMERGENCY RESPONSE PROCEDURES

\_\_\_\_\_ [Name of Employer] has in place the following specific measures to handle actual or potential workplace violence emergencies:

- Effective means to alert employees of the presence, location, and nature of workplace violence emergencies by the following [state what methods of communication and when certain methods should be used or not used.

---

Example:

Alarm systems and PA announcements will be used to alert employees of emergencies (The alarms could be audible alarms, visual alarms, or both.)

- \_\_\_\_\_ [Name of Employer] will have evacuation or sheltering plans. [Describe what those procedures are. The plans could include maps of evacuation routes, locations of emergency exit, and instructions for sheltering in place.]

- 
- How to obtain help from staff, security personnel, or law enforcement. [Include contact information for response staff and local law enforcement and post in common areas] [list posted locations].

---

[Describe what those procedures are. This information could include phone numbers, email addresses, and physical locations. If there is immediate danger, call for emergency assistance by dialing (9) 9-1-1, (dial outside access number first if applicable) and then notify the (WVPP Administrator).]

---

In the event of an emergency, including a Workplace Violence Emergency, contact the following:

Responsible Persons	Job Title/Position	WVPP Responsibility(ies)	Phone #	Email

**Example**

Responsible Persons	Job Title/Position	WVPP Responsibility(ies)	Phone #	Email
[Semore Joes]	[Security Manager]	<b>[Responsible for emergency response, hazard identification, and coordination with other employers; Semore conducts safety inspections, coordinates emergency response procedures, and communicates with other employers about the plan.]</b>	[(562) 123-4567]	[semorej@company.com]

- [Enter other emergency response procedures]

# WORKPLACE VIOLENCE HAZARD IDENTIFICATION AND EVALUATION

The following policies and procedures are established and required to be conducted by \_\_\_\_\_ [Name of Employer] to ensure that workplace violence hazards are identified and evaluated:

- Inspections shall be conducted when the plan is first established, after each workplace violence incident, and whenever the employer is made aware of a new or previously unrecognized hazard.

Review all submitted/reported concerns of potential hazards: [These submittals/reports could be from the system the employer had implemented for employees and authorized employee representatives to anonymously inform management about workplace violence hazards or threats of violence without fear of reprisal/retaliation.]

---

**Examples:**

- Daily or weekly review of all submitted and reported concerns.
  - Workplace Violence Hazards suggestion box
  - Online form for reporting workplace violence hazards
  - Voicemail/email/text messages
- [Other procedures to ensure employees and employee representatives participate in WVPP.]
- 

## Periodic Inspections

Periodic inspections of workplace violence hazards will identify unsafe conditions and work practices. This may require assessment for more than one type of workplace violence. Periodic Inspections shall be conducted: [detail periodic inspection frequency]

---

Periodic inspections to identify and evaluate workplace violence and hazards will be performed by the following designated personnel in the following areas of the workplace:

Specific Person Name/Job Title	Area/Department/Specific location

Inspections for workplace violence hazards include assessing: [Describe factors specific to workplace that may result in risk of workplace violence.

---

Examples:

- The exterior and interior of the workplace for its attractiveness to robbers.
- The need for violence surveillance measures, such as mirrors and cameras.
- Procedures for employee response during a robbery or other criminal act, including our policy prohibiting employees, who are not security guards, from confronting violent persons or persons committing a criminal act.
- Procedures for reporting suspicious persons or activities.
- Effective location and functioning of emergency buttons and alarms.
- Posting of emergency telephone numbers for law enforcement, fire, and medical services.
- Whether employees have access to a telephone with an outside line.
- Whether employees have effective escape routes from the workplace.
- Whether employees have a designated safe area where they can go to in an emergency.
- Adequacy of workplace security systems, such as door locks, entry codes or badge readers, security windows, physical barriers, and restraint systems.
- Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
- Employees' skill in safely handling threatening or hostile service recipients (example: security guards).
- Effectiveness of systems and procedures that warn others of actual or potential workplace violence danger or that summon assistance, e.g., alarms or panic buttons.
- The use of work practices such as the "buddy" system for specified emergency events.
- The availability of employee escape routes.
- How well our establishment's management and employees communicate with each other.
- Access to and freedom of movement within the workplace by non-employees, including recently discharged employees or persons with whom one of our employees is having a dispute.
- Frequency and severity of employees' reports of threats of physical or verbal abuse by managers, supervisors, or other employees.
- Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace.]
- [Other procedures to identify and evaluate workplace violence hazards]

# WORKPLACE VIOLENCE HAZARD CORRECTION

Workplace violence hazards will be evaluated and corrected in a timely manner.

\_\_\_\_\_ [Name of Employer] will implement the following effective procedures to correct workplace violence hazards that are identified:

- If an imminent workplace violence hazard exists that cannot be immediately abated without endangering employee(s) , all exposed employee(s) will be removed from the situation except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition will be provided with the necessary protection. [ Explain which workers this applies to, why they are necessary, and what protections will be provided]

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- All corrective actions taken will be documented and dated on the appropriate forms. [Include procedures for what forms to use and how to document the corrective actions taken].

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- Corrective measures for workplace violence hazards will be specific to a given work area.

## [Examples:

- Make the workplace unattractive to robbers by:
  - Improve lighting around and at the workplace.
  - Post of signs notifying the public that limited cash is kept on the premises and that cameras are monitoring the facility.
  - Utilize surveillance measures, such as cameras and mirrors, to provide information as to what is going on outside and inside the workplace and to dissuade criminal activity.
  - Hire security guards and have them patrol the workplace interior and perimeter.
  - Install security surveillance cameras in and around the workplace.
- Provide workplace violence systems, such as door locks, violence windows, physical barriers, emergency alarms and restraint systems by:
  - Ensure the adequacy of workplace violence systems
  - Post emergency telephone numbers for law enforcement, fire, and medical services
  - Control, access to, and freedom of movement within, the workplace by non-employees, include recently discharged employees or persons with whom one of our employees is having a dispute.
  - Install effective systems to warn others of a violence danger or to summon assistance, e.g., alarms or panic buttons.
  - Ensure employees have access to a telephone with an outside line. Provide employee training/re-training(refreshers) on the WVPP, which could include but not limited to the following:
    - Recognizing and handling threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
    - Ensure that all reports of violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace are handled effectively by management and that the person making the report is not subject to retaliation by the person making the threat.
    - Improve how well our establishment's management and employees communicate with each other.
    - Procedures for reporting suspicious persons, activities, and packages.
    - Provide/review employee, supervisor, and management training on emergency action procedures.
- Ensure adequate employee escape routes.
- Increase awareness by employees, supervisors, and managers of the warning signs of potential workplace violence. [Provide procedures on how to will be accomplished]
- Ensure that employee disciplinary and discharge procedures address the potential for workplace violence. [Provide procedures on how to will be accomplished]
- Establish a policy for prohibited practices [describe what those are, such as a no-weapons policy.
- Limit the amount of cash on hand and use time access safes for large bills.
- Provide procedures for a "buddy" system for specified emergency events.
- [Other procedures for corrective measures for workplace violence hazards]

## PROCEDURES FOR POST INCIDENT RESPONSE AND INVESTIGATION

After a workplace incident, the WVPP administrator or their designee will implement the following post-incident procedures:

- Visit the scene of an incident as soon as safe and practicable.
- Interview involved parties, such as employees, witnesses, law enforcement, and/or security personnel.
- Review security footage of existing security cameras if applicable.
- Examine the workplace for security risk factors associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
- Determine the cause of the incident.
- Take corrective action to prevent similar incidents from occurring.
- Record the findings and ensuring corrective actions are taken.
- Obtain any reports completed by law enforcement.
- The violent incident log will be used for every workplace violence incident and will include information, such as: *[See Violent Incident Log below]*
  - The date, time, and location of the incident.
  - The workplace violence type or types involved in the incident.
  - A detailed description of the incident.
  - A classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.
  - A classification of circumstances at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.
  - A classification of where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.
  - The type of incident, including, but not limited to, whether it involved any of the following:
    - Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
    - Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
    - Threat of physical force or threat of the use of a weapon or other object.
    - Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
    - Animal attack.
    - Other.
  - Consequences of the incident, including, but not limited to:

- Whether security or law enforcement was contacted and their response.
  - Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.
  - Information about the person completing the log, including their name, job title, and the date completed.
- Reviewing all previous incidents.
  - [Other post-incident procedures]

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**Example:**

Support and resources, such as counseling services, are provided to affected employees (These resources could include referrals to counseling services, information about employee assistance programs, and time off work if necessary.)

Ensure that no personal identifying information is recorded or documented in the written investigation report. This includes information which would reveal identification of any person involved in a violent incident, such as the person's name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the person's identity.

## TRAINING AND INSTRUCTION

All employees, including managers and supervisors, will have training and instruction on general and job-specific workplace violence practices. These sessions could involve presentations, discussions, and practical exercises. Training and instruction will be provided as follows:

- When the WVPP is first established.
- Annually to ensure all employees understand and comply with the plan.
- Whenever a new or previously unrecognized workplace violence hazard has been identified and when changes are made to the plan. The additional training may be limited to addressing the new workplace violence hazard or changes to the plan.

\_\_\_\_\_ [Name of Employer] will provide its employees with training and instruction on the definitions found on page 1 of this plan and the requirements listed below:

- The employer's WVPP, how to obtain a copy of the employer's plan at no cost, and how to participate in development and implementation of the employer's plan.
- How to report workplace violence incidents or concerns to the employer or law enforcement without fear of reprisal.
- Workplace violence hazards specific to the employees' jobs, the corrective measures \_\_\_\_\_ [Name of Employer] has implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid physical harm.
- The violent incident log and how to obtain copies of records pertaining to hazard identification, evaluation and correction, training records, and violent incident logs.
- Opportunities \_\_\_\_\_ [Name of Employer] has for interactive questions and answers with a person knowledgeable about the \_\_\_\_\_ [Name of Employer] plan.

- [Other]

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Examples:

- Strategies to avoid/prevent workplace violence and physical harm, such as:
  - How to recognize workplace violence hazards including the risk factors associated with the four types of workplace violence.
  - Ways to defuse hostile or threatening situations.
- How to recognize alerts, alarms, or other warnings about emergency conditions and how to use identified escape routes or locations for sheltering.
- Employee routes of escape.
- Emergency medical care provided in the event of any violent act upon an employee
- Post-event trauma counseling for employees desiring such assistance.

**Note:** *Employers must use training material appropriate in content and vocabulary to the educational level, literacy, and language of employees.*

## EMPLOYEE ACCESS TO THE WRITTEN WVPP

\_\_\_\_\_ [Name of Employer] ensures that the WVPP plan shall be in writing and shall be available and easily accessible to employees, authorized employee representatives, and representatives of Cal/OSHA at all times. This will be accomplished by [Describe how this will be accomplished.]

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For Example:

- Whenever an employee or designated representative requests a copy of the written WVPP, we will provide the requester with a printed copy of the WVPP, unless the employee or designated representative agrees to receive an electronic copy.
- We will provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the written WVPP. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or co-employees.]

## RECORDKEEPING

\_\_\_\_\_ [Name of Employer] will:

- Create and maintain records of workplace violence hazard identification, evaluation, and correction, for a minimum of five (5) years.
- Create and maintain training records for a minimum of one (1) year and include the following:
  - Training dates.
  - Contents or a summary of the training sessions.
  - Names and qualifications of person conducting the training.
  - Name and job titles of all persons attending the training sessions.

- Maintain violent incident logs for minimum of five (5) years.
- Maintain records of workplace violence incident investigations for a minimum of five (5) years.
  - The records shall not contain medical information per subdivision (j) of section 56.05 of the Civil Code.
- All records of workplace violence hazard identification, evaluation, and correction; training, incident logs and workplace violence incident investigations required by [LC section 6401.9\(f\)](#), shall be made available to Cal/OSHA upon request for examination and copying.

## EMPLOYEE ACCESS TO RECORDS

The following records shall be made available to employees and their representatives, upon request and without cost, for examination and copying within **15 calendar days of a request**:

- Records of workplace violence hazard identification, evaluation, and correction.
- Training records.
- Violent incident logs.

## REVIEW AND REVISION OF THE WVPP

The \_\_\_\_\_ [\[Name of Employer\]](#) WVPP will be reviewed for effectiveness:

- At least annually.
- When a deficiency is observed or becomes apparent.
- After a workplace violence incident.
- As needed.

Review and revision of the WVPP will include the procedures listed in the EMPLOYEE ACTIVE INVOLVEMENT section of this WVPP, as well as the following procedures to obtain the active involvement of employees and authorized employee representatives in reviewing the plan's effectiveness:

- Review of \_\_\_\_\_ [\[Name of Employer\]](#)'s WVPP should include, but is not limited to:
  - Review of incident investigations and the violent incident log.
  - Assessment of the effectiveness of security systems, including alarms, emergency response, and security personnel availability (if applicable).
- Review that violence risks are being properly identified, evaluated, and corrected. Any necessary revisions are made promptly and communicated to all employees. [These revisions could involve changes to procedures, updates to contact information, and additions to training materials.]
- [\[Other review and revision procedures\]](#)

# EMPLOYER REPORTING RESPONSIBILITIES

As required by [California Code of Regulations \(CCR\), Title 8, Section 342\(a\). Reporting Work-Connected Fatalities and Serious Injuries](#), \_\_\_\_\_ [Name of Employer] will immediately report to Cal/OSHA any serious injury or illness (as defined by [CCR, Title 8, Section 330\(h\)](#)), or death (including any due to Workplace Violence) of an employee occurring in a place of employment or in connection with any employment. [Type Title of owner or top management representative formally approving these procedures and have them sign and date

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[Name and title of person authorizing this WVPP]

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[Signature of person authorizing this WVPP]

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[Date of Signature]

## Example:

[“I, [Name], [Job Title] of [Employer], hereby authorize and ensure, the establishment, implementation, and maintenance of this written workplace violence prevention plan and the documents/forms within this written plan. I believe that these policies and procedures will bring positive changes to the workflow, business operations, and overall health and safety as it relates to workplace violence prevention.”]

## Example:

[“I, [Name], [Job Title] of [Employer], hereby authorize and ensure, the establishment, implementation, and maintenance of this written workplace violence prevention plan and the documents/forms within this written plan. I am committed to ensuring the safety and well-being of our employees and believe that these policies and procedures will help us achieve that goal.”]

## Example:

[“I, [Name], [Job Title] of [Employer], hereby authorize and ensure, the establishment, implementation, and maintenance of this written workplace violence prevention plan and the documents/forms within this written plan. I am committed to promoting a culture of safety and violence prevention in our workplace and believe that these policies and procedures will help us achieve that goal.”]

**Please note:** These are just examples and should be customized to fit the specific needs of your company. It is important to ensure that the statement of authorization is approved, signed, and dated by a top management representative or owner of the company.]

## Violent Incident Log

This log must be used for every workplace violence incident that occurs in our workplace. At a minimum, it will include the information required by LC section 6401.9(d).

The information that is recorded will be based on:

- Information provided by the employees who experienced the incident of violence.
- Witness statements.
- All other investigation findings.

All information that personally identifies the individual(s) involved will be omitted from this log, such as:

- Names
- Addresses – physical and electronic
- Telephone numbers
- Social Security Number

[Enter the date the incident occurred (Day, Month, Year)] \_\_\_\_\_

[Enter the time (or approximate time) that the incident occurred a.m./p.m.] \_\_\_\_\_

Location(s) of Incident	Workplace Violence Type (Indicate which type(s) (Type 1, 2,3,4))

Check which of the following describes the type(s) of incident, and explain in detail:

**Note:** *It's important to understand that "Workplace Violence Type" and "Type of Incident" have separate requirements. For this part of the log, "Type of Incident" specifically refers to the nature or characteristics of the incident being logged. It does not refer to the type of workplace violence.*

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.

**Explain:** [Provide a detailed description of the incident and any additional information on the violence incident type and what it included. Continue on separate sheet of paper if necessary.]

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**Workplace violence committed by:** [For confidentiality, only include the classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.]

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**Circumstances at the time of the incident:** [write/type what was happening at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.]

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**Where the incident occurred:** [Where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.]

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Consequences of the incident, including, but not limited to:

- Whether security or law enforcement was contacted and their response.
- Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident. [Include information on what the consequences of the incident were.]

- 
- Were there any injuries? \_\_\_\_ Yes or \_\_\_\_ No. Please explain:  
[Indicate here if there were any injuries, if so, provide description of the injuries]

- Were emergency medical responders other than law enforcement contacted, such as a Fire Department, Paramedics, On-site First-aid certified personnel? \_\_\_\_ Yes or \_\_\_\_ No. If yes, explain below:

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Did the severity of the injuries require reporting to Cal/OSHA? If yes, document the date and time this was done, along with the name of the Cal/OSHA representative contacted.

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A copy of this violent incident log needs to be provided to the employer. Indicate when it was provided and to whom.

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This violent incident log was completed by:

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[Name of person and Job Title of person completing this log]

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[Date this log was completed]

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[Signature of person completing this log]

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[Date of completion]





## PROGRAM OVERVIEW

# CRISIS AND DISASTER PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1910.36](#), [1910.38](#), [1910.157](#), [1910.165](#)

Best Practice Guidance: OSHA, EPA, DOH, Homeland Security

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**INTRODUCTION:** This program provides guidance for the contingency planning of unplanned, detrimental events interrupting company operations and activities for a long period of time (several days or more). Examples of such disasters include: natural disasters, fires, explosions, acts of terrorism, or serious environmental, health or safety events affecting the company's ability to operate. The program includes guidelines for contingency planning, procedures to follow during a crisis or disaster and post-crisis and disaster activities. It also defines training requirements and delineates management and employee responsibilities.

### **TRAINING:**

- Any person with duties or responsibilities under the plan must be trained or informed.

### **ACTIVITIES:**

- Evaluate the need for a crisis and disaster plan, taking into consideration any hazardous chemicals or processes that may be impacted by a disaster
- Write plans, where required
- Ensure procedures and processes are in place to protect employees, systems, and processes
- Communicate disaster response information to employees and emergency response team members, as needed

### **FORMS:**

- Bomb Threat Checklist
- Disaster program (template)
- Earthquake Preparedness
- Evacuation and Relocation Procedure
- Training Attendance Roster

## **Table of Contents**

- 1. Purpose**
- 2. Scope**
- 3. Responsibilities**
- 4. Procedure**
- 5. Safety Information**
- 6. Training and Information**
- 7. Definitions**

## Crisis and Disaster Program

1. **Purpose.** This program will assist in planning for and mitigating the effects of a workplace crisis or disaster.
2. **Scope.** This program applies to all facilities and sites within the company.
3. **Responsibilities.**
  - 3.1 Management:
    - 3.1.1 Write disaster/crisis programs which outline the types of situations and contingency programs for action should a crisis or disaster occur. These include evacuation programs, and activities that must occur before during and after the occurrence of a crisis or disaster.
    - 3.1.2 Assure all personnel are aware of their responsibilities and actions to take during a crisis or disaster.
    - 3.1.3 Arrange with community resources, neighboring businesses or others to provide shelter and/or medical treatment for employees who require it.
    - 3.1.4 Establish and communicate a chain of command for incidents and events.
    - 3.1.5 Ensure the resources are available to mitigate or remediate a situation where employee (or community) health and safety may be at risk due to company activities, processes or activities.
  - 3.2 Management and Supervisors:
    - 3.2.1 Assure all employees are accounted for and safe during a crisis or disaster.
    - 3.2.2 Train employees and staff in their responsibilities and actions to take during a crisis or disaster.
    - 3.2.3 Follow established procedures during a crisis or disaster.
    - 3.2.4 Perform evacuation drills as needed or required to assure that employees and staff understand and can follow their established procedures.
  - 3.3 Employees:
    - 3.3.1 Attend training.
    - 3.3.2 Follow established procedures during a crisis or disaster.
  - 3.4 Safety Officer (as needed or required):
    - 3.4.1 Assist in the development and implementation of this program.

## 4. Procedure.

### 4.1 Pre-programming:

- 4.1.1 Notification: The following groups, agencies or persons should be notified of the content and activities the company will take in the event of a disaster.
  - 4.1.1.1 Local fire/police departments should be notified of evacuation relocation points, location of utility service shutdown valves and any hazardous materials processes or storage locations at the facility. Additionally, they should be made aware of the availability of emergency response equipment that is stored on-site (fire protection equipment, respiratory equipment, hazardous spill response kits, etc.) Agreements may also be made for trained employees or company equipment to be utilized in the event of a community crisis.
  - 4.1.1.2 State emergency response agencies (if in a zone or area likely for crisis or disaster) should be notified of on-site shelter locations, the availability of emergency response equipment and large amounts of hazardous materials used or stored on site that may impact the community during a crisis or disaster.
  - 4.1.1.3 Management and Supervisors – to inform them of their responsibilities and actions during and after a crisis occurs. Actions should be specific and detailed in the company's written crisis/disaster or emergency program(s).
  - 4.1.1.4 Employees to inform them of their actions to be taken during a crisis. Actions should be detailed in the company's written crisis/disaster or emergency program(s).
- 4.1.2 Evacuation to the Outside: Evacuation points outside the building should be established for all employees. Employees should evacuate the area using the nearest exit and then make their way to their relocation point to assure they are accounted for.
- 4.1.3 Shelter in Place: Community crisis may call for employees to remain at the workplace past their required shift, and may prevent other shift employees from reporting to work. Only those operations critical to the company and that have significant environmental, safety or business justification to continue operation should be continued. All other operations of a non-critical nature should be discontinued. Arrangement should be made for food, sanitation, housekeeping and (depending on the potential duration of the crisis), for sleeping and comfort of the employees being sheltered.

4.1.4 Shelter at Other Locations: Events (fires, explosions, etc.) may necessitate the need for employee evacuations for either temporary or extended periods of time. In such cases, employees may be sent home for the day or may be evacuated temporarily from the facility. In cases of inclement weather, arrangements may be made with neighboring companies, churches or other establishments to temporarily relocate these employees, so the employees are not required to be exposed to the cold, wind, rain or snow for the duration of the evacuation. Methods of communication should be maintained between a responsible employee at the relocation site(s) and company management to update one-another on the status of their respective situations.

## 4.2 Contingency Programming:

4.2.1 Primary contingency programs should be made for specific actions to take during a crisis or disaster. For example, should the computer network be damaged, are corporate files backed up on a daily or weekly basis so that customer lists, invoices and other important data are retrievable?

4.2.2 Alternative or back-up programs may also need to be arranged or programmed for, should the resources for the primary contingency fail. For example, if a power-outage were to occur, and an on-site back-up generator were to fail, what arrangements and contingencies would need to occur to assure that all employees were properly evacuated, or that the chemical process tank ventilation systems were kept operating to prevent the build up of explosive levels of gas or hazardous fumes?

## 4.3 Crisis/Disaster Process:

4.3.1 Chain of Command – Determinations must be made and designated in the written program for who is in charge of the situation and when they cede responsibility over to someone with greater authority. For minor incidents and major incidents that affect only the facility and employees, normally the most senior manager present would be designated to be in charge. For incidents that involve community resources and response agencies, their incident commander will take charge upon arrival. State or federal response agencies will have jurisdiction over all other community or company personnel.

4.3.2 Evacuation/Relocation – Determinations must be made, and arrangements for the evacuation and relocation of employees during a crisis or disaster. These spaces must be kept clear, and in relatively good condition, so they are able to accommodate the evacuees. Methods of communications may need to be established and maintained so employees and incident command can be provided with updates and resource needs.

4.3.3 Notification and Contacts – Employees may need to contact their families or other persons to assure them of their safety during the crisis (especially if the crisis is publicized by the media or if it affects the community at large). Arrangements should be programmed for and implemented to provide these lines of communication.

4.3.4 Medical Management – Injured or overwhelmed employees may require basic medical attention. A specific location should be programmed for and set up for employees who may require first aid. Employees should be informed of the location of this station during training. If no trained employees or staff is available to monitor the station, communication methods should be in place to contact community resources to provide medical treatment, first aid, or transportation to a hospital or clinic.

4.3.4.1 Notify OSHA within 8 hours of fatalities or within 24 hours of work related inpatient hospitalization, amputation, or loss of an eye.

4.3.5 Weathering the Crisis – If the evacuation is going to be of a long duration, employees may need to be provided with activities or entertainment to keep them occupied. Books, magazines, videos, games or other sources of entertainment may be provided in such cases. In all cases (short or long duration evacuations), employees should be regularly updated on the situation, the activities taking place, and the estimated time until they will be allowed to return to work.

#### 4.4 Post-Crisis/Disaster Activities:

4.4.1 Medical Treatment - Injured or overwhelmed employees may require further medical attention. Depending upon the type of injury or illness documentation and reports may need to be made to regulatory authorities. Additional counseling or follow-up medical services may be required for some employees. Arrangements should be made to facilitate these types of situations.

4.4.2 Restoring Services and Utilities – Public utility services may be overwhelmed in cases of community disasters. Unless there is a process that is critical to the health and safety of the community, patience is required to wait for restoration of utility services. Where trained persons can restore on-site utilities that have been purposely shut down during the crisis, utilities can be restored as appropriate. In such cases, written procedures or step-by-step checklists should be in place to assure the restoration is performed properly and safely.

4.4.3 Property Damage – Clean up, rebuilding and disposal of structural waste may be regulated by municipal, state or federal agencies. In cases where the crisis or disaster is the root cause, the permit process (and associated time delays) may be able to be waved, provided the activities comply with all applicable environmental, health and safety regulations. Arrangements should be made with the municipal (city or town) officials.

4.4.3.1 In cases where the property damage is minimal and can be cleaned, repaired or replaced without the need for regulatory interaction, such activities can proceed without notification to authoritative agencies.

- 4.4.4 Leaves of Absence/Time Off – Employees may require some time off to attend to personal business in times of community crisis. The company human resources representative should be able to advise management on the appropriate policies for vacation, leave without pay, family or medical leave act absences or other alternatives that can be used to facilitate this.
- 4.4.5 Restoring Routine – It is important to employee morale and the functioning of the business to return to normal operations as soon as possible after a crisis or disaster. Even a partial return to operations is preferable to full-scale shut down, as employees can then see that the company is functioning and that things will get back to regular operations in time.
- 4.4.6 Updating Procedures and Programs – Once the crisis or disaster is over, assure that the written emergency and crisis/disaster programs functioned appropriately. (Did the employees follow the program, and/or did the program provide appropriate guidance?) Update documentation accordingly.

## **5. Safety Information.**

### 5.1 Types of Crises:

- 5.1.1 Power outages – Stoppage or shut down of electrical services due to an incident or fire, or direct outages from the utility service provider.
- 5.1.2 Utility shut downs – Gas or other utility service interruptions, either in the plant delivery system or direct outages from the utility service provider.
- 5.1.3 Hazardous material spills – Releases of hazardous materials to the ground, air or water inside the facility or in the community that may impact the facility operations.
- 5.1.4 Chemical leaks – seepage or spillage of chemicals from company process lines or tanks that may endanger the health and safety of employees.
- 5.1.5 Terror threats – bomb threats or threats of violence against the company or its employees.
- 5.1.6 Minor fire – In-plant (or in the community) fires which may impact all or part of the company's ability to operate for a short duration.
- 5.1.7 Minor Explosions – Small, contained explosions that cause injury to a few employees or property damage to a contained area of the building.
- 5.1.8 Environmental, health or safety events that may impact the company's ability to operate – such as an imminently dangerous to life and health violation that causes a regulatory agency to shut down or lock-out operations until the situation is appropriately addressed. Air quality, hazardous chemical exposures or serious safety regulatory violations that could jeopardize the life of employees are the most common reasons for this type of regulatory agency action.

- 5.1.9 Weather storms and phenomenon – Ice storms, tornado or hurricane warnings, blizzards or torrential rains that impact the public safety and prevent employees from reporting to work in a safe manner.

## 5.2 Types of Disasters:

- 5.2.1 Tornadoes – Common in the mid-west, these are weather phenomenon which appear as funnel-shaped cloud of violently whirling air. Tornadoes that touch down on the ground can travel distances of several miles and “jump” or reappear along the storm-front path in several places, usually destroying everything in their paths while on the ground.
- 5.2.2 Hurricanes – Common in coastal areas, these are weather phenomenon that have winds greater than 72 mph. They are often accompanied by torrential rains and can cause significant property damage or loss of life.
- 5.2.3 Earthquakes – More common in the west coast areas or where the shifting of tectonic plates or volcanic activity can occur. The ground will tremble and shake, sometimes violently, and can disrupt utilities, power systems, or cause structural damage.
- 5.2.4 Floods – Common in areas where water systems (lakes, rivers, etc) are close to occupied areas, or where significant tidal shifts can occur, or where torrential rains can cause water retention systems to lose their cohesiveness. Water overflows or is directed to a normally drier area where the area would be inundated and overwhelmed by the deluge.
- 5.2.5 Major Fire – A fire that affects a large portion of the facility structure or the company’s ability to operate normally.
- 5.2.6 Major Explosion – An explosion that affects a large portion of the facility structure or the company’s ability to operate normally.
- 5.2.7 Acts of Terrorism – Bombs, explosions, fires, disease outbreaks, shootings or other acts imposed on the company or its employees, that affect the facility structure, the company’s ability to operate normally, or a large portion of the employee population health and safety (both physically or emotionally).
- 5.2.8 Serious environmental, health or safety events that may impact the company’s ability to operate for a long period of time. Examples include chemical spills or leaks from external sources (or by the company) that will take long periods of time to remediate and where it would be unsafe for employees to work, disease outbreaks that affect a large portion of the populace, or public safety issues that prevent employees from reporting to work or the company from operating normally.

### 5.3 Emergency Drills:

- 5.3.1 Emergency drills. Emergency drills are recommended at least annually. Types of emergency drills may include: fire/evacuation drills, tornado/hurricane sheltering, bomb threats, chemical spills, or other types of disaster drilling.
- 5.3.2 Table Top vs. Physical. Although it is more useful to physically hold emergency drills, a “table top” session to review the programs with management, supervisors and selected employees may replace an actual simulated evacuation. Where tabletop sessions are held, it is highly recommended that physical evacuation drills take place at least every three years.
- 5.3.3 Partial evacuation drills. Depending upon the size of the facility and the type of activities performed, a partial evacuation drill may be utilized. Evacuation of a specific area (or group of people in a building section) may be a more useful training tool than requiring all employees to evacuate the workplace. In this way, the entire workforce is not interrupted, and only those people who work in a specific area are affected.

## 6. Training and Information.

- 6.1 Employees and Supervisors will be trained in their responsibilities regarding emergencies, crises, and disasters. Training includes: emergency notification, emergency response, the chain of command during an emergency, location and relocation procedures, and activities that may take place after the crisis is over.
- 6.2 Training records include the topics covered in the training, the date of training and the signature of both the employee and the trainer. Training is provided at least upon initial employment and whenever this program information changes. Where a crisis or disaster is more likely to occur (tornadoes, hurricanes, etc.) this information will be provided to employees and Supervisors at least once per year. Training records are maintained in the main office or where similar employee training information and records are kept.
- 6.3 Emergency drills are recommended at least annually. Physical evacuation drills are highly recommended at least once every three years.

## 7. Definitions.

- *Crisis* – An unprogrammed, detrimental event that interrupts the effectiveness of company operations and activities for a specified period of time (usually two days or less). Examples include: power outages; utility shut downs; hazardous material spills; chemical leaks; terror threats; or environmental, health or safety events that may impact the company’s ability to operate.

- *Disaster* – An unprogrammed, detrimental event that interrupts the effectiveness of company operations and activities for a long period of time (usually several days or more). Examples include: natural disasters (floods, hurricanes, tornadoes, earthquakes); fire; explosion; acts of terrorism; or serious environmental, health or safety events that may impact the company's ability to operate until the effects are mitigated or remediated.
- *CDC* – Center for Disease Control
- *DOH* – Department of Health
- *EPA* – Environmental Protection Agency
- *FEMA* – Federal Emergency Management Agency
- *OSHA* – Occupational Safety and Health Administration

# BOMB THREAT CHECKLIST



**KEEP THE CALLER ON THE LINE AS LONG AS POSSIBLE!**

**DIAL 911 IMMEDIATELY AND REPORT THREAT**



**EXACT TIME AND DATE OF CALL:**  am  pm

**EXACT WORDS OF CALLER**

VOICE		ACCENT		MANNER		BACKGROUND NOISE		LANGUAGE		SPEECH		THREATENED FACILITY FAMILIARITY	
<input type="checkbox"/>	Loud	<input type="checkbox"/>	Local	<input type="checkbox"/>	Calm	<input type="checkbox"/>	Factory Machines	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Fast	<input type="checkbox"/>	Much
<input type="checkbox"/>	High Pitched	<input type="checkbox"/>	Foreign	<input type="checkbox"/>	Rational	<input type="checkbox"/>	Bedlam	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Distinct	<input type="checkbox"/>	Some
<input type="checkbox"/>	Raspy	<input type="checkbox"/>	Race	<input type="checkbox"/>	Coherent	<input type="checkbox"/>	Music	<input type="checkbox"/>	Foul	<input type="checkbox"/>	Stutter	<input type="checkbox"/>	None
<input type="checkbox"/>	Intoxicated	<input type="checkbox"/>	Not Local	<input type="checkbox"/>	Deliberate	<input type="checkbox"/>	Office Machines	<input type="checkbox"/>	Good	<input type="checkbox"/>	Slurred		
<input type="checkbox"/>	Soft	<input type="checkbox"/>	Region	<input type="checkbox"/>	Righteous	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Slow		
<input type="checkbox"/>	Deep			<input type="checkbox"/>	Angry	<input type="checkbox"/>	Street Traffic	<input type="checkbox"/>	Other	<input type="checkbox"/>	Distorted		
<input type="checkbox"/>	Pleasant			<input type="checkbox"/>	Irrational	<input type="checkbox"/>	Trains			<input type="checkbox"/>	Nasal		
<input type="checkbox"/>	Other			<input type="checkbox"/>	Incoherent	<input type="checkbox"/>	Animals			<input type="checkbox"/>	Lisp		
				<input type="checkbox"/>	Emotional	<input type="checkbox"/>	Quiet			<input type="checkbox"/>	Other		
				<input type="checkbox"/>	Laughing	<input type="checkbox"/>	Voices						
						<input type="checkbox"/>	Airplanes						
						<input type="checkbox"/>	Party Atmosphere						

**QUESTIONS TO ASK CALLER:**

- 1. When is the bomb going to explode**
- 2. Where is the bomb**
- 3. What kind of bomb is it**
- 4. What does it look like**
- 5. Why did you place the bomb**
- 6. What is your address**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

# DISASTER PROGRAM TEMPLATE

## INTRODUCTION

The purpose of this program is to assist The company and its employees in the programming for the actions to be taken in the event of a company crisis or disaster (natural or man-made). Not all disasters and crises can be programmed for, however this written program takes into account the most likely types of disasters or crises that could occur at our facility and provides information on programming and activities that may be required based on the type of event.

## GENERAL INFORMATION

*Company Name:* \_\_\_\_\_

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

*City, State Zip:* \_\_\_\_\_

**Additional Facilities.** List any additional facilities or other addresses/phone numbers that are covered by this program:

\_\_\_\_\_

**Program Location.** This written program will be located at: \_\_\_\_\_.

Copies of this program should be distributed to the following people (by job title) or city/town organizations:

\_\_\_\_\_

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

Police: \_\_\_\_\_

Town or City Emergency Response Team: \_\_\_\_\_

**Review/Updates.** This program is reviewed by company management at least once per year, and if updated, a copy of the changed program is provided to the above named persons or organizations.

**Training.** Employees and Supervisors will be trained in their responsibilities regarding emergencies, crises, and disasters. Training includes: emergency notification, emergency response, chain of command during an emergency, location and re-location procedures, and activities that may take place after the crisis is over. Training records are kept \_\_\_\_\_

**Emergency drills** (physical or "table top") are conducted at least annually in accordance with the written Crisis and Disaster Programming program.

### Facility description:

\_\_\_\_\_ number of buildings on site. (Attach a plot map if available).

Describe type of company \_\_\_\_\_

We provide the following level of care to residents:

\_\_\_\_\_

We are located at \_\_\_\_\_ . (Attach a map if available).

**Visitors:** To maintain accountability by company management for employees and visitors to our company facilities, all employees who have non-company personnel on company premises will be held responsible for assuring that these visitors are properly informed of what to do in the event of an emergency.

## CHAIN OF COMMAND AND RESPONSIBILITIES

**Incident Command:** Is normally established at the front of the main entrance to the building, at a distance that does not endanger the safety of personnel. However, a different designated location may be used. The location for the company's command center is \_\_\_\_\_. The incident commander is responsible for: accounting for all employees, assuring local, state or federal agencies are called upon as needed or required; and for the orderly evacuation or relocation of employees to the safe areas or shelters. They may also be responsible to direct emergency response, medical or fire services, and damage mitigation during an incident. Post-incident clean up or remediation efforts may also fall under this person's scope of responsibility.

**Federal or State Agencies (FEMA - Federal Emergency Management Agency, DOH – Department of Health, EPA – Environmental Protection Agency):** The presence of an established federal or state emergency response agency will take command responsibilities over any other agency or company official. Such agencies and company management will take direction and implement activities under the responsibility and direction of these federal agency personnel.

**Local Agencies (Government, Health Care Providers)** will provide assistance and resources at the direction of federal or state agency personnel. If no federal or state agencies are involved in the emergency situation, these agencies will take direction from the local authorities. If the emergency is related only to a specific company or site, emergency assistance may be offered and provided at the discretion of the agency, based on their public responsibility and jurisdiction.

**Local Authorities (Fire/Police):** Will be in command at any facility or site where called upon to respond, unless federal or state officials have assumed command. Company management will take direction and implement activities under the responsibility and direction of these local agencies.

**Management:** Will be considered commanders at incidents unless state or federal agencies or local emergency response agencies have assumed control and command over the activities and responsibilities for the emergency. Company executive management has ultimate responsibility, and facility or site operations management has responsibility if executive management is not present. The highest-ranking on-site manager will assume command and control, unless executive management has otherwise designated a specific person for these duties. Duties may include the cessation of process or chemical lines, and utilities, based on the type of incident. Examples include the shut down of process tanks, ammonia lines, gas lines, heat generating equipment, ovens, kilns, and electrical mains or circuits.

**Supervisors:** Will be responsible for accounting for their employees, shutting down critical processes, and assuring the safety and well-being of persons under their direct control. An accounting of all personnel will be made and reported to the incident commander to assure that all employees and visitors are accounted for and appropriately situated, based on the type of incident. Duties may include assuring that specific areas are checked to assure that evacuation or relocation has occurred. Employees who have visitors or guests in the facility are responsible for assuring they are told what to do or escorted to the evacuation location.

**Employees:** Are responsible for carrying out their specific responsibilities as designated in the emergency response program, or in this program. Duties may include assuring that specific areas are checked to assure that evacuation or relocation has occurred. Employees who have visitors or guests in the facility are responsible for assuring they are told what to do or escorted to the evacuation location.

**Company Medical Response Personnel:** Are responsible for providing needed medical assistance to employees and visitors, as needed or required.

## INTERNAL DISASTER PROGRAM

This section of the program addresses the overall facility concerns and procedures to ensure the safety and well-being of company employees, visitors, guests, etc. An internal facility disaster is an unprogrammed event or episode in a facility, which may adversely affect the routine operation or delivery of services.

- Ø Procedures for the loss of utilities, information on the loss of alarm systems and back-up programs to ensure safety are

- Ø Procedures in the event of a threat of structural damage to the facility including references to other sections of the program are \_\_\_\_\_
- Ø Procedures for managing and reporting food-borne outbreaks or other infectious disease outbreaks are \_\_\_\_\_
- Ø Procedures for supplementing staff in the event that scheduled staff do not report either as a result of a community disaster or strike are \_\_\_\_\_
- Ø Procedures for relocation of personnel due to violations or structure damage are \_\_\_\_\_

**EVACUATION ASSISTANTS OR RESPONSE TEAMS**

OSHA recommends (or requires in some states) that evacuation assistance be assigned at a ratio of approximately one warden per 20 people. If facility is a high rise, floor wardens should be utilized to alert residents on their designated floor on hazards or emergencies inside or outside of the building. Teams should be trained in how to alert the building or area occupants on hazards and what steps should be taken, should be knowledgeable in evacuation routes and responsible for accountability of sections or areas of facility, know who to call, what to do and where to go during all hazards. (Training can be provided by the Red Cross or local emergency services.)

- Ø The listing of current wardens and their areas of responsibility are maintained by company management, the company safety officer, or other designated person. At the company, this person is \_\_\_\_\_
- Ø Records are maintained to verify that evacuation wardens have been trained in their activities and responsibilities. These records are maintained \_\_\_\_\_ by \_\_\_\_\_.

**MISSING PERSONS**

A procedure statement should be implemented concerning the handling of a missing person and the process to report this situation. At a minimum, supervisors (and if used, evacuation wardens) should be informed of this process.

The methods used to communicate that a missing person exists is/are \_\_\_\_\_

The following persons should be informed of a missing person (check all that apply):

- |                    |                              |
|--------------------|------------------------------|
| Incident commander | Evacuation Warden            |
| Company management | Relocation designated person |
| Supervisor         | Other _____                  |

A search of the building and grounds will take place. The process for performing this search will be directed by the incident commander or their specific designee. The steps for this process are \_\_\_\_\_

When initial search does not locate the missing person, the following officials or agencies will be notified (check all that apply):

- |                            |                 |
|----------------------------|-----------------|
| Incident commander         | Company Manager |
| 911                        | Supervisor      |
| Medical Response Personnel | Other _____     |

If available, pictures or descriptions of the individual will be provided to response agencies to assist in a broader search for the person. As needed for missing persons, the family or next of kin will be notified by \_\_\_ (state job title such as company manager, or agency such as local police department)\_\_\_.

**FIRE SAFETY AND EVACUATION ROUTE PROGRAMS**

Detailed fire safety directives and procedures for the facility are outlined in this section. For more information on any of the information in this section, contact your local fire department for assistance.

Ø Evacuation routes for the building are

\_\_\_\_\_  
Fire evacuation floor programs need to highlight the location of fire extinguishers, alarm pull boxes, fire escapes and exits. Suggestions should be made out before hand with primary and secondary routes. Floor programs should be located on every floor and room.

Ø Procedures for detection of fire, notifications, fire containments, reporting requirements are

Ø A listing of locations of fire extinguishers and type at each location is

Ø Procedures for safe re-entry into building, including approval from fire official to do so when required are

Ø Name of insurance company, and methods to provided notification for claims activities are

Ø Evacuation drills occur \_\_\_\_\_.

**EVACUATION PROCEDURES AND RESPONSIBILITIES**

Ø Priorities should be set up before hand for any person with special needs evacuations.

Ø The process for assuring that all employees are appropriately evacuated and accounted for is

Ø Records, materials and other important activities that must be left and locked in place, or removed from the premises, and the persons responsible for these activities are

Ø Procedures for notification of families or responsible parties of relocated individuals, injured individuals, etc. are

Ø The outside designated areas for evacuations are

Ø A list of outside facilities which there are transfer agreements, including telephone numbers, address, location and directions from facility and transportation agreements are

- Ø The list of community facilities (i.e. shelters, etc.), and telephone numbers of contacts are
- Ø Procedures for personnel who are sent home or who leave with family during or before a disaster are

### **BOMB THREAT**

The written policy should indicate to contact 911 immediately upon notification of a bomb threat. The process to search the building for any suspicious objects or packages is undertaken by local, state or federal authorities, NOT employees.

- Ø A bomb threat checklist to be used during call in threats (a checklist is included with this program or is available from state and local police stations and local emergency management agencies) is
- Ø Any additional safety instructions (including recommendations from the local police department) for bomb threats are
- Ø For high-risk areas, it is highly recommended that evacuation relocation points be changed on a frequent basis. In this case, employees must be re-trained and be informed of the new relocation point.

### **EMERGENCY GENERATOR POLICY**

If a generator is located at the facility, labels marking or information on the generator should include: the percentage of normal power available by generator, type of fuel used, length of time it will operate without re-fueling, and the time delay for generator power after normal power is interrupted.

- Ø The manufacturer and/or supplier of our generator is
- Ø Documentation on the maintenance and service for the emergency generator is
- Ø The areas and services connected to the emergency generator are \_\_\_\_\_.
- Ø Any receptacles that are powered by the emergency generator are painted \_\_\_\_\_. This paint color is maintained by the maintenance staff for the company.
- Ø Flashlights and batteries are provided to areas or some personnel in the event of a failure of the emergency generator system. The policy or contingency program in the event of emergency generator failure is

### **EMERGENCY MEALS AND WATER**

If your facility serves meals that are prepared on-site, the program for storage of emergency food supplies is

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It is recommended that emergency stores be maintained that are sufficient to provide the workforce with meals and water for three days. Employees will be designated or volunteer to participate in the preparation, service or clean-up during emergency situations. Additional water supplies may be utilized or stored in areas where emergency situations are likely to involve heat waves, extreme heat or cold, or other contributing environmental factors.

### EMERGENCY PHARMACY PROGRAM

Medical and first aid supplies are located \_\_\_\_\_. A list of the supplies and the maintenance of them is the responsibility of \_\_\_\_\_. Employees who utilize the supply during non-emergency situations must inform this person of such use. Employees who regularly take medications should be encouraged to maintain a three-day supply of such medications at their workplace. (Regulated drugs and medications may need to be locked or placed into areas with restricted access.) In the event of a facility evacuation, the following person(s) will be responsible for assuring the first aid kit and other medical supplies are removed from the facility \_\_\_\_\_

### EXTERNAL DISASTER PROGRAM

An external disaster program is an unprogrammed event or episode outside of the immediate control of the facility, located in close proximity or in the neighboring community, which may affect routine operations. An external emergency may provide both the opportunity to offer assistance to the community or receive assistance.

- Ø The following agencies or resources may provide telephone, fax, e-mail or in-person notification of localized emergency situations
  
- Ø The equipment and services that may be offered to the community, circumstances permitting, are \_\_\_\_\_. This equipment or service will be provided with the approval of the senior manager that is on-site *and* the incident commander for the incident.
  
- Ø The local media stations (TV and radio stations) that provide alerts, warnings, and other emergency information are \_\_\_\_\_. The equipment at the facility used to listen to this information is \_\_\_\_\_

### UTILITY EMERGENCY PROGRAM

Procedures should be in place and followed in the event of long-term loss of utilities (telephone, water, gas, electric, etc.).

- Ø Telecommunications (telephone, faxes and computer networks) loss may be circumvented by another media method such as cellular phones, satellite networks or other media). Provisions for back up communications are
  
- Ø Mutual aid or alternative sites to be utilized in the event of a focused power outage (i.e. just our company or our neighborhood sector) are
  
- Ø The listing of utility providers to our company, and their contact information is
  
  
- Ø Shut off valves and switches for the company building(s) for each utility are located:
  - Gas Utility \_\_\_\_\_
  - Electric Utility \_\_\_\_\_
  - Telephone \_\_\_\_\_
  - Water \_\_\_\_\_
  - Other \_\_\_\_\_
  
- Ø The safety procedures to take during specific outages or utility emergencies and other reference materials (can be provided by the local utility organizations) are

### WINTER STORM EMERGENCY

A policy for monitoring and preparedness prior to severe winter storms is recommended. The policy includes a review of the emergency staffing policy (critical operations only) to assure the safety of employees, and the responsibilities of employees and other persons who may be affected by severe cold, ice, or significant snow. The employees (by job title) that must report to work to manage critical operations are:

It is management's responsibility to monitor winter storm warnings, and make the appropriate decision (frequently in conjunction with local authorities) whether or not employees should report to work in severe weather. Management will monitor winter storm warnings and notify employees when they should not report by the following method \_\_\_\_\_

The safety and security of the grounds is also considered. Vendors to be contacted to assist in snow and ice removal are \_\_\_\_\_. Snow emergency routes are designated, as applicable, to our company grounds and roadways. Employees will not park along these routes during winter or at other times of snow and weather emergencies.

Additional information and assistance is available through the local Emergency Management agency and the local chapter of the American Red Cross.

Emergency Management: \_\_\_\_\_  
American Red Cross: \_\_\_\_\_

### FLOOD/HURRICANE/TORNADO

In flood plains and where hurricanes are likely, monitoring and preparedness are very important to the functioning of the company. The policy includes a review of the emergency staffing policy to assure the safety of employees, and the responsibilities of employees and other persons who may be affected by severe cold, ice, or significant snow. The employees (by job title) that must report to work to manage critical operations are:

Prior to storms, it is the responsibility of \_\_\_\_\_ to assure that electrical systems and equipment are shut down or disconnected where possible.

Employees who are at work and who cannot be safely released during sudden storms (tornados, etc.) will be relocated to the basement or other shelter. The location of this shelter is \_\_\_\_\_

It is management's responsibility to monitor severe weather warnings, and make the appropriate decision (frequently in conjunction with local authorities) whether or not employees should report to work in severe weather. Management will monitor winter storm warnings and notify employees when they should not report by the following method \_\_\_\_\_

The safety and security of the grounds is also considered. The following additional preventative actions will be taken to reduce the potential for damage to the company.

Action To Be Taken	Person Responsible	Supply or Equipment Location

The insurance carrier for the company who handles flood/hurricane and other severe weather insurance is \_\_\_\_\_. This carrier is responsible for damage assessment. In cases of structural damage to the facility, where it may be unsafe for employees to return to work, a civil/structural engineer will be contacted and will assess the safety of the building(s) prior to the employees returning to work. This engineer (or firm) is \_\_\_\_\_

Vendors to be contacted to assist in damage repair are

Additional information and assistance is available through the local Emergency Management agency and the local chapter of the American Red Cross.

Emergency Management: \_\_\_\_\_  
American Red Cross: \_\_\_\_\_

**CHEMICAL OR BIOLOGICAL EMERGENCY PROGRAM**

The chemicals or biological agents used or stored at the company may pose a health or safety threat to employees or the community if they are not safely handled and stored. The local Emergency Management and/or Fire Department has been notified of any **highly hazardous** substances that we have on-site, and the amounts of these materials. They are:

Chemical Name	Chemical Identifier (CAS #)	TLV/PEL or regulatory limit values	Amount on-site and location of use or storage

The following persons (by name or job title) are responsible for securing these materials during a emergency situations to reduce the potential for exposure and release of these materials into the ground, air, water or other environment.

Chemical Name	Responsible Person

In the event of a spill or release the following agencies must be contacted:

Local Fire Department: \_\_\_\_\_  
Local Emergency Management: \_\_\_\_\_  
Local Water Authority: \_\_\_\_\_  
Other Local Agency or Assistance: \_\_\_\_\_

As needed, these agencies may call in county, state or federal agencies to assist in the emergency response efforts. Additionally notifications may be required to the following agencies:

OSHA (federal or state agency) \_\_\_\_\_  
EPA (or state equivalent agency) \_\_\_\_\_  
DOH (or county/state health agency) \_\_\_\_\_  
CDC (for biological agent releases only) \_\_\_\_\_

**MEDICAL EMERGENCIES**

The telephone numbers for emergency medical assistance are:

Ambulance: \_\_\_\_\_  
Police: \_\_\_\_\_  
Fire: \_\_\_\_\_  
Poison Control: \_\_\_\_\_  
Local hospital: \_\_\_\_\_

An Automatic External Defibrillator (AED) is located) \_\_\_\_\_

The following individuals are trained in its use:

Of the three listed categories below, all activities are (check which one applies):

- strictly voluntary response (“Good Samaritan”) activities
- designated **as part of their job duties** to respond to a medical emergency. Training for these individuals is paid for by the company, and certifications are maintained and up-to-date.

The following individuals are CPR trained at the company:

2) The following individuals are basic first aid trained at the company:

3) The following individuals are EMT qualified:

The Senior on-site manager, Human Resources, or Supervisor are responsible for notifying an injured employee’s family member(s).

For all employers regardless of exemptions, notify OSHA within 8 hours of fatalities and within 24 hours of work related inpatient hospitalization, amputation, or loss of an eye. The contact information for the nearest OSHA office is: \_\_\_\_\_

**COOPERATIVE AGREEMENTS**

The following agencies, businesses and resources have cooperative agreements with the company. Mutual aid or reciprocal agreements are also listed here (local agencies or businesses that will assist us, or we will assist them in an emergency situation). Copies of these agreements (if documented) are attached to this program. The master copies are \_\_\_\_\_

Agency Type	Agency Name	Agency Contact (name)	Agency Contact (telephone)	*Type
Fire				C
Ambulance				C
Emergency Management				C
Emergency Sheltering				

C=Cooperative (they provide services to us with no reciprocation)  
M=Mutual Aid (we assist each other)  
S=Service Provider (we provide services/resources to them with no reciprocation)

It is the responsibility of \_\_\_\_\_ to review and verify these agreements (including any associated documentation) at least every two years to assure they are suitable and adequate to meet the needs of the company.

Completed by: \_\_\_\_\_

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

# EARTHQUAKE PREPAREDNESS

## WHAT TO DO DURING AN EARTHQUAKE:

Stay as safe as possible during an earthquake. Be aware that some earthquakes are actually foreshocks and a larger earthquake might occur. Minimize your movements to a few steps to a nearby safe place and stay indoors until the shaking has stopped and you are sure exiting is safe.

### IF INDOORS:

- ⌋ **DROP** to the ground; take **COVER** by getting under a sturdy table or other piece of furniture; and **HOLD ON** until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
- ⌋ Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- ⌋ Stay in bed if you are there when the earthquake strikes. Hold on and protect your head with a pillow, unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
- ⌋ Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, load bearing doorway.
- ⌋ Stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- ⌋ Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
- ⌋ **DO NOT** use the elevators.

### IF OUTDOORS:

- ⌋ Stay there.
- ⌋ Move away from buildings, streetlights, and utility wires.
- ⌋ Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. Many of the 120 fatalities from the 1933 Long Beach earthquake occurred when people ran outside of buildings only to be killed by falling debris from collapsing walls. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related casualties result from collapsing walls, flying glass, and falling objects.

### IF IN A MOVING VEHICLE:

- ⌋ Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
- ⌋ Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

### IF TRAPPED UNDER DEBRIS:

- ⌋ Do not light a match.
- ⌋ Do not move about or kick up dust.
- ⌋ Cover your mouth with a handkerchief or clothing.
- ⌋ Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

# EARTHQUAKE PREPAREDNESS

## WHAT TO DO AFTER AN EARTHQUAKE:

- ↳ **Expect aftershocks.** These secondary shockwaves are usually less violent than the main quake but can be strong enough to do additional damage to weakened structures and can occur in the first hours, days, weeks, or even months after the quake.
- ↳ **Listen to a battery-operated radio or television.** Listen for the latest emergency information.
- ↳ **Use the telephone only for emergency calls.**
- ↳ **Open cabinets cautiously.** Beware of objects that can fall off shelves.
- ↳ **Stay away from damaged areas.** Stay away unless your assistance has been specifically requested by police, fire, or relief organizations. Return home only when authorities say it is safe.
- ↳ **Be aware of possible tsunamis if you live in coastal areas.** These are also known as seismic sea waves (mistakenly called "tidal waves"). When local authorities issue a tsunami warning, assume that a series of dangerous waves is on the way. Stay away from the beach.
- ↳ **Help injured or trapped persons.** Remember to help your neighbors who may require special assistance such as infants, the elderly, and people with disabilities. Give first aid where appropriate. Do not move seriously injured persons unless they are in immediate danger of further injury. Call for help.
- ↳ **Clean up spilled medicines, bleaches, gasoline or other flammable liquids immediately.** Leave the area if you smell gas or fumes from other chemicals.
- ↳ **Inspect the entire length of chimneys for damage.** Unnoticed damage could lead to a fire.
- ↳ **Inspect utilities.**
  - ↳ **Check for gas leaks.** If you smell gas or hear blowing or hissing noise, open a window and quickly leave the building. Turn off the gas at the outside main valve if you can and call the gas company from a neighbor's home. If you turn off the gas for any reason, it must be turned back on by a professional.
  - ↳ **Look for electrical system damage.** If you see sparks or broken or frayed wires, or if you smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician first for advice.
  - ↳ **Check for sewage and water lines damage.** If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap. You can obtain safe water by melting ice cubes.

# EVACUATION/RELOCATION PROCEDURE

*NOTE: This form is to be completed and posted in all primary work areas.*

## EMERGENCY NOTIFICATION INFORMATION:

<b>FIRE/EMERGENCY NOTIFICATION:</b>	<b>Phone:</b>	<b>Alternate:</b>
-------------------------------------	---------------	-------------------

**Name of Facility:**

<b>Address/Location:</b>	

**Facility Phone:**

## EVACUATION RELOCATION POINT:

**THE RELOCATION POINT TO BE USED DURING EMERGENCY EVACUATION IS:**

**FULLY DESCRIBE LOCATION:**

## EVACUATION RELOCATION PROCEDURES:

In the event the warning system is activated or if you are advised to evacuate the facility or department, follow the instructions listed below. Above all use your common sense.

1. PANIC KILLS, IF YOU'RE CALM, IT WILL HELP OTHERS.
2. MOVE QUICKLY IN THE OPPOSITE DIRECTION OF KNOWN HAZARDS TOWARDS THE NEAREST UNOBSTRUCTED EXIT.
3. DON'T FORGET HANDICAPPED EMPLOYEES, AND FACILITY VISITORS.
4. NOTIFY CO-WORKERS ALONG THE WAY, TALK LATER.
5. ONCE OUTSIDE PROCEED TO THE EVACUATION RELOCATION POINT.
6. REPORT TO THE SENIOR EMPLOYEE PRESENT.
7. SENIOR EMPLOYEES WILL BEGIN ROLL CALL IMMEDIATELY.
8. NOTIFY SENIOR MANAGEMENT OF MISSING, INJURED, DECEASED PERSONS.
9. REFER MEDIA REPRESENTATIVES TO THE SENIOR EMPLOYEE PRESENT.

### NOTE:

The designation of emergency relocation points for evacuation of this facility has been pre-determined and identified. Relocation points may include parking lots, open fields, or streets which are located away from the site of the emergency and which provide sufficient space to accommodate the employees. Employees are instructed to move away from the exit discharge doors of the building, and to avoid congregating close to the building where emergency operations may be hampered.

Completed by: \_\_\_\_\_

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





**Emergency Action,  
Evacuation, and Fire  
Prevention**

## PROGRAM OVERVIEW

# EMERGENCY ACTION, EVACUATION AND FIRE PREVENTION SAFETY PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1910.36](#), [1910.38](#), [1910.157](#), [1910.165](#)  
OSHA 29 CFR [1926.34](#), [1926.35](#), [1926 Subpart F](#),  
[1926.150](#), [1926.151](#)  
NFPA-10

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## INTRODUCTION

This program is intended to assist in establishing requirements to ensure that fire and other potential emergency situations are evaluated, and safety procedures implemented.

## TRAINING

- All employees and supervisors will be trained in emergency actions and their responsibilities including how emergencies are communicated. Training is required initially, and as changes to the workplace, program or employee responsibilities occur
- Conduct drills, if required
- Emergency Response Team members must be trained based on the types of emergencies they will be expected to encounter. Fire fighting techniques, first aid treatment or both may be required, depending upon the duties and responsibilities of the team
- Employees designated to use fire extinguisher users must be trained annually in the general principles of fire extinguisher use and the hazards involved in incipient (beginning) stage fire fighting

## ACTIVITIES

- Identify and evaluate fire hazards
- Identify and evaluate exit routes
- Identify fire wardens and response teams and define responsibilities, if applicable
- Provide emergency equipment as needed
- Write and communicate policies and procedures including Emergency Action and Fire Prevention Programs

## FORMS

- Emergency Action Plan
- Fire Drill or Evacuation Assessment
- Training Attendance Roster – Emergency Action
- Training Attendance Roster – Fire Extinguisher

## Table of Contents

1. Purpose
2. Scope
3. Responsibilities
4. Procedure
5. Safety Information
6. Training and Information
7. Definitions

# EMERGENCY ACTION, EVACUATION AND FIRE PREVENTION SAFETY PROGRAM

1. **Purpose.** This program outlines the requirements for the Emergency Action and Evacuation Program in the workplace. It is a federal requirement that all companies have Emergency Action Plans (plans must be in writing for companies with more than 10 employees).
2. **Scope.** This program applies to all workplaces, facilities, and sites at the company.
3. **Responsibilities**
  - 3.1 Management
    - 3.1.1 Determine flight or fight response for the company (i.e. will all employees evacuate during fire or spill emergencies, or will some employees be required as part of their job duties to fight a fire, contain a spill or provide medical treatment).
    - 3.1.2 Write Emergency Action Plan (EAP), including specific procedures or responsibilities for employees and wardens.
    - 3.1.3 Communicate programs to employees and staff.
    - 3.1.4 Ensure evacuation alarm systems and notifications are in place and are distinctive and consistent throughout the site. It is recommended that evacuation programs be periodically tested through physical drills (partial evacuation drills and/or full evacuation drills) or via table-top drills or discussions.
    - 3.1.5 Ensure all employees are appropriately trained to the responsibilities they are expected to take during an emergency situation, including how to report a fire or other emergency and what to do during an evacuation.
    - 3.1.6 If evacuation wardens are designated and trained, it is recommended that there be a ratio of at least one warden for every 20 employees.
    - 3.1.7 Ensure that fire extinguishers (if located on-site) are inspected, maintained, tested and of the proper size and type for the area hazards. If employees are expected to use them, annual training is required.
    - 3.1.8 If utilized, provide on-site emergency response teams with appropriate equipment and training to perform their expected duties. Maintain training documentation for response team members, and documentation for equipment inspection and maintenance.
    - 3.1.9 Inspect Fire Doors annually and keep all fire doors closed. If they must be held open due to production or operation-specific requirements, they must be fitted with automated releases in accordance with state building codes. Maintain documentation for the life of the fire door.

## 3.2 Employees

3.2.1 Attend initial training, and refresher training as required.

3.2.2 Evacuate, or perform expected tasks prior to evacuation, during an emergency.

## 3.3 Wardens (evacuation assistance as appropriate or designated)

3.3.1 Attend appropriate training.

3.3.2 Follow established procedures to assist in the safe and orderly evacuation of employees.

3.3.3 Report either the all-clear or problems to the incident commander or other designated person at the command post.

## 3.4 On-site Response Teams (as appropriate or designated)

3.4.1 Provide emergency response to fires, spills or medical emergencies, as designated.

3.4.2 Attend appropriate training to maintain appropriate certifications.

3.4.3 Ensure emergency response equipment is functioning and adequate to the response(s) required.

## 4. Procedure.

### 4.1 Emergency Action Plan

4.1.1 May be combined with Fire Prevention Plan, if required, into one document that serves both purposes.

4.1.2 Must be in writing, kept at the workplace and available for employees to review. Companies with 10 or fewer employees may communicate the program orally, rather than in writing.

4.1.3 Programs must include:

4.1.3.1 Procedures for reporting a fire or other emergency.

4.1.3.2 Procedures for emergency evacuation, including types of evacuations and assigned evacuation routes. (Posted, color coded evacuation route maps are highly recommended for each area of the building or structure.)

- 4.1.3.3 Procedures to be followed by employees who remain to operate or shut down critical operations before they evacuate (power systems, water supplies, ammonia tanks, chemical processes that must be shut down in sequence, etc.).
- 4.1.3.4 Procedures assigned areas and responsibilities of evacuation wardens, if utilized.
- 4.1.3.5 Procedures to account for all employees after evacuation.
- 4.1.3.6 Procedures to be followed by employees who perform rescue or medical duties (on-site response teams).
- 4.1.3.7 The name or job title of the person(s) who may be contacted by employees who need more information about the program, or an explanation of their duties and responsibilities under the program.
- 4.1.4 An alarm system must be maintained, if present. The system must have a distinctive signal for each type of alarm (i.e. evacuation alarms must sound the same throughout the site).
- 4.1.5 Wardens (or evacuation assistance) must be designated and properly trained to assist in a safe and orderly evacuation of other employees.
- 4.1.6 Programs should address the types of emergencies that are reasonably likely to occur (fire, chemical spills, severe weather, etc.).

## 4.2 Evacuation and Notification

- 4.2.1 Alarms and Signals to notify employees of an emergency evacuation are distinctive in sound and consistent throughout the site.
  - 4.2.1.1 Alarms may be automatic or verbally provided in person or through a public address system, but they must be able to be understood by all employees.
  - 4.2.1.2 The same sound or wording must be used throughout the site.
  - 4.2.1.3 Employees must be trained or informed of the sounds or wording used.
- 4.2.2 Evacuation Routes will be established for each area of the building or site.
  - 4.2.2.1 Employees will be trained and informed of their work-area route.
  - 4.2.2.2 It is highly recommended that maps be posted at each area of the building to assist employees and others in determining their evacuation routes. Maps should be color coded, with the evacuation route in red.

- 4.2.2.3 Off-site job locations will have evacuation routes determined and communicated to employees who work at these off-site locations.
- 4.2.3 Relocation Points will be established for employees to congregate during an evacuation. Designated relocation points assist in assuring that all employees are accounted for.
  - 4.2.3.1 Employees will be trained in their respective relocation point during initial (or refresher) training.
  - 4.2.3.2 Supervisors or other specifically designated people at each relocation point will be responsible for assuring that all employees have been accounted for.
    - An accounting for the relocation point will be made to the incident commander or other designated person at the command post.
  - 4.2.3.3 Off-site job locations will have relocation points determined and communicated to employees who work at these off-site locations before the job commences or the employee reports to the site.
  - 4.2.3.4 Where appropriate, severe weather relocation points (shelters or arrangements with neighboring facilities) will be communicated to employees during the training.
- 4.2.4 Return to Work Signals will be provided once it is safe for employees to re-enter the workplace. Each supervisor or other designated person at each relocation point will be aware of the signal used and be watchful for it.
- 4.2.5 Evacuation Wardens
  - 4.2.5.1 “Sweep” the assigned area to assure that all employees are appropriately evacuated.
  - 4.2.5.2 Carry out any other assigned duties, prior to evacuating.
  - 4.2.5.3 Report either “all clear” or any problems to the incident commander or other person designated under the company’s Emergency Action and Fire Prevention Plans prior to reporting to their assigned relocation point.
- 4.3 Fire Prevention Plan is required if Ethylene Oxide, Methylenedianiline, or 1,3-Butadiene is being used or stored in the facility.
  - 4.3.1 A fire prevention plan must be in writing, be kept in the workplace, and be made available to employees for review. However, an employer with 10 or fewer employees may communicate the plan orally to employees. At a minimum, your fire prevention plan must include:

- 4.3.1.1 A list of all major fire hazards, proper handling and storage procedures for hazardous materials, potential ignition sources and their control, and the type of fire protection equipment necessary to control each major hazard.
  - 4.3.1.2 Procedures to control accumulations of flammable and combustible waste materials.
  - 4.3.1.3 Procedures for regular maintenance of safeguards installed on heat-producing equipment to prevent the accidental ignition of combustible materials.
  - 4.3.1.4 The name or job title of employees responsible for maintaining equipment to prevent or control sources of ignition or fires.
  - 4.3.1.5 The name or job title of employees responsible for the control of fuel source hazards.
- 4.3.2 An employer must inform employees upon initial assignment to a job of the fire hazards to which they are exposed. An employer must also review with each employee those parts of the fire prevention plan necessary for self-protection.

## **5. Safety Information.**

### **5.1 Means of Egress (exits and exit paths)**

- 5.1.1 All employees must be able to safely exit the building in a direct path and within a reasonable time frame.
- 5.1.2 There are specific requirements for exits, paths to exits, exit signs, aisle widths and for stairways. These “life safety” codes must be considered during renovation, construction or when re-arranging a work area.
- 5.1.3 All exits, aisles and exit paths, and stairways must be kept clear and unobstructed. No storage is allowed that will restrict the access or use of the exit path below the required widths. No storage is allowed that will block or obstruct stairs or exit doors.
- 5.1.4 All exits and the paths to them must be clearly visible or have visible signs that indicate the location of the exit.
- 5.1.5 Locks or fastening devices to keep exit doors closed and locked from the inside (preventing the use of the door as an exit) are prohibited in almost every workplace structure (mental and correctional institutions are two exceptions). Doors that could be mistaken for an exit but are not exits must be marked “Not an Exit” or “Closet” or with similar markings so that they will not be mistaken for an exit in an emergency.
- 5.1.6 Emergency lighting, signs and exits must meet requirements for the number of exits, the location and size of signs and the amount of illumination required.

## 5.2 Fire Alarms and Detection

- 5.2.1 Fire alarms are required in buildings where the location of the fire will not provide adequate warning to employees and other occupants (i.e. multi-floor buildings or segregated work spaces).
- 5.2.2 Alarms must be loud enough to be heard above the ambient noise level of the work area and activate in time to provide adequate warning for the work area occupants to safely evacuate.
- 5.2.3 Alarms and signals must be tested or maintained to assure they remain in working order.
- 5.2.4 Buildings undergoing construction and renovation (where employees are still working and occupying the work areas) must have appropriate (or alternate) alarms and fire prevention systems that are at least equal to those required for the occupancy and type of hazards in the area. This includes hazards inherent to the work area and tasks performed, as well as any additional hazards caused by the construction or renovation.

## 5.3 Fixed Fire Suppression Equipment

- 5.3.1 All fixed suppression equipment must be maintained and tested by trained persons. The local fire department may provide or be able to be contracted to perform this maintenance and testing. Specific employees may be designated and trained for this service, depending upon the maintenance and testing requirements for the system.
- 5.3.2 There are various types of fixed suppression equipment. Each type must be specifically designed for the types of fires likely to be encountered. These types are:
  - 5.3.2.1 Automatic sprinklers that discharge water into an area when heat or smoke causes the valve (sprinkler head) to open. Sprinkler heads must be kept free from any obstruction (at least 18" clearance vertically and horizontally).
  - 5.3.2.2 Standpipe systems include fixed water supplies (risers) with a hose and nozzle. These systems are usually recessed in walls or found in stairwells. Standpipe systems are for use by trained fire-fighting personnel only.
  - 5.3.2.3 Dry chemical systems are discharged in rooms or over a specific process (like an electrical system). Pre-discharge alarms are required where vision could be obscured that would affect employee evacuation.
  - 5.3.2.4 Gaseous agents are normally used in enclosed rooms and spaces. Depending on the agent used to suppress the fire, pre-discharge alarms are required. Where employee evacuation cannot occur

within a specific time frame, specific agents are prohibited from being used as suppression agents.

- 5.3.2.5 Water spray and foam systems are usually utilized for a specific process hazard (like a kitchen grease pit or solvent tank). They discharge a chemical-foam that will “blanket” the fire or area with foam to “smother” the fire.

## 5.4 Portable Fire Extinguishers

- 5.4.1 **The Two Extinguisher Rule:** Fire extinguishers are for controlling small, incipient fires. NEVER should more than two (2) extinguishers be used to control a fire. If the fire is not controlled with two extinguishers, it is no longer considered an incipient fire and should ONLY be extinguished by trained Firefighters or by fixed fire suppression systems.
- 5.4.2 **Classes.** There are five classes or types of Fire Extinguishers. Each class has distance requirements that are required for employees to access them. These types and distances are:
  - 5.4.2.1 **Class A** – used on ordinary combustibles (wood, paper, cloth, etc.). Extinguishers must be 75 ft. or less from the hazard.
  - 5.4.2.2 **Class B** – used for flammable or combustible liquids (gasoline, paint, solvents, propane). Distance must be 50 ft. or less from the hazard.
  - 5.4.2.3 **Class C** – used for electrical equipment and must be 50 ft. or less from the hazard.
  - 5.4.2.4 **Class D** – used for metals (magnesium, potassium and sodium). Extinguishers must be 75 ft. or less from the hazard.
  - 5.4.2.5 **Class K** – used for fires that involve cooking oils, trans-fats, or fats in cooking appliances and are typically found in restaurant and cafeteria kitchens.
- 5.4.3 **General.** Extinguishers must be located so they are clearly visible, readily accessible to the employees or persons designated and trained to use them and located so they are protected from damage by moving equipment.
  - 5.4.3.1 Extinguishers must be maintained in a fully charged and operable condition and kept in their designated locations.
  - 5.4.3.2 Extinguishers must be appropriate to the type (or class) of fire hazard likely to be found in the work area.
  - 5.4.3.3 Standard signs and floor markings may be utilized to increase visibility.

- 5.4.3.4 Extinguishers should be located along normal paths of travel but protected from the direct line of traffic to avoid injury to personnel or mechanical damage.
- 5.4.3.5 Extinguishers are not required in workplaces where all employees will be required to evacuate the facility (total evacuation) upon the initial alarm sounding, unless extinguishers are required by a specific regulatory standard (i.e. welding, confined space, and some flammable liquid usages).

5.4.4 Inspection and Testing. Extinguishers must be visually inspected monthly. Extinguishers must be maintained annually. Extinguishers must be physically (hydrostatically) tested every 5 years or 12 years depending on the type of extinguisher. When removed from service for maintenance or testing, or due to corrosion or damage, they must be replaced with an equivalent protective system.

5.4.4.1 Fire extinguishers must be inspected internally at least monthly. The inspection will include the following:

- Ensure that units are accessible,
- Install units on wall 3-5 feet from floor from top of unit,
- Ensure that the gauge needle is in the green zone, showing the unit is fully charged,
- Ensure that the handle is secured by a pin to avoid accidental release,
- Ensure that the pin is secured with a plastic tie, and
- Ensure that the tag on the unit shows the date of each monthly inspection and the initials of the person doing the inspection.

5.4.4.2 Documentation of the inspection, maintenance and testing may be kept with the extinguisher or in a separate system, provided the records are accessible to employees or agencies that may be required to review these records. Documentation must be kept for the life of the extinguisher.

#### 5.4.5 Employee Training

5.4.5.1 Where employees will not be required to use them, employees should be informed that they are for trained fire fighter use only.

5.4.5.2 Where employees will be required to use extinguishers, employees must be trained annually in the general principles of fire extinguisher use and the hazards involved in incipient (beginning) stage fire fighting.

## 5.5 Fire Brigades and On-Site Response Medical Teams (as appropriate)

- 5.5.1 Fire Brigades and Medical Response teams must be trained to the level or type of emergency they will likely encounter. In most cases, verified training is required, and documentation must be maintained with periodic or annual refresher training.
- 5.5.2 Team members must be physically capable of performing their duties (including the use of respiratory protection, where required). Employees with known physical conditions (heart disease, emphysema or epilepsy) or known mental or physical disabilities that would impair their ability to perform the expected duties may be required to be approved by a licensed physician prior to being allowed to participate on the team.
- 5.5.3 Teams must be provided with adequate equipment and protective clothing to perform their duties.
- 5.5.4 Equipment and clothing must be maintained in good working order. Equipment removed from service must be promptly repaired or replaced, or team members must be informed that the equipment is no longer available.
- 5.5.5 Teams must be organized, with either elected or appointed leaders, and have specific written procedures that outline their responsibilities (and limitations) about emergency response at the workplace.

## 5.6 Hot Work, Open Flame Work or Spark Producing Equipment

- 5.6.1 Permission and Permits. Any hot work or work with open flames should be performed only with the permission of company management. (Approvals may be required by the landlord or building owner, if different than company ownership.) Such work should be done only under specific restrictions and limitations to prevent fires or other hazards. This information and any restrictions or limitations should be documented. A signed permit system is recommended that outlines the details of the work and the restrictions or limitations.

- 5.6.1.1 Contractors - shall obtain Hot Work/Open Flame Permits through the manager or supervisor in charge of the job or process.

## 6. Training and Information.

- 6.1 Emergency Action Plans and Evacuation Programs must be reviewed with each employee:
  - 6.1.1 When the program is developed or when it is changed
  - 6.1.2 Upon initial assignment to a work area
  - 6.1.3 When the workplace changes (construction or remodeling) that require a different evacuation route

6.1.4 When an employee's responsibilities under the program change.

- 6.2 Fixed Suppression Systems. Employees where fixed suppression equipment agents activate (non-water systems) must be specifically trained in the alarm signal, and any protective equipment and controls needed to ensure their safety. They must have (and be trained to) specific evacuation programs from the area of discharge.
- 6.3 Emergency Response Team members must be trained based on the types of emergencies they will be expected to encounter. Fire fighting techniques, first aid treatment or both may be required, depending upon the duties and responsibilities of the team.
- 6.4 Fire extinguisher users must be trained annually in the general principles of fire extinguisher use and the hazards involved in incipient (beginning) stage fire fighting.

## 7. Definitions.

- *Brigades* – A workplace team of employees who are specifically designated to respond and fight incipient fires.
- *Fixed Suppression Equipment* – Fire extinguishing systems that are affixed in place. For example: sprinkler systems.
- *Command Post* – A designated location that is set up for communications and direction of emergency responders.
- *Incident Commander* – The person designated to direct the activities of an emergency response. This person normally remains at the command post.

# EMERGENCY ACTION PLAN

COMPANY NAME:

DATE:

SITE ADDRESS:

Emergency Escape Procedures and Escape Route Assignments: (optional - attach evacuation route map)

Procedures to be followed by employees who remain to operate critical operations before they evacuate:

Procedures to account for employees after evacuation is complete (e.g. crew leader counts crew – reports status to emergency services):

Employee rescue or medical duties:

Methods to report fires and other emergencies:

Person(s) to contact for questions regarding site Emergency Action Plan or employee duties under Plan (name and phone number):

<b>FIRE</b>	<b>Notification Method</b> (Automatic, Pull Box, Phone)	<b>Site Contact</b>	<b>Emergency Number</b> (other than 911)
Fire Designated Meeting/Evacuation location(s):			
<b>TORNADO</b>	<b>Notification Method</b> (Automatic, Pull Box, Phone)	<b>Site Contact</b>	<b>Emergency Number</b> (other than 911)
Tornado Designated Meeting/Evacuation location(s):			
<b>EARTHQUAKE</b>	<b>Notification Method</b> (Automatic, Pull Box, Phone)	<b>Site Contact</b>	<b>Emergency Number</b> (other than 911)
Earthquake Designated Meeting/Evacuation location(s):			
<b>CHEMICAL SPILL/RELEASE</b>	<b>Notification Method</b> (Automatic, Pull Box, Phone)	<b>Site Contact</b>	<b>Emergency Number</b> (other than 911)
Chemical Spill/Release Designated Meeting/Evacuation location(s):			
<b>MEDICAL EMERGENCY</b>	<b>Notification Method</b> (Automatic, Pull Box, Phone)	<b>Site Contact</b>	<b>Emergency Number</b> (other than 911)
<b>Active Shooter Procedures</b>			
<b>RUN, HIDE, FIGHT</b>			
Additional Company Procedures:			
<b>Additional Emergency Procedures</b>			

# FIRE DRILL OR EVACUATION ASSESSMENT

<b>Evacuation Start time:</b>		<b>Evacuation End time:</b>		<b>Total time for evacuation process:</b>	
<b>Evacuation Routes Marked:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Exit Signs Visible or Evacuation Routes Posted:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the building completely evacuated?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the evacuation signal heard in every area of the building?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Did all employees meet at their designated relocation point?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have procedures for the handicapped been addressed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Did all equipment (stairwell doors, alarms, etc.) function properly?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Problem or Issue Noted And Corrective Action To Be Taken:</b>					
<b>Name of Person Responsible for Corrective Action:</b>				<b>Completed Date:</b>	
<b>Additional Comments/Requirements:</b>					
<b>Evaluator's Name:</b>			<b>Signature:</b>		







## PROGRAM OVERVIEW

# ERGONOMICS AND MUSCULOSKELETAL DISORDER MANAGEMENT SAFETY PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1903. \(General Duty Clause\)](#)

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## INTRODUCTION

Repetitive motions, use of force or pressure, or improper workstation set up are the primary causes of ergonomic disorders. This program allows for ergonomic evaluations for both office and manufacturing environments.

## TRAINING

Recommended for workplaces with high ergonomic risk.

## ACTIVITIES

- Evaluate the need for an ergonomics program
- Implement controls to minimize or eliminate repetitive or force trauma tasks.

## FORMS

- Ergonomic Office/Computer Safety Checklist
- Ergonomic Work Area Screening and Analysis Tool
- Training Attendance Roster

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# ERGONOMICS AND MUSCULOSKELETAL DISORDER MANAGEMENT SAFETY PROGRAM

1. **Purpose.** This document provides a program to enable an organization to effectively manage musculoskeletal disorders (MSDS) or repetitive strain injuries (RSI).
2. **Scope.** This program applies to all facilities and operations at the company. This program is limited to work-related musculoskeletal disorders.
3. **Responsibilities**
  - 3.1 Management. Management should review the following roles and responsibilities and assign them to appropriate existing or new positions as they deem appropriate. Additionally, they have the following responsibilities:
    - 3.1.1 Ultimate responsibility to ensure program requirements are met.
    - 3.1.2 Communicate the importance of the MSD management program.
    - 3.1.3 Develop and approve the goals and objectives of the company's ergonomics program and regularly review progress.
    - 3.1.4 Review organization procedures to ensure employee participation.
    - 3.1.5 Appoint one or more persons from within the company to function as a local ergonomics coordinator, as needed.
    - 3.1.6 Ensure adequate resources are available (i.e. personnel, time, equipment) to implement the program or any ergonomic initiatives undertaken.
    - 3.1.7 Ensure that personnel performing specific tasks relative to the ergonomics program or initiatives are competent based on their education, training and experience.
    - 3.1.8 Ensure, when feasible, controls to any identified ergonomic hazards are implemented.
    - 3.1.9 Ensure supervisors and employees are held accountable for reporting ergonomic incidents, as needed..
  - 3.2 Employees
    - 3.2.1 Participate in specific job and process hazard analysis and evaluations, as needed.
    - 3.2.2 Report MSDS, or MSD signs or symptoms, when recognized.

- 3.3 Ergonomics Coordinator (may also be Safety Officer or other designated person). A minimum of one coordinator is recommended per company. The total number of persons assigned to this role shall be appropriate for the goals and deliverables of the program. The responsibilities for this role should be to:
  - 3.3.1 Function as centralized local resource of ergonomic services.
  - 3.3.2 Complete any required training.
  - 3.3.3 Maintain any documentation/records associated with the program.
  - 3.3.4 Provide required training to employees, as needed or appropriate.
  - 3.3.5 Monitor regulations related to musculoskeletal disorders and provide advocacy for the employees to the company.
  - 3.3.6 Establish site wide goals and monitor performance related to continuous improvement. This may be accomplished by the following:
    - 3.3.6.1 Conducting a screening or prioritization of tasks, equipment, workplaces and processes.
    - 3.3.6.2 Participating in reviews of new designs and modifications to existing processes, equipment, or tasks, including recommendations for controlling risk factors.
    - 3.3.6.3 Consulting on issues of concern by conducting technical analysis, providing recommendations to improve identified problems, etc.
  - 3.3.7 Regularly report to management on the status of program.
  - 3.3.8 Coordinate internal audits of program against the corporate program.
- 3.4 Medical Service Provider (as needed):
  - 3.4.1 Coordinate case management process.
  - 3.4.2 Provide health-care consultations and services.
- 3.5 Engineering Professional (as needed):
  - 3.5.1 Provide technical engineering consultation for ergonomic issues.
  - 3.5.2 Assist in the development and implementation of ergonomic improvements.

#### 4. Procedure.

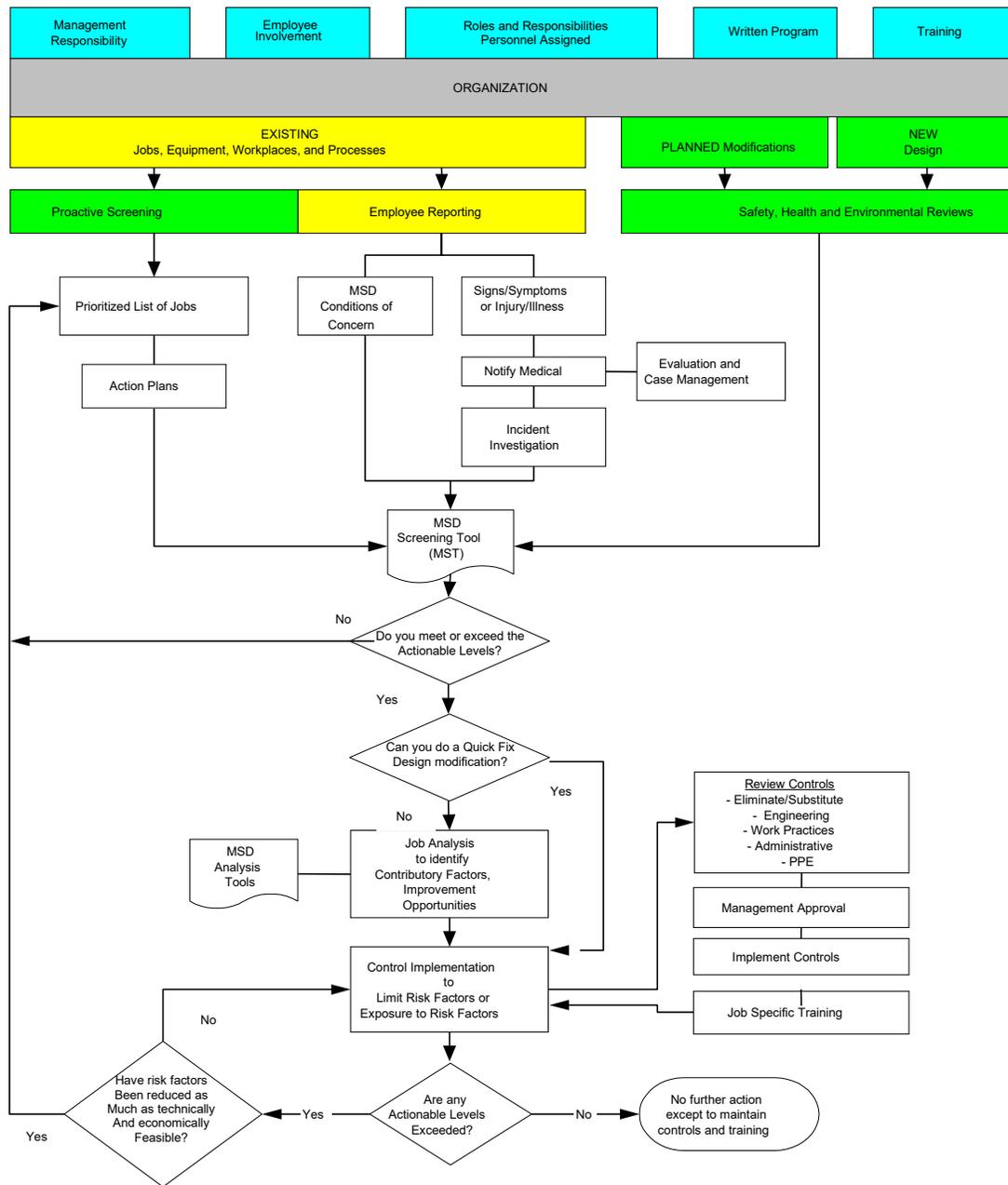
##### 4.1 Elements of a Manufacturing-Based Program:

#	Program Element	Deliverable	Retention Period
1	Management Systems	Allocate Resources and Define Responsibilities	N/A
		Written Program Document	UOS. Update annually.
		MSD Program Implementation Checklist.	UOS. 3-year review; Annual review for targeted operations.
		Action Plan / Project Activity Log.	Regular update. 3-year retention.
		Performance metric charts.	UOS. Update annually.
2	Training	Training Records.	Regular update. 10-year retention.
3	Proactive Job Screening and Assessment	Prioritized List of Jobs.	Regular update. 3-year retention.
4	Proactive Review of New and Planned Modifications	MSD Job Screening and Analysis Records. Control Implementation Records.	UOS. 5-year retention.
5	Incident Investigation		
6	Investigation of Employee Reports		
7	Management of MSD Cases	Medical case management.	N/A

*UOS - Until Obsolete or Superseded*

4.2 Figure 1 below illustrates the essential components and functions of a manufacturing based MSD management program and how they work together.

Figure 1



### 4.3 Elements of an Office or Field-Service based Program

4.3.1 Where computer/office work or field service work is the majority (75%) of the work environment, the organization may incorporate a modified program as outlined below. Field service work does not imply manufacturing maintenance departments.

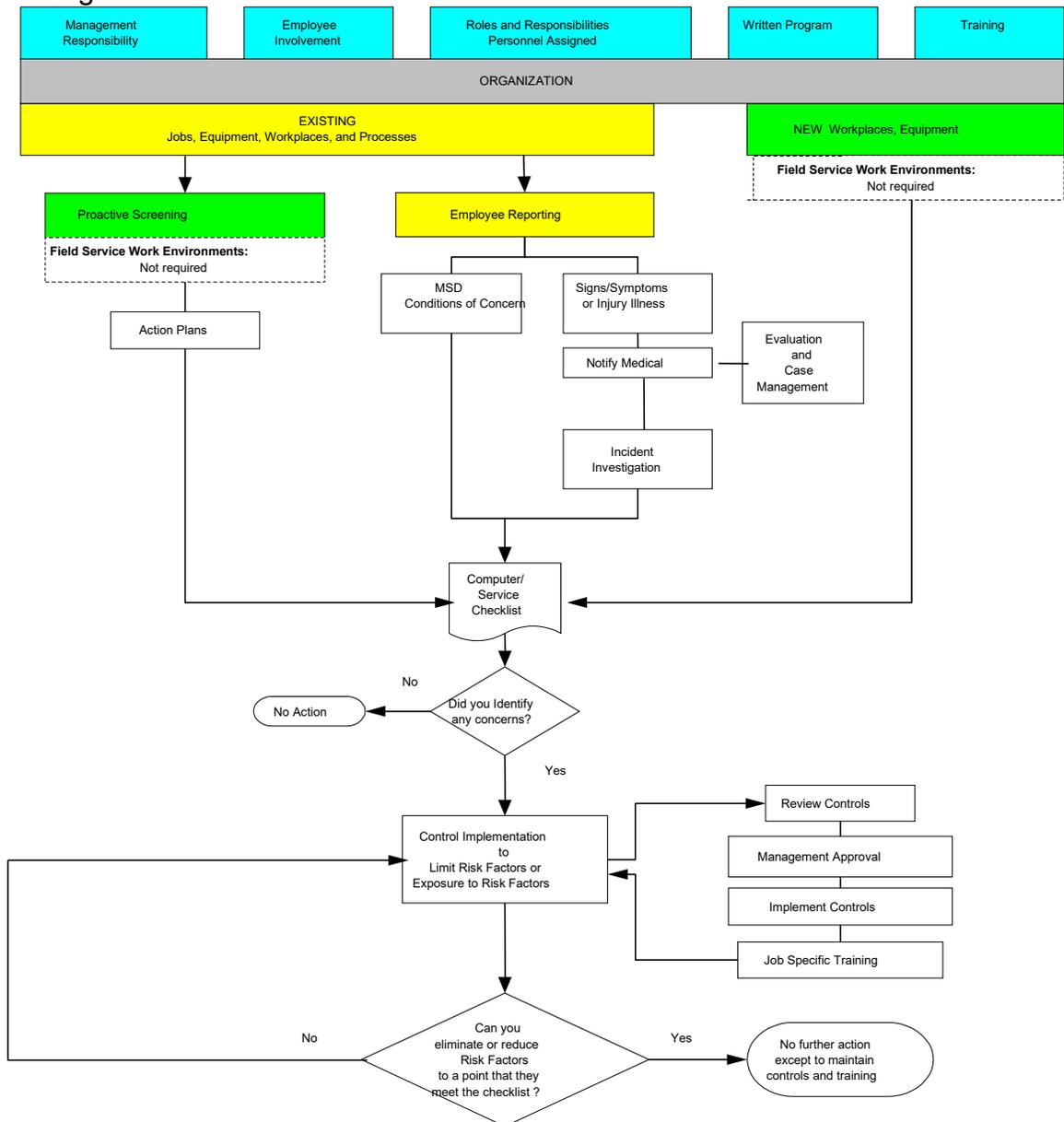
4.3.2 An office/field service based MSD management program should have the same components as shown in 4.1 with the following exceptions:

4.3.2.1 Proactive screening (see associated document - Ergonomics Screening and Analysis Tools) is not required in field service work.

4.3.2.2 Proactive review of new and planned modifications (see associated document - Ergonomics Screening and Analysis Tools) is not required in field service work.

4.3.3 Figure 2 below illustrates the essential components and functions of an office/field service based MSD management program and how they work together.

Figure 2



## 5. Safety Information

### 5.1 Recordkeeping

- 5.1.1 Completion of any ergonomics training course should be documented.
- 5.1.2 A record of evaluated jobs and implemented controls should be maintained to assist in the evaluations of similar types of tasks or activities at the company.

### 5.2 Health Surveillance

- 5.2.1 Prior to initial job assignment, or transfer of job responsibilities, employees who are to be assigned to positions involving known or suspected exposures to ergonomic hazards may receive a baseline health surveillance examination to establish where any changes in employee health status may occur. This surveillance is also designed to assist the company in determining where ergonomic controls may be required. Note: the use of medical screening tests or evaluations has not been validated as a predictive measure of risk for determining MSD related injuries and illnesses.

### 5.3 Ergonomic Screening and Surveys

- 5.3.1 Checklist. A survey checklist may be used to assist in determining ergonomic risk factors such as: posture, materials handling, and upper extremity factors. The checklist will be tailored to the specific needs and conditions of the workplace.
- 5.3.2 Ergonomic Risk Factors. Identification of ergonomic hazards is normally based on ergonomic risk factors such as, conditions of a job process, work station, or work methods that contribute to the risk of developing problems associated with ergonomic stressors. Not all of these risk factors will be present in every job containing ergonomic stressors, nor is the existence of one of these factors necessarily sufficient to cause a problem associated with CTD. Supervisors should ensure that known risk factors for specific employees, jobs or tasks are conveyed to the ergonomic assessment committee for improvement or correction.
  - 5.3.2.1 Personal Risk Factors include: Gender, Age, Anthropometry, Work method, Attitude, Training, Sight, Hearing, Smell, Physical strength, and Weight.
  - 5.3.2.2 Upper Extremities Risk Factors include: repetitive and/or prolonged activities, forceful exertions (usually with the hands), pinch grips, prolonged static postures, awkward postures (reaching and twisting), continued physical contact with work surfaces, excessive vibration from power tools and inappropriate or inadequate hand tools.

- 5.3.2.3 Back Disorder Risk Factors include: body mechanics (bending, lifting and twisting), prolonged sitting with poor posture, lack of adjustable equipment (chairs, footrests, etc.), poor grips on handles, slippery footing, frequency of movement, duration and pace, load stability, reach distances and work height.
- 5.3.2.4 Environmental Risk Factors include: floor surfaces and platforms, temperature extremes, lighting, noise and vibration.
- 5.3.2.5 Multiple Risk Factors. Jobs, operations, or work stations that have multiple risk factors have a higher probability of ergonomic risk. The combined effect of several risk factors is sometimes referred to as "multiple causation."

## 5.4 Work Station Analysis and Design

- 5.4.1 Engineering Solutions. Engineering solutions, where feasible, are the preferred method of control for ergonomic hazards. The focus of the company ergonomics safety program is to make the job fit the person, not to make the person fit the job. This is accomplished whenever possible by redesigning the work station, work methods, or tool(s) to reduce the demands of the job.
- 5.4.2 Work Station Design. Work stations when initially constructed or when redesigned will be adjustable in order to accommodate the person who actually works at a given work station, it is not adequate to design for the "average" or typical worker. Work stations should be easily adjustable and either designed or selected to fit a specific task, so that they are comfortable for the workers using them. The work space should be large enough to allow for the full range of required movements, especially where hand-held tools are used.
- 5.4.3 Design of Work Methods. Traditional work method analysis considers static postures and repetition rates. This may be supplemented by addressing the force levels and the hand and arm postures involved. The tasks will be altered where possible to reduce these and the other stresses.
- 5.4.4 Repetitive motion. All efforts to reduce repetitive motion will be pursued. Examples of methods to reduce highly repetitive movements include:
  - 5.4.4.1 Increasing the number of workers performing a task.
  - 5.4.4.2 Lessening repetition by combining jobs with very short cycle times, thereby increasing cycle time. (Sometimes referred to as "job enlargement.").
  - 5.4.4.3 Using automation where appropriate.
  - 5.4.4.4 Designing or altering jobs to allow self-pacing or rest periods.

- 5.4.5 Force measurements. Force measurements, when taken, are noted as an estimated average effort, and a peak force. They are recorded as "light," "moderate," and "heavy." These measurements include the number of manipulations per cycle, per time frame and per work shift.
- 5.4.6 Vibration measurements. Tools can be checked for excessive vibration. (The NIOSH criteria document on vibration should be consulted).
- 5.4.7 Posture and lifting measurements. Hand, arm, and shoulder postures and movements can be assessed for levels of risk. Work stations having tasks requiring manual materials handling should have the maximum weight-lifting values calculated. (The NIOSH Work Practices Guide for Manual Lifting, 1981, should be used for basic calculations. Note that this guide does not address lifting that involves twisting or turning motions.)

## 6. Training and Information

### 6.1 General Awareness Training

General awareness training for ergonomics is recommended for new employees on initial assignment, and as needed.

### 6.2 Job Specific Training

6.2.1 Job specific training may be provided on a case by case basis when work methods or engineering controls have been implemented.

6.2.2 Job Specific training is composed of the following topics:

6.2.2.1 Instruction on the safe methods of using equipment

6.2.2.2 Instruction of the identified work methods

6.2.2.3 The reasons for job specific controls

6.2.3 This training should take place in separate training sessions to the general awareness training.

## 7. Definitions.

- *Ergonomics* - A multi-disciplinary science that studies human physical and psychological capabilities and limitations. This body of knowledge can be used to design or modify the workplace, equipment, and products to improve human performance and reduce the likelihood of injury and illness.
- *Ergonomics Coordinator* - A designated person who is responsible for identifying and correcting ergonomic hazards in the workplace, including ergonomic professionals or other trained and qualified persons (such as health care providers, engineers, safety personnel or others who have received ergonomics training).

- *Ergonomic Hazards* - Workplace conditions that pose a biomechanical stress to the worker. Such hazardous workplace conditions include, but are not limited to, faulty work station layout, improper work methods, improper tools, excessive tool vibration, and job design problems that include aspects of work flow, line speed, posture and force required, work/rest regimens, and repetition rate. They are also referred to as "stressors."
- *Ergonomic risk factors* - Conditions of a job, process, or operation that contribute to the risk of developing CTDs, MSDS or RSIs.
- *Cumulative trauma disorders (CTDs)* - The term used in these guidelines for health disorders arising from repeated biomechanical stress due to ergonomic hazards. Other terms that have been used for such disorders include "repetitive motion injury," "occupational overuse syndrome," and "repetitive strain injury." CTDs are a class of musculoskeletal disorders involving damage to the tendons, tendon sheaths, synovial lubrication of the tendon sheaths, and the related bones, muscles, and nerves of the hands, wrists, elbows, shoulders, neck and back. The more frequently occurring occupationally induced disorders in this class include carpal Tunnel syndrome, epicondylitis (tennis elbow), tendonitis, tenosynovitis, synovitis, stenosing tenosynovitis of the finger, DeQuervain Disease, and low back pain.
- *Musculoskeletal Disorder (MSD)* - A disorder of the muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels, or spinal discs.
  - MSDS may include muscle strains and tears, ligament sprains, joint and tendon inflammation, tendonitis, epicondylitis, carpal tunnel syndrome, rotator cuff syndrome, DeQuervain's syndrome, trigger finger, tarsal tunnel syndrome, hand-arm vibration syndrome (HAVS), and low back pain, pinched nerves, sciatica, spinal disc degeneration, and herniated spinal disc.
  - Injuries arising from slips, trips, falls, motor vehicle accidents, or similar accidents are not considered MSDS for the purposes of this program.
- *Repetitive Strain Injury (RSI)* - The terms MSD and RSI are analogous for the purposes of this program.

# ERGONOMIC OFFICE/COMPUTER SAFETY CHECKLIST

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## PART I – OFFICE/COMPUTER OVERVIEW:

### WORKING POSTURES–The workstation is designed or arranged for doing computer tasks so it allows your:

<b>Head and neck</b> to be upright or in-line with the torso (not bent down/back). If "no" refer to <u>Monitors</u> , <u>Chairs</u> and <u>Work Surfaces</u> in part 2.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Head, neck, and trunk</b> to face forward (not twisted). If "no" refer to <u>Monitors</u> or <u>Chairs</u> in part 2.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Trunk</b> to be perpendicular to floor (may lean back into backrest but not forward). If "no" refer to <u>Chairs</u> or <u>Monitors</u> in part 2.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Shoulders and upper arms</b> to be in-line with the torso, generally about perpendicular to the floor and relaxed (not elevated or stretched forward). If "no" refer to <u>Chairs</u> in part 2.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Upper arms and elbows</b> to be close to the body (not extended outward). If "no" refer to <u>Chairs</u> , <u>Work Surfaces</u> , <u>Keyboards</u> , and <u>Pointers</u> in part 2.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Forearms, wrists, and hands</b> to be straight and in-line (forearm at about 90 degrees to the upper arm). If "no" refer to <u>Chairs</u> , <u>Keyboards</u> , <u>Pointers</u> in part 2.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Wrists and hands</b> to be straight (not bent up/down or sideways toward the little finger). If "no" refer to <u>Keyboards</u> , or <u>Pointers</u> in part 2.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Thighs</b> to be parallel to the floor and the <b>lower legs</b> to be perpendicular to floor (thighs may be slightly elevated above knees). If "no" refer to <u>Chairs</u> or <u>Work Surfaces</u> in part 2.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Feet</b> rest flat on the floor or are supported by a stable footrest. If "no" refer to <b>Chairs</b> , <b>Work Surfaces</b> in part 2.	<input type="checkbox"/> YES <input type="checkbox"/> NO

### SEATING–Consider these points when evaluating the chair:

<b>Backrest</b> provides support for your lower back (lumbar area).	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Seat width and depth</b> accommodate the specific user (seat pan not too big/small).	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Seat front</b> does not press against the back of your knees and lower legs (seat pan not too long).	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Seat</b> has cushioning and is rounded with a "waterfall" front (no sharp edge).	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Armrests</b> , if used, support both forearms while you perform computer tasks and they do not interfere with movement.	<input type="checkbox"/> YES <input type="checkbox"/> NO

### KEYBOARD/INPUT DEVICE–Consider these points when evaluating the keyboard or pointing device. The keyboard/input device is designed or arranged for doing computer tasks so the:

<b>Keyboard/input device platform(s)</b> is stable and large enough to hold a keyboard and an input device.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Input device</b> (mouse or trackball) is located right next to your keyboard so it can be operated without reaching.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Input device</b> is easy to activate and the shape/size fits your hand (not too big/small).	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Wrists and hands</b> do not rest on sharp or hard edges.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>WORK AREA—Consider these points when evaluating the desk and workstation. The work area is designed or arranged for doing computer tasks so the</b>	
<b>Thighs</b> have sufficient clearance space between the top of the thighs and your computer table/keyboard platform (thighs are not trapped).	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>Legs</b> and <b>feet</b> have sufficient clearance space under the work surface so you are able to get close enough to the keyboard/input device.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>ACCESSORIES—Check to see if the:</b>	
<b>Document holder</b> , if provided, is stable and large enough to hold documents.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>Document holder</b> , if provided, is placed at about the same height and distance as the monitor screen so there is little head movement, or need to re-focus, when you look from the document to the screen.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>Wrist/palm rest</b> , if provided, is padded and free of sharp or square edges that push on your wrists.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>Wrist/palm rest</b> , if provided, allows you to keep your forearms, wrists, and hands straight and in-line when using the keyboard/input device.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>Telephone</b> can be used with your head upright (not bent) and your shoulders relaxed (not elevated) if you do computer tasks at the same time.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>GENERAL</b>	
Workstation and equipment have sufficient adjustability so you are in a safe working posture and can make occasional changes in posture while performing computer tasks.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
Computer workstation, components and accessories are maintained in serviceable condition and function properly.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
Computer tasks are organized in a way that allows you to vary tasks with other work activities, or to take micro-breaks or recovery pauses while at the computer workstation.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

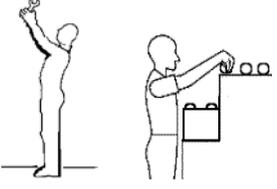
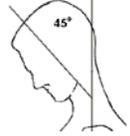
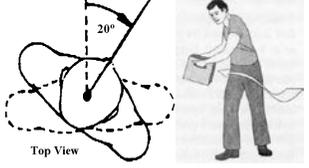
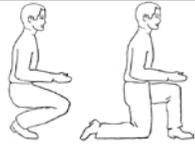
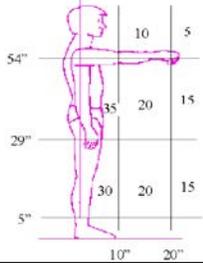
## PART II – OFFICE/COMPUTER IN-DEPTH ASSESSMENT TIPS

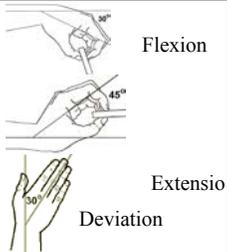
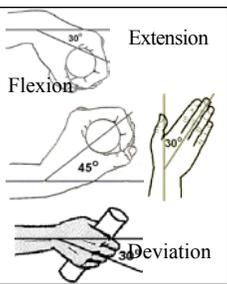
<b>Monitors</b>	<input checked="" type="checkbox"/>
Make sure the screen is large enough for adequate visibility. Usually a 15 to 20-inch monitor is sufficient. Smaller units will make it difficult to read characters and larger units may require excessive space.	<input type="checkbox"/>
The angle and tilt should be easily adjustable.	<input type="checkbox"/>
Flat panel displays take less room on the desk and may be more suitable for locations with limited space.	<input type="checkbox"/>
<b>Keyboards</b>	<input checked="" type="checkbox"/>
Split keyboard designs will allow you to maintain neutral wrist postures.	<input type="checkbox"/>
Keyboards with adjustable feet will accommodate a wider range of keyboard positions and angles. Adjustable feet on the front as well as the back will further aid adjustments. Increased adjustability will facilitate neutral wrist postures.	<input type="checkbox"/>
The cord that plugs into the CPU should be long enough to allow the user to place the keyboard and the CPU in a variety of positions. At least six feet of cord length is desirable.	<input type="checkbox"/>
Consider a keyboard without a 10-key keypad if the task does not require one. If the task does require one occasionally, a keyboard with a separate 10-key keypad may be appropriate. Keyboards without keypads allow the user to place the mouse closer to the keyboard.	<input type="checkbox"/>
Consider the shape and size of the keyboard if a keyboard tray is used. The keyboard should fit comfortably on the tray.	<input type="checkbox"/>
Consider keyboards without built-in wrist rest, because separate wrist rests are usually better.	<input type="checkbox"/>
Keyboards should be detached from the display screen if they are used for a long duration keying task. Laptop keyboards are generally not suitable for prolonged typing tasks.	<input type="checkbox"/>
<b>Keyboard Trays</b>	<input checked="" type="checkbox"/>
Keyboard trays should be wide enough and deep enough to accommodate the keyboard and any peripheral devices, such as a mouse.	<input type="checkbox"/>
If a keyboard tray is used, the minimum vertical adjustment range (for a sitting position) should be 22 inches to 28 inches from the floor.	<input type="checkbox"/>
Keyboard trays should have adjustment mechanisms that lock into position without turning knobs. These are frequently over tightened, which can lead to stripped threads, or they may be difficult for some users to loosen.	<input type="checkbox"/>
<b>Desks and Work Surfaces</b>	<input checked="" type="checkbox"/>
The desk area should be deep enough to accommodate a monitor placed at least 20 inches away from your eyes.	<input type="checkbox"/>
Ideally, your desk should have a work surface large enough to accommodate a monitor and a keyboard. Usually about 30 inches is deep enough to accommodate these items.	<input type="checkbox"/>
Desk height should be adjustable between 20 inches and 28 inches for seated tasks. The desk surface should be at about elbow height when the user is seated with feet flat on the floor. Adjustability between seated and standing heights is desirable.	<input type="checkbox"/>
You should have sufficient space to place the items you use most often, such as keyboard, mouse, and monitor directly in front of you.	<input type="checkbox"/>
There should be sufficient space underneath for your legs while sitting in a variety of positions. The minimum under-desk clearance depth should be 15 inches for your knees and 24 inches for your feet. Clearance width should be at least 20 inches.	<input type="checkbox"/>

<b>Desks and Work Surfaces [continued]</b>	<input checked="" type="checkbox"/>
Purchasing a fixed-height desk may require the use of a keyboard tray to provide adequate height adjustment to fit a variety of users.	<input type="checkbox"/>
Desktops should have a matte finish to minimize glare. Avoid glass tops.	<input type="checkbox"/>
Avoid sharp leading edges where your arms come in contact with work surfaces. Rounded or sloping surfaces are preferable.	<input type="checkbox"/>
The leading edge of work surface should be wide enough to accommodate the arms of your chair, usually about 24 to 27 inches. Spaces narrower than this will interfere with arm rests and restrict your movement. This is especially important in four-corner work units.	<input type="checkbox"/>
<b>Chairs</b>	<input checked="" type="checkbox"/>
The chair should be easily adjustable.	<input type="checkbox"/>
The chair should have a sturdy five-legged base with good chair casters that roll easily over the floor or carpet.	<input type="checkbox"/>
The chair should swivel 360 degrees so it is easier to access items around your workstation without twisting.	<input type="checkbox"/>
Minimum range for seat height should be about 16 inches.	<input type="checkbox"/>
Seat pan length should be 15 inches to 17 inches.	<input type="checkbox"/>
Seat pan width should be at least as wide as the user's thighs. A minimum width of about 18 inches is recommended.	<input type="checkbox"/>
Chair edges should be padded and contoured for support.	<input type="checkbox"/>
Seat pan tilt should have a minimum adjustable range of about 5 degrees forward and backward.	<input type="checkbox"/>
Avoid severely contoured seats as these limit seated postures and are uncomfortable for many users.	<input type="checkbox"/>
Front edge of the seat pan should be rounded in a waterfall fashion.	<input type="checkbox"/>
Material for the seat pan and back should be firm, breathable, and resilient.	<input type="checkbox"/>
The seat pan depth should be adjustable. Some chairs have seat pans that slide forward and backward and have a fixed back. On others the seat pan position is fixed and the backrest moves horizontally forward and backward so the effective depth of the seat pan can be adjusted. <b>Beware</b> of chairs where the back only tilts forward and backward. These do not provide adequate adjustment for a wide range of users.	<input type="checkbox"/>
The backrest should be at least 15 inches high and 12 inches wide and should provide lumbar support that matches the curve of your lower back.	<input type="checkbox"/>
The backrest should widen at its base and curve in from the sides to conform to your body and minimize interference with your arms.	<input type="checkbox"/>
The backrest should allow you to recline at least 15 degrees and should lock into place for firm support.	<input type="checkbox"/>
The backrest should extend high enough to support your upper trunk and neck/shoulder area. If the backrest reclines more than about 30 degrees from vertical, a headrest should be provided.	<input type="checkbox"/>
Armrests should be removable and the distance between them should be adjustable. They should be at least 16 inches apart.	<input type="checkbox"/>
Armrest height should be adjustable between 7 inches and 10.5 inches from the seat pan. Fixed height armrests are not desirable, especially for chairs that have more than one user.	<input type="checkbox"/>
Armrests should be large enough (in length and width) to support your forearm without interfering with the work surface.	<input type="checkbox"/>
Armrests should be padded and soft.	<input type="checkbox"/>

<b>Chairs [continued]</b>	<input checked="" type="checkbox"/>
Most chairs are designed for weights under 275 pounds. If the user weighs more than 275 pounds, the chair must be designed to support the extra weight.	<input type="checkbox"/>
<b>Document Holders</b>	<input checked="" type="checkbox"/>
The document holder needs to be stable but easy to adjust for height, position, distance, and viewing angle.	<input type="checkbox"/>
If the monitor screen is your primary focus, purchase a document holder that will sit next to the monitor at the same height and distance.	<input type="checkbox"/>
If the task requires frequent access to the document (such as writing on the document) a holder that sits between the keyboard and monitor may be more appropriate.	<input type="checkbox"/>
<b>Wrist Rests</b>	<input checked="" type="checkbox"/>
Wrist rest should match the front edge of the keyboard in width, height, slope, and contour.	<input type="checkbox"/>
Pad should be soft but firm. Gel type materials are recommended.	<input type="checkbox"/>
Wrist rest should be at least 1.5 inches deep (depth away from the keyboard) to minimize contact pressure on the wrists and forearm.	<input type="checkbox"/>
<b>Mouse/Pointing Devices</b>	<input checked="" type="checkbox"/>
Choose a mouse/pointer based on the requirements of your task and your physical limitations. There really is no difference, other than preference, among a mouse, trackball, or other device.	<input type="checkbox"/>
A mouse should match the contour of your hand and have sufficient cord length to allow its placement next to the keyboard.	<input type="checkbox"/>
If you choose a trackball, avoid ones that require the thumb to roll the ball--they may cause discomfort and possible injury to the area around your thumb.	<input type="checkbox"/>
A smaller mouse may be more appropriate especially if you have small hands. Caution should be taken if a mouse is used by more than one person.	<input type="checkbox"/>
A mouse that has sensitivity adjustments and can be used with either hand is desirable.	<input type="checkbox"/>
<b>Telephones</b>	<input checked="" type="checkbox"/>
If task requirements mandate extended periods of use or other manual tasks such as typing while using the phone, use a telephone with a "hands-free" headset.	<input type="checkbox"/>
The telephone should have a speaker feature for "hands-free" usage.	<input type="checkbox"/>
"Hands-free" headsets should have volume adjustments and volume limits.	<input type="checkbox"/>
<b>Desk Lighting</b>	<input checked="" type="checkbox"/>
Good desk lighting depends on the task you're performing. Use bright lights with a large lighted area when working with printed materials. Limit and focus light for computer tasks.	<input type="checkbox"/>
The location and angle of the light sources, as well as their intensity levels, should be fully adjustable.	<input type="checkbox"/>
The light should have a hood or filter to direct or diffuse the light.	<input type="checkbox"/>
The base should be large enough to allow a range of positions or extensions.	<input type="checkbox"/>

# ERGONOMIC WORK AREA SCREENING AND ANALYSIS TOOL

Body Part	Action Code	Physical Risk Factor	Duration (cumulative)	Visual Aid
<b>A – Awkward Posture</b>				
Shoulders	A1	Working with the arms fully extended <b>or</b> Raising the hand(s) or the elbows above the shoulder(s) (48" for a 5 <sup>th</sup> %ile population) <i>in either a long-duration static hold (i.e. 15 min.) or in a short-duration repetitive manner (more than once per minute).</i>	2 hrs or more per day	
Neck	A2	Working with the neck bent more than 45° (without support or the ability to vary posture)	2 hrs or more per day	
Back	A3	Working with the back bent forward more than 30° (without support or the ability to vary posture)	2 hrs or more per day	
	A4	Working with the back twisted more than 20°	2 hrs or more per day	
	A5	Repetitively (more than 2 times/minute) Working with the back twisted more than 20°	2 hours <i>continuously</i>	
Legs	A6	Squatting, crouching or kneeling	2 hrs or more per day	
<b>B – Repeated Impact</b>				
Hands, Knees	B1	Repetitively (more than 1 per 5 minutes) Using the hand (heel/base of palm) or knee as a hammer	2 hrs or more per day	
<b>C – Force</b>				
Back, shoulders	C1	Lifting more than 50 pounds <b>at any one time</b> ;		No figure
	C2	Repetitively (more than once per minute) Lifting weight (in pounds) greater than the limits in the visual aid (Based on NIOSH '91 for a 50%ile person heights, and 5%ile reach)	4 hrs or more per day	
	C3	Pushing/pulling with more than 50 pounds of initial force (e.g. truck with a total weight of 1000 pounds)	2 hrs or more per day	No figure

Body Part	Action Code	Physical Risk Factor	Combined With	Duration (cumulative)	Visual Aid
<b>C – Force (continued)</b>					
Back	C4	<b>Carrying</b> 30 lbs or more at waist level	More than 25 feet or more than once every 5 minutes	2 hours or more per day	No figure
Arms, wrists, hands	C5	<b>Pinching</b> while exerting a force of 2 lbs or more per hand. (comparable to pinching half a ream of paper)	More than 3 times / minute	1.5 hrs or more per day	No figure
	C6		Wrists bent in: flexion 30° or more, or extension 45° or more, or deviation 30° or more.	1 hrs or more per day	
	C7		No other risk factors	2 hrs or more per day	
	C8	<b>Gripping</b> an unsupported object(s) weighing 10 or more pounds per hand, or with a force of 10 pounds or more per hand (comparable to clamping light duty automotive jumper cables onto a battery)	More than 3 times / minute	1.5 hrs or more per day	No figure
	C9		Wrists bent in: flexion 30° or more, or extension 45° or more, or deviation 30° or more,	1 hrs or more per day	
	C10		Wide grasp	1 hrs or more per day	No figure
C11	No other risk factors	2 hrs or more per day	No figure		
<b>D – Repetition / Recovery</b>					
Neck, shoulders, elbows, wrists, hands	D1	Using the same motion more than twice per minute (excluding keying activities)	No other risk factors	6 hrs or more per day	
	D2		Wrists bent in: flexion 30° or more, or extension 45° or more, or deviation 30° or more (see figures above). <b>AND</b> High force hand exertion(s)	2 hrs or more per day	
	D3	Intensive keying and mousing	Awkward posture: including bent wrists (as described above), extended arms, tilted neck, back leaned forward.	2 hrs or more per day	
	D4		No other risk factors	7 hrs or more per day	
<b>E – Vibration / Contact Stress</b>					
Hand, whole body	E1	Pressure against soft tissue (e.g. square edge / ridge)		30 min or more per day	
	E2	Using vibrating tools or equipment that typically have <u>high</u> vibration levels (>10 m/s <sup>2</sup> chainsaws, jack hammers, percussive tools, riveting hammers)		30 min. or more per day	
	E3	Using vibrating tools or equipment that typically have <u>moderate</u> vibration levels (5 m/s <sup>2</sup> jig saws, grinders)		2 hrs or more per day	



**CALIFORNIA**  
**ERGONOMICS AND MUSCULOSKELETAL DISORDER**  
**Additional Requirements**

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**REPETITIVE MOTION INJURIES – 8 CCR 5110**

- Employers must implement an Ergonomic program and conduct training after experiencing its second similar ergonomic injury within a year.
  - Program must include: worksite evaluation, control of exposures and training.



**First Aid and Emergency  
Medical Response**

## PROGRAM OVERVIEW

# FIRST AID AND EMERGENCY MEDICAL RESPONSE SAFETY PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1910.151](#), [1910.151 App A](#)  
OSHA 29 CFR [1926.23](#), [1926.50](#), [1926.50 App A](#)

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## INTRODUCTION

This program is designed to assist the company to insure medical personnel are readily available for emergency response and applies to all company facilities and employees, including any on-site emergency medical response personnel.

## TRAINING

- All employees and supervisors trained on how to summon emergency assistance
- Any on-site emergency response teams trained appropriately in skills and bloodborne pathogens

## ACTIVITIES

- Determine if on-site first aid or emergency response teams or designated and trained personnel are required.
- Designate, train and equip emergency response personnel, if appropriate
- Establish agreements with local ambulance or fire/EMT services to provide emergency medical response, if appropriate
- Determine what supplies are needed in first aid kit.
- Evaluate potential for injuries and implement hazard controls where possible
- Write and communicate policies and procedures

## FORMS

- First Aid Kit Supply List
- First Aid Basics Training Roster

## Table of Contents

1. Purpose
2. Scope
3. Responsibilities
4. Procedure
5. Safety Information
6. Training and Information
7. Definitions

# FIRST AID AND EMERGENCY MEDICAL RESPONSE SAFETY PROGRAM

1. **Purpose.** This program is designed to provide guidance and information to companies with regard to first-aid and emergency medical response situations.
2. **Scope.** This program applies to all company facilities and employees, including any on-site emergency medical response personnel.

## 3. Responsibilities

### 3.1. Management

- 3.1.1. Determine if on-site first aid or emergency response teams or designated and trained personnel are required.
- 3.1.2. Determine what supplies are needed in first aid kit.
- 3.1.3. If trained emergency medical response (an ambulance or EMT/fire department) is more than 5 minutes from the facility or site, a certified and trained first aid response person is required to be present at the work site for each work shift.
- 3.1.4. Construction sites are (generally) required to have an emergency responder where more than one contractor is working at the site. The main responsible construction company or project manager is responsible to ensure this requirement is met.
- 3.1.5. Designate, train and equip emergency response personnel, if appropriate. Training is at no cost to the employee and is provided at a reasonable time and place whenever possible; OR
- 3.1.6. Inform employees on how to summon emergency assistance.
- 3.1.7. In conjunction with the Safety Officer and/or Human Resources, notify the injured/ill employee's family of the incident, as needed or required.

### 3.2. Employees

- 3.2.1. Summon emergency medical assistance, when required.
- 3.2.2. Notify management, as soon as possible.
- 3.2.3. Notify the Safety Officer or Human Resources as soon as possible after the emergency response personnel have taken charge of the situation.

### 3.3. On-Site Medical Response Team/Person (as appropriate)

- 3.3.1. Attend Basic First Aid or EMT training.
- 3.3.2. Attend Bloodborne Pathogen training.

- 3.3.3. Maintain training.
- 3.3.4. Provide basic first aid for injured or ill employees who require assistance.
- 3.3.5. Maintain supplies and equipment, as needed, for emergency response.

## **4. Procedure**

### **4.1. Summoning Emergency Response Personnel**

- 4.1.1. Employees must be informed of the proper procedure to summon emergency medical assistance from their work area or job site (e.g. telephoning “911” or another number).
- 4.1.2. Information should be provided to the emergency service provider on:
  - 4.1.2.1. The nature of the injury/illness, if known.
  - 4.1.2.2. The specific location (company address or specific work area) of the injured employee.
  - 4.1.2.3. Any other pertinent details of the incident.
  - 4.1.2.4. Any procedures or escorts required to enter the facility.
- 4.1.3. If possible, remain with the injured or ill employee to provide comfort and support. Designate another employee to meet the emergency response personnel, if appropriate.

## **5. Safety Information**

### **5.1. First Aid Kits or Supplies**

- 5.1.1. Emergency responders must be provided with the first aid supplies they would need to perform their emergency response duties.
- 5.1.2. First aid kits, where otherwise required, will contain items appropriate to the number of employees, and for the types of likely injuries. First Aid Kit Supply List form lists items required in a class A and class B kit.

## **6. Training and Information**

### **6.1. Employees will be trained in:**

- 6.1.1. How to summon emergency medical assistance.

6.2. On-site emergency response personnel will be trained (and certified) in basic first aid or EMT level response, and annually in the requirements of the Bloodborne pathogens standard. Certifications must be maintained appropriately.

## **7. Definitions**

- *EMT* – Emergency Medical Technician

## FIRST AID KIT SUPPLY LIST

All first aid must meet these minimum supply requirements and must be labeled. All labeling should be legible and permanent and should be written with, at the least, a six-point font. Class A kits are designed to deal with the most common types of workplace injuries. Class B kits are designed with a broader range and quantity of supplies to deal with injuries in more complex or high-risk environments.

Below is a table listing the minimum required components for both Class A and Class B kits. The quantity and size specifications given are the minimum necessary to comply with the ANSI 2015 standard.

Minimum Supply Requirements	Minimum Quantity Class A Kits	Minimum Quantity Class B Kits
Adhesive Bandage 1 x 3 in.	16	50
Adhesive Tap 2.5 yd. (total)	1	2
Antibiotic Application 1/57 oz.	10	25
Breathing Barrier	1	1
Burn Dressing (Gel Soaked) 4 x 4 in.	1	2
Burn Treatment 1/32 oz.	10	25
Cold Pack 4 x 5 in.	1	2
Eye Covering (with Means of Attachment) 2.9 sq. in.	2	2
Eye/Skin Wash	1 fl. oz. total	4 fl. oz. total
First Aid Guide	1	1
Hand Sanitizer 1/32 oz.	6	10
Medical Exam Gloves	2 pair	4 pair
Roller Bandage (2 inch) 2 in. x 4 yd.	1	2
Roller Bandage (4 inch) 4 in. x 4 yd.	0	1
Scissors	1	1
Splint 4.0 x 24 in.	0	1
Sterile Pad 3 x 3 in.	2	4
Tourniquet 1 in. (width)	0	1
Trauma Pad 5 x 9 in.	2	4
Triangular Bandage 40 x 40 x 56 in.	1	2

# TRAINING ATTENDANCE ROSTER

## FIRST AID BASICS

***First Aid (Basics) Training Includes:***

- General Requirements
- First Aid Kit Content
- Access the Scene
- Symptoms and Procedures for:
  - Shock (Anaphylactic and Electrical)
  - Minor and Major Bleeding
  - Heart Attack
  - Choking
  - Eye Injuries
  - Burns
  - Broken Bones
  - Heat and Cold Stress Cold Stress or Frostbite

<b><u>INSTRUCTOR:</u></b>	<b><u>DATE:</u></b>	<b><u>LOCATION:</u></b>
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NAME (Please Print) FIRST - MI - LAST	SIGNATURE
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**By signing below, I attest that I have attended the safety training for the topic indicated, and will abide by the safety information, procedures, rules, regulations and/or company policy as presented and instructed.**


Name of Interpreter, if utilized: \_\_\_\_\_



**CALIFORNIA**  
**FIRST AID AND EMERGENCY MEDICAL RESPONSE**  
**Additional Requirements**

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**FIRST AID – GENERAL INDUSTRY - 8 CCR 3400**

- First Aid Kits must be inspected at least 13 times a year.
- First aid kits must be approved by an employer-authorized, licensed physician.





## PROGRAM OVERVIEW

# HAZARD COMMUNICATION SAFETY PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1910.1200](#)

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## INTRODUCTION

The Hazard Communication Standard requires employers to inform employees of the hazards and identities of workplace chemicals to which they are exposed. This program specifies the requirements for evaluation of chemical hazards in the workplace and establishes means for communicating hazard information to all affected workers including chemical Safety Data Sheets (SDS), labeling, a Written Hazard Communication Program, employee training and communication requirements for contractors and vendors.

## TRAINING

- Employees and contractors must be made aware of the hazards they may encounter and the precautions they must take to protect themselves from these hazards.
- Employees or contractors must be trained on initial assignment and whenever any new physical, chemical or health hazards are introduced, when non-routine tasks or procedures are required, or when employees are working with or near unlabeled piping systems that contain hazardous chemicals.

## ACTIVITIES

- Determine if hazardous chemicals are present in the workplace
- Ensure the availability of a SDS for each hazardous chemical or mixture in the workplace
- Ensure a Hazardous Chemical List is maintained
- Evaluate the hazards for each chemical or mixture used and/or stored in the workplace
- Ensure proper labeling of chemical containers in accordance with Globally Harmonized System (GHS) requirements.
- Complete the Written Hazard Communication Program
- Employees trained
- Process to evaluate and document any new hazards or changes

## FORMS

- Hazardous Chemical List
- Written Hazard Communication Program
- Training Attendance Roster

## Table of Contents

1. Purpose
2. Scope
3. Responsibilities
4. Procedure
5. Safety Information
6. Training Information & Requirements
7. Definitions

# HAZARD COMMUNICATION PROGRAM

1. **Purpose.** To provide an effective, written hazard communication program in compliance with company, State and Federal regulatory requirements. Hazard Communication applies to all chemicals and mixtures purchased, manufactured, used, and/or stored by the company to which employees, contractors, tenants or visitors may be exposed. (Laboratories, as defined by OSHA regulations, are not covered under this program.)
2. **Scope.** This program applies to all operations at company facilities and job-sites. This program does not apply to articles, food or beverage items. Consumer products are exempt if they are used at the same frequency, duration, and concentration as home use.
3. **Responsibilities.**

## 3.1 Management must:

- 3.1.1 Perform a hazard determination. The company is required to determine the hazards of any products or chemicals they manufacture and/or sell.
- 3.1.2 Ensure a Hazardous Chemical List is maintained either for the company as a whole, or for each department or work area.
- 3.1.3 Evaluate the hazards for each chemical or mixture used or stored in the workplace.
- 3.1.4 Maintain a Written Hazard Communication Program.
- 3.1.5 Assure labels and other forms of warning are affixed to chemical containers, as appropriate, meeting Globally Harmonized System (GHS) label requirements.
- 3.1.6 Train and inform employees on initial assignment and whenever a new physical, chemical or health hazard is introduced into the workplace, or when non-routine tasks or procedures are required.
- 3.1.7 Develop and implement a method of communication between any contractors and the company which describes and outlines.

## 3.2 Employees must:

- 3.2.1 Attend Hazard Communication Training upon initial assignment, and when changes to the workplace hazards occur (through process changes or a change of work assignment).
- 3.2.2 Re-label any containers into which hazardous chemicals or mixtures are transferred.

3.2.3 Inform management of any changes to chemicals or chemical uses.

#### 4. Procedure.

4.1 Determine if hazardous chemicals are present in the workplace.

4.2 Written Hazard Communication Program (See the included form for the Written Hazard Communication Program.) This program must contain or describe:

4.2.1 A list of hazardous chemicals

4.2.2 Criteria and Label information

4.2.3 Safety Data Sheets (SDS)

4.2.4 Employee information and training

4.2.5 Procedures for evaluating the hazards of any non-routine tasks (e.g. one-time chemical uses) and for evaluating any unlabeled pipes in the work area that contain hazardous chemicals.

4.2.6 Multi-employer workplaces (Provisions for contractors)

4.3 Hazardous Chemical List (See the included Form for a Hazardous Chemical List)

Create a list of all hazardous chemicals used in the workplace. If necessary, use the chemical SDSs to determine whether or not a chemical is a hazardous chemical.

4.4 Chemical Labeling

4.4.1 Manufacturer/GHS Compliant labeling: All containers must be labeled with the product identifier, signal word, hazard statement, pictogram(s), precautionary statement, and manufacturer name, address, and phone number. Such labels may not be defaced or covered.

4.4.2 Workplace labeling: May be used for process materials and must contain the chemical identity and appropriate hazard warnings.

4.4.3 Portable Container labels: should be on all containers at all times. However, labels are not required for portable containers provided they are immediately used by the employee on that work-shift *and* remain in the direct control of the employee at all times.

4.4.4 All labels must be in legible English. Other languages may be used, provided a label in English is also provided.

- 4.4.5 Pipes or piping systems that contain a hazardous chemical shall be identified to employees by at least one (1) readily accessible label, sign, placard, written operating instructions, process sheet, batch ticket or substance identification system.

#### 4.5 Safety Data Sheets

- 4.5.1 Ensure the availability of a SDS for each hazardous chemical or mixture in the workplace and are:
  - 4.5.1.1 Readily accessible and available by employees on each work shift
  - 4.5.1.2 Written in English
  - 4.5.1.3 Obtained from the manufacturer or supplier of the chemical or material before it is used at the workplace, if one did not accompany the shipment
  - 4.5.1.4 Kept for the duration of its use or storage, at a minimum, and for 30 years after discontinuing chemical use.
- 4.5.2 SDSs are prepared by the chemical manufacturer following the GHS requirements.

#### 4.6 Multi-employer workplaces (Provisions for contractors) must be informed about:

- 4.6.1.1 Onsite access to and maintenance of a current SDS
  - 4.6.1.2 Labeling procedures
  - 4.6.1.3 Protective and precautionary measures
- 4.7 Maintain a process to evaluate and document any new hazards or changes to the workplace that would affect the above requirements, including any non-routine tasks or procedures, or unlabeled piping systems that contain hazardous chemicals.

### 5. **Safety Information**

Trade Secret Information - Trade Secrets are products which, when the chemical identity of the product is revealed, would jeopardize the manufacturer's competitive advantage. Trade secret materials (and requests to reveal trade secret information) must comply with the requirements of OSHA 1910.1200(i) and Appendix D.

### 6. **Training and Information**

- 6.1 Employees must be trained on initial assignment and whenever any new physical, chemical or health hazards are introduced, when non-routine tasks or procedures are required, or when employees are working with or near unlabeled piping systems that contain hazardous chemicals.

## 6.2 Training includes

- 6.2.1 Identification of the work areas where hazardous chemicals are used.
- 6.2.2 The location and availability of the written program, hazardous chemical list, and SDSs.
- 6.2.3 Information on the methods and observations used to detect the presence or release of chemicals (monitors, alarm systems, odors, visual appearance, etc.) including any “non-routine” tasks that employees may be asked to periodically perform which are beyond their regularly assigned duties.
- 6.2.4 The physical, health, simple asphyxiation, combustible dust, and pyrophoric gas hazard information of the chemicals present
- 6.2.5 The measures employees can take to protect themselves from identified chemical hazards (procedures, personal protective equipment, etc.)
- 6.2.6 The labeling system used in the workplace
- 6.2.7 The details of the Written Hazard Communication Program

## 7. Definitions

- *Hazard Statement* - statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.
- *Laboratory* - A facility where relatively small quantities of hazardous chemicals are used on a non-production basis. The following conditions must be met:
  - Chemical manipulations are carried out on a "laboratory scale"
  - Multiple chemical procedures or chemicals are used
  - The procedures involved are not part of a production process, nor in any way simulate a production process
  - "Protective laboratory practices and equipment" are available and in common use to minimize the potential for employee exposure to hazardous chemicals
- *Pictogram* - a composition that may include a symbol plus other graphic elements, such as a border, background pattern, or color, that is intended to convey specific information about the hazards of a chemical. Eight pictograms are designated under this standard for application to a hazard category.
- *Precautionary statement*- a phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling.
- *Process Materials* - Chemicals that are routinely used in a chemical process or as part of a mixture for a chemical process.

- *Product Identifier* - the name or number used for a hazardous chemical on a label or in the SDS. It provides a unique means by which the user can identify the chemical.
- *Safety Data Sheets (SDS)* - reference documents that outline the product information, hazards and other required elements for hazardous chemicals or materials. These documents are produced by the manufacturer of the chemical or material and must be maintained at any workplace where they are used or stored.
- *Signal Word* – a word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used in this section are "danger" and "warning." "Danger" is used for the more severe hazards, while "warning" is used for the less severe.



# WRITTEN HAZARD COMMUNICATION PROGRAM

The purpose of this written program is to document how the Hazard Communication requirements are met.

## General:

\_\_\_\_\_ is responsible for the initial and ongoing activities to keep this Hazard Communication Program current.

The location of the written program is: \_\_\_\_\_

The location of the list of hazardous chemicals is: \_\_\_\_\_

The location of the Safety Data Sheets (SDSs) is: \_\_\_\_\_

The list of hazardous chemicals, the written program, and the SDSs are required to be accessible to employees at all times. If electronic access is provided, describe the process for accessing this information: \_\_\_\_\_.

If an SDS is not received at the time of purchase or shipment, an SDS will be obtained either through the manufacturer's website, by calling the manufacturer or supplier, or by writing the company. If the SDS is not available, OSHA may be contacted or notified.

\_\_\_\_\_ is responsible for ensuring that SDSs are received.

## Hazard Warning Labels:

Original manufacturer's labels are generally used to ensure updated information on chemical hazards is made available.

\_\_\_\_\_ is responsible for ensuring that all hazardous chemicals in the workplace have appropriate labels (original manufacturer's labels, or written/printed labels (such as HMIS, NFPA or NAFTA code labels) affixed by our company. If alternative systems to the hazard warning statements are used, describe the system used: \_\_\_\_\_.

\_\_\_\_\_ is responsible for ensuring any containers shipped or taken off our company premises have appropriate labels, which include the identity of the chemical, appropriate hazard warning statements, and the name and address of manufacturer or responsible party.

## SDS for Company Made or Manufactured Chemicals:

\_\_\_\_\_ is responsible for ensuring that SDSs are created and written for every hazardous chemical that the company makes, mixes or manufactures.

\_\_\_\_\_ is responsible for ensuring that any SDSs are shipped to another company who purchases or is provided with our company-specific chemicals or mixtures.

**Non-Routine Tasks and Unlabeled Pipes:**

\_\_\_\_\_ is responsible for ensuring that any **new or non-routine tasks** are identified and training is appropriately provided. SDSs and chemical label reviews are used as part of this hazard evaluation and identification.

The methods used to inform employees of the hazards of **non-routine tasks**, and the hazards associated with chemicals contained in **unlabeled pipes** in their work areas are as follows:

**Contractors:**

\_\_\_\_\_ is responsible for supplying an SDS, upon request. Contractors working at our sites or locations will be provided with an SDS for any chemical used or stored at the facility, upon request. Describe the methods used to provide on-site access to SDS:

Describe how you communicate information about your labeling system, if different than that used by contractors or subcontractors for types of labeling: \_\_\_\_\_

Methods used to inform any precautionary measures that need to be taken to protect employees during the workplace's normal operating conditions and in foreseeable emergencies: \_\_\_\_\_

**Off-Site Work:**

Employees working at other sites may request an SDS for any chemical they may be exposed to. During training or orientation, our employees are informed of how to request information on the elements of that location's written hazard communication program, including Safety Data Sheet information, labeling, non-routine work hazards and unlabeled pipes.

\_\_\_\_\_ is responsible for ensuring that this occurs, as needed.

**Information and Training:**

\_\_\_\_\_ is responsible for identifying employees who need training.

\_\_\_\_\_ is responsible for conducting training upon initial assignment.

The hazard communication training must cover the following items, at a minimum:

- Information on the operations where hazardous chemicals are present
- The location and availability of this written program, list of hazardous chemicals, and SDS
- How to detect releases of hazardous chemicals (monitoring equipment, visual determination, odor, equipment sensors, etc).
- The physical and health hazards of chemicals in the work area, including any unlabeled chemical pipes.
- The measures that employees can take to protect themselves from these hazards.

The details of the Hazard Communication Program, including the explanation of the labeling system and SDS.

\_\_\_\_\_ is responsible for ensuring that these elements are covered in the training program.

Completed by: \_\_\_\_\_

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





## PROGRAM OVERVIEW

# OSHA RECORDKEEPING SAFETY PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1904](#)

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## INTRODUCTION

The OSHA Recordkeeping Standard requires certain industry segments with greater than 10 employees to evaluate workplace injuries and illnesses, and mandates these employers to collect, compile, retain, analyze and communicate this information to employees. This program establishes criteria for logging occupational injuries or illnesses, posting the annual summary and record retention.

## TRAINING

Recommended that supervisors and managers assist in determining what is recordable.

## ACTIVITIES

- For all employers regardless of exemptions, notify OSHA within 8 hours of fatalities and within 24 hours of work-related inpatient hospitalization, amputation, or loss of an eye
- Maintain appropriate records: OSHA 300, 300A, and 301 (or equivalent) forms
- Supply the records and documentation to OSHA, as needed or required
- Post appropriate summaries of the OSHA recordkeeping forms
- Electronically submit injury and illness data to OSHA, as required
- Encourage employees to report any incidents (injuries, illnesses, and near-miss incidents)
- Report the contents and summaries of these documents upon being notified in writing by the Bureau of Labor Statistics that the employer has been selected to participate in a statistical survey of occupational injuries and illnesses
- Retain log and summary of all recordable occupational injuries and illnesses (OSHA 300 and OSHA 300A or equivalent) for 5 years

## FORMS

- Certain High-Risk Industries List
- Designated Industries List for 100 or More Employees
- OSHA 300 Form
- OSHA 300A Form
- OSHA 301 Form
- Training attendance roster

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2. Scope
3. Responsibilities
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5. Safety Information
6. Training and Information
7. Definitions

# OSHA RECORDKEEPING SAFETY PROGRAM

**1. Purpose.** Records are required to be kept by most employers that indicate the number, types and severity of work-related injuries, illnesses and fatalities. The OSHA Recordkeeping Safety Program is designed to assist the company in compliance with the requirements of 29CFR1904 (OSHA's Recordkeeping Standard). The company will review and evaluate this safety program:

1.1 When changes occur to 29 CFR 1904 that prompt revision of this document.

1.2 When facility operational changes occur that require a revision of this document.

**2. Scope.** The OSHA Recordkeeping Safety Program applies to all facilities and job sites where company employees work.

## **3. Responsibilities**

### 3.1 Management/Supervisors

3.1.1 Maintain appropriate records.

3.1.2 Supply the records and documentation to OSHA, as needed or required.

3.1.3 Notify OSHA within 8 hours of fatalities or within 24 hours of work-related inpatient hospitalization, amputation, or loss of an eye.

3.1.4 Post the 300A form.

3.1.5 Encourage employees to report any incidents (injuries, illnesses, property damage, and near-miss incidents).

### 3.2 Employees

3.2.1 Report any work-related injuries or illnesses immediately to management or your supervisor.

## **4. Procedure**

### 4.1 General Recordkeeping Requirements

4.1.1 Companies with eleven (11) or more employees at any time during the calendar year must comply with the provisions of the recordkeeping standard (29 CFR 1904).

4.1.2 The company will maintain a log of occupational injuries and illnesses on the required OSHA 300, 300A and 301 (or equivalent) forms.

4.1.2.1 The company will report the contents and summaries of these documents upon being notified in writing by the Bureau of Labor Statistics that the employer has been selected to participate in a statistical survey of occupational injuries and illnesses.

4.2 Log and Summary of Occupational Injuries and Illnesses (OSHA 300). The log will be used for classifying occupational injuries and illnesses, and for noting the extent of each case. The log shows when the occupational injury or illness occurred, to whom, the regular job of the injured or ill person at the time of the injury or illness exposure, the department or area in which the person was employed, the type of injury or illness, how much time was lost, whether the case resulted in a fatality, etc. The company will:

4.2.1 Maintain a log and summary of all recordable occupational injuries and illnesses by calendar year, each year. Past logs must be maintained for 5 years, after which they may be discarded.

- Each year's form will be updated to include newly discovered cases and to reflect changes that occur in recorded cases after the end of the calendar year. If, during the 5-year retention period, there is a change in the extent or outcome of an injury or illness which affects an entry on a previous year's log, then the first entry will be lined out and a corrected entry made on that log. New entries for previously unrecorded cases that are discovered will also be documented. Log totals will also be modified to reflect these changes.

4.2.2 Enter each recordable injury and illness on the log and summary as early as practicable but no later than 7 working days after receiving information that a recordable injury or illness has occurred. For this purpose OSHA Form No. 300 or an equivalent document will be used. The log and summary will be completed in the detail provided in the form and instructions on form OSHA 300.

4.2.3 If the company elects to maintain the log of occupational injuries and illnesses at a place other than the main facility or by means of data-processing equipment, or both, it will meet the following criteria:

4.2.3.1 There will be available, at the place where the log is maintained, sufficient information to complete the log to a date within 7 working days after receiving information that a recordable case has occurred.

4.2.3.2 At each facility there will be available a copy of the log which reflects separately the injury and illness experience of that establishment complete and current to a date within 45 calendar days.

#### 4.3 Supplementary Record (OSHA 301)

In addition to the log of occupational injuries and illnesses (OSHA 300) the company will have (within 7 working days after receiving information that a recordable case has occurred) a supplementary record for each occupational injury or illness for that establishment. The record will be completed in the detail prescribed in the instructions accompanying Occupational Safety and Health Administration OSHA Form 301. Workers' Compensation, insurance, or other alternative records (provided they contain the information required by OSHA Form 301) are acceptable substitutes.

#### 4.4 Annual Summary

The company will post an annual summary of occupational injuries and illnesses for each facility under our control. This summary will consist of a copy of the year's totals from the form OSHA 300 and the following information from that 300 form:

- Calendar year covered.
- Company name and establishment address.
- Verification signature, title, and date.
- A form OSHA No. 300-A will be used in presenting the summary. If no injuries or illnesses occurred in the year, zeros will be entered on the total line, and the form posted.
- The summary will be completed by February 1 of each calendar year. Management, or the officer or employee of the employer who supervises the preparation of the log and summary of occupational injuries and illnesses, will verify that the annual summary of occupational injuries and illnesses is true and complete. The verification will be accomplished by affixing their signature, attesting that the summary is true and complete.
- The company will post a copy of the establishment's summary (OSHA Form 300A) in each facility in a place accessible to employees and in a location where employees would normally look for such information. The summary covering the previous calendar year will be posted no later than February 1 and will remain in place until April 30. For employees who do not primarily report or work at a fixed site belonging to the company, or who do not report to any fixed site on a regular basis, we will satisfy this posting requirement by presenting or mailing a copy of the summary during the month of February of the following year to each such employee who receives pay during that month.

4.5 Some employers are required to electronically submit workplace injuries and illnesses information to OSHA annually, using OSHA's website OSHA.GOV. Covered Establishments are required to include their legal company name when making electronic submissions to OSHA. The size criterion of employees is based on the total number of employees at an establishment during the previous calendar year. All individuals who are "employees" under the OSH Act are counted in the total. The count includes all full-time, part-time, temporary, and seasonal employees.

- Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records must electronically submit information from OSHA 300A — Summary of Work-Related Injuries and Illnesses.
- Establishments with 20-249 employees that are classified in certain high-risk industries must electronically submit information from OSHA 300A. The high-risk industries are listed on the Certain High-Risk Industries List.
- Establishments with 100 or more employees in certain designated industries will be newly required to electronically submit information from their OSHA Forms 300 and 301 to OSHA once a year in addition to Form 300A. These industries are listed on the Designated Industries List for 100 or More Employees.

## 5. Safety Information

- 5.1 Records Retention. Records maintained by the company will be retained for the following time periods following the end of the year to which they relate.
- 5.1.1 Log and summary of all recordable occupational injuries and illnesses (OSHA 300 and OSHA 300A or equivalent). Retained for 5 years.
  - 5.1.2 Supplementary records (OSHA 301 or equivalent) for each occupational injury or illness for this facility. Retained for 5 years.
  - 5.1.3 Employee exposure and medical records for company employees. Retained for the duration of employment plus an additional 30 years.
  - 5.1.4 Noise exposure measurement records. Retained for the duration of employment plus an additional 30 years.
  - 5.1.5 Audiometric test records. Retained for the duration of the affected employee's employment.
- 5.2 Access to Records. The company will provide, upon request, these established records, for inspection and copying by any representative of OSHA or the DOL (or state equivalent agencies) for the purpose of carrying out the provisions of the OSHA act, and for statistical compilation.
- 5.2.1 The log and summary of all recordable occupational injuries and illnesses (OSHA No. 300) will, upon request, be made available to any employee, former employee, and to their representatives for examination and copying in a reasonable manner and at reasonable times. The employee, former employee, and their representatives will have access to the log for any establishment in which the employee is or has been employed.
- 5.3 Reporting of Fatality or Work-Related inpatient hospitalization, amputation, or loss of an eye. Within 8 hours after a fatality or within 24 hours of work-related inpatient hospitalization, amputation, or loss of an eye, the company will report the accident by telephone. The report will relate the circumstances of the accident, the number of fatalities, and the extent of any injuries. It is understood that the Area OSHA Director may require such additional reports, in writing or otherwise, as he deems necessary concerning the accident. This report is to be made to the nearest office of the Occupational Safety and Health Administration. You may also use the OSHA toll free central number 1-800-321-6742. A listing of the current offices can be accessed on the OSHA website <https://www.osha.gov/>.
- 5.4 Change of Ownership. In the event a change of company ownership should occur, the company will notify the buyers of the requirement to preserve those records of the prior ownership, if any are required to be maintained.
- 5.5 Petitions for Recordkeeping Exceptions. In the event the company chooses to maintain records in a manner different from that required, the company will submit a petition containing the information specified by the Regional Commissioner of the Bureau of Labor Statistics in our region.

5.6 Employees Not In Fixed Establishments. Recording requirements for company employees engaged in physically dispersed operations (such as construction, installation, repair or service activities) who do not report to any fixed company establishment on a regular basis but are subject to common supervision will be satisfied by:

5.6.1 Maintaining the required records for each operation or group of operations which is subject to common supervision (field superintendent, field supervisor, etc.) in the main office of the company.

5.6.2 Having the address and telephone number of the main office available at each worksite.

5.6.3 Having personnel available at the main office during normal business hours to provide information from the records maintained there by telephone and by mail.

5.7 Statistical Safety Program. The company will comply with all requirements to maintain, provide, and use statistical summaries. Upon receipt of an Occupational Injury and Illnesses Survey Form, the company will promptly complete the form in accordance with the instructions contained therein, and return it in accordance with the instructions.

5.8 Recordable Classification

5.8.1 Case analysis. The following decision logic will be followed:

5.8.1.1 Determine whether a case occurred (death, injury, illness).

5.8.1.2 Establish that the case was work related.

- Case resulting from an event or exposure in the work environment. In addition to the physical location, equipment or materials used in the course of an employee's work are also considered part of the employee's work environment.
- Case resulting from an event or exposure in other locations where employees are engaged in work-related activities or are present as a condition of their employment.

5.8.1.3 Establishing that the case was not work related.

- The case will be considered not work related when an employee is off duty on our premises as a member of the general public and not as an employee.
- The case will be considered not work related when an employee has symptoms that merely surface on company premises, but are the result of a non-work related event or exposure off the premises.

- 5.8.1.4 Determining if the case is an illness or injury.
- Illness cases. Illnesses usually result from long-term exposures or cases where the illness does not develop as the result of an instantaneous event. This concept of illness includes acute illnesses which result from exposures of relatively short duration.
  - Injury cases. Injuries are only required to be recorded when they require medical attention (other than first aid). Injuries are usually caused by instantaneous events in the work environment. Cases resulting from anything other than instantaneous events are considered illnesses.
  - Recordable case. If the case is an injury, decide if it is recordable. The following criteria will be used as a basis for recordability. The case will be recorded if the employee has:
    - A work-related injury.
    - Medical treatment other than first aid.
    - Has a loss of consciousness.
    - Experiences restriction of work or motion.
    - Been transferred to another job.

5.8.1.5 Illness case. Generally, occupationally induced illness should be recorded as a separate entry on the OSHA 300 (or equivalent) log. However, certain illnesses, such as silicosis, may have prolonged effects which recur over time. The recurrence of these symptoms will not be recorded as new cases on the OSHA forms. The recurrence of symptoms of previous illness may require adjustments of entries on the log for previously recorded illnesses to reflect possible change in the extent or outcome of the particular case. Where it is unclear where an entry should be made, contact the company Safety Officer or the local OSHA office to obtain advice for proper annotation.

5.8.2 Categories for Evaluating the Extent of Recordable cases. Once the company decides that a recordable injury or illness has occurred, the case must be evaluated to determine its extent or outcome. There are three categories that OSHA recognizes as recordable cases. Every recordable case will be placed in only one of the following categories:

5.8.2.1 Fatalities. All work fatalities must be recorded, regardless of the time between the injury and the death, or the length of the illness.

5.8.2.2 Lost Workday cases. Lost workday cases will be determined to have occurred when the injured or ill employee experiences either days away from work, days of restricted work activity, or both, for days after the date of the incident. Record the actual number of

days away or of restricted work after the date of injury. Note that if a physician requires a set number of days for the employee to be out of work, that number of days must be recorded on the log, even if the employee returns to work earlier than recommended by the physician. Include any weekends (or normally scheduled days off) in the count, if the employee was scheduled to work the next business day and does not report to work. No more than 180 days should be logged, regardless if the employee loses additional time.

- 5.8.2.3 Cases not resulting in death or lost workdays. These cases consist of the relatively less serious injuries and illnesses which satisfy the criteria for recordability, but which do not result in death or require the affected employee to have days away from work or days of restricted work activity beyond the date of injury or onset of illness.

## 6. Training and Information

None at this time.

## 7. Definitions.

- *DOL* – U.S. Department of Labor
- *Fatality* – an incident that results in death
- *Hospitalization* – admittance to a hospital or similar facility where employees are provided with medical care and treatment. Emergency room visits are not considered hospitalization
- *Incident* – an unintended event in the workplace
- *Injury* – an incident that results in a detrimental physical effect to an employee
- *Illness* – an incident that results in an acute or chronic health effect to an employee
- *Near-miss Incident* – an incident that could have resulted in an injury, illness or fatality, but did not
- *OSHA* – U.S. Occupational Safety and Health Administration
- *Property Damage* – an incident that results in damage to buildings, structures, equipment, tools or other tangible assets of the company

## Certain High-Risk Industries List

The following industries with 20 to 249 employees must submit injury and illness summary (Form 300A) data to OSHA electronically.

NAICS	INDUSTRY	NAICS	INDUSTRY
11	Agriculture, forestry, fishing and hunting	5152	Cable and other subscription programming
22	Utilities	5311	Lessors of real estate
23	Construction	5321	Automotive equipment rental and leasing
31-33	Manufacturing	5322	Consumer goods rental
42	Wholesale trade	5323	General rental centers
4413	Automotive parts, accessories, and tire stores	5617	Services to buildings and dwellings
4421	Furniture stores	5621	Waste collection
4422	Home furnishings stores	5622	Waste treatment and disposal
4441	Building material and supplies dealers	5629	Remediation and other waste management services
4442	Lawn and garden equipment and supplies stores	6219	Other ambulatory health care services
4451	Grocery stores	6221	General medical and surgical hospitals
4452	Specialty food stores	6222	Psychiatric and substance abuse hospitals
4521	Department stores	6223	Specialty (except psychiatric and substance abuse) hospitals
4529	Other general merchandise stores	6231	Nursing care facilities
4533	Used merchandise stores	6232	Residential mental retardation, mental health and substance abuse facilities
4542	Vending machine operators	6233	Community care facilities for the elderly
4543	Direct selling establishments	6239	Other residential care facilities
4811	Scheduled air transportation	6242	Community food and housing, and emergency and other relief services
4841	General freight trucking	6243	Vocational rehabilitation services
4842	Specialized freight trucking	7111	Performing arts companies
4851	Urban transit systems	7112	Spectator sports
4852	Interurban and rural bus transportation	7121	Museums, historical sites, and similar institutions
4853	Taxi and limousine service	7131	Amusement parks and arcades
4854	School and employee bus transportation	7132	Gambling industries
4855	Charter bus industry	7211	Traveler accommodation
4859	Other transit and ground passenger transportation	7212	RV (recreational vehicle) parks and recreational camps
4871	Scenic and sightseeing transportation, land	7213	Rooming and boarding houses
4881	Support activities for air transportation	7223	Special food services
4882	Support activities for rail transportation	8113	Commercial and industrial machinery and equipment (except automotive and electronic) repair and maintenance
4883	Support activities for water transportation	8123	Dry-cleaning and laundry services
4884	Support activities for road transportation		
4889	Other support activities for transportation		
4911	Postal service		
4921	Couriers and express delivery services		
4922	Local messengers and local delivery		
4931	Warehousing and storage		

## Designated Industries List for 100 or More Employees

Establishments with 100 or more employees in certain designated industries (listed in new appendix B to subpart E) will be newly required to electronically submit information from their OSHA Forms 300 and 301 to OSHA once a year in addition to Form 300A. [Designated Industries List for 100 or More Employees](#)

NAICS	INDUSTRY	NAICS	INDUSTRY
1111	Oilseed and Grain Farming	3212	Veneer, Plywood, and Engineered Wood Product Manufacturing
1112	Vegetable and Melon Farming	3219	Other Wood Product Manufacturing
1113	Fruit and Tree Nut Farming	3261	Plastics Product Manufacturing
1114	Greenhouse, Nursery, and Floriculture Production	3262	Rubber Product Manufacturing
1119	Other Crop Farming	3271	Clay Product and Refractory Manufacturing
1121	Cattle Ranching and Farming	3272	Glass and Glass Product Manufacturing
1122	Hog and Pig Farming	3273	Cement and Concreate Product Manufacturing
1123	Poultry and Egg Production	3279	Other Nonmetallic Mineral Product Manufacturing
1129	Other Animal Production	3312	Steel Product Manufacturing from Purchased Steel
1133	Logging	3314	Nonferrous Metal (except Aluminum) Production and Processing
1141	Fishing	3315	Foundries
1142	Hunting and Trapping	3321	Forging and Stamping
1151	Support Activities for Crop Production	3323	Architectural and Structural Metals Manufacturing
1152	Support Activities for Animal Production	3324	Boiler, Tank, and Shipping Container Manufacturing
1153	Support Activities for Forestry	3325	Hardware Manufacturing
2213	Water, Sewage and Other Systems	3326	Spring and Wire Product Manufacturing
2381	Foundation, Structure, and Building Exterior Contractors	3327	Machine Shops; Turned Product; and Screw, Nut, and Bolt Manufacturing
3111	Animal Food Manufacturing	3328	Coating, Engraving, Heat Treating, and Allied Activities
3113	Sugar and Confectionery Product Manufacturing	3331	Agriculture, Construction, and Mining Machinery Manufacturing
3114	Fruit and Vegetable Preserving and Specialty Food Manufacturing	3335	Metalworking Machinery Manufacturing
3115	Dairy Product Manufacturing	3361	Motor Vehicle Manufacturing
3116	Animal Slaughtering and Processing	3362	Motor Vehicle Body and Trailer Manufacturing
3117	Seafood Product Preparation and Packaging	3363	Motor Vehicle Parts Manufacturing
3118	Bakeries and Tortilla Manufacturing	3366	Ship and Boat Building
3119	Other Food Manufacturing	3371	Household and Institutional Furniture and Kitchen Cabinet Manufacturing
3121	Beverage Manufacturing	3372	Office Furniture (including Fixtures) Manufacturing
3161	Leather and Hide Tanning and Finishing	3379	Other Furniture Related Product Manufacturing
3162	Footwear Manufacturing	4231	Motor Vehicle and Motor Vehicle parts and Supplies Merchant Wholesalers
3211	Sawmills and Wood Preservation	4233	Lumber and Other Construction Materials Merchant Wholesalers

4235	Metal and Mineral (except Petroleum) Merchant Wholesalers	6223	Specialty (except Psychiatric and Substance Abuse) Hospitals
4239	Miscellaneous Durable Goods Merchant Wholesalers	6231	Nursing Care Facilities (Skilled Nursing Facilities)
4244	Grocery and Related Product Merchant Wholesalers	6232	Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities
4248	Beer, Wine, and Distilled Alcoholic Beverage Merchant Wholesalers	6233	Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly
4413	Automotive Parts, Accessories, and Tire Stores	6239	Other Residential Care Facilities
4422	Home Furnishings Stores	6243	Vocational Rehabilitation Services
4441	Building Material and Supplies Dealers	7111	Performing Arts Companies
4442	Lawn and Garden Equipment and Supplies Stores	7112	Spectator Sports
4451	Grocery Stores	7131	Amusement Parks and Arcades
4522	Department Stores	7211	Traveler Accommodation
4523	General Merchandise Stores, Including Warehouse Clubs and Supercenters	7212	RV (Recreational vehicle) Parks and Recreational Camps
4533	Used Merchandise Stores	7223	Special Food Services
4543	Direct Selling Establishments		
4811	Scheduled Air Transportation		
4841	General Freight Trucking		
4842	Specialized Freight Trucking		
4851	Urban Transit Systems		
4852	Interurban and Rural Bus Transportation		
4853	Taxi and Limousine Service		
4854	School and Employee Bus Transportation		
4859	Other Transit and Ground Passenger Transportation		
4871	Scenic and Sightseeing Transportation, Land		
4881	Support Activities for Air Transportation		
4883	Support Activities for Water Transportation		
4889	Other Support Activities for Transportation		
4911	Postal Service		
4921	Couriers and Express Delivery Services		
4931	Warehousing and Storage		
5322	Consumer Goods Rental		
5621	Waste Collection		
5622	Waste Treatment and Disposal		
6219	Other Ambulatory Health Care Services		
6221	General Medical and Surgical Hospitals		
6222	Psychiatric and Substance Abuse Hospitals		

# OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Identify the person				Describe the case		Classify the case				Enter the number of days the injured or ill worker was:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
<b>Page totals</b>																	

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury (1)  
 Skin Disorder (2)  
 Respiratory Condition (3)  
 Poisoning (4)  
 Hearing Loss (5)  
 All other illnesses (6)

# OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

### Injury and Illness Types

Total number of... (M)	
(1) Injury _____	(4) Poisoning _____
(2) Skin Disorder _____	(5) Hearing Loss _____
(3) Respiratory Condition _____	(6) All Other Illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

**Establishment information**

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Industry description (e.g., Manufacture of motor truck trailers)  
 \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
 \_\_\_\_\_

OR North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

**Employment information**

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

**Sign here**

**Knowingly falsifying this document may result in a fine.**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

\_\_\_\_\_  
 Company executive

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Date

# OSHA's Form 301 Injuries and Illnesses Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____

## Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5)  Male  
 Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
 Yes  
 No
- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

## Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM  Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.





**CALIFORNIA  
OSHA RECORDKEEPING  
Additional Requirements**

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**REPORTING WORK RELATED FATALITIES, SERIOUS INJURIES, ILLNESSES OR EXPOSURES – 8 CCR 342, 8 CCR 330(h)**

- All fatal and serious injuries must be reported within 8 hours.
- Failure to do so will result in automatic \$5,000 fine.
- A “Serious Exposure” means any exposure of an employee to a hazardous substance when the exposure occurs as a result of an incident, accident, emergency, or exposure over time and is in a degree or amount sufficient to create a realistic possibility that death or serious physical harm in the future could result from the actual hazard created by the exposure.
- Serious injury or illness is when:
  - An employee suffers an amputation or the loss of an eye.
  - An employee suffers any serious degree of permanent disfigurement.
  - An employee receives any inpatient hospitalization for other than medical observation or diagnostic testing.
  - It does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurs in a construction zone.

**PARTIAL EXEMPTION FOR ESTABLISHMENTS IN CERTAIN INDUSTRIES – 14300.2**

- Establishments in NAICS Code 5121, Motion Picture and Video Industries are required to record. Federal law does not require these establishments to record.





## PROGRAM OVERVIEW

# PORTABLE LADDER SAFETY PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1910.23](#), [1910.30](#)

OSHA 29 CFR [1926 Subpart X](#), [1926.1050](#), [1926.1051](#), [1926.1053](#),  
[1926.1060](#), [1926 Subpart X App A](#)

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**INTRODUCTION:** Details minimum requirements for the construction, care, and use of the common types of portable ladders ensuring safe use under normal conditions. The program has provisions for step, extension, and rung ladders.

### **TRAINING:**

Employers must train all employees to recognize hazards of ladder use, the inspection of ladders and in the limitations of ladders to minimize the risk exposure.

### **ACTIVITIES:**

- Ensure the appropriate type of ladder is selected based on the nature of the project
- Ensure employees are trained to inspect ladders for defects and in the safe use of ladders
- Ensure ladder inspections are performed
- Ensure ladders are properly repaired and maintained in accordance with regulatory standards or are properly disposed of when they are found to be defective (and or are removed from service)
- Ladders will be selected based on the type of work anticipated to be performed, and in accordance with applicable OSHA regulatory standards

### **FORMS:**

- Ladder Safety Checklist
- Training attendance roster

## Table of Contents

1. Purpose
2. Scope
3. Responsibilities
4. Procedure
5. Safety Information
6. Training and Information
7. Definitions

## Portable Ladder Safety Program

1. **Purpose.** Effective implementation for the safe use of ladders. This safety program is designed to establish safe use and handling requirements and will be communicated to all required personnel.
  - 1.1 When changes occur to the governing regulatory standards
  - 1.2 When facility operational changes occur that require a revision of this document
2. **Scope.** This program applies to the total workplace, regardless of the number of workers, work shifts or numbers and types of ladders used.
3. **Responsibilities.**
  - 3.1 Management and Supervisors:
    - 3.1.1 Procure the appropriate type of portable ladders
    - 3.1.2 Ensure employees are trained (as needed or required) in the inspection techniques used to inspect ladders and in the safe use of ladders (proper pitch, angle and hazard awareness)
    - 3.1.3 Ensure ladder inspections are performed (pre-use and periodic inspection)
    - 3.1.4 Ensure ladders are properly repaired in accordance with regulatory standards or properly disposed of when they are found to be defective or are removed from service
  - 3.2 Employees:
    - 3.2.1 Inspect ladders daily or before each use if ladders are not used daily
    - 3.2.2 Do not use ladders that have not passed inspection
    - 3.2.3 Notify management or supervisors if ladders are found to be defective and promptly tag them with a do not use sign and remove them from service
  - 3.3 Competent Person:
    - 3.3.1 Train employees in ladder inspection techniques
    - 3.3.2 Provide recommendations for procurement, repair and disposal of ladders.

## 4. Procedure.

### 4.1 General Requirements.

- 4.1.1 A stairway or ladder must be provided at all personnel points of access where there is a break in elevation of 19 inches (48 cm) or more, and no ramp, runway, sloped embankment, or personnel hoist is provided.
- 4.1.2 A uniform step spacing must be employed which must be not more than 12 inches. Steps must be parallel and level when the ladder is in position for use.
- 4.1.3 Rungs and steps shall be corrugated, knurled, dimpled, coated with skid-resistant material, or otherwise treated to minimize the possibility of slipping.
- 4.1.4 Rungs should be kept free of grease and oil.
- 4.1.5 Ladders will be maintained in good condition at all times, the joint between the steps and side rails will be tight, all hardware and fittings securely attached, and the movable parts will operate freely without binding or undue play.
- 4.1.6 Ladders will not be placed in front of doors opening toward the ladder unless the door is blocked, locked, or guarded.
- 4.1.7 Ladders will not be placed on boxes, barrels, or other unstable bases to obtain additional height.
- 4.1.8 Ladders with broken or missing steps, rungs, or cleats, broken side rails, or other faulty equipment will not be used, ladders having any of these conditions present will be destroyed and disposed of. Improvised repairs will not be made.
- 4.1.9 Short ladders will not be spliced together to provide long sections.
- 4.1.10 Ladders made by fastening cleats across a single rail will not be used.
- 4.1.11 Ladders will not be used as guys, braces, or skids, or for other than their intended purposes.

### 4.2 Step Ladders.

- 4.2.1 Tops of ordinary stepladders will not be used as steps.
- 4.2.2 The bracing on the back legs of step ladders is designed solely for increasing stability and not for climbing.
- 4.2.3 The metal spreader or locking device of sufficient size and strength to securely hold the front and back sections in open positions must be properly maintained for each stepladder. The spreader must have all sharp points covered or removed to protect the user.
- 4.2.4 Stepladders longer than 20 feet will not be used.

4.2.5 Stepladders of one of the following types specified will be used:

- Type I--Industrial stepladder, 3 to 20 feet for heavy duty, such as utilities, contractors, and industrial use.
- Type II--Commercial stepladder, 3 to 12 feet for medium duty, such as painters, offices, and light industrial use.

4.2.6 The minimum width between side rails at the top, inside to inside, must be not less than 11 1/2 inches. From top to bottom, the side rails must spread at least 1 inch for each foot of length of stepladder.

4.2.7 Painter's stepladders longer than 12 feet will not be used.

4.3 Extension/Rung Ladders.

4.3.1 Metal bearings of locks, wheels, pulleys, etc., will be frequently lubricated.

4.3.2 Frayed or badly worn rope will be replaced.

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

4.3.4 Equipped with non-slip bases when there is a hazard of slipping. Non-slip bases are not intended as a substitute for care in safely placing, lashing, or holding a ladder that is being used upon oily, metal, concrete, or slippery surfaces.

4.3.5 The length of single ladders or individual sections of ladders must not exceed 30 feet.

4.3.6 Two-section ladders shall not exceed 48 feet in length and over two-section ladders must not exceed 60 feet in length.

4.3.7 Trestle ladders, or extension sections or base sections of extension trestle ladders longer than 20 feet will not be used.

4.3.8 Ladders will be so placed that the side rails have a secure footing, unless equipped with a single support attachment. The top rest for portable rung and cleat ladders will be reasonably rigid and will have ample strength to support the applied load.

4.3.9 No ladder should be used to gain access to a roof or elevated work area unless the top of the ladder is extended at least 3 feet above the point of support.

4.3.10 Rung and cleat ladders will, where possible, be used at such a pitch that the horizontal distance from the top support to the foot of the ladder is one-quarter of the working length of the ladder (the length along the ladder between the foot and the top support). The ladder will be so placed as to prevent slipping,

or it will be lashed, or held in position. Ladders will not be used in a horizontal position as platforms, runways, or scaffolds.

- 4.3.11 On two-section extension ladders the minimum overlap for the two sections in use will be as follows:

Size of Ladder (in Feet)	Overlap (in Feet)
Up to and including 36	3
Over 36 up to and including 48	4
Over 48 up to and including 60	5

- 4.3.12 Ladders with reinforced rails will only be used with the metal reinforcement on the underside.

- 4.3.13 Mason's ladder. A mason's ladder is defined as a special type of single ladder intended for use in heavy construction work. Mason's ladders longer than 40 feet will not be used.

## 5. Safety Information.

- 5.1 Ladders will be inspected frequently and those which have developed defects will be taken out of service until repaired by either maintenance department or the manufacturer.
- 5.2 If a ladder is involved in any of the following, immediate inspection is necessary:
- 5.2.1 If ladders tip over, inspect ladder for side rails dents or bends, or excessively dented rungs; check all rung-to-side-rail connections; check hardware connections; check rivets for shear.
- 5.2.2 If ladders are exposed to oil and grease, equipment should be cleaned of oil, grease, or slippery materials.
- 5.3 Portable ladders are designed as a one-man working ladder based on a 200-pound load.
- 5.4 When ascending or descending, the climber must face the ladder.
- 5.5 Ladders should not be used as a brace, skid, guy or gin pole, gangway, or for other uses than that for which they were intended, unless specifically recommended for use by the manufacturer.
- 5.6 Metal ladders will not be used when work is performed on or near electric circuits.
- 5.7 Procurement and Disposal of Ladders. All procurement and disposal of ladders will be performed through or with the knowledge of the competent person or other designated person. Ladders will be destroyed beyond use prior to disposal to prevent further use by anyone. Procurement of ladders will be accomplished based on the type of work anticipated to be performed and in accordance with this safety program and applicable OSHA regulatory standards.

## 6. Training and Information.

- 6.1 Employees will be trained, as needed or required, in the inspection techniques related to daily or pre-use ladder inspections.
- 6.2 Employees will be trained in the safe use requirements of ladders (pitch, angle, etc.) and in their limitations of use (not near electrical current, not placed on top of other materials to increase height, etc.).

## 7. Definitions.

- *Competent Person* - is knowledgeable of applicable standards, is capable of identifying workplace hazards relating to the specific operation, and has the authority to correct them.

# Ladder Safety Checklist

Date of Inspection:	Name of Inspector:	Ladder Number:
Type of Ladder:           ( ) Extension ( ) Step		
Construction of Ladder:   ( ) Wood ( ) Metal ( ) Fiberglass		
General	Compliant?	Needs Repair
All labels/markings/weight limits on the ladder are in place and legible.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
There are no lose or missing steps or rungs (loose if can be moved by hand).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
There are no loose nails, screws, bolts, or other fasteners.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
The ladder is not cracked, splintered, split, or broken uprights, braces, steps, or rungs.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
The ladder is free from grease, oil, or slippery materials.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
The joints between rungs and side rails are tight (loose if can be moved by hand).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
The ladder rungs/steps are tight and corrugated or knurled on metal ladders.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
All movable parts operate freely.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
The non-slip bases are not damaged or worn.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Rails are free from cracks/splitting	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hinge spreaders are not loose or bent allowing ladder to wobble.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
The hinge spreaders are not broken and do not have sharp or loose edges.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
There are no loose, broken, or missing extension locks.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
There are no defective locks that do not seat properly when ladder is extended.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ladder ropes are not frayed, worn or missing.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Single section ladders do not exceed 30 feet in length	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Two-section extension ladders do not exceed 48 feet in length for metal ladders and 60 feet in length for wood ladders.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ladders with more than two sections do not exceed 60 feet in length.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Comments		



**CALIFORNIA  
PORTABLE LADDERS  
Additional Requirements**

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**PORTABLE LADDERS – 8 CCR 3276**

- All ladders must be inspected at least 13 times a year.





## PROGRAM OVERVIEW

# **RETURN TO WORK PROGRAM**

REGULATORY STANDARD: *Best Practices Guidelines*

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**INTRODUCTION:** Return to Work programs are used to control injury related expenses and to assist injured workers in returning to work as quickly as possible. Return to Work can also assist in speeding the recovery time of the injured worker by increasing their self-esteem, as well as reducing the negative financial impacts on the worker due to lost time. In providing modified work to an injured employee, employers can exercise control over the cost of a claim by reducing indemnity payments while receiving productive work from the employee.

### **TRAINING:**

- All employees will be informed of the company policy and procedures to follow when returning an employee to work with work-related injuries.
- On the-job-training, dependent upon job responsibilities and abilities as needed.

### **ACTIVITIES:**

- Evaluate and document opportunities for modified duty activities that may be used when an injured employee is recovering from a work-related injury.
- Evaluate employee's restrictions to determine modified work activities.
- Monitor employee progress until released to full duty.

### **FORMS:**

- Letter to Treating Physician at Time of Injury
- Physical Demands Analysis
- Full Duty Return-to-Work Agreement
- Temporary Light Duty Return-to-Work Agreement
- Training Attendance Roster

### Table of Contents

1. Purpose
2. Scope
3. Responsibilities
4. Procedure
5. Safety Information
6. Training Information & Requirements
7. Definitions

## **Return to Work (RTW) Program**

**1. Purpose.** This program addresses the importance of and procedures for an employee with a work-related injury to return to work as quickly as possible.

**2. Scope.** This program applies to all employees of the company.

**3. Responsibilities.**

3.1 Management/Supervisors will:

3.1.1 Designate and train an internal claims coordinator

3.1.2 Arrange for first aid and prompt medical attention by directing the employee to the appropriate initial medical provider upon injury or incident.

3.1.3 Initiate the claims process.

3.1.4 Initiate and enforce the RTW Program.

3.1.5 Upon receipt from the medical provider of documentation establishing the employees' physical and work related restrictions, offer appropriate modified duty work assignment by way of a job offer.

3.1.6 Monitor the progress of the injured employee and enforce the injured worker's restrictions during their recovery period and transition to full regular duty.

3.2 Employees will:

3.2.1 Immediately report all work related injuries to their supervisors.

3.2.2 Return any documentation provided by the treating physician addressing any changes in restrictions to your supervisor after each visit to a medical or physical rehabilitation service provider.

3.2.3 Be available for any modified job activities as defined by the treating physician and approved by your supervisor.

3.2.4 Maintain open communication with your supervisor regarding your progress towards full recovery.

3.2.5 Comply with work restrictions during recovery process.

3.2.6 Be responsible to appear for all medical and physical therapy appointments.

3.3 Internal Claim Coordinator:

3.3.1 Work with immediate supervisors to identify modified duty activities within the restrictions identified by the physician

- 3.3.2 Maintain communications with the injured employee, company management, the medical provider and the workers compensation insurance company's claim case manager/adjuster.

#### **4. Procedure.**

##### 4.1 Procedure before an injury occurs.

- 4.1.1 Management designates and trains an internal claim coordinator.
- 4.1.2 Evaluate and document opportunities for transitional, modified, light and alternative duty activities that may be used when an injured employee is recovering from a work-related injury. This can be done by identifying job tasks that are available within your current work environment.

##### 4.2 Procedure when an injury occurs.

- 4.2.1 Arrange for prompt medical attention to treat the employee for emergency and ongoing medical care.
- 4.2.2 Follow your established claim reporting procedures to report the injury.
- 4.2.3 Immediately, or as soon as possible, provide the injured employee information to present to the treating provider regarding modified duty availability through "Physical Demand Analysis form"
- 4.2.4 A Physical Demand Analysis form should also be attached with the "Letter to Treating Physician" to use to report a full return to work or any modified duty restrictions. Request that the medical service provider complete the form.
- 4.2.5 These two forms can be delivered to the medical provider by the injured employee upon initial treatment or faxed by you to the provider.
- 4.2.6 After each physician visit, request that the employee return the Physical Demand Analysis form addressing any changes in restrictions
- 4.2.7 Upon the employee's return, review with the employee and immediate supervisor the modified assignments that accommodate the restrictions identified by the treating physician.
- 4.2.8 It is the employee's responsibility to keep the insurance company and employer notified of any changes in address while unable to work due to temporary total disability or lack of modified work available.
- 4.2.9 Maintain open communication with the insurance company, the claim manager to ensure a successful RTW program. Inform the claim manager immediately:
- Any changes in restrictions from the medical provider.

- If the employee refuses or does not report to work while in the RTW program.

4.3 Records and Documentation: The employer will maintain a confidential file to include all documents relating to each workers' compensation claim involving RTW activities. The employer will share this file only with appropriate and approved sources as directed any legal restrictions and the Workers' Compensation Protocol. Files include, but are not limited to:

4.3.1 Letter to Physician at Time of Injury

4.3.2 Physical restriction documents from physician

4.3.3 Return to work communications

4.3.4 Insurance company communications

4.3.5 Attorney letters

4.3.6 First Report of Injury

4.3.7 Employer notes and records

4.3.8 Work history

## 5. Safety Information.

Not Applicable

## 6. Training and Information.

6.1 On the-job-training, dependent upon job responsibilities as needed

6.2 All employees will be informed of the company policy and procedures to follow when returning an employee to work with work-related injuries.

6.3 All employees will participate in the training and education, as needed or required. This training will be reinforced during implementation of the RTW program.

## 7. Definitions.

- *Letter to Treating Physician at Time of Injury:* A document that serves as a request and authorization for the rendering of initial treatment to an injured employee.
- *Lost Time:* Any amount of time away from scheduled work activities due to the work-related injury.
- *Physical Demand Analysis:* A comprehensive report from the treating physician identifying all life, physical and work restrictions or modification necessary to ensure

the continuing healing of the individual while allowing for the individual to engage in appropriate work activities.

- *Please be aware that several variations in the definitions of alternate, light, modified and transitional duty can be found.*
  - ✓ *Alternate or Transitional Duty:* A situation where temporary medical restrictions preclude return to duty in the employee's previous position, and a temporary assignment to an alternate position is offered within the home department or a hosting department.
  - ✓ *Light or modified Duty:* A situation where an employee returns from a work-related injury to modified or restricted duties in the previously held position. These modifications may also include physical limitations, reassignment of work duties or limited amount of time available to work.

## Letter to Physician at Time of Injury

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

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

To the treating physician:

Our employee is presenting himself/herself to you for medical treatment under the Workers' Compensation protocol for a work-related injury.

Our company offers modified duty for all employees injured on the job. This employee has been instructed to return to work immediately after receiving treatment if medically able. Please complete the attached form identifying any life, physical or work restrictions that we can accommodate to promote the healing process and allow the employee to continue being productive in their work responsibilities:

The reporting and billing information for our workers' compensation insurance company is listed below for your convenience.

Thank you,

Company Name

**Physical Demand Analysis  
Return to Work Capabilities Form  
ATTN: TREATING PHYSICIAN/CARE PROVIDER**

*Please indicate the patient's ability and capacity to safely return to work at present time.*

<b>EMPLOYEE</b>		<b>JOB TITLE/DEPT</b>	
<b>EMPLOYER</b>		<b>DATE OF INJURY</b>	

**How often in the workday can the employee lift/carry, push/pull:**

WEIGHTS (lbs)	NEVER	OCCASIONALLY (0-33%,1-3 hrs)	FREQUENTLY (34-66%,4-6 hrs)	CONSTANTLY (67-100%,6-8 hrs)	COMMENTS
1-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
>100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**How often in the workday can the employee perform the following tasks:**

Tasks	NEVER	OCCASIONALLY (0-33%,1-3 hrs)	FREQUENTLY (34-66%,4-6 hrs)	CONSTANTLY (67-100%,6-8 hrs)
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Conditions:	COMMENTS		
Temperature Extremes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Noise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Inhalants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

\_\_\_\_\_  
**Name of Treatment Provider**

\_\_\_\_\_  
**Title**

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

\_\_\_\_\_  
**Signature**



# Temporary Light Duty Return-To-Work Agreement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (City, State, Zip)

Email (if possible)  Sent: US Mail  US Mail Certified/Return Receipt

\_\_\_\_\_ (Date)

Dear \_\_\_\_\_ (Claimant Name)

\_\_\_\_\_ (Employer) is in receipt of a report from your treating physician \_\_\_\_\_ (Medical Facility or Dr. Name) relating to your current medical condition and your ability to work. \_\_\_\_\_ (Employer) has used guidelines provided by the physician to identify an appropriate modified position for you. \_\_\_\_\_ (Employer) hereby extends to you the following temporary modified duty offer:

1. **Date you are expected to return to work:** \_\_\_\_\_
2. **Location/Department of position offered:** \_\_\_\_\_
3. **Title of position Offered:** \_\_\_\_\_
4. **Hours of duty:** \_\_\_\_\_
5. **Supervisor:** \_\_\_\_\_
6. **Current work restrictions:** \_\_\_\_\_
7. **Job description/duties:** \_\_\_\_\_

Employee/Employer agrees to the following additional conditions:

- Temporary light duty assignments may be terminated when the authorized treating physician: (a) determines that employee has reached maximum medical improvement; (b) determines that there is a change in the employee's work restrictions; (c) determines that employee may return to regular unrestricted duty, whichever occurs first.
- Employee agrees to return to work at the position described above with the understanding that employee is not to exceed any current work restrictions outlined above.
- Employee will attend all scheduled doctor appointments and will immediately inform supervisor(s) and human resources of any change in current work restrictions, as determined by the authorized treating physician.
- If employee is instructed to perform work activities that would require him/her to exceed current work restrictions, employee will immediately inform that person(s) the work exceeds their restrictions, and they are unable to perform the work.
- Employee agrees to immediately report to the supervisor(s) and/or human resources any and all persons who have knowingly and willingly requested employee to perform work activities that would exceed the current work restrictions.
- Employer will abide by the physical limitations as outlined by the physician. Employee will only be assigned tasks consistent with their physical abilities, knowledge, and skills. Employer will provide training, if necessary.
- Employee also understands that this duty assignment is temporary.

ACCEPT  DECLINE

Please contact (Employer Rep Name), at \_\_\_\_\_ to acknowledge receipt. We look forward to your return.

\_\_\_\_\_  
Employee Signature Date Employer Signature Date

Best Regards,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Name of Employer Rep Making Offer)  
\_\_\_\_\_ (Title of Employer Rep Making Offer)  
\_\_\_\_\_ (Contact number)

*For workers compensation cases*  
CC: Adjuster



**Safe Driving and  
Vehicle/Fleet**

## PROGRAM OVERVIEW

# SAFE DRIVING AND VEHICLE/FLEET SAFETY PROGRAM

REGULATORY STANDARD: [1903. \(General Duty Clause\)](#)

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**INTRODUCTION:** Company owned or leased vehicles must be maintained in proper condition, and drivers appropriately licensed to operate the type of vehicle. This program outlines the basic inspection techniques for using a company owned or leased vehicle. This program also outlines the basic safety requirements for operating both company owned and leased vehicles and for personal vehicles used for company business purposes.

### **TRAINING:**

- Appropriate driver's licenses for the type of vehicle are required.
- Basic driver safety is recommended for employees who use vehicles for company business.

### **ACTIVITIES:**

- Inspect vehicles prior to operation

### **FORMS:**

- Motor Vehicle Report (MVR) Policy
- Distracted Driving Policy
- Safe Driving Vehicle Inspection
- Training Attendance Roster

### **Table of Contents**

- 1. Purpose**
- 2. Scope**
- 3. Responsibilities**
- 4. Procedure**
- 5. Safety Information**
- 6. Training and Information**
- 7. Definitions**

## Safe Driving and Fleet and Vehicle Management Safety Program

1. **Purpose.** This program outlines the recommendations for managing and inspecting automobiles and trucks used by company employees for business reasons.
2. **Scope.** This program applies to vehicles owned or leased by the company and to employee owned vehicles used for company business.

### 3. Responsibilities.

#### 3.1 Management:

3.1.1 Ensure drivers are licensed and certified for the type of vehicle driven, without restrictions on their licenses.

3.1.1.1 Where MVR reports are required annually or for pre-employment, ensure an adequate process to obtain and confidentially maintain this information is in place. Inform employees of company's motor vehicle report policy.

3.1.2 Ensure any vehicles are properly inspected, registered and maintained.

3.1.3 Ensure seat belts, safety chains for snow and other equipment is available and functional, as needed or required.

3.1.4 Ensure vehicle insurance is in place for any owned or leased vehicles.

3.1.5 Revoke the driving privileges for employees driving company owned or leased vehicles where the driving record or ability of the employee may be in question.

#### 3.2 Employees or Drivers:

3.2.1 Ensure your driver's license is current

3.2.2 Ensure your driver's license is the appropriate type for the vehicle being used.

3.2.3 Inspect vehicles before driving.

3.2.4 Ensure you are capable of driving safely (physical, emotional and mental health)

#### 3.3 Safety Officer:

3.3.1 Assist in the development and implementation of the written program, as needed.

## 4. Procedure.

### 4.1 General Requirements:

- 4.1.1 Only authorized personnel may drive company vehicles.
- 4.1.2 Driving while under the influence of alcohol, inhalants or illegal drugs, or after taking any medications that may impair your driving ability is prohibited.
- 4.1.3 Drivers must obey all traffic signals and devices, and obey traffic laws at all times.
- 4.1.4 Seatbelts must be worn at all times while the vehicle is in motion.
- 4.1.5 Only company authorized persons may ride as a passenger in a company owned or leased vehicle, based on company policy.
- 4.1.6 Drivers may only use “hands-free” style phone systems when the vehicle is in motion, based on state requirements and company’s distracted driving policy.

### 4.2 Break Downs Involving Company Vehicles:

- 4.2.1 Drivers must notify the company as soon as possible after any accident or incident with a company vehicle, regardless of how minor the incident may have been.
- 4.2.2 Contact your supervisor or manager immediately for assistance obtaining towing or repair.
- 4.2.3 If the company subscribes to a vehicle service agency (like AAA or other road-service provider), follow the established procedure for contacting that agency.

### 4.3 Vehicular Accidents. In the event of an accident, remain calm. Our first priority is the health and safety of our employees. Employees involved in a work-related vehicular accident must:

- 4.3.1.1 Contact the appropriate local law enforcement agency. Even if the incident is minor, a police report is required for all vehicular accidents involving a company owned vehicle or for those occurring while the employee is performing company business.
- 4.3.1.2 Notify company management or Supervisors as soon as possible.
- 4.3.1.3 If possible, leave vehicles in their positions until the police arrive.
- 4.3.1.4 Do not discuss the accident with others involved. Share your observations only with the police.

4.3.1.5 Exchange, if possible, the following information with all other drivers involved:

- The driver's name
- The names of all other passengers (per involved vehicle)
- The driver's/auto insurance information
- The other vehicle information: make, model, year, color, and license plate number
- The name of the driver's employer if the driver was traveling for business

4.3.1.6 If property damage occurred to a vehicle of an unknown owner (e.g. a parked car) or other property (e.g. a fence), do NOT leave the scene until a full police report is completed.

## **5. Safety Information.**

### 5.1 Notification of Driver Suspension, Accidents or similar issues

5.1.1 Employees must notify their supervisor or manager within 24 hours of any citation of traffic or driving violation, if the violation occurred while using a company vehicle.

5.1.2 Employees who may be expected to drive for company business must notify their supervisor or manager if their license is suspended, revoked or restricted for any reason.

### 5.2 Companies will maintain owned or leased vehicles in a safe manner.

5.2.1 Employees who find defects or repair needs with any company vehicle must notify their supervisor or manager immediately.

5.2.2 Employees may not drive company vehicles that are in an unsafe condition.

### 5.3 Pre-Driving Inspection:

5.3.1 Tire condition and, if necessary, pressure

5.3.2 Spare tire available

5.3.3 Lights and turn signals operational

- 5.3.4 Windshield wipers functional
- 5.3.5 Windshield intact (no cracks or breaks)
- 5.3.6 Defroster operational
- 5.3.7 Oil and fluids (windshield cleaner, transmission, brake fluid) present at required levels.
- 5.3.8 Brakes functional
- 5.3.9 Mirrors are present, properly adjusted and clean.
- 5.3.10 Vehicle loads are secure
- 5.3.11 Emergency materials and equipment (fire extinguishers, accident reporting kit, vehicle registration, etc.) are present, as needed.
- 5.3.12 General vehicle condition is appropriate. Scrapes, scratches, dents or other damage should be reported before taking the vehicle on the road.

## **6. Training and Information.**

- 6.1 It is recommended that employees undergo defensive driving or general safe driving training when they are required to operate company owned or leased vehicles.

## **7. Definitions.**

- *Vehicle* – a company owned or leased automobile, truck or motorcycle which requires a valid driver's license to operate on public roadways.

## Motor Vehicle Report (MVR) Policy

In order to increase employee safety and eliminate unnecessary risks behind the wheel, the company \_\_\_\_\_ has enacted a Motor Vehicle Report (MVR) Policy, effective \_\_\_\_\_.

MVRs will be checked \_\_\_\_\_ for all employees who may be required to drive for company purposes. The MVR will be reviewed to ascertain whether the employee holds a valid license and whether his or her driving record is within the parameters set by the company.

Drivers will be disqualified from driving vehicles for company purposes for any of the following reasons:

1. A violation for driving under the influence of alcohol or a controlled substance will result in a suspension of driving privileges for the company.
2. Any criminal conviction that involves a motor vehicle (e.g., a felony, hit and run, negligent homicide) in the previous five years
3. Any of the following violations incurred in the previous three years:
  - a. Any combination of more than three moving violations (any violation resulting in an at-fault auto accident automatically counts as two violations)
  - b. Any violation less than three years old for an alcohol or controlled substance-related driving offense
  - c. Refusing to take a breathalyzer test
  - d. Careless or reckless driving that results in injury to persons or property
  - e. Passing a stopped school bus
  - f. Leaving the scene of an accident without stopping to file a report
  - g. Racing
4. Any combination of more than two moving violations and/or at-fault accidents in the past 12 months

**I have read, understand and agree to the terms set forth in this Driving and Traffic Violation Policy.**

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

\_\_\_\_\_  
Date

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

# Distracted Driving Policy

**Please read the Distracted Driving Policy, sign and return to your supervisor.**

In order to increase employee safety and eliminate unnecessary risks behind the wheel, the company \_\_\_\_\_ has enacted a Distracted Driving Policy, effective \_\_\_\_\_.

We are committed to ending the epidemic of distracted driving, and have created the following rules, which apply to any employee operating a company vehicle or using cell phone while operating a personal vehicle:

- Company employees may not use a hand-held cell phone while operating a vehicle, when the vehicle is in motion or stopped at a traffic light. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, and reading or responding to emails, instant messages, and text messages.
- If company employees need to use their phones, they must pull over safely to the side of the road or another safe location.
- Additionally, company employees are required to:
  - Turn cell phones off or put them on silent or vibrate before starting the car.
  - Consider modifying voice mail greetings to indicate that you are unavailable to answer calls or return messages while driving.
  - Inform clients, associates and business partners of this policy as an explanation of why calls may not be returned immediately.
- Employees will be subject to disciplinary action up to and including termination for violating any of the above rules.

I acknowledge that I have received a written copy of the Distracted Driving Policy, that I fully understand the terms of this policy, that I agree to abide by these terms, and that I am willing to accept the consequences of failing to follow the policy.

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

\_\_\_\_\_  
Date

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

## SAFE DRIVING VEHICLE INSPECTION CHECKLIST

ITEM	YES	NO
Tires are in good condition (tread, pressure)		
Spare tire is accessible		
Head-lights operational (regular and high beams)		
Turn signals operational		
Windshield wipers operational		
Washer fluid available		
Windshield intact (no cracks or breaks)		
Defroster operational, as needed		
Oil and fluid levels (brake, transmission, oil) present at required levels		
Brake lights function		
Mirrors (side and rearview) present and in good condition		
Mirrors adjusted for driver		
Vehicle loads and any storage of materials are secure		
Fire extinguishers are present, as needed		
Vehicle registration is available		
Accident reporting information is available		
Vehicle is in generally good condition.		
Note any dents, scratches or other damage issues present:		
Checklist completed by:		
Date:	Time of Day:	

# TRAINING ATTENDANCE ROSTER

## SAFE DRIVING - BASIC AWARENESS

**Safe Driving Training Includes:**

- *The 3 Factors of Safe Driving*
- *The 6 Conditions of Driving*
- *The 5 Steps to Decision Driving*
- *Passing and Collision Prevention*
- *Right of Way*
- *Stopping Distance and Types of Stopping*
- *Tailgating*
- *Driving Attitude*

<u><b>INSTRUCTOR:</b></u>	<u><b>DATE:</b></u>	<u><b>LOCATION:</b></u>
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NAME (Please Print) FIRST - MI - LAST	<b>SIGNATURE</b>
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By signing below, I attest that I have attended the safety training for the topic indicated, and will abide by the safety information, procedures, rules, regulations and/or company policy as presented and instructed


Name of Interpreter, if utilized: \_\_\_\_\_



## **Working in Extreme Temperatures**

## PROGRAM OVERVIEW

# WORKING IN EXTREME TEMPERATURES SAFETY PROGRAM

REGULATORY STANDARD: OSHA 29 CFR [1903. \(General Duty Clause\)](#)

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**INTRODUCTION:** Exposure to extreme heat or cold stress in the workplace must be controlled. This safety program is intended to address issues and identify the specific temperature hazards where work is performed, communicating information concerning these hazards, and establishing appropriate procedures and protective measures for employees. Control or protective measures must be implemented at ranges above 90°F or below 62°F, and short duration exposures to temperatures <45°F or >100°F (including wind chill factors).

### **TRAINING:**

When working in extreme temperatures, employees will be provided with hazard information and/or training, upon initial assignment and as needed. This training may be required in some states.

### **ACTIVITIES:**

- Monitor workplace temperatures
- Ensure employees and supervisors are able to recognize early signs and symptoms of cold and heat intolerance
- Provide engineering controls, work practices and protective equipment to reduce exposure levels to the lowest achievable level
- Ensure the availability of water or other appropriate beverages to employees
- Provide appropriate medical care to employees who have symptoms of a temperature-related condition
- Perform periodic inspections to identify any recognized risk factors, situations where actions may be needed to reduce employee exposures, and any deficiencies in the procedures or protective equipment requirements of the area

### **FORMS:**

- Training Attendance Roster

### Table of Contents

1. Purpose
2. Scope
3. Responsibilities
4. Procedure
5. Safety Information
6. Training Information & Requirements
7. Definitions

## Working in Extreme Temperatures

1. **Purpose.** This program outlines some of the safety requirements and precautions needed to protect employees who work in temperature extremes. Extreme heat or cold presents unique hazards to employee health and safety, including reduced awareness of their surroundings and reduced dexterity and ability for the human body to function normally.
2. **Scope.** Applies to any work area where employees must work for more than an hour in an area where the temperature range is above 90°F or below 62°F, or short-duration (15 minutes or less) exposures to <45°F or >100°F (including wind chill factors).

### 3. Responsibilities.

#### 3.1 Management and Supervisors:

- 3.1.1 Monitor workplace temperatures
- 3.1.2 Provide engineering controls, work practices and protective equipment to reduce exposure levels to the lowest achievable level
- 3.1.3 Ensure employees and supervisors are able to recognize early signs and symptoms of cold/heat intolerance such as weakness, muscle cramps, shivering, headache, nausea, inability to do complex motor functions, lethargy, heavy sweating, and mild confusion.
- 3.1.4 Employers should have an emergency plan in place that specifies what to do if a worker has signs of cold/heat-related illness, and ensures that medical services are available if needed
- 3.1.5 Ensure the availability of water or other appropriate beverages to employees
- 3.1.6 Employers should take steps that help workers become acclimatized (gradually build up exposure to heat), especially workers who are new to working in the heat or have been away from work for a week or more. Gradually increase workloads and allow more frequent breaks during the first week of work
- 3.1.7 Ensure that employees who have symptoms of a temperature-related condition have access to a health care provider, should they wish to seek medical treatment.

#### 3.2 Employees:

- 3.2.1 Follow proper work practices and procedures to help protect their health and safety.
- 3.2.2 Be aware of the signs and symptoms of cold/heat related illness and injuries (frostbite or other cold related injuries; heat stroke or other heat related injuries) and report such symptoms to your supervisor immediately.

- 3.2.3 Wear appropriate clothing and attire, and use provided protective equipment as needed or required to assist the body in managing the effects of extreme temperatures.
- 3.2.4 Participate in training

#### **4. Procedure.**

##### 4.1 Control Measures:

- 4.1.1 Engineering controls will be implemented to reduce exposures to the lowest level achievable. Where controls are insufficient, they will be supplemented by the use of safe work practices.
  - 4.1.1.1 Engineering controls may include temperature regulators, spaces for warm-up or cool-down to acclimate employees to temperature extremes, protective enclosures or specialized tools to reduce the demands of activity on the body.
  - 4.1.1.2 When the temperature of surrounding solid objects are cold enough to cause skin damage the hazard will be reduced by insulating or shielding either the object or the skin whenever possible, or otherwise isolating the cold source from contact.
- 4.1.2 Work practices will be introduced to reduce the effects of cold/heat when engineering controls are not adequate or are not feasible.
  - 4.1.2.1 Work practices may include written procedures, time restrictions for extreme temperature exposures, increased recovery or warm-up time, increasing the number of employees per task, providing adequate water to hydrate employees with exposure, and encouraging physical fitness in employees.
- 4.1.3 Protective equipment and clothing will be provided when engineering controls and work practices are not sufficient to reduce employee exposures to acceptable levels.
  - 4.1.3.1 Protective equipment includes standard insulated clothing for cold or hot conditions (coats, cooling bandanas, gloves, hats, face protection, thermal clothing), specialized temperature regulated clothing (cool down or warm up vests), and shelter from sun or cold environments.
  - 4.1.3.2 Access to shade, heated or cooling environments will be provided for employees suffering from heat illness or cold exposure believing a preventative recovery period is needed. Shade areas should have access to the open air or be provided with ventilation or cooling equipment such as fans, air conditioners or misting equipment. Be sure workers in extreme cold conditions take a frequent short break in warm dry shelters to allow their bodies to warm up.

## 4.2 Cold/Hot Weather Alert Safety Program:

4.2.1 In the event of an alert from the National Weather Service or local weather forecast services, the following should be considered:

4.2.1.1 Postpone tasks which are not urgent

4.2.1.2 Increase the number of workers in each team in order to reduce each workers heat or cold exposure.

4.2.1.3 Increase rest allowances.

4.2.1.4 Restrict overtime work, as needed.

## 5. Safety Information.

### 5.1 Hot Work Areas:

5.1.1 The major conditions that cause heat related stress are high temperatures and humidity, sun exposure, and exposure to heat emitting equipment

5.1.2 Symptoms of heat stress include weakness, heavy sweating, nausea, unsteady gait, irritability, disorientation, changes in skin color or general malaise.

5.1.3 If heat stress is recognized and treated appropriately early, a more serious condition such as heat stroke (vomiting, hot/dry skin, seizures, unconsciousness) likely can be prevented; therefore, it is important to identify and treat as early as possible.

5.1.4 Treatment for heat stress generally includes drinking cool water and rest. Water (including drinking-fountains or individual drinking cups) will be provided. In general employees should be encouraged to drink cool water (50-59°F) at about one-cup (5-7 oz.) every 20 minutes to remain hydrated in extreme heat situations.

5.1.5 Warning signs may be required at entrances to work areas, buildings or enclosures where there is a reasonable likelihood of heat stress and other heat related conditions.

### 5.2 Cold Work Areas:

5.2.1 The major conditions that cause cold related stress are low temperatures, wind chill, dampness or humidity, and cold water.

5.2.2 Symptoms of cold stress include shivering, fatigue, slurred speech, confused behavior, dilated pupils, and numbness in the extremities.

5.2.3 If cold stress is recognized and treated appropriately early, a more serious condition such as hypothermia and frostbite (uncontrollable shivering, numbness, discolored skin in extremities) likely can be prevented; therefore, it is important to identify and treat as early as possible.

- 5.2.4 Inadequate or wet clothing increases the effects of cold on the body.
- 5.2.5 Treatment for cold stress generally includes moving the affected employee to a warm area, removing any wet clothing, drinking warm sweetened liquids and rest.
- 5.2.6 Warning signs may be required at entrances to work areas, buildings or enclosures where there is a reasonable likelihood of cold stress and other cold related conditions.

## 6. Training and Information.

- 6.1 Upon initial assignment, and as needed thereafter for refresher training, employees will be provided with information and/or training in the hazards associated in working in extreme temperatures. They will be provided with the means to protect themselves from extreme heat or cold working conditions.
- 6.2 Employees should understand the environmental and personal risk factors.
- 6.3 Supervisors should understand all of the employee requirements as well as the procedures to follow to implement the requirements and the procedures to follow for contacting and implementing emergency medical response. These procedures should be in writing and maintained.

## 7. Definitions.

- *Acclimatization* - means temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it. Acclimatization peaks in most people within four to fourteen days of regular work for at least two hours per day in the heat.
- *Cold Work Area* – An area where the temperature (including wind chill) is lower than 62 degrees Fahrenheit.
- *Hot Work Area* – An area where the temperature exceeds 90 degrees Fahrenheit
- *Extreme Temperature* –Extreme temperature takes into account wind chill and other environmental factors that reduce or increase the ambient air temperature. With such factors included, extreme temperatures are either a constant working temperature of <62°F or >90°F, or short-duration (15 minutes or less) exposures to <45°F or >100 degrees Fahrenheit.
- *Heat Illness* - means a serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope and heat stroke.
- *Personal risk factors for heat illness* - means factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medications that affect the body's water retention or other physiological responses to heat.
- *Preventative recovery period* - means a period of time to recover from the heat in order to prevent heat illness.

- *Shade* - means blockage of direct sunlight. Canopies, umbrellas and other temporary structures or devices may be used to provide shade. One indicator that blockage is sufficient is when objects do not cast a shadow in the area of blocked sunlight. Shade is not adequate when heat in the area of shade defeats the purpose of shade, which is to allow the body to cool. For example, a car sitting in the sun does not provide acceptable shade to a person inside it, unless the car is running with air conditioning.
- *Wind Chill* – A combination of temperature and wind velocity. Wind chill cools the air further than the ambient temperature of the air. For example, if the temperature is 40°F and the wind velocity is 35 mph, the wind chill provides conditions that equal 11°F.





**CALIFORNIA  
WORKING IN EXTREME TEMPERATURES  
Additional Requirements**

**Comparison of Indoor and Outdoor Heat Illness Prevention Standards**

Requirement	Outdoor Heat ( <a href="#">T8CCR 3395</a> )	Indoor Heat ( <a href="#">T8CCCR 3396</a> )
<b>Scope and Application</b>	<ul style="list-style-type: none"> <li>Applies to outdoor workplaces</li> </ul>	<ul style="list-style-type: none"> <li>Applies to indoor workplaces when the indoor temperature is greater than 82°F</li> </ul>
<b>Provide Clean Drinking Water</b>	<ul style="list-style-type: none"> <li>Provide access to potable water that is fresh, suitably cool, and free of charge</li> <li>Located as close as possible to work areas</li> </ul>	<ul style="list-style-type: none"> <li>Provide access to potable water that is fresh, suitably cool, and free of charge</li> <li>Located as close as possible to work areas and cool-down areas</li> </ul>
<b>Access to Shade and Cool-Down Areas</b>	<ul style="list-style-type: none"> <li>For outdoor workplaces, shade must be present when temperatures are greater than 80°F. When temperatures are less than 80°F, shade must be available upon request</li> <li>For indoor workplaces, provide access to at least one cool-down area which must be kept at a temperature below 82°F</li> <li>Shade and cool-down areas must be:               <ul style="list-style-type: none"> <li>Blocked from direct sunlight</li> <li>Large enough to accommodate the number of workers on rest breaks so they can sit comfortably without touching each other</li> <li>Close as possible to the work areas</li> </ul> </li> <li>For indoor workplaces, the cool-down areas must be kept at less than 82°F and shielded from other high-radiant heat sources</li> </ul>	
<b>Cool-Down Rest Periods</b>	<ul style="list-style-type: none"> <li>Encourage workers to take preventative cool-down rest periods</li> <li>Allow workers who ask for a cool-down rest period to take one</li> <li>Monitor workers taking such rest periods for symptoms of heat-related illness</li> </ul>	
<b>High-Heat Procedures</b>	<ul style="list-style-type: none"> <li>Have and implement procedures to deal with heat when the temperature equals or exceeds 95°F</li> <li>Procedures must include:               <ul style="list-style-type: none"> <li>Observing and communicating effectively with workers</li> <li>Reminding workers to drink water and take cool-down rest breaks</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><i>Not applicable to Indoor Workplaces</i></li> </ul>
<b>Assessment and Control Measures</b>	<ul style="list-style-type: none"> <li><i>Not applicable to Outdoor Workplaces</i></li> </ul>	<ul style="list-style-type: none"> <li>Measure the temperature and heat index and record whichever is greater whenever the temperature or heat index reaches 87°F (or temperature reaches 82°F for workers working in clothing that restricts heat removal or high-radiant-heat areas)</li> <li>Implement control measures to keep workers safe. Feasible engineering controls must be implemented first.</li> </ul>

<b>Monitoring the Weather</b>	<ul style="list-style-type: none"> <li>• Monitor outdoor temperature and ensure that once the temperature exceeds 80°F, shade structures will be opened and made available to the workers</li> <li>• When it is at least 95°F, implement high-heat procedures</li> <li>• Train supervisors on how to check weather reports and how to respond to weather advisories</li> </ul>	<ul style="list-style-type: none"> <li>• For indoor workplaces that are affected by outdoor temperatures, train supervisors on how to check weather reports and how to respond to hot weather advisories</li> </ul>
<b>Emergency Response Procedures</b>	<ul style="list-style-type: none"> <li>• Provide first aid or emergency response to any workers showing heat illness signs or symptoms, including contacting emergency medical services</li> </ul>	
<b>Acclimatization</b>	<ul style="list-style-type: none"> <li>• Closely observe new workers and newly assigned workers working in hot areas during a 14-day acclimatization period, as well as all workers working during a heat wave</li> </ul>	
<b>Training</b>	<ul style="list-style-type: none"> <li>• Employers must provide training to both workers and supervisors</li> </ul>	
<b>Heat Illness Prevention Plan</b>	<ul style="list-style-type: none"> <li>• Establish, implement, and maintain an effective written Outdoor Heat Illness Prevention Plan that includes procedures for providing drinking water, shade, preventative rest periods, close observation during acclimatization, high-heat procedures, training, prompt emergency response</li> </ul>	<ul style="list-style-type: none"> <li>• Establish, implement, and maintain an effective written Indoor Heat Illness Prevention Plan that includes procedures for providing drinking water, cool-down areas, preventative rest periods, close observation during acclimatization, assessment and measurement of heat, training, prompt emergency response, and feasible control measures</li> </ul>

## Sample Written Heat Illness Prevention Plan for Indoor and Outdoor Places of Employment (Model Program)

This is a fillable template that must be tailored to your worksite. Instructions in red font enclosed in brackets indicate where you must enter your worksite-specific information. The model plan in Word format is located at: [https://www.dir.ca.gov/dosh/dosh\\_publications/HIP-sample-procedures.docx](https://www.dir.ca.gov/dosh/dosh_publications/HIP-sample-procedures.docx)

California employers must protect their workers from the hazards of excessive heat exposure. California Code of Regulations, Title 8 (CCR T8), section 3395 addresses outdoor workplaces, and section 3396 addresses indoor workplaces. Depending on the circumstances, employers must develop written worker heat illness prevention procedures that address one or both types of workplaces.

These sample procedures have been created to assist employers in establishing their own heat illness prevention procedures for indoor and outdoor workplaces. They are not intended to supersede or replace the application of any other Title 8 sections, particularly section [3203](#), which requires an employer to establish, implement, and maintain an effective Injury and Illness Prevention Program (IIPP). You may:

- Integrate your heat illness prevention procedures into your IIPP.
- Develop separate indoor and outdoor workplace procedures by using this program.

Use of this program does not guarantee compliance with sections 3395 or 3396 and does not shield an employer from being cited for violations of those sections.

You must also be aware that other standards may apply to heat illness prevention, such as the construction, agriculture, and general industry requirements to provide drinking water, first aid, and emergency response.

**Note:** These procedures describe the minimum essential heat illness prevention steps applicable to most outdoor and indoor work settings. In work environments where there is a higher risk for heat illness (e.g., during a heat wave or other severe working or environmental conditions), you must exercise greater caution and employ protective measures as needed to protect workers. To effectively establish your procedures, carefully review the requirements of sections 3395 and/or 3396, along with the instructions provided for each of the elements, then develop written procedures applicable to your workplace. The Heat Illness Prevention Plan must be written in English and the language understood by the majority of the workers and must be available at the worksite. Effectively implement and maintain the heat illness prevention procedures you develop, including training workers and supervisors on your company procedures. Be sure to follow up to ensure your procedures are fulfilled.

To tailor these procedures to your work activities, evaluate and consider the specific conditions present at your site such as:

- Whether workers work indoors, outdoors, or both.
- The number of workers.
- The length of the work-shift.
- The ambient temperatures, heat index, and additional sources of heat workers are exposed to.
- The fact that personal protective equipment may increase the body's heat burden.

These sample procedures do not include every workplace scenario, so it is essential that you evaluate all conditions found in your individual workplace that are likely to cause a heat illness.

Cal/OSHA Publications Unit



# Heat Illness Prevention Plan for

*[Enter name of company]*

## Responsibility:

\_\_\_\_\_ *[Enter name or job title of the person(s)]* has overall authority and responsibility for implementing the provisions of this program in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the Heat Illness Prevention Program in their assigned work areas and for ensuring workers receive answers to questions about the procedures in a language they understand.

All workers are responsible for using safe work practices; following all directives, policies, and procedures; and assisting in maintaining a safe work environment.

This plan is in English and \_\_\_\_\_ *[Enter language understood by most of your workers]*. It is maintained at our worksite at \_\_\_\_\_ *[Enter location]* and can be accessed electronically at \_\_\_\_\_ *[Enter website if available online, delete if not applicable]*. It is available to workers or their representatives upon request.

## Procedures for the Provision of Water:

*[Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

1. \_\_\_\_\_ Fresh, pure, suitably cool water will be provided to workers free of charge. *[Add site-specific information on how this will be provided, e.g., water fountains, water dispensers, water bottles, single-use or disposable cups and a receptacle for disposing of the used cups will be provided and will be kept clean. If water is not plumbed or otherwise continuously supplied, you must describe your procedures for how you provide at least one quart per worker per hour for drinking for the entire shift. If you do not provide enough water at the start of the shift to last the entire shift, you must describe your procedures to replenish the drinking water throughout the shift.]*

2. \_\_\_\_\_ Supervisors will ensure that the water is fresh, pure, and suitably cool. *[Describe how this will be done. For example, Supervisor will visually examine the water at the start of the shift and throughout the day as needed and pour some on their skin to ensure that the water is suitably cool.]*

During hot weather or high indoor heat work conditions, the water will be cooler than the ambient temperature, but not so cool as to cause discomfort.

3. \_\_\_\_\_ The water will be located at *[State all the location(s) where the water will be available. The location must be in the cool-down areas and as close as possible to the areas where workers are working outdoors.]*

4. \_\_\_\_\_ Workers will be reminded and encouraged to frequently consume small quantities of water throughout their shift. *[Describe how the workers will be encouraged and reminded to drink water. For example: The supervisor or audible devices, such as whistles or air horns, will be used to remind workers to drink water.]*

5. \_\_\_\_\_ All water containers will be kept in a sanitary condition. Water from non-approved or non-tested water sources (e.g., untested wells) is not acceptable. If hoses or connections are used, they must be approved for potable drinking water systems, as shown on the manufacturer's label.

6. \_\_\_\_\_ For outdoor work locations, when the temperature equals or exceeds 95 degrees Fahrenheit, or during a heat wave, pre-shift meetings will be conducted before the commencement of work to both encourage workers to drink plenty of water and to remind workers of their right to take a cool-down rest when necessary. Additionally, the number of water breaks will be increased. Supervisors/foremen will lead by example and remind workers throughout the work shift to drink water.

7. \_\_\_\_\_ Other: *[Describe any other method of ensuring provision of water throughout the shift.]*

## Procedures for Access to Cool-Down Areas for Indoor Places of Employment

*Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

1. \_\_\_\_ Cool-down areas(s) will be located at \_\_\_\_\_ *[State all the location(s) of the cooling area(s). The location must be as close as practicable to the work areas].* The temperature in the indoor cool-down areas will be maintained at less than 82 degrees Fahrenheit by *[Describe the methods you will use to ensure that cool-down area(s) will be less than 82 degrees F].* \_\_\_\_\_
2. \_\_\_\_ The cool-down area(s) will be available at the site to accommodate all of the workers who are on a break at any point in time and will be large enough so that all workers on break can sit in a normal posture fully in the cool-down area(s) without having to be in physical contact with each other. To ensure this, we *[Describe how you will determine the number of seats to provide in the cool-down area(s)].*
3. \_\_\_\_ Workers will be informed of the location of the cool-down area(s) and will be encouraged and allowed to take cool-down breaks in the cool-down area(s) whenever they feel they need a break. A worker who takes a preventative cool-down rest break will be monitored and asked if they are experiencing symptoms of heat illness. In no case will the worker be ordered back to work until signs or symptoms of heat illness have abated (see the section on Emergency Response for additional information). If a worker exhibits signs or symptoms of heat illness while on a preventative cool-down rest, then appropriate first aid or emergency response will be provided. Preventative cool-down rest periods will be at least 5 minutes, in addition to the time needed to access the cool-down area.
4. \_\_\_\_ Other: *[Describe any other method of ensuring access to cooling areas for cool-down breaks].*

## Procedures for Access to Shade for Outdoor Places of Employment

*Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

1. \_\_\_\_ Shade will be as close as practicable to the workers when the outdoor temperature equals or exceeds 80 degrees Fahrenheit. When the temperature is below 80 degrees Fahrenheit, access to shade will be provided promptly, when requested by a worker. *[Describe the natural and/or artificial shade sources that will be used at the worksite.]*

**Note:** The interior of a vehicle will not be used to provide shade unless the vehicle has a working air conditioner and is cooled down ahead of time.

2. \_\_\_\_ Enough shade will be available at the site to accommodate all of the workers who are on a break at any point in time. During meal periods, there will be enough shade for all workers who choose to remain in the general area of work or in areas designated for recovery and rest periods. To ensure that the provided shade will be enough, we will rotate workers in and out of breaks, including meal periods, and recovery and rest periods, if the number of workers in the crew is higher than the number that can fit comfortably under the shade.
3. \_\_\_\_ Workers will be informed of the location of the shade and will be encouraged to take a five-minute cool-down rest in the shade. Such access will be permitted at all times. A worker who takes a preventative cool-down rest break will be monitored, encouraged to remain in the shade, and asked if they are experiencing symptoms of heat illness. In no case will the worker be ordered back to work until signs and symptoms of heat illness have abated, and in no event less than 5 minutes in addition to the time needed to access the shade. See the section on Emergency Response for additional information.
4. \_\_\_\_ As crews move, shade structures will be relocated to be placed as close as practicable to the workers so that access to shade is provided at all times. To ensure this is done, \_\_\_\_\_ *[State who is responsible for moving the shade structures in each location or crew].* All workers on a recovery, rest break, or a meal period will have full access to shade so they can sit in a normal posture without having to be in physical contact with each other.

5. \_\_\_\_ Before trees or other vegetation are used to provide shade (such as in orchards), the thickness and shape of the shaded area will be evaluated to ensure that sufficient shadow is cast to protect workers throughout the workday, as the shade moves.
6. \_\_\_\_ In situations where it is not safe or feasible to provide access to shade (e.g., during high winds), the unsafe or unfeasible conditions will be documented, and alternative procedures will be used to provide access to shade that provides equivalent protection. *[Describe the alternative procedure for access to shade]*
7. \_\_\_\_ Other: *[Describe any other method of ensuring access to shade].*

### Procedures for Temperature Assessment for Indoor Places of Employment

*Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

1. \_\_\_\_ *[State the method for measuring temperature or heat index. For example, a thermometer, Kestrel, weather station, wet-bulb globe thermometer, hygrometer for measuring humidity, etc.]* will be used throughout the workplace to monitor temperature or heat index. Monitoring instruments will be maintained according to manufacturer's recommendations and the instruments used to measure the heat index shall be based on the heat index chart in Appendix A of Section 3396. The locations for the temperature measurements will be: *[Enter the locations where temperature measurements will be made that will be representative of worker exposure.]*
2. \_\_\_\_ The temperature or heat index will be measured and recorded by \_\_\_\_ *[Enter name or job title of the person who will be tasked with measuring the temperature].* Workers \_\_\_\_ *[and/or their union representatives]* will be actively involved in the planning, conducting, and recording of measurements of temperature or heat index. *[Enter site-specific procedures for ensuring the participation of workers and/or union representatives in the planning, conducting, and recording of the temperature or heat index measurements].*
3. \_\_\_\_ Records of the temperature or heat index measurements, whichever value is greater, will be retained for 1 year or until the next measurements are taken, whichever is later, and made available at the \_\_\_\_ *[State a specific location at the worksite]* to workers or designated representatives upon request. The records will include the date, time, and specific location of all measurements.
4. \_\_\_\_ Initial temperature or heat index measurements shall be taken where workers work and at times during the work shift when worker exposures are expected to be the greatest and when it is suspected to equal or exceed 82 degrees Fahrenheit.
5. \_\_\_\_ Measurements will be taken again when they are reasonably expected to be 10 degrees Fahrenheit or more above the previous measurements where workers work and at times during the work shift when worker exposures are expected to be the greatest.
6. \_\_\_\_ Other: *[Describe any other method of ensuring that the temperature or heat index are measured and recorded].*
7. \_\_\_\_ Workers \_\_\_\_ *[and/or their union representatives]* will be actively involved in identifying and evaluating other environmental risk factors for heat illness that may exist in the workplace. *[Describe procedures for identifying and evaluating any other environmental risk factors for heat illness. For example, workers wear clothing that restricts heat removal or work in a high radiant heat area.]*

## Procedures for Monitoring the Weather for Outdoor Places of Employment

*Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

1. \_\_\_\_ The supervisor will be trained and instructed to check the extended weather forecast in advance. *[Describe how weather forecasts will be checked. For example, weather forecasts will be checked with the aid of the internet ( <http://www.nws.noaa.gov/> ), calling the National Weather Service phone numbers (see California phone numbers below), or by checking the Weather Channel TV Network. The work schedule will be planned in advance, taking into consideration whether high temperatures or a heat wave is expected. This type of advance planning should take place whenever the temperature is expected to reach 70 degrees Fahrenheit or higher.*

### **CALIFORNIA Dial-A-Forecast**

Eureka 707-443-7062

Hanford 559-584-8047

Los Angeles 805-988-6610

Sacramento 916-979-3051

San Diego 619-297-2107

San Francisco 831-656-1725]

2. \_\_\_\_ Prior to each workday, the supervisor will monitor the weather at the worksite by the method described above. This critical weather information will be taken into consideration to evaluate the risk level for heat illness and when it will be necessary to make modifications to the work schedule (e.g., stopping work early, rescheduling the job, working at night or during the cooler hours of the day, increasing the number of water and rest breaks).
3. \_\_\_\_ The supervisor will use a \_\_\_\_\_ *[State the method for measuring temperature. For example, a thermometer, Kestrel, weather station, wet-bulb globe thermometer, etc.]* throughout the job site and throughout the work shift to monitor for an increase in outdoor temperature and to ensure that once the temperature exceeds 80 degrees Fahrenheit, shade structures will be opened and made available to the workers. In addition, when the temperature equals or exceeds 95 degrees Fahrenheit, additional preventive measures, such as high-heat procedures, will be implemented. See the high-heat procedures section for additional information.
4. \_\_\_\_ Other: *[Describe any other procedures used to monitor forecasts and the weather].*

## Procedures for Control Measures for Indoor Places of Employment

*Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

Control measures will be implemented when either of the following occurs:

- Indoor temperature or heat index is 87 degrees Fahrenheit or higher.
- Indoor temperature is 82 degrees Fahrenheit or higher and workers are either:
  - Wearing clothing that restricts heat removal or
  - Working in an area with high radiant heat.

1. \_\_\_\_ Feasible engineering controls will be implemented first to reduce the temperature and heat index to below 87°F (or temperature to below 82°F for workers working in clothing that restricts heat removal or working in high radiant heat areas). Administrative controls will be added if feasible engineering controls are not enough to comply with the standard. If both feasible engineering and administrative controls are not enough to decrease the temperature and minimize the risk of heat illness, then personal heat-protective equipment will be provided.

2. \_\_\_\_ The following engineering controls will be implemented to lower the indoor temperature, heat index, or both to the lowest possible level. These controls help make the work environment cooler or create a barrier between the worker and the heat:

*[Employers have options when implementing control measures to protect their workers against heat illness and to comply with the standard.]*

**Check all that apply to your worksite.**

- Cooling fans or air conditioning
- Increased natural ventilation, such as open windows and doors when the outdoor temperature or heat index is lower than the indoor temperature and heat index
- Local exhaust ventilation at points of high heat production or moisture (such as exhaust hoods in laundry rooms)
- Reflective shields to block radiant heat
- Insulating/isolating heat sources from workers, or isolating workers from heat source
- Elimination of steam leaks
- Cooled seats or benches
- Evaporative coolers
- Dehumidifiers
- Other: \_\_\_\_\_

3. \_\_\_\_ The following administrative controls will be implemented once all feasible engineering controls have been implemented. These controls are modified work practices that can reduce heat exposure by adjusting work procedures, practices, or schedules:

*[Employers have options when implementing control measures to protect their workers against heat illness and to comply with the standard.]*

**Check all that apply to your worksite.**

- Modify work schedules and activities to times of the day when the temperature is cooler or schedule shorter shifts, especially during heat waves. Heat wave means any day in which the predicted high temperature for the day will be at least 80 degrees Fahrenheit and at least 10 degrees Fahrenheit higher than the average high daily temperature in the preceding five days. For newly hired workers and unacclimatized existing workers, gradually increase shift length over the first one to two weeks.
- Require mandatory rest breaks in a cooler environment, such as a shady location or an air-conditioned building. The duration of the rest breaks should increase as heat stress rises.
- Schedule work at cooler periods or times of day, such as early morning or late afternoon.
- Rotate job functions among workers to help minimize exertion and heat exposure. If workers must be in proximity to heat sources, mark them clearly, so they are aware of the hazards.
- Require workers to work in pairs or groups during extreme heat so they can monitor each other for signs of heat illness.
- Other: \_\_\_\_\_

4. \_\_\_\_ The following personal heat-protective equipment will be provided if feasible engineering controls do not decrease the temperature enough and administrative controls do not minimize the risk of heat illness. This personal heat-protective equipment consists of special cooling devices that the worker wears on their body that can protect them in hot environments:

*[Employers have options when implementing control measures to protect their workers against heat illness and to comply with the standard.]*

**Check all that apply to your worksite.**

- Water and/or air-cooled garments, cooling vests, jackets, and neck wraps. The cooling source can be reusable ice packs or cooled air connected to an external source.
- Supplied air personal cooling systems
- Insulated suits
- Heat-reflective clothing
- Infrared reflecting face shields
- Other: \_\_\_\_\_

## High-Heat Procedures for Outdoor Places of Employment

*Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

High-Heat Procedures are additional preventive measures that this company will use when the temperature equals or exceeds 95 degrees Fahrenheit in outdoor places of employment.

1. \_\_\_\_ Effective communication by \_\_\_\_\_ *[Enter the communication method. For example, voice, direct observation (applicable for work crews of 20 or fewer), mandatory buddy system, or other methods]* will be maintained so that workers at the worksite can contact a supervisor when necessary. If the supervisor is unable to be near the workers (to observe them or communicate with them), then \_\_\_\_\_ *[Enter communication method. For example, cell phones, text, or two-way radio]* will be used for this purpose.
2. \_\_\_\_ Frequent communication will be maintained with workers working by themselves or in smaller groups by \_\_\_\_\_ *[Enter communication method. For example, cell phone, text, or two-way radio]* to be on the lookout for possible symptoms of heat illness. The worker(s) will be contacted regularly and as frequently as possible throughout the day since a worker in distress may not be able to summon help on their own.
3. \_\_\_\_ Effective communication and direct observation for alertness and signs and symptoms of heat illness will be conducted frequently. When the supervisor is not available, an alternate responsible person will be designated by the supervisor ahead of time and the responsible person must be assigned to observe and look for signs and symptoms of heat illness. \_\_\_\_\_ *[Enter name and job title of alternate responsible person]* will be the designated alternate responsible person. If a supervisor, designated responsible person, or any worker reports any signs or symptoms of heat illness in any worker, the supervisor or designated person will take immediate action commensurate with the severity of the illness (see Emergency Response Procedures).
4. \_\_\_\_ Workers will be reminded throughout the work shift to drink plenty of water and take preventative cool-down rest breaks when needed. *[State how the workers will be encouraged to and reminded to drink water. For example: The supervisor or audible devices, such as whistles or air horns, will be used to remind workers to drink water.]*
5. \_\_\_\_ Pre-shift meetings will be held before the commencement of work to review the high-heat procedures, encourage workers to drink plenty of water, and remind workers of their right to take a cool-down rest when necessary.

**We operate an agricultural worksite. In addition to the High Heat Procedures listed above, we also use the following High Heat Procedures:** *[N/A parts that do not apply to your worksite]*

6. \_\_\_\_ When the temperature equals or exceeds 95 degrees Fahrenheit, workers will be provided one 10-minute “preventative cool-down rest period” every two hours. During the first eight hours of a shift, the cool-down periods may be provided at the same time as the scheduled rest periods already required by Industrial Welfare Commission Order No. 14.
7. \_\_\_\_ Workers working longer than eight hours will be provided with an additional 10-minute cool-down rest period every two hours. For example, if the shift extends beyond eight hours, an additional rest period will be taken at the end of the eighth hour of work. If the shift extends beyond 10 hours, another rest period will be taken at the end of the 10th hour, and so on.
8. \_\_\_\_ All workers will be required to take the cool-down rest periods. Merely offering the opportunity for a break is not enough.
9. \_\_\_\_ Once the temperature equals or exceeds 95 degrees Fahrenheit, records will be kept documenting the fact that mandatory cool-down rest periods were provided and taken.
10. \_\_\_\_ Other: *[Describe any other high-heat procedure].*

## Procedures for Handling a Heat Wave for Outdoor Places of Employment

*Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

Heat wave means any day in which the predicted high temperature for the day will be at least 80 degrees Fahrenheit and at least 10 degrees Fahrenheit higher than the average high daily temperature in the preceding five days.

1. During a heat wave, all workers will be closely observed by a supervisor or designee. *[Describe procedures, including job titles of designees, if applicable, for close visual observation and regular communication with workers about how they are feeling and any symptoms they may be experiencing.]*
2. During a heat wave or heat spike, the workday will be cut short or rescheduled (e.g., conducted at night or during cooler hours).
3. During a heat wave or heat spike and before starting work, tailgate meetings will be held to review the company Heat Illness Prevention Procedures, the weather forecast, and emergency response procedures. Additionally, if schedule modifications are not possible, workers will be provided with an increased number of water and rest breaks and observed closely for signs and symptoms of heat illness.
4. Each worker will be assigned a “buddy” to be on the lookout for signs and symptoms of heat illness and to ensure that emergency procedures are initiated when someone displays possible signs or symptoms of heat illness.
5. Other: *[Describe any other method used to handle heat waves].*

## Procedures for Acclimatization:

*[Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

Acclimatization is the temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it. The body needs time to adapt when temperatures rise suddenly, and a worker risks heat illness by not taking it easy when a heat wave or heat spike strikes, or when starting a new job that exposes the worker to heat to which the worker’s body hasn’t yet adjusted. Inadequate acclimatization can be significantly more perilous in conditions of high heat and physical stress. The following are additional protective procedures that will be implemented when conditions result in sudden exposure to heat that workers are not accustomed to.

1. \_\_\_\_ The weather will be monitored daily. The supervisor will be on the lookout for heat waves, heat spikes, or temperatures to which workers haven’t been exposed for several weeks or longer.
2. \_\_\_\_ New workers and those who have been newly assigned to a high-heat area will be closely observed by the supervisor or designee for the first 14 days. *[Describe procedures, including job titles of designees, if applicable, for close visual observation and regular communication with workers about how they are feeling and any symptoms they may be experiencing.]*
3. \_\_\_\_ The intensity of the work will be lessened during a two-week break-in period by using procedures such as scheduling slower paced, less physically demanding work during the hot parts of the day and the heaviest work activities during the cooler parts of the day (early morning or evening). Steps taken to lessen the intensity of the workload for new workers will be documented.
4. \_\_\_\_ For indoor work areas, this 14-day observation period applies when the temperature or heat index equals or exceeds 87 degrees Fahrenheit, or when the temperature or heat index equals or exceeds 82 degrees Fahrenheit when a worker wears clothing that restricts heat removal or when a worker works in a high radiant heat area.
5. \_\_\_\_ Workers and supervisors will be trained in the importance of acclimatization, how it is developed, and how these company procedures address it.
6. \_\_\_\_ Other: *[Describe any other method of acclimatization].*

## Procedures for Emergency Response:

*[Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

1. \_\_\_\_\_ Effective means of bringing emergency services to the worker in need, or the worker in need to emergency services will be ensured by: *[Describe how emergency services will be provided]*
  - A. *[Example: For outdoor places of employment, when a crew is assigned to a particular worksite, the workers and the foreman will be provided a map of the site that will allow them to give clear and precise directions to the worksite (e.g., street or road names, distinguishing features, and distances to major roads) to avoid a delay of emergency medical services.]*
  - B. *[Example: For indoor places of employment, workers and the foreman will be provided a map of the worksite that will allow them to give clear and precise directions to the worksite (e.g., street or road names, distinguishing features, and distances to major roads) to avoid a delay of emergency medical service.]*
  - C. *[Example: The supervisor will designate a worker or workers to physically go to the nearest road or highway where emergency responders can see them. If daylight is diminished, the designated worker(s) shall be given reflective vests or flashlights to direct emergency personnel to the sick worker's location, which may not be visible from the road or highway.]*
  
2. \_\_\_\_\_ Effective communication will be ensured by \_\_\_\_\_ *[Enter the communication method. For example, voice, direct observation, mandatory buddy system, or electronic means, such as cell phone, text, or two-way radio.]* and will be maintained so that workers can contact a supervisor when necessary. If the supervisor is unable to be near the workers (to observe them or communicate with them), then \_\_\_\_\_ *[Enter the communication method used. For example, via cell phone, text, or two-way radio]* may be used for this purpose.
  
3. \_\_\_\_\_ Appropriately trained and equipped personnel will be made available at the site to render first aid. *[Describe how you will ensure this]*
  
4. \_\_\_\_\_ Determinations will be made if there is a language barrier present in the workplace that might inhibit the calling of emergency services. The following will be the measures taken to ensure emergency services can be promptly called *[Describe what will be done, such as designating English-speaking foremen, supervisors, or workers. Also consider situations where temporary service workers may introduce language barriers not normally present in your workplace.]*
  
5. \_\_\_\_\_ To ensure that emergency medical services can be called, all supervisors will have access to or carry communication devices, such as \_\_\_\_\_ *[Enter the communication method. For example, cell phone, text, or landline phones].* These communication devices will be checked prior to each shift to ensure that they are functional.
  
6. \_\_\_\_\_ When a worker shows signs or symptoms of severe heat illness, emergency medical services will be called, and steps will immediately be taken to keep the stricken worker cool and comfortable to prevent the progression to more serious illness. Under no circumstances will the affected worker be left unattended.
  
7. \_\_\_\_\_ During a heat wave, heat spike, or hot temperatures, workers will be reminded and encouraged to immediately report to their supervisor any signs or symptoms they are experiencing.
  
8. \_\_\_\_\_ Workers and supervisors will be trained in these written procedures for emergency response.
  
9. \_\_\_\_\_ Other: *[Describe any other emergency response procedure].*

## Procedures for Handling a Sick Worker:

*[Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

1. \_\_\_\_ When a worker displays possible signs or symptoms of heat illness, a trained first aid worker or supervisor will evaluate the sick worker and determine whether resting in the \_\_\_\_\_ *[Specify shade or cool-down area(s)]* and drinking cool water will suffice or if emergency service providers will need to be called. A sick worker will not be left alone in the \_\_\_\_\_ *[Specify shade or cool-down area(s)]*, as their condition could take a turn for the worse.
2. \_\_\_\_ When a worker displays possible signs or symptoms of heat illness and no trained first aid worker or supervisor is available at the site, emergency service providers will be immediately called by \_\_\_\_\_ *[Enter name or job title of who will call]*
3. \_\_\_\_ Emergency service providers will be called immediately if a worker displays signs or symptoms of severe heat illness (e.g., decreased level of consciousness, staggering, vomiting, disorientation, irrational behavior, incoherent speech, convulsions, red and hot face), does not look okay, or does not get better after drinking cool water and resting in the shade. While the ambulance is enroute, first aid will be initiated (e.g., cool the worker by placing the worker in the shade, removing excess layers of clothing, placing ice packs in the armpits and groin area, and fan the victim). We will not let a sick worker go home, because even if they start to feel better, their condition could worsen, and they may die before reaching a hospital.
4. \_\_\_\_ If a worker displays signs or symptoms of severe heat illness (e.g., decreased level of consciousness, staggering, vomiting, disorientation, irrational behavior, incoherent speech, convulsions, red and hot face) emergency service providers will be called, the signs and symptoms of the victim will be communicated to them, and an ambulance will be requested.
5. \_\_\_\_ Other: *[Describe any other method of handling a sick worker].*

## Procedures for Worker and Supervisor Training:

*[Customize this section to your workplace and include the site-specific procedures to be implemented for workers. N/A parts that do not apply to your worksite.]*

To be effective, training must be understood by workers. Therefore, it must be given in a language and vocabulary the workers understand. Training records will be maintained and will include the date of the training, who performed the training, who attended the training, and the subject(s) covered. Training records will be maintained

*[Enter the location or method of keeping the training records.]*

1. \_\_\_\_ Supervisors will be trained prior to being assigned to supervise other workers. Training will include this company's written procedures and the steps supervisors will follow when workers exhibit symptoms consistent with heat illness.
2. \_\_\_\_ Supervisors and workers will be trained as it is \_\_\_\_\_'s *[Enter name of employer]* responsibility to provide water, access to cool-down areas or shade, preventative cool-down rests, and first aid, as well as the workers' right to exercise their rights under this standard without retaliation.
3. \_\_\_\_ Supervisors and workers will be trained in appropriate first aid and/or emergency response to different types of heat illness and made aware that heat illness may progress quickly from mild signs and symptoms to a serious, life-threatening illness.
4. \_\_\_\_ Supervisors will be trained on how to track the weather at the job site (by monitoring predicted temperature or heat index highs and periodically using a thermometer). Supervisors will be instructed on how weather information will be used to modify work schedules, increase the number of water and rest breaks, or cease work early if necessary.
5. \_\_\_\_ All workers and supervisors will be trained prior to working. Training will include all aspects of implementing this company's written procedures, including access to sufficient water and \_\_\_\_\_ *[Specify shade or cool-down area(s)]*, cool down rests, high-heat procedures, emergency response procedures, control measures, importance of frequent consumption of water, different types of heat illness, common signs and symptoms of heat illness, and acclimatization procedures. Workers and supervisors will also be trained on the environmental and personal risk factors of heat illness, as well as the burden of heat load on the body caused by exertion, clothing, and personal protective equipment. The importance of immediately reporting signs and symptoms of heat illness will be especially emphasized.
6. \_\_\_\_ In addition to initial training, workers will be retrained annually.
7. \_\_\_\_ Workers will be trained on the steps for contacting emergency medical services, including how they are to proceed when there are non-English speaking workers, how clear and precise directions to the site will be provided, how to transport ill workers to a point where they can be reached by an emergency responder, and the importance of making visual contact with emergency responders at the nearest road or landmark to direct them to their worksite, if necessary.
8. \_\_\_\_ When the temperature is expected to exceed 80 degrees Fahrenheit, short "tailgate" meetings will be held to review the weather report, reinforce heat illness prevention with all workers, provide reminders to drink water frequently, inform them that \_\_\_\_\_ *[Specify shade or cool-down area(s)]* will be available, and remind them to be on the lookout for signs and symptoms of heat illness.
9. \_\_\_\_ New workers will be assigned a "buddy," or experienced co-worker, to ensure that they understand the training and follow company procedures.
10. \_\_\_\_ Other: *[Describe any other method of ensuring compliance].*



