



# FHM

INSURANCE COMPANY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

## WORKPLACE SAFETY PROGRAM

EFFECTIVE DATE \_\_\_\_\_

FHM POLICY NO. 306 - \_\_\_\_\_

# WORKPLACE SAFETY PROGRAM

## Introduction

This sample program is intended to serve as the basis for an employer-integrated safety and health management program. The program consists of these seven elements:

1. Management's commitment and involvement (Strongly Recommended)
2. Safety committee operation (Strongly Recommended)
3. Provisions for safety and health training (**Required**)
4. Safety Inspections (**Required**)
5. Preventive Maintenance (**Required**)
6. First aid procedures (**Required**)
7. Accident investigations (**Required**)
8. Recordkeeping of injuries (**Required**)
9. Job specific safety rules and procedures (**Required**)
10. Appendix HazCom and Lockout/Tagout (**Maybe Required**)

The first eight elements/sections are common to all employers. Employers may want to modify Section 9 to reflect actual work-environment practices. However, if this manual meets the needs of your company, it may be used exactly as written. If you have previously established and are maintaining a safety program, you can continue to use your program if these essential elements are covered. **Use of all or part of this manual does not relieve employers of their responsibility to comply with other applicable local, state, or federal laws. (See Section 8)**

## Instructions

Carefully review all sections of the sample program to know your employer responsibilities; determine which changes or modifications (if any) are necessary to have the program better accommodate your workplace. (For example, if a safety committee meets weekly or monthly instead of quarterly, then Section 2 of the manual should be amended to accommodate the practice.) Include any safety rules, policies or procedures appropriate to your work environment that are not listed in this document. Edit any rules or policies that should be modified to better fit your company needs. **Remember—All employees must receive a copy of your written safety program. Your company letterhead should be used as a cover for the program.**

**Section 1: (Strongly Recommended)** Please include the name of your Safety Coordinator and the signature of the CEO or President of your company. This statement expresses management's commitment to safety in the workplace.

**Section 2:** (Strongly Recommended) Include the names of the individuals who will serve on your Safety Committee. You are not instructed as to the number of employees on your committee, only that it be an equal representation of supervisory and nonsupervisory personnel. In a very small company, a Safety Coordinator can be appointed as the responsible party to satisfy the committee requirements for the credit. This section also contains a blank form for documentation of your safety meeting minutes. You may make copies of this form and use it to record the minutes of your meetings. It also can be used as a subject outline for your committee meetings.

**Section 3:** (Required) Please be specific regarding your safety training procedures and requirements for new and current employees. This section contains a blank form for documentation of your employees training. You may make copies of this form and use it to record employees training.

**Section 4:** (Required) Self-explanatory

**Section 5:** (Required) Self-explanatory

**Section 6:** (Required) Include actual telephone numbers you would use in case of an emergency situation, even if it is only 911.

**Section 7:** (Required)

**Section 8:** (Required) Self-explanatory

**Section 9:** (Required) As previously stated, this section contains your specific workplace rules, policies and procedures, and should be carefully reviewed for applicability, accuracy and any necessary content additions.

**Appendix:** (Required) HazCom **if chemicals are present.**

(Required) Lockout/Tagout **if energized machinery is present.**

For the State of Florida, to apply for the 2% Workers' Compensation premium credit, complete the Application for Employer Workplace Safety Program Premium Credit and the appropriate sections of the Workplace Safety Program Manual; and mail to:

FHM Insurance Company  
PO Box 616648  
Orlando FL 32861-6648  
888-346-3461 / 407-351-1212 x424  
FAX 407-926-9419

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## Section 1

### MANAGEMENT COMMITMENT AND INVOLVEMENT

#### Policy Statement

The management of this organization is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries and unsafe conditions to their supervisors. Such reports will not result in retaliation, penalty or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation and maintenance of our workplace safety program has been assigned to:

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety program coordinator, myself or other members of our management team will participate with you or your department's employee representative in ongoing safety and health program activities, which include:

- Promoting safety committee participation:
- Providing safety and health education and training ; and
- Reviewing and updating workplace safety rules.

This policy statement serves to express management's commitment to and involvement in providing our employees a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

\_\_\_\_\_  
*Signature of CEO/President*

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

## Section 2 SAFETY COMMITTEE

### Safety Committee Organization

A safety coordinator or a safety committee has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee consists of an “equal” representation of supervisory and nonsupervisory members of our organization.

Safety Program Coordinator _____	Nonsupervisory Employee Member _____
Supervisory Employee Member _____	Nonsupervisory Employee Member _____
Supervisory Employee Member _____	Nonsupervisory Employee Member _____

### Responsibilities

In a very small company, a Safety Coordinator can be appointed as the responsible party to satisfy the committee requirements for the credit.

The safety committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.

The safety committee will be responsible for assisting management in reviewing and updating workplace safety rules based on accident investigation findings, any inspections findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.

The safety committee will be responsible for assisting management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.

The safety committee will be responsible for assisting management in evaluating employee accident and illness prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace safety program.

Safety committee members will participate in safety training and will be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.

### **Meetings**

Safety committee meetings are held quarterly or more often if needed. The safety program coordinator will post the minutes of each meeting (see following page) within one week after each meeting.



## Safety Committee Meeting Minutes

Date of Committee Meeting: \_\_\_\_\_

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

Minutes Prepared By: \_\_\_\_\_

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

Names of Members in Attendance:


Previous Action Items: \_\_\_\_\_

\_\_\_\_\_

Recommendations for Prevention: \_\_\_\_\_

\_\_\_\_\_

Recommendations from Anonymous Employees: \_\_\_\_\_

\_\_\_\_\_

Suggestion from Employees: \_\_\_\_\_

\_\_\_\_\_

Recommended Updates to Safety Program: \_\_\_\_\_

\_\_\_\_\_

Recommendations from Accident Investigation Reports: \_\_\_\_\_

\_\_\_\_\_

Safety Training Recommendations: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

## **Section 3**

### **SAFETY AND HEALTH TRAINING**

#### **Safety and Health Orientation**

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Each employee has access to a copy of this safety manual, through his/her supervisor, for review and future reference, and each employee will be given a personal copy of the safety rules, policies and procedures pertaining to his/her job. Supervisors will ask questions of employees and answer employees questions to ensure knowledge and understanding of safety rules, policies and job specific procedures described in our workplace safety program manual.

All employees will be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required.

***All training should be documented and records should be maintained.***

#### **Job-Specific Training**

- Supervisors will initially train employees on how to perform assigned job tasks safely.
- Supervisors will carefully review with each employee the specific safety rules, policies and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices of remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, non-routine or specialized procedures.

#### **Periodic Retraining of Employees**

All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when supervisor observes employees displaying unsafe acts, practice or behaviors.

## **Safety Training Documentation**

EMPLOYEE:

DATE:

TRAINER:

RULES AND REGULATIONS REVIEWED

DATE

General Review of Old/New (Circle One) Safety Rules for All Employees

Specific Safety Procedures for Employee Position ☐

General Maintenance ☐

First Aid ☐

Lifting Procedures ☐

Office Safety ☐

Furniture Use ☐

Equipment Use ☐

Climbing Step Ladder ☐

Sanitation/Health ☐

All categories have been reviewed with employee.

Supervisor Name, Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

I have been advised of all Safety and Health regulations and will adhere to them to the best of my ability.

Employee Name, Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

## Section 4

### SAFETY INSPECTIONS

It is up to all employees to maintain safe working conditions. Checklists for safety inspections ensure that important items are not overlooked. Inspections identify areas of risk. (Accident and/or Injury)

OSHA *recommends* general workplace inspections; but, certain inspections are *required*. Be sure to check the standards to know what you must do in your facility.

Safety Directors/Supervisors should continually monitor work areas but scheduled inspections should be documented and done on a regular basis. Written reports of these inspections should be made and kept on file. Management should make periodic inspections, announced and unannounced.

Vendors and organizations can supply inspection checklists. On the OSHA website [www.OSHA.gov](http://www.OSHA.gov), go to Safety and Health Topics under Small Business Training and you will find extensive self-inspection checklists. Also [www.usfsafetyflorida.com](http://www.usfsafetyflorida.com) is another resource that may be used.

The following suggestions of generic checklists may assist you in creating your own. Be sure to annotate the date, time, facility, and inspector and give satisfactory, unsatisfactory or “not applicable” columns.

Doors	Personnel Training
Windows	Stairs
Walking-Working Surfaces	Personal Protective Equipment
Lighting	Flammable & Combustible
Electrical Boxes	Lockout/Tagout Procedures
Emergency Exits	Hazard Communication
First Aid Kit Supplies	Housekeeping Program
Fire Extinguishers	Required OSHA Recordkeeping

## **Section 5**

### **PREVENTATIVE MAINTENANCE**

Preventive maintenance programs will avoid most equipment failures. Provide regular equipment maintenance to prevent breakdowns that can create hazards.

Preventive maintenance is a schedule of planned inspections to prevent breakdowns and failures before they happen. Inspections should be performed at regularly scheduled times.

Preventive and regular maintenance should be documented and tracked to completion.

During preventive maintenance, workers can document damage or wearing of parts or equipment so as to repair or replace parts *before* they cause a failure or injuries.

Without a preventive maintenance program, you will lose productivity, and costs will escalate.

## **Section 6 FIRST-AID PROCEDURES**

### **Emergency Phone Numbers**

Safety Coordinator:\_\_\_\_\_

Poison Control:\_\_\_\_\_

First Aid Response:\_\_\_\_\_

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

Ambulance:\_\_\_\_\_

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

Medical Clinic:\_\_\_\_\_

Clinic Name/Address:\_\_\_\_\_

### **Minor First-Aid Treatment**

First-aid kits are kept in the front office and in the service vehicles. If you sustain

- Inform your supervisor.
- Administer first-aid treatment to the injury or wound
- If a first-aid kit is used, indicate usage on the accident investigation report.
- Access to a first-aid kit is not intended to be a substitute for medical attention
- Provide details for completion of the accident investigation report.

### **Nonemergency Medical Treatment**

For nonemergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

- Inform your supervisor.
- Proceed to the posted medical facility. Your supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.

## **Emergency Medical Treatment**

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker .
- Use the emergency telephone numbers and instructions posted on the first-aid kit to request assistance and transportation to the local hospital emergency room.
- Provide details for completion of the accident investigation report.

## **First-Aid Training**

Each employee will receive training and instructions from his/her supervisor regarding our first-aid procedures.

## **First-Aid Instructions**

**In all cases requiring emergency medical treatment, immediately call or have a co-worker call to request emergency medical assistance. Use required bloodborne pathogen procedures while administering first aid.**

### **Wounds:**

Minor: *Cuts, lacerations, abrasions or punctures*

- Wash the wound using soap and water; rinse it well .
- Cover the wound using a clean dressing

Major: *Large, deep and bleeding wounds*

- Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
- Keep pressure on the wound until medical help arrives.

### **Broken Bones:**

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, “splint” the injured area. Use a board, cardboard or rolled newspaper as a splint.



## **Burns:**

### Thermal (heat)

- Rinse the burned area without scrubbing it and immerse it in cold water.  
*Do not use ice water.*
- Blot dry the area and cover it using sterile gauze or a clean cloth.

### Chemical

- Immediately flush the exposed area with cool water for 15 to 20 minutes.

## **Eye Injury:**

### Small particles

- Do not rub your eyes.
- Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eye continuously with water

### Large or stuck particles

- If a particle is stuck in the eye do not attempt to remove it.
- Cover both eyes with a bandage

### Chemical

- Immediately irrigate the eyes and under the eyelids with water for 30 minutes.

## **Neck or Spine Injury:**

- If the victim appears to have injured his/her neck or spine, or is unable to move his/her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

## **Heat Exhaustion:**

- Loosen the victim's tight clothing.
- Give the victim *sips* of cool water.
- Make the victim lie down in a cooler place with the feet raised.

## **Section 7**

### **ACCIDENT INVESTIGATION**

#### **Accident Investigation Procedures**

An accident investigation will be performed by the supervisor at the location where the accident occurred. The safety coordinator is responsible for seeing that the accident investigation reports are being filled out completely and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries and occupational diseases using the following investigation procedures.

- Implement temporary control measures to prevent any further injuries to employees.
- Review the equipment, operations and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the accident investigations report
- Provide recommendations for corrective actions.
- Indicate the need for additional or remedial safety training.

Accident investigation reports must be submitted to the safety coordinator within 24 hours of the accident.

**OSHA requires employers to report any/all of the following within 8 hours of the incident:**

- **Fatalities**
- **A single incident which requires hospitalization of 3 or more employees.**

**OSHA CENTRAL TELEPHONE NUMBER: 1-800-321-6742**

## Accident Investigation Report

Company: \_\_\_\_\_

Report No: \_\_\_\_\_

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

1. Name of injured \_\_\_\_\_
2. SSN \_\_\_\_\_
3. Sex: ☐ M ☐ F Age: \_\_\_\_\_
4. Date of Accident: \_\_\_\_\_
5. Time of Accident: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
6. Day of Accident: \_\_\_\_\_
7. Employee's Job Title: \_\_\_\_\_
8. Length of Experience of Job: \_\_\_\_\_ years: \_\_\_\_\_ months
9. Address of location where the accident occurred: \_\_\_\_\_  
\_\_\_\_\_
10. Nature of injury, injury type, and part of the body affected: \_\_\_\_\_  
\_\_\_\_\_
11. Describe the accident and how it occurred: \_\_\_\_\_  
\_\_\_\_\_
12. Cause of Accident: \_\_\_\_\_  
\_\_\_\_\_
13. Was personal protective equipment required? ☐ Yes ☐ No  
Was it provided? ☐ Yes ☐ No  
Was it being used? ☐ Yes ☐ No  
If "No," explain: \_\_\_\_\_  
\_\_\_\_\_  
Was it being used by supervisor or designated trainer? ☐ Yes ☐ No  
If "No," explain: \_\_\_\_\_  
\_\_\_\_\_
14. Witness(es): \_\_\_\_\_

15. Was safety training provided to the injured? ☐ Yes ☐ No

If "No," explain: \_\_\_\_\_  
\_\_\_\_\_

16. Interim corrective actions taken to prevent recurrence: \_\_\_\_\_  
\_\_\_\_\_

17. Permanent corrective action recommended to prevent recurrence: \_\_\_\_\_  
\_\_\_\_\_

18. Date of Report: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Supervisor **(Signature)** \_\_\_\_\_ Date: \_\_\_\_\_

19. Status and follow-up action taken by the safety coordinator:

\_\_\_\_\_

Safety Coordinator **(Signature)** \_\_\_\_\_

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

## Instructions for Completing the Accident Investigation Report

An accident investigation is not designed to find fault or place blame, but it is an analysis of the accident to determine causes that can be controlled or eliminated.

**(Item 1 – 9) Identification:** This section is self-explanatory.

**(Item 10) Nature of Injury:** Describe the injury, e.g., strain, sprain, cut, burn, fracture.

**Injury Type:** First aid – injury resulted in minor injury/treated on premises; Medical-injury treated off premises by physician; Lost time – injured missed more than one day of work; No Injury-no injury, near-miss type of incident.

**Part of the Body:** Part of the body directly affected, e.g., foot, arm, hand, head.

**(Item 11) Describe the accident:** Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

**(Item 12) Cause of the accident:** Describe all conditions or acts which contributed to the accident, e.g.,

a) Unsafe conditions (spills, grease on the floor, poor housekeeping or other physical conditions).

b) Unsafe acts (unsafe work practices such as failure to warn, failure to use required personal protective equipment).

**(Item 13) Personal protective equipment:** This section is self-explanatory.

**(Item 14) Witness(es):** List name(s), address(es), and phone number(s).

**(Item 15) Safety training provided:** Was any safety training provided to the injured relating to the work activity being performed.

**(Item 16) Interim corrective action:** Measures taken by supervisor to prevent recurrence of incident, e.g., barricading accident area, posting warning signs, shutting down operations.

**(Item 17)** Self explanatory

**(Item 18)** Self explanatory

**(Item 19) Follow-up:** Once the investigation is complete, the safety coordinator shall review and follow up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken and that control measures have been implemented.

## **Section 8**

### **RECORDKEEPING PROCEDURES**

The safety coordinator will control and maintain all employee accident and injury records. Records are maintained for a minimum of five (5) years and include:

- Accident Investigation Reports
- Workers' Compensation First Report of Injury or Illness
- Log and Summary of Occupational Injuries and Illnesses as required by OSHA's Recordkeeping Regulation 29 CFR 1904.2:
- OSHA Form 300 (Rev. 1-2004): Log of Work Related Injuries and Illnesses
- OSHA Form 300A (Rev. 1-2004): Summary of Work Related Injuries and Illnesses
- OSHA Form 301: Injury and Illness Incident Report

For certain business classes, Federal OSHA provides for an exemption from accident record keeping requirements. For a current list of business classes that may be exempt from this requirement, please visit the following website: [www.osha.gov](http://www.osha.gov). Go to the "Recordkeeping" link and then the "Partially Exempt Industries" link in the middle of the page.

Note: Individual state-specific accident record keeping requirements may exist for certain states. In such a case the above exemption does not apply. Please contact your state OSHA office (if applicable) for clarification.

## **Section 9**

### **SAFETY RULES, POLICY AND PROCEDURES**

The purpose of this safety program is to thoroughly acquaint employees with a set of safe working rules and procedures that will help to preserve workers health and welfare. No safety manual, however complete, can cover all conditions that might arise; therefore, it is necessary for employees to use their best judgment along with the observance of established safety practices. It is the desire of **(Company Name)** to establish the safest working conditions possible.

It is necessary to have everyone's cooperation in order to promote a good safety program. It is the supervisor's responsibility to make sure that all employees understand the policies and safety procedures prior to starting work. It is Management's responsibility to provide the equipment and methods for the employees safe work performance. However, it is each individual's responsibility to work according to established procedures. Accidents are caused; they don't happen. Remember, the job is only as safe as we make it.

#### **PERSONAL CONDUCT**

The following will not be tolerated:

- Deliberate failure to follow established safe work practices, rules or regulations provided by Management
- Disregard of any supervisor's instructions
- Attitudes of indifference, recklessness, hostility and inattention to the job being performed
- Horseplay of any kind
- Drinking of alcoholic beverages or taking controlled drugs
- Sleeping on the job
- Disabling or bypassing any safety devices

#### **PHYSICAL CONDITION**

The supervisor should be advised immediately of any medications or physical limitations that would adversely affect the safe working conditions on the job-site. In any case requiring the services of a medical doctor for a job related injury or illness, the supervisor must be notified immediately.

Authorization for any visit to a physician connected with an individual's employment must be obtained from supervision prior to leaving the work site. Failure to notify supervision could negatively affect the employee's claim.

### **General Rules:**

All employees

### **Job-Specific Rules:**

By Occupational Class, e.g., painter, clerk, carpenter, etc.

**(Note to Employer:** General and job-specific safety rules are to be determined based on the needs and exposures of your particular company and its employees. The following pages represent some common examples.)



## **All Employees**

### **Housekeeping**

1. Use caution signs/cones to barricade slippery areas.
2. Do not store or leave items on stairways.
3. Return tools to their storage places after using them.
4. Do not block or obstruct stairwells, exits or accesses to safety and emergency equipment such as fire extinguishers and fire alarms.
5. Do not place materials such as boxes or trash in walkways and passageways.
6. Do not use gasoline for cleaning purposes.
7. Mop up water around water fountains, drink machines and ice machines.

### **Lifting Procedures General**

1. Test the weight of the load before lifting by pushing the load along its resting surface.
2. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or get assistance from a co-worker.
3. Never lift anything if your hands are greasy or wet.
4. Wear protective gloves when lifting objects with sharp corners or jagged edges.

### **When lifting----**

1. Face the load.
2. Position your feet 6" – 12" apart with one foot slightly in front of the other.
3. Bend at the knees, not at the back.
4. Keep your back straight.
5. Get a firm grip on the object using your hands and fingers. Use handles when they are present.
6. Hold the object as close to your body as possible.
7. Perform lifting movements smoothly and gradually; do not jerk the load.

8. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
9. Set down objects in the same manner as you picked them up, except in reverse.
10. Do not lift an object from the floor to a level above your waist in on motion. Set the load down on table or bench and adjust grip before lifting higher.

## **All Employees**

### **Ladders and Stepladders**

1. Read and follow the manufacturer's instruction label affixed to the ladder if you are unsure how to use the ladder.
2. Do not use ladders that have loose rungs, cracked or split side rails, missing rubber foot pads, or other visible damage.
3. Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
4. When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder.
5. Allow only one person on the ladder at a time.
6. Do not stand on the top two rungs of any ladder.
7. Do not stand on a ladder that wobbles or leans to the left or right of center or is crooked.
8. Do not try to "walk" a ladder by rocking it. Climb down the ladder and then move it.
9. When using extension ladders, set up with a 4:1 angle and the top of the ladder extends 3ft above the roof edge.

### **Climbing a Ladder**

1. Face the ladder when climbing up or down it.
2. Do not carry items in your hands while climbing up or down a ladder.
3. Maintain a three-point contact by keeping both hands and one foot or both feet and one hand on the ladder at all times when climbing up or down the ladder.

### Driving/Vehicle Safety Fueling Vehicles

1. Turn the vehicle off before fueling.
2. Do not be on Cell Phone while fueling.
3. Do not smoke while fueling a vehicle.
4. Wash hands with soap and water if you spill gasoline on them. Driving

### Rules

1. Shut all doors and fasten your seat belt before moving the vehicle.
2. Obey traffic patterns and signs at all times.
3. Obey company Cell Phone rules while driving.
4. No texting while driving.
5. Maintain a three-point contact using both hands and one foot or both feet and one hand when climbing into and out of vehicles.
6. Do not leave keys in an unattended vehicle.

### Office Personnel

#### Office Safety General

1. Do not place material such as boxes or trash in walkways and passageways.
2. Do not throw matches, cigarettes or other smoking materials into trash baskets.
3. Do not kick objects out of your pathway; pick them up or push them out of the way.
4. Keep floors clear of items such as paper clips, pencils, tacks or staples.
5. Straighten or remove rugs and mats that do not lie flat on the floor.
6. Mop up water around water fountains and drink machines.
7. Do not block your view by carrying large or bulky items; use a dolly or hand truck or get assistance from a fellow employee.
8. Store sharp objects, such as pens, pencils, letter openers or scissors, in drawers or with the points down in a container.
9. Carry pencils, scissors and other sharp objects with the tips pointing down.
10. Use the ladder or step stool to retrieve or store items that are located above your head.
11. Do not run on stairs or take more than one step at a time.

12. Keep doors in hallways fully open or fully closed.
13. Use handrails when ascending or descending stairs or ramps.
14. Obey all posted safety and danger signs.

#### Furniture Use

1. Open only one file cabinet drawer at a time. Close the filing cabinet drawer you were working in before opening another filing drawer in the same cabinet.
2. Use the handle when closing doors, drawers and files.
3. Put heavy files in the bottom drawers of file cabinets.
4. Do not tilt your chair on its back two legs while you are sitting in it.
5. Do not stand on furniture to reach high places.

#### Equipment Use

1. Do not use fans that have excessive vibration, frayed cords or missing guards.
2. Do not place floor-type fans in walkways, aisles or doorways.
3. Do not plug multiple electrical cords into a single outlet.
4. Do not use extension or power cords that have the ground prong removed or broken off.
5. Do not use frayed, cut or cracked electrical cords.
6. Use a cord cover or tape down cords when running them across aisles, between desks or across entrances or exits.
7. Turn the power switch of the local exhaust fans to “ON” when operating the blueprint machine.
8. Do not use lighting fluid to clean drafting equipment; use soap and water.

Safety is everyone’s responsibility; let’s prevent accidents rather than treat the results of unsafe practices/conditions can produce.

#### **COMPLIANCE WITH RULES**

1. All personnel are expected to comply fully with these Safety Rules. Any failure to do so will result in appropriate disciplinary action.

All disciplinary action will be consistent with fair and just treatment of each individual employee.

2. The listed Safety Rules are illustrative and should not be viewed as an exclusive listing to encompass situations specifically mentioned.

Management reserves the right at all times, when circumstances warrant it, to create new rules or modify existing ones in order to insure a safe, healthy and productive work environment for all our employees, contractors or guests.

## **Appendix**

### **Haz Com Plan – Hazard Communications Program**

#### **GENERAL**

THE PROGRAM WILL BE AVAILABLE FOR REVIEW BY ALL EMPLOYEES. THE FOLLOWING HAZARD COMMUNICATION PROGRAM HAS BEEN ESTABLISHED FOR [COMPANY NAME].

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#### **I. HAZARDOUS CHEMICAL IDENTIFICATION**

[**Company Name**] will acquire and review Material Safety Data Sheets from chemical suppliers, with employees in order to determine chemical hazards in the work place.

#### **II. LABELING**

1. The Safety Coordinator will be responsible for labeling all containers.
2. All labels shall be checked for:
  - Identity of the chemical contained (Common or trade name)
  - Hazard warnings
  - Name and address of chemical manufacturer or other responsible party
3. Each employee shall be responsible for labeling chemical containers filled with chemicals transferred from their original containers to other, typically smaller containers used in their work areas. This should include identity and hazard warnings.

### III. MATERIAL SAFETY DATA SHEETS (MSDS)

1. The Safety Coordinator will be responsible for compiling the master MSDS file. It will be kept at **[Company Locations]**.
2. Copies of MSDS for all hazardous chemicals to which employees may be exposed will be kept on a file at **[Company Locations]**.
3. MSDS will be available for review to all employees during each work shift. Copies will be available upon request to their supervisor.
4. Supervisor(s) will be provided with the required OSHA Right-ToKnow posters and postings notifying employees of new or revised MSDS within five (5) days of receipt of new or revised MSDS.

### IV. EMPLOYEE INFORMATION TRAINING

1. The Safety Coordinator shall coordinate and maintain records of training conducted for **[Company Name]**.
2. Before starting work, or as soon as possible thereafter, each new employee will attend a safety class. In that class, each employee will be given information on:
  - Chemicals and their hazards in the workplace.
  - How to lessen or prevent exposure to these chemicals.
  - What the company has done to lessen or prevent workers' exposure to these chemicals.
  - Procedures to follow if they are exposed.
  - How to read and interpret labels and MSDSs.
  - Where to locate MSDSs and from whom they may obtain copies.
3. The employee will be informed that:
  - The employer is prohibited from discharging, or discriminating against an employee who exercises the rights regarding information about hazardous chemicals in the workplace.

- As an alternative to requesting an MSDS from the employer, the employee may obtain a copy from the Department of Public Health.
- Measures the company has taken to lessen the hazards, including ventilation, respirators, the presence of another employee, and emergency procedures.

4. Attendance will be taken at training sessions. These records will be kept in the employee's personnel file/Home Office.

Before any new hazardous chemical is introduced into the workplace, each employee will be given information in the same manner as during the safety class.

## **V. HAZARDOUS NON-ROUTINE TASKS**

1. On occasion, employees are required to do work in hazardous areas (confined spaces). Prior to starting work in such areas, each employee will be given information about the hazards involved in these areas. This information will include:
  - Specific chemical hazards.
  - Protection/safety measures the employee is required to take to lessen risks.

## **VI. INFORMING CONTRACTORS**

1. It is the responsibility of the job supervisor to provide any other contractors with employees exposed to our chemicals with the following information:
  - Hazardous chemicals with which they may come in contact.
  - Measures the employees would take to lessen the risks.
  - Where to get MSDS for all hazardous chemicals.



2. It is the responsibility of the job supervisor to obtain chemical information from contractors when they will expose our employees to hazardous chemicals that they may bring into our workplace.

## **VII. List of Hazardous Chemicals**

This is a list of chemicals used by [**Company Name**].

**MATERIAL** (Name on label and MSDS)

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## **VIII. PLAN ADMINISTRATION**

The Safety Coordinator will monitor the Hazard Communication program. Questions regarding this program should be directed to the Safety Coordinator.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

## **TRAINING ACKNOWLEDGEMENT**

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I have received information on the Hazard Communication Standard 29 CFR 1910.1200 or the appropriate state standard and understand how to interpret and to use the labeling systems and Material Safety Data Sheets (MSDS) that are in use and accessible to me in my work area. I agree to observe and follow the safe work practices as presented to me in the training sessions I attended on \_\_\_\_\_ at \_\_\_\_\_

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**EMPLOYEE SIGNATURE**

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**DATE**

The above named employee has been informed and instructed by \_\_\_\_\_ work practices, chemical hazards recognition, interpretation and use of chemical labels, MSDS, the CFR 29, 1910.1200 (e) or appropriate state standard and the location at which these items are accessible to the employee.

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**SUPERVISOR SIGNATURE**

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**DATE**

**Haz Com- MSDS Terms & Definitions**  
**EXPLANATION OF TERMS USED ON MATERIAL SAFETY DATA SHEETS**  
**(MSDS)**  
**HAZ COM – HAZARDOUS SUBSTANCE LIST FOR WORK AREA**

**WORK AREA** \_\_\_\_\_

CHEMICAL IDENTITY LABEL/SPECIAL INFORMATION	CASE # OR SERIAL #	VENDOR

## **SECTION I**

<b>CHEMICAL NAME AND SYNONYMS</b>	The product identification. The chemical or generic name of single elements and compounds.
<b>TRADE NAMES AND SYNONYMS</b>	The name under which the product is marketed and the common commercial name of the product.
<b>CHEMICAL FAMILY</b>	Refers to a grouping of chemicals that behave and react with other chemicals in a similar manner.
<b>FORMULA</b>	The chemical formula or single elements or compounds.
<b>CASE NUMBER</b>	The Chemical Abstracts Service number, if applicable.
<b>EPA</b>	The code number assigned by the Environmental Protection Agency, if applicable.
<b>DOT CLASSIFICATION</b>	The appropriate classification as determined by the regulations of the Office of Hazard Material, Department of Transportation.

## **SECTION II**

<b>HAZARDOUS INGREDIENTS</b>	The major components as well as any minor one(s) having potential for harm that are considered when evaluating the product.
<b>TLV</b>	Threshold Limit Value (TLV) indicates the permissible exposure concentration, a limit established by a government regulatory agency, or an estimate if none has been established.

## **SECTION III – PHYSICAL DATA**

<b>BOILING POINT (°F)</b>	The temperature in degrees Fahrenheit at which the substances will boil.
<b>VAPOR PRESSURE</b>	The pressure of saturated vapor above the liquid expressed in mm Hg at 20°C.
<b>VAPOR DENSITY</b>	The relative density or weight of a vapor or gas (with no air present) compared with an equal volume of air at ambient temperature.
<b>SOLUBILITY IN WATER</b>	The solubility of a material by weight in water at room temperature. The terms negligible, less than 0.1 percent, 0.1 to 1 percent; moderate 1 to 10 percent, applicable 10 percent or greater.
<b>APPEARANCE AND ODOR</b>	The general characterization of the material, i.e., powder, colorless liquid, aromatic odor, etc. <b>SPECIFIC GRAVITY (H<sub>2</sub>O=1)</b> —The ratio of the weight of a

	volume of the material to its weight of an equal volume of water.
<b>PERCENT, VOLATILE BY VOLUME (%)</b>	The percent by volume of the material that is considered volatile. (The tendency or ability of a liquid to vaporize.)
<b>EVAPORATION RATE</b>	The ratios of the time required to evaporate a measured volume of a liquid to the time required to evaporate the same volume of a reference liquid (ethyl ether) under ideal test conditions. The higher the ratio, the slower the evaporation rate.

#### **SECTION IV**

<b>FLASH POINT (METHOD USED)</b>	The temperature in degrees Fahrenheit at which a liquid will give off enough flammable vapors to ignite in the presence of a source of ignition.
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#### **SECTION V**

<b>CONDITIONS TO AVOID</b>	Conditions that, if they exist with the substance present, could cause it to become unstable.
<b>INCOMPATIBILITY (MATERIALS TO AVOID)</b>	Materials that will react with the substance.
<b>HAZARDOUS DECOMPOSITION PRODUCTS</b>	Refers to that reaction that takes place at a rate that releases large amounts of energy. Indicates whether or not it may occur and under what storage conditions.

#### **SECTION VI**

<b>HEALTH HAZARD DATA</b>	Possible health hazards as derived from human observation, animal studies or from the results of studies with similar products.
<b>THRESHOLD LIMIT VALUE (TLV)</b>	The value for airborne toxic material that are to be used as guides in the control of health hazards and represent concentrations to which nearly all workers may be exposed eight hours per day over extended periods of time without adverse effects.
<b>EFFECTS OF OVEREXPOSURE</b>	The effects on or to an individual who has been exposed beyond the specified limits.
<b>EMERGENCY AND FIRST-AID PROCEDURES</b>	Gives first-aid and emergency procedures in case of eye and/or skin contact, ingestion and inhalation.

## **SECTION VII**

<b>STABILITY</b>	<p>Whether the substance is stable or unstable, an unstable substance is one that will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shock, pressure, or temperature.</p> <p>A copy of the form you may want to use to list your hazardous substances by work area follows this page. This information would be based on the initial survey and subsequent hazard determination.</p>
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## **SECTION VIII**

<b>SPILL OR LEAK PROCEDURES</b>	Steps to be taken if material is released or spilled. Method and materials to use to clean up or contain.
<b>WASTE DISPOSAL METHOD</b>	Method and type of disposal site to use.

## **SECTION IX -SPECIAL PROTECTION INFORMATION**

<b>RESPIRATORY PROTECTION</b>	Specific type should be specified, i.e., dust mask, NIOSH-approved cartridge respirator with organic-vapor cartridge.
<b>VENTILATION</b>	Type of ventilation recommended, i.e., local exhaust, mechanical, etc.
<b>PROTECTIVE GLOVES</b>	Refers to the glove that should be worn when handling the product, i.e., cotton, and rubber.
<b>EYE PROTECTION</b>	Refers to the type of eye protection that is to be worn when handling or around the product.
<b>FLAMMABLE LIMITS</b>	The range of gas or vapor concentration (percent by volume in air) that will burn or explode if an ignition source is present. (Lela) means the lower explosive limits and (Eel) the upper explosive limits given in percent.
<b>EXTINGUISHING MEDIA</b>	Specifies the fire-fighting agent(s) that should be used to extinguish fires.
<b>SPECIAL FIRE-FIGHTING PROCEDURES/UNUSUAL FIRE AND EXPLOSION HAZARDS</b>	Refer to special procedures required if unusual fire or explosion hazards are involved.

## Haz Com – MSDS Information

**OSHA** rules outline the content, but not the exact form, of every Material Safety Data Sheet. Here is what OSHA requires each data sheet to contain:

- **IDENTITY.** The data sheet must contain the name of the chemicals found on the label. In addition, subject to deletion of legitimate trade secrets, it must give the chemical and common name of the substance. If the substance is a mixture and has not been tested as such, the data sheet must give the name of each hazardous constituent.
- **CHARACTERISTICS.** The data sheet must recite the physical and chemical characteristics of the chemical, such as vapor pressure, flash point, etc.
- **PHYSICAL HAZARDS.** Any potential for fire, explosion or reaction must be included in the data sheet.
- **HEALTH HAZARDS.** Signs and symptoms of exposure must be entered, as must all medical conditions that are likely to be aggravated by exposure.
- **ROUTES OF ENTRY.** The data sheet must specify whether the chemical typically enters the system by ingestion, inhalation, dermal exposure or some other route.
- **EXPOSURE LIMITS.** If OSHA has established an exposure limit for the chemical, or if the American Conference of Governmental Industrial Hygienists has established a Threshold Limit Value, these must be entered on the data sheet, as must any exposure limit used by the authority preparing the data sheet.
- **CARCINOGENS.** The data sheet must indicate whether the National Toxicology Program, by OSHA, or by the International Agency, lists the chemical as a carcinogen for Research in Cancer.
- **USE AND HANDLING.** The data sheet must recite any general applicable precautions for safe handling and use that are known to the firm preparing the data sheet, including hygiene practices, protective

measures during repair and maintenance of contaminated equipment and procedures for clean-up of spills and leaks. Industrial chemical consumers often might add site-specific procedures to the more general information offered by the chemical manufacturer.

- **EXPOSURE CONTROLS.** The data sheet must include a description of special procedures to be employed in emergencies, as well as a description of appropriate first aid.
- **DATES.** The sheet must bear the date of its preparation or of its latest revision.
- **INFORMATION SOURCE.** Finally, the sheet must recite the name, address and telephone number of the person who prepared the data sheet or of some other person who can provide additional information relating to the chemical, such as citations to scientific literature or specialized emergency procedures.



## Haz Com Training of Employee Checklist

1.	INFORMATION: HAS THE EMPLOYEE BEEN INFORMED OF THE FOLLOWING?	YES	NO
a)	The requirements of this section.		
b)	Any operation in the work area where hazardous substances are present.		
c)	The location of the written Hazard Communication Program.		
d)	Availability of the written program.		
e)	Location and availability of hazardous substances list(s).		
f)	Location and availability of Material Safety Data Sheets.		
2.	TRAINING: HAS THE EMPLOYEE BEEN TRAINED IN THE FOLLOWING?		
a)	Methods and observations that may be used to detect the presence or release of hazardous substances in the work areas.		
b)	The physical and health hazards of the substances in the work areas.		
c)	How employees can protect themselves from these hazards.		
d)	Procedures the employer has implemented for employee protection.		
e)	Appropriate work practices.		
f)	Emergency procedures.		
g)	Personal protective equipment to be used.		
h)	Explanation of labeling systems.		
i)	Explanation of material safety data sheets.		
j)	How employees can obtain and use appropriate hazard information.		
k)	Personal hygiene when working with substances.		
l)	General first aid for contact with hazardous substances.		

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE

## Haz Com - Training Attendance Form

NAME OF COMPANY &amp; LEADER: \_\_\_\_\_

**DATE OF MEETING:** \_\_\_\_\_

TOPIC/ LOCATION: \_\_\_\_\_

**EMPLOYEE'S NAME**

[illegible]

11/03SIC

## **Lock Out/Tag Out Program**

This program establishes the requirements necessary to safeguard employees while performing servicing or maintenance tasks, by the removal of energy sources (electrical, hydraulic, pneumatic, chemical, thermal and kinetic) that may cause serious injury to employees or property damage by accidental start-up of machinery, equipment or processes.

### **Responsibility:**

All employees shall be instructed as to the safety significance of the 'Lock Out/Tag Out' Procedures. The training shall be completed by \_\_\_\_\_

### **Preparation for Lock and Tag Out Procedures:**

A survey shall be made by \_\_\_\_\_ to locate and identify (mark) all energy sources to verify which switch or valve supplies energy to machinery and equipment. Dual or redundant controls will be removed and questionable energy sources will be resolved before this program commences.

Lists of each piece of equipment, machinery and processes shall be maintained that outline the energy sources, location of disconnects, type of disconnect, any special hazards and any special safety procedures. The General Lock Out/Tag Out procedures shall be consulted to properly lock and tag out equipment, machinery and processes. As repairs and/or renovations of existing electrical systems are completed, standardized controls will be employed.

### **Routine Maintenance & Machine Adjustments:**

Lock Out/Tag Out procedures may not be utilized if the machinery or equipment must be operating to safely and accurately perform routine maintenance or perform adjustments. This rare exception may be used only by trained and authorized employees when specific procedures have been developed to safely avoid hazards with proper training.

## **Locks, Hasps and Tags:**

Personnel are to get the amount of numbered locks with associated keys, hasps and tags from the Lock Out/Tag Out Station as required to completely de-energize equipment and machinery. All locks will be keyed differently with one extra key being maintained by the Supervisor in a locked key cabinet.

### **General Lock and Tag Out Procedures:**

1. Before working on, repairing, adjusting or replacing machinery and equipment, the following procedures will be utilized to place the machinery and equipment in a neutral or zero mechanical state.
2. Notify all affected employees that the machinery, equipment or process will be out of service.
3. If the machinery, equipment or process is in operation, follow normal stopping procedures (i.e. depress stop button, open toggle switch, etc.).
4. Move switch or panel arms to “Off or “Open” positions and close all valves or other energy isolating devices so that the energy source(s) is disconnected or isolated from the machinery or equipment. Stored energy (capacitors, springs, elevated members, rotating fly wheels, and hydraulic/air/gas/steam systems) must be relieved or restrained by grounding, re-positioning, blocking and/or bleeding.
5. Lock out and tag out all energy devices by use of hasps, chains and valve covers with an assigned individual lock.
6. After assuring that no employee will be placed in danger, test all lock out and tag out processes by following the normal start up procedures. **Caution: After test, place controls back in ‘neutral’ position.**
7. Machinery or equipment is now locked out and tagged out.
8. Should the shift change before the machinery or equipment can be re-stored to service, the lock and tag out must remain. If the task is re-assigned to the next shift, those employees must perform a review of the lock out/tag out procedure with the previous technician before they may transfer their lock, key and tag.

### **Lock and Tag Out Procedures for Electrical Plug-Type Equipment:**

When working on, repairing, or adjusting electrical plug-type equipment, the following procedures must be utilized to prevent accidental or sudden startup:

1. Un-plug Electrical Equipment from wall socket or in-line socket.
2. Attach "Do Not Operate" Tag on end of power cord.
3. Test Equipment to assure power source has been removed by depressing the "Start" or "On" Switch.
4. Perform required operations.
5. Replace all guards removed.
6. Inspect power cord and socket before removing Tag. Any defects must be repaired before placing the equipment back in service.
7. Remove Tag and place equipment back in service.

*NOTE: Occasionally used equipment should be unplugged from power source when not in use.*

### **Restoring Machinery and Equipment to Service:**

When the task is complete and the machinery, equipment or process are ready for testing or returned to normal service:

1. Check the area to assure that no employee is exposed to a hazard. 2. Account for all tools, repair or replace any defects and replace all safety guards.
3. Remove lock and tag. Restore energy sources. Test to assure task has been completed satisfactorily.

### **Procedures Involving More Than One Technician:**

In the preceding steps, if more than one technician is assigned to a task requiring a lock out and tag out, each must also place his or her own lock and tag on the energy isolating device(s).

### **Management's Removal of Lock Out/Tag Out:**

Only the employee that locks out and tags out machinery, equipment or processes may remove his/her lock and tag. However, should the employee leave the building before removing his/her lock and tag,

Management may remove the lock and tag. However, the manager must assure themselves that all tools have been removed, all guards have been replaced and all employees are free from any hazard before the lock and tag are removed and the machinery, equipment or process are returned to service.

### **Training and Retraining of Affected and Authorized Employees**

Each employee must be thoroughly trained with respect to lockout/tagout procedure used by \_\_\_\_\_ Insert Company Name \_\_\_\_\_.

Each employee must know that lockout/ tagout is used to protect employees against hazardous energy from inadvertent operation of equipment or machinery. Each employee must understand that he or she is never to attempt to operate an energy-isolating device when it is locked or tagged.

Each employee must be *retrained* if there is: a change in the employee's job assignment, a change in machinery or equipment that presents a new hazard, a change in energy control procedures, or the management of \_\_\_\_\_ Insert Company Name \_\_\_\_\_. considers that retraining is necessary.

#### **Training or retraining must include:**

- how to recognize hazardous energy sources type and magnitude of energy used especially with respect to the machinery or equipment to which the employee will be exposed
- purpose of the lockout/tagout procedure
- steps for shutting down, isolating, blocking and securing equipment to which the employee will be exposed
- steps for placement, removal and transfer of lockout/tagout devices and the division of responsibility for accomplishing those tasks
- requirements for testing to determine and verify effectiveness of lockout/tagout devices
- the proper use and limitations of tags

Employees who will use (actually implement) the lockout/tagout procedure must receive written authorization from supervision. Training and retraining must be documented for each employee. Documentation must be maintained in the department where the employee currently works and must at all times be available to supervision and other employees. A separate copy will be used to document training and retraining for each employee

### **Energy-Isolating Device(s)**

Each employee must be instructed that every department has conducted a survey of *all* machinery, equipment and processes that possess potentially hazardous energy. The survey located all equipment and identified all isolating devices that must be locked or tagged to render the equipment safe for service, maintenance or repair and described applicable lockout/tagout procedure. The information for each item of machinery or equipment was recorded on a separate form A, which is maintained in the respective department and is readily available for use in conjunction with the lockout/tagout procedure. An example form A follows:

### **Form A**

#### **Types/Locations of Energy-Isolating Devices**

1. Name of department: \_\_\_\_\_  
\_\_\_\_\_

2. Name of equipment or machine: \_\_\_\_\_  
\_\_\_\_\_

3. Serial number of equipment or machine: \_\_\_\_\_  
\_\_\_\_\_

4. Location of equipment or machine: \_\_\_\_\_  
\_\_\_\_\_

5. Each type of energy used by the equipment or machine:

- a. \_\_\_\_\_
- b. \_\_\_\_\_

6. Magnitude of each source of energy:

- a. \_\_\_\_\_
- b. \_\_\_\_\_

7. Hazards to be expected from each source of energy:

- a. \_\_\_\_\_
- b. \_\_\_\_\_

8. Type and location of each device for isolating energy to the machine or equipment and the method of Lock Out/Tag Out to be used (use an additional form, if needed):

**Type Location Method of Lock Out/Tag Out**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_



9. Identification of each device and manner by which energy can be stored in the machine or equipment and identification of the procedure for dissipating or restraining the stored energy (use an additional form, if needed):

### **Contractors**

Contractors must also be required to honor Lock Out/Tag Outs in place and use standard Lock Out/Tag Out Procedures while servicing or maintaining equipment, machinery or processes.