



CORPORATE SAFETY POLICY

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Commitment to Safety

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MISC FORMS

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COMMITMENT TO SAFETY

Safety is a part of the job we do.

It is important to understand the role safety plays in our organization. As president of Clinton Industries, I see safety as a cornerstone of our organizational culture and seek those who not only possess the skills and ability, but share an interpersonal responsibility for safety with their coworkers. After all, safety is a part of the job we do.

It is important each of us understands that safety on the job is an absolute necessity to help ensure our individual prosperity, our collective success, and the wellbeing of those who need and count on us.

We work in a challenging industry, one that requires us to constantly adapt to a changing environment. Here at Clinton Industries, we are committed to integrating safety into our many business operations. In terms of resources, we want to make sure that all reasonable and necessary resources are provided for you to do your job safely and for our products to be of highest quality. We do not expect you or anyone to risk serious injury or illness in your line of work. If safety equipment or consideration is needed, please ask for it – your job is not worth risking your life or the wellbeing of your family.

To maintain a high level of performance, we will strive to make continual improvements in our safety program through development of useable policies, procedures, and training activities that promote safe work practices, a healthy working environment, observance of applicable safety laws, and a positive company image.

But your participation is integral to the overall success of our safety efforts. So please help us to reach and maintain our perpetual goal of a zero-accident workplace by sharing constructive feedback, questions, or suggestions for improvement any time.

Making it home for dinner each night is never a given. For this to happen, loss control and safety must be considered vital parts of every job you do. Our continual strive for an injury-free workplace is attainable – and expected – with the full support and participation of everyone.

THANK YOU for doing what you do to make safety a priority in your personal and professional life.

--- *Bob Bohn, President*
Clinton Industries, Inc.

Section 1 – Purpose & Scope of Corporate Safety Policy

1. Purpose.

To protect the wellbeing of our employees, temporary help, visitors, the public, and our company through the implementation of effective risk management, loss prevention, and life safety measures.

2. Scope.

The provisions of this Corporate Safety Policy apply to all employees and temps while on the job or at a company facility, whenever representing the organization, whenever operating company vehicles or equipment, and whenever operating non-company (i.e. personal) vehicles for company business.

This policy shall also apply to all non-employees who work for or under Clinton Industries or enter one of its work areas. This may include visitors, inspectors, clients, contractors, vendors, and company representatives.

In situations where provisions of a contractor's or vendor's safety policy are more stringent, then the contractor/vendor shall continue to follow the more stringent provisions of its policy.

3. Policy conflicts.

In no way is this policy or any portion thereof meant to diminish federal, state, or local safety requirements.

Where conflicts may exist between our policy and governmental regulation, the more stringent requirement shall take precedence. Refer all questions regarding this provision to the safety director.

Section 2 – Safety Expectation, Disciplinary Action, & Protection from Reprisal

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1. Universal accountability for safety.

Without exception, each of us is equally responsible for demonstrating exemplary safety performance, for respecting the provisions of this Corporate Safety Policy, and for promoting safety as an unwavering and core company value.

2. Core expectations.

During your new hire orientation, the following core safety expectations were emphasized:

- 2.1. Promptly address safety-related questions or concerns with your supervisor or any member of leadership.
- 2.2. If you're not sure how to perform a task or use a tool safely, ask your supervisor for instruction.
- 2.3. If you're not comfortable performing a task or using equipment, speak with your supervisor.
- 2.4. If you feel that you're not able to do your job safely, stop and speak with your supervisor.
- 2.5. If you feel that your safety is jeopardized by your supervisor, you can speak freely & confidentially with our safety director or any member of executive leadership without fear of reprisal.

3. 10 key safety expectations for everyone.

- 3.1. Look out for the safety & wellbeing of yourself and those around you.
- 3.2. Immediately stop any activity that you feel places workers, the public, equipment, or property in harm's way.
- 3.3. Incorporate the provisions of our safety policy and relevant OSHA requirements into daily work activities.
- 3.4. Attend and participate in safety training sessions, then use what you learn to prevent injury and loss.
- 3.5. Read safety communications.
- 3.6. Correct or report unsafe conditions, actions, equipment, tools, or materials.
- 3.7. Report all incidents (work-related injuries, illnesses, damage, spills, substandard safety practices, & near misses).
- 3.8. Feel free to meet with your supervisor, the safety director, or leadership team to discuss matters of safety.
- 3.9. Offer constructive feedback and contribute to achieve our goal of a zero-injury workplace.
- 3.10. Promote positive safety attitudes and work ethic on the job.

4. +10 safety expectations for supervisory personnel.

Our supervisory personnel are to oversee the consistent day-to-day implementation of our safety policy and fulfill the role of an effective and respected safety leader. They shall have additional safety expectations:

- 4.1. Lead by setting the standard for exemplary safety performance and ensuring co-worker safety needs are met.
- 4.2. Establish an "open door" policy on matters of safety, and actively seek meaningful co-worker contribution.
- 4.3. Provide supervision and coaching/mentoring commensurate with employee skill & experience level.
- 4.4. Plan safety into work activities & instructions.
- 4.5. Regularly inspect your area(s) of responsibility to identify and eliminate/control hazards.
- 4.6. As necessary, initiate disciplinary action measures to ensure the provisions of this policy are being incorporated.
- 4.7. Coordinate safety efforts with maintenance and visiting contractors/vendors.
- 4.8. Oversee timely & effective communication of vital safety information.
- 4.9. Manage incidents (as appropriate) and follow-up with a thorough and timely report.
- 4.10. Communicate concerns or suggestions to the safety director or executive leadership.

2 – Safety Expectation, Disciplinary Action, & Protection from Reprisal

5. +10 safety expectations for executive leadership.

Executive leadership is to see that safety performance is integrated into the vision for the company, and is promoted both internally and externally – to clients, insurance companies, government agencies, and the public. Additional safety expectations for the executive leadership team include:

- 5.1. Lead by setting the standard for exemplary safety performance and ensuring co-worker safety needs are met.
- 5.2. Establish an “open door” policy on matters of safety, and actively seek meaningful co-worker contribution.
- 5.3. Provide reasonable organizational resources (financial, human, time, etc.) for safety initiatives to be successful.
- 5.4. Integrate safety performance into other business processes (planning, purchasing, marketing, reviews, etc.).
- 5.5. Empower employees to act on behalf of the organization to correct safety issues.
- 5.6. Hold all persons in the organization equally accountable for safety performance.
- 5.7. Consult with the safety director in matters of workplace safety/health.
- 5.8. Ensure timely & effective communication of safety information & responses to safety requests/concerns.
- 5.9. Review critical incident reports and periodic safety performance/incident trend data.
- 5.10. Administer upper tier safety-related disciplinary actions.

6. Progressive disciplinary action policy.

Our progressive disciplinary action policy is not intended to penalize anyone who is making an honest effort to work within the parameters of our safety policy and regulatory requirements. It will, however, be administered to those who fail to take responsibility for the safety of themselves and/or others. The end goal is a heightened safety awareness, promotion of a safe work environment, and a decrease in losses associated with incidents.

Individuals who violate safety policy, placing themselves, others, or property at risk of injury or damage, shall be subject to the following progressive disciplinary actions, at Clinton Industries’ sole discretion:

- 1st offense Documented verbal counseling or written reprimand.
- 2nd offense Written reprimand.
- 3rd offense Meeting with executive leadership, with additional action that may include termination.

Clinton Industries reserves the right to forego 1st or 2nd offense actions where unsafe behavior is deemed to be serious, deliberate, willful, or repeated.

Supervisory personnel shall be held accountable to the highest level of safety performance and may also be disciplined for policy violations committed by employees they supervise. This would occur if the supervisor knew of the infraction (or should have reasonably known of it) and failed to act appropriately.

7. Employee protection from reprisal.

In no way shall anyone be disciplined, demeaned, or otherwise penalized for reporting incidents, reporting hazards, submitting constructive suggestions, and/or for otherwise participating in our safety program. Any incident of ridicule or reprisal for good faith safety efforts is to be promptly reported to the safety director or any member of executive leadership. The matter will be handled in a confidential manner.

Section 4 – Reserved

This section of Corporate Safety Policy reserved for future use.

Section 5 – Back Care, Ergonomics, and Stretch & Flex

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1. Back injuries & contributing factors.

Back injuries aren't like most other injuries – how badly you're hurt is usually not the result of one single event.

Think of a wire that you repeatedly bend back-and-forth. Eventually, you weaken the wire enough to the point where it is irreparably damaged. This is just like the person who bends down to pick-up a pencil and blows out his/her back. It wasn't the heavy weight of the pencil that did the trick, but rather the many other cumulative "micro-injuries" that finally resulted in a major event. And whenever you hurt your back, you rarely recover 100%.

Risk of back injury is exacerbated by many factors, which may include:

- Lifting too much (weight or frequency)
- Improper lifting technique
- Prolonged bending/awkward positions
- Genetics
- Overall physical condition
- Previous back injuries

A simple recipe for a back injury goes something like this:



BACK INJURY POTENTIAL = Task requiring manual labor + Ignoring injury potential + Unprepared body + Age & genetics

- Task requiring manual labor – Any task that requires you to lift, reach, bend, twist, push, pull... basically anything that requires you to use your back.
- Ignoring injury potential – Not knowing, understanding, or caring how your back can be injured from manual tasks. In other words, not realizing how sudden movements (trip, shifting load, loss of grip...), incorrect posture, overexertion, poor body mechanics, an unfit body, and even genetics can combine to produce injuries ranging from minor (soreness, strain) to major (herniated disc, broken vertebrae, etc.)
- Unprepared body – Bodies that are not ready for exertion (not properly stretched or warmed-up), are in poor physical condition, or that have been previously injured are bodies that are at greater risk of injury. If you've ever played sports in your life, it was with good reason that the first thing you did before practice or a game was to stretch & warm-up.
- Age & genetics – As our bodies age, they are subject to bone loss, weight gain, and naturally become less flexible. Taking good care of your body as you grow older can help to slow down these aging processes. Exercise, a good diet, and smart life-style choices not only help to promote a healthy back, but more importantly, a healthy YOU.



5 – Back Care, Ergonomics, and Stretch & Flex

2. Preventing back injuries.

Consult the following practices to help prevent a back injury:

- 2.1. Keep fit – Taking care of your body and regularly doing simple back care exercises will help limit your chances of sustaining a back injury. However, this is no substitute for knowing your body's limits.
- 2.2. Know your limits – Know and respect your physical limitations. As you age or if you have suffered a previous back injury, you cannot lift the same weight that you used to. Set a personal limit as to what you can safely lift, then stick to it. Seek help when lifting large, heavy, or awkward objects. If help is not available, break the load into several smaller and more manageable loads.
- 2.3. Plan ahead – What needs to be moved (how heavy is it?), from where, & to where?
 - Can you use a forklift, cart, dolly, pallet jack, hoist, crane, or similar load moving equipment?
 - If manual handling is necessary, does the object have handles & is it (or can it be made) easy to grip?
 - Is your travel path clean and free of obstacles that could cause you to slip, trip, or fall?
 - Are you able to limit lift distance (vertical) or travel path?
- 2.4. Stretch before lifting – Before each lift, make sure that your body is ready to handle the weight. Take a moment to limber-up first thing in the morning, after periods of static activity or inactivity, and in cold weather.
- 2.5. Use proper lifting technique – First, make sure that the load is stable and will not shift or fall apart during your lift. When ready to lift, squat and secure the load close to your body, keeping your back straight and using your legs to make the lift. Avoid twisting your back while lifting and carrying objects – use your feet to change direction.
- 2.6. Back belts/braces – There is no scientific evidence that suggests back belts/braces prevent back injuries. If you choose to use one, keep in mind that these devices do not make you a superhero – use the same safe lifting techniques that you would without them. Also, loosen the belt when you are finished lifting, otherwise your back will begin to depend on the brace and your muscles may actually grow weaker.



Understand
limitations
of back
belts!



3. Other tips to reduce ergonomics-related injuries.

- 3.1. Identify trouble before it starts, then fix it – Understand that the following exposures increase an individual's risk of ergonomics-related injury:
 - Repetitive body movements
 - Excessive exertion or bodily force required to complete task
 - Prolonged exposure to vibration or extreme temperatures
 - Prolonged pressing of body part against a hard or abrupt (non-rounded) edge
 - Prolonged awkward postures (reaching, twisting, squatting, extending, etc.)
 - Extensive or heavy lifting, lowering, pushing, pulling, or carrying of objects

5 – Back Care, Ergonomics, and Stretch & Flex

These exposures can be mitigated through:

- Changes in layout of work area
- Tools/equipment to do the job (& minimize bodily strain)
- Reduction in load weight/size
- Improvements in container design
- Changes in work postures & bodily movements necessary to complete task (including lift duration/freq.)
- Reduction in bodily forces required to complete a task (leverage)
- Reduction in lift duration & frequency
- Dampening sources of vibration
- Moderating temperature extremes
- Reducing # repetitions per unit time

3.2. Lifting equipment – To the extent available & feasible, use materials handling equipment to transport heavy loads. Consider dollies, carts, ramps, a forklift/heavy equipment, hydraulic platforms, cranes, or hoists.



3.3. Storage height for heavy materials – When manual lifting is required, store heavier materials at heights between the knees and shoulders, and at a distance close enough to minimize reach.

3.4. Handles – Where possible, use or fabricate handles for carrying of materials, boxes, or bins.

3.5. Working height – To the extent feasible, adjust work levels to waist height or slightly above. Try to eliminate the need to constantly or repeatedly bend &/or reach. For example, sitting on a bucket for tasks at low heights may help to adjust your work height in a manner that limits the need to stretch & strain muscles.



3.6. Padded mats or knee pads – Use to the extent feasible when your work task requires prolonged kneeling or crawling on a hard surface such as wood, concrete, or metal.

3.7. Tools/equipment.

- New tool/equipment purchasing – Look for hand/power tools that have comfortable, non-slip grips, are light in weight, and are well balanced. The trigger should be located within the grip so that fingers do not have to reach for it. Tools that produce torque (ex: right angle drills) should be equipped with adjustable clutches. Hand tools designed to open & close (ex: needle nose pliers) should have a spring-loaded feature that allows the tool to automatically open when the grip is released.
- Grips – To the extent feasible, select tool & grip designs that allow the wrist to remain in a straight (neutral) position while used. Smaller tools should incorporate a hand grip rather than a finger pinch grip. Grips should be round and fit comfortably into the palm of your hand – avoid grips that are fluted (grooved), too small, or too large. Where possible, use a vise or fixture to secure the work material, instead of manual force.
- Maintenance – Keep cutting edges sharp to reduce the force required for shearing, drilling, sawing, etc. The tool should do all the work. Keep power tools well maintained to minimize vibration.
- Power/impact tools – Wear vibration dampening gloves if you will be using the tool for an extended period. When using power tools, incorporate a multi-finger grip to squeeze trigger.



5 – Back Care, Ergonomics, and Stretch & Flex

- 3.8. Work rotation – Consider rotating work tasks between more than one person if the activity is physically demanding or is motion repetitive, where the ability to modify the job task or the way it must be done is limited. In work rotation, each member of the crew is to switch job tasks periodically throughout the workday. No employee is to switch to a job task for which he/she is unqualified. The goal of work rotation is to reduce the duration and severity of ergonomic stress. (*Ex: standing in a static location for extended periods of time.*)
- 3.9. Work/rest cycles – Use during physically demanding or motion repetitive jobs where the ability to rotate workers, modify the job task, or the way it must be done is limited. The goal of work/rest cycles is to ultimately accomplish more work by reducing duration of exposure and fatigue, thus reducing exposure to injury.
- 3.10. Gloves – Use to help dampen vibration, provide a better grip, moderate temperature, or just provide support. Choose the right glove based on your needs and assure a proper fit. Gloves that are too small can restrict blood flow and movement, while gloves that are too large can require an increase in required grip force.
- 3.11. Footwear – Choose & wear footwear that provides a comfortable fit, good shock absorbing qualities, and slip resistance that is appropriate for your work environment.



4. Lifting techniques and stretch & flex exercises.

The following pages contain proper lift technique instructions (from US Army Center for Health Promotion & Preventive Medicine) and stretch & flex exercises (from State Compensation Insurance Fund).

Additional exercises can be found if you Google “stretch & flex exercises”.



LIFTING TECHNIQUES



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COMMON LIFTING PROBLEMS:

SOLUTIONS:

1. Lifting with back bent and legs straight.	Keep back straight and bend your knees!
2. Holding load too far from body.	Hold load as close to the body as possible.
3. Twisting while lifting.	Redesign the lift to avoid twisting. Turn your body using your feet. (See Pivot Technique.)
4. Losing balance during a lift because: <ul style="list-style-type: none"> Your feet are too close together. The load is uneven or unstable. The load is too heavy. 	<ul style="list-style-type: none"> Keep a wide, balanced stance with feet generally shoulder width apart, or wider. Test the load before you lift. If the load is uneven, then <ul style="list-style-type: none"> - Redistribute the load. - Use the Tripod lift. - Get help to lift the load. If the load is too heavy, find: <ul style="list-style-type: none"> - Another person to help. - A mechanical lifting aid.
5. Contorting the body in order to lift and carry loads in cluttered areas.	Plan the move: inspect the pathways and destination to ensure that they are clear before you begin the lift.
6. Poor coordination between two or more people during the lift.	Communicate! Plan the lift together in order to coordinate your actions.

AS YOU LIFT, *Always...*

- Keep the load as close to you as possible.
- Keep your back straight.
- Turn your feet outward and push your buttocks out. (Picture a professional weight lifter.)
- Bend your knees.
- Keep your head forward. Your lift will be more balanced and the curves in your spine will stay balanced and aligned.
- Breathe out as you lift.



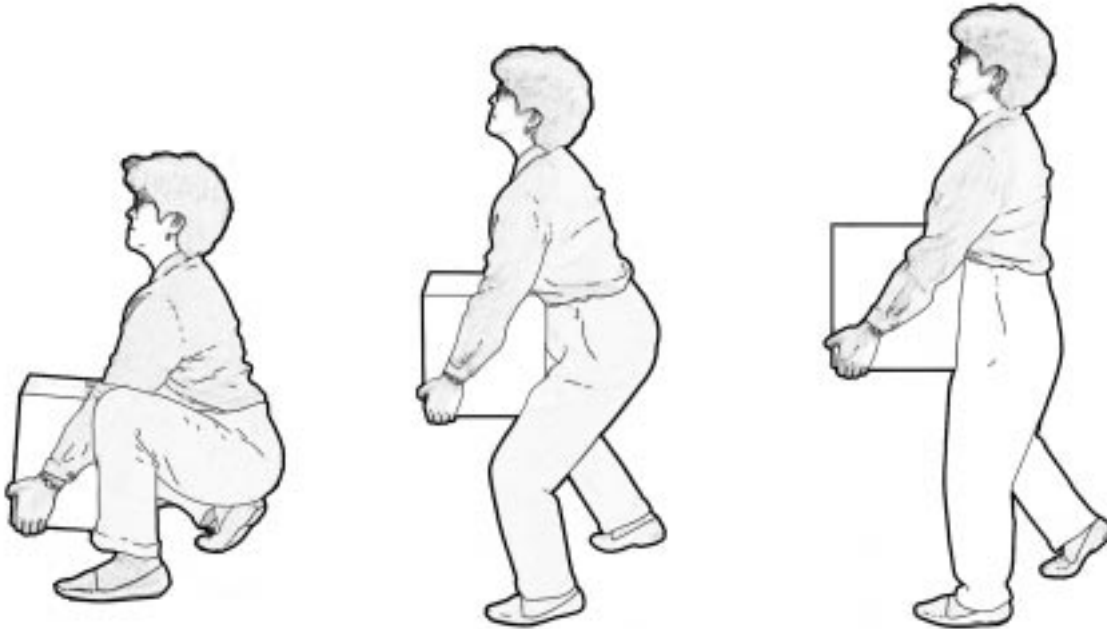
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Basic Lift (Diagonal Lift) - This lift is the most common method of good lifting technique. Use the basic lift for objects small enough to straddle where you have enough room to use a wide stance.



1. Get close to the object.
2. Stand with a wide stance: put one foot forward and to the side of the object.
3. Keep your back straight, push your buttocks out, and use your legs and hips to lower yourself down to the object.
4. Move the load as close to you as possible.
5. If the box has handles, grasp the handles firmly and go to step 9.
6. Put the hand (that is on the same side of your body as the forward foot) on the side of the object furthest from you.
7. Put the other hand on the side of the object closest to you. Your hands should be on opposite corners of the object.
8. Grasp the object firmly with both hands.
9. Prepare for the lift: look forward.
10. Lift upwards following your head and shoulders. Hold the load close to your body. Lift by extending your legs with your back straight, your buttocks out, and breathe out as you lift.

If you are doing this lift correctly, your head will lift up first, followed by your straight back. If your hips come up first and you must bend your back as you straighten up, you are doing this lift incorrectly.

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Power Lift - Use the power lift for objects too large for you to straddle. This lift is very similar to the basic lift. In the power lift, the object shifts your center of gravity forward, and you must push your buttocks out to compensate. (Professional weight lifters lift using this position.)



1. Put one foot in front of the other using a wide stance.
2. Keep your back straight, push your buttocks out and use your legs and hips to lower yourself down to the object.
3. Move the load as close to you as possible.
4. Grasp the object firmly with both hands.
5. Prepare for the lift: look forward.
6. Lift upwards following your head and shoulders. Hold the load close to your body. Lift by extending your legs with your back straight, your buttocks out (exaggerate this position), and breathe out as you lift.



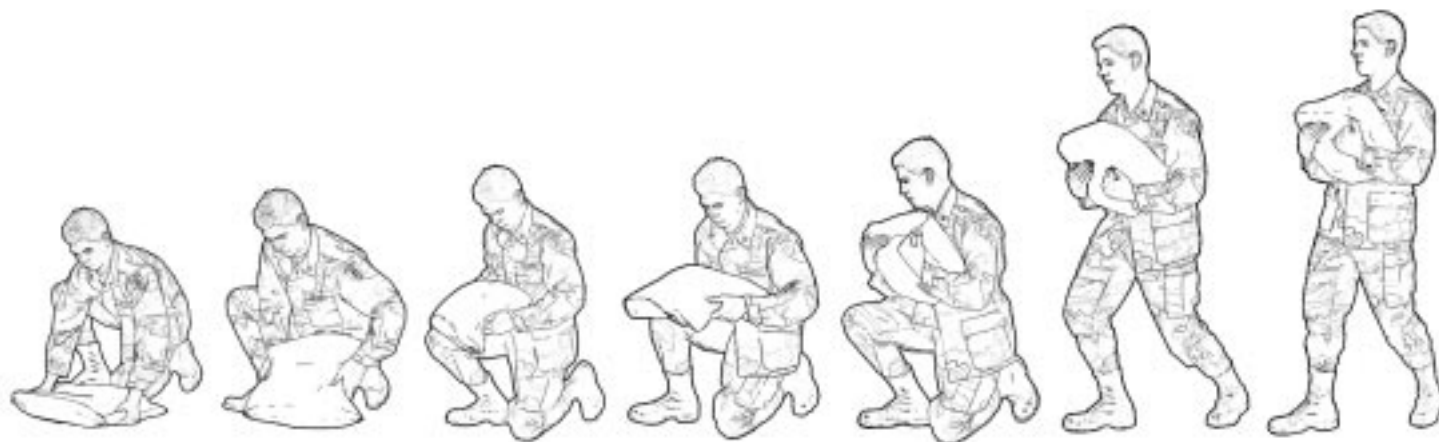
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Tripod Lift - Use the tripod lift for objects with uneven weight distribution (example: sacks of food).
Recommended for people with decreased arm strength. Not recommended for people with bad knees.



1. Put one foot next to the object. Keep your back straight, push your buttocks out and slowly lower yourself down onto one knee. (For support as you lower yourself down, put one hand on a stool or on your thigh for support.)
2. Position the object close to the knee on the ground.
3. Grasp the object firmly with both hands.
4. Slide the object from the knee on the ground to mid-thigh. Keep your head forward, your back straight, and your buttocks out, and lift the object onto the opposite thigh.
5. Put both of your forearms under the object (with your palms facing upward) and hug the object to your stomach and chest.
6. Prepare for the lift: look forward.
7. Lift upwards following your head and shoulders. Hold the load close to your body. Lift by extending your legs with your back straight, your buttocks out, and breathe out as you lift.

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Partial Squat Lift - Use the partial squat lift for small light objects with handles close to knee height.



1. Stand with the object close to your side.
2. Place your feet shoulder width apart, with one foot slightly ahead of the other.
3. Place one hand on a fixed surface (such as a table or stool) or on your thigh.
4. Keep your back straight, push your buttocks out and slowly lower yourself down to reach the object's handles.
5. Prepare for the lift: grasp the object and look forward.
6. For support as you lift, push down on the fixed surface (or on your thigh).
7. Lift upwards following your head and shoulders. Lift by extending your legs with your back straight, your buttocks out, and breathe out as you lift.



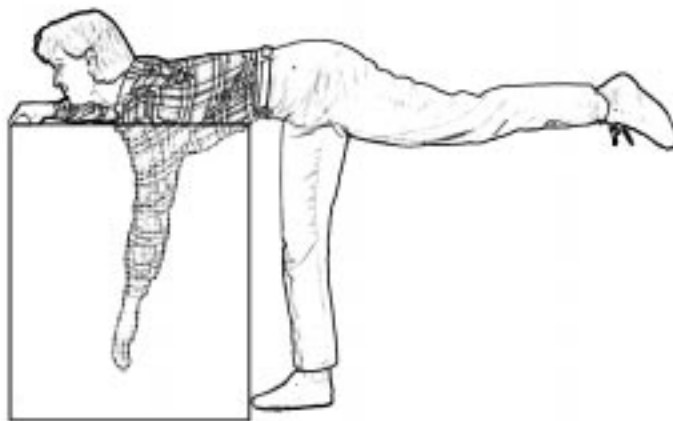
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The Golfers' Lift - Use the golfers' lift for small light objects in deep bins and to pick small objects off the floor. *Recommended for people with knee problems or decreased leg strength.*



1. Place hand near the edge of a fixed surface (such as the edge of a table or bin). This hand will support your upper body during the lift.
2. Keep your back straight and raise one leg straight out behind you as you lean down to pick up the object. The weight of your leg will counterbalance the weight of your upper body.
3. Grasp the object firmly.
4. Prepare for the lift: look forward. Keep your leg raised as you initiate the lift.
5. To lift, push down on the fixed surface as you lower your leg. Keep your back straight and breathe out as you lift.



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Straight Leg Lift - Use the straight leg lift when obstacles prevent you from bending your knees. *Be careful! Lifts over obstacles that prevent you from bending your knees put you at increased risk for muscle strain. If possible, avoid this lift. Only use this lift when absolutely necessary (i.e. lifting out of a grocery cart, car trunk).*



1. Stand as close to the object as possible with knees slightly bent.
2. Do not bend your waist! Push your buttocks out.
3. If the obstacle (preventing you from bending your knees) is stable, lean your legs against the obstacle for support. Use your legs and hips to lower yourself down to the object.
4. Grasp the object with both hands.
5. Grasp the object firmly with both hands.
6. Prepare for the lift: look forward.
7. Lift upwards following your head and shoulders. Hold the load close to your body. Lift by extending your legs with your back straight, your buttocks out (exaggerate this position), and breathe out as you lift.



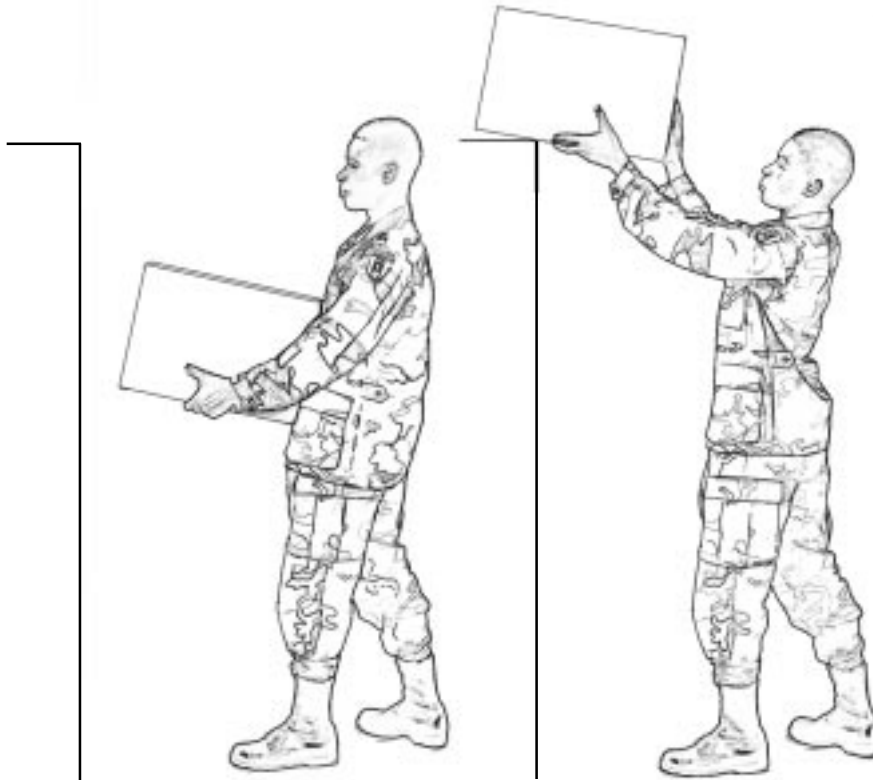
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Overhead Lift - Use the overhead lift to place objects on an overhead shelf. This lift begins with the object in your hands. *Be careful! Overhead lifts put you at increased risk for muscle strain. It can be difficult to maintain balance during the lift. If possible, avoid this lift. Only use this lift when absolutely necessary.*



1. Hold the object very close to your body.
2. Keep feet shoulder width apart, one foot slightly ahead of the other.
3. Prepare for the lift: look forward.
4. Raise the object to shelf height using the arm and shoulder muscles. Keep the object close to your body and breathe out as you lift.
5. As you reach the shelf, slowly shift your weight from your back foot to your forward foot. Keep your back straight.
6. When the load reaches the edge of the shelf, push the object onto the shelf.



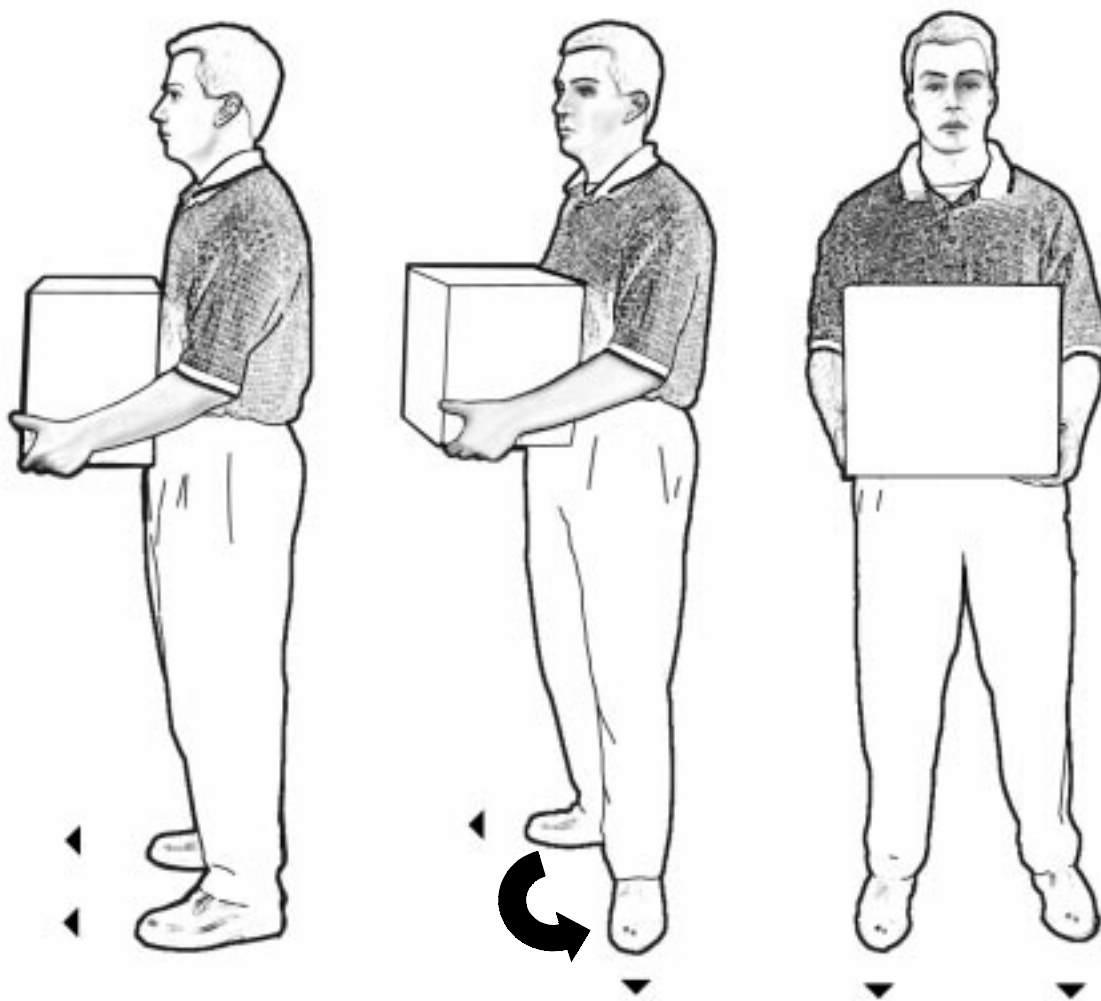
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Pivot Technique - When you must lift an object and then turn to carry it away, it is common to twist the body. Twisting *while* lifting can cause serious damage to the tissues of the back. Use the pivot technique to avoid twisting while lifting.



1. Lift the load using any of the previous techniques.
2. Hold the load very close to your body at waist level.
3. Turn the leading foot 90 degrees toward the direction you want to turn.
4. Bring the lagging foot next to the leading foot. Do not twist your body!

Before beginning any stretching program, check with your healthcare provider. If you question any of the following stretches, or feel any discomfort while doing any of these stretches, stop doing the stretch(es) immediately and check with your healthcare provider before continuing.

Many parts of your job are physically demanding and may lead to discomfort. Done consistently, these stretches can compensate for awkward positions (such as working overhead or bent over), maintain or increase flexibility, and improve circulation.

Stretch before and during your workday. Stretch **s-l-o-w-l-y** and gently, don't bounce, and don't hold your breath. Hold each stretch 3-5 seconds. And, don't forget to do both right and left sides.

This pamphlet was developed for you by the Safety and Health Services Department of State Fund, your partner in loss prevention.

We recognize that your loss prevention efforts affect the frequency and severity of illnesses and injuries in your work environment. Our experience shows that with informed planning and education, workplace illnesses and injuries can be reduced or eliminated. We are committed to the belief that a safe workplace can increase worker productivity and lower your workers' compensation costs.

The safety and well-being of our insured employers and their employees is the prime concern of the State Fund. We are proud of our role in developing and enhancing your loss prevention programs. We know you will find this information instrumental in educating and encouraging your employees to establish and maintain a safe working environment.

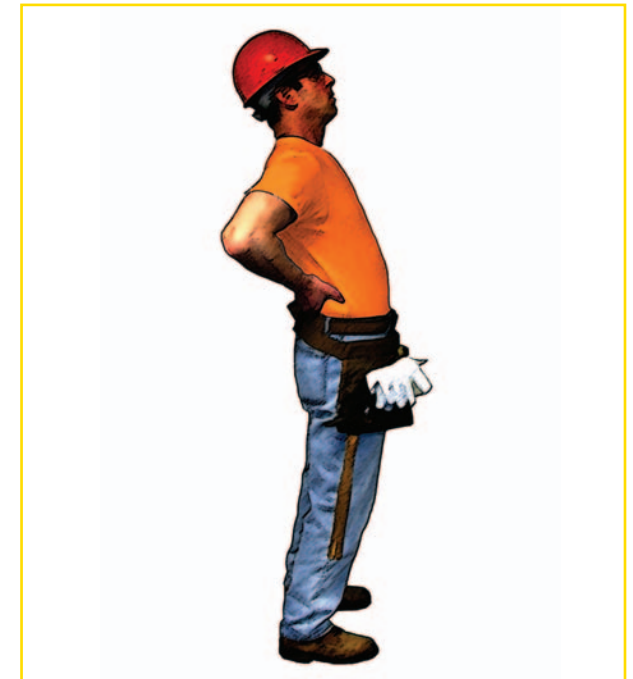
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STRETCHES

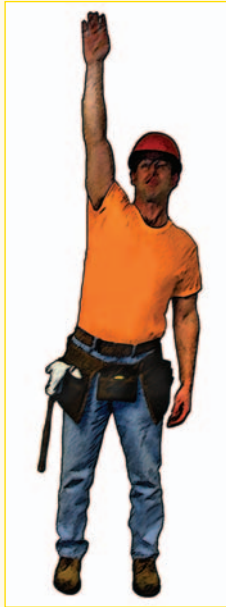


**FOR CONSTRUCTION
W O R K E R S**

TRUNK AND LOW BACK

Sidebend

- Feet shoulder width apart, arms at side.
- With one hand, reach up overhead and **s-l-o-w-l-y** lean towards opposite side. Keep both feet flat on ground.
- Hold for 3-5 seconds.
- Return to starting position and repeat twice on each side.



Backbend

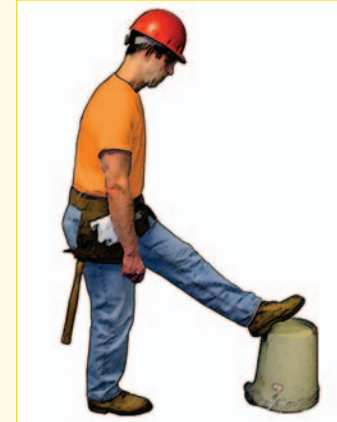
- Feet shoulder width apart, hands on hips.
- Looking straight ahead (don't throw your head back) **s-l-o-w-l-y** and gently bend backwards.
- Caution—You should feel tension, not pain in the low back.
- Hold for 3-5 seconds and don't hold your breath.
- Return to starting position and repeat three times.



LEGS

Hamstring Stretch

- Raise your foot on an elevated surface, at least 10" to 12" high. The truck's running board or an overturned bucket works.
- Looking forward, **s-l-o-w-l-y** bend at the hip keeping raised leg straight.
- Stop when you feel tension and hold 3-5 seconds.
- To increase tension, pull toes towards face.
- Switch legs and repeat stretch. Do each leg twice.



Quadriceps Stretch

- Holding on for balance with your left hand, grab your right foot or ankle with your right hand.
- Hold for 3-5 seconds and feel the pull in the front of your thigh.
- Repeat on opposite side. Do each leg twice.



UPPER BODY

Chest and Shoulder Stretch

- Standing up straight, raise your arms with your elbows bent so that your upper arms are parallel to the floor, fingers pointing up.
- **S-l-o-w-l-y** squeeze your shoulder blades together and hold for 3-5 seconds.
- Return to the starting position and repeat three times.



Forearm Stretch

- Hold your arms out straight in front of you with your palms facing down.
- Make a loose fist with your hands.
- **S-l-o-w-l-y** and gently bend your fists down towards the floor. Your knuckles should be pointing towards the floor.
- Now, **s-l-o-w-l-y** and gently rotate your fists toward the little finger side of your hand.
- Hold for 3-5 seconds. You should feel a stretch from the topside of the wrists out to the elbow.
- Relax and shake out your hands and arms.
- Repeat this stretch three times.



Open Hand Stretch

- Start with your hands in a loose fist position.
- **S-l-o-w-l-y** open your hands and extend your fingers.
- Return to a loose fist position and repeat three times.



Section 6 – Bloodborne Pathogens (Blood & Bodily Fluids)

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1. Purpose.

This program explains procedures to minimize risk of disease transmission during any activity where the potential for contact with blood or bodily fluids may exist.

2. Bloodborne pathogens – definition & infection risk.

Bloodborne pathogens (BBPs) are transmittable microorganisms that are present in the blood or certain bodily fluids (OPIM – other potentially infectious materials) of infected persons. They can cause disease, serious illness, or even death.

BBPs can be transmitted if blood or OPIM contact your eyes, nose/mucous membranes, mouth, broken skin (inflamed, cut, abrasion, acne) or enters through a skin puncture.

Not everyone who comes into contact with a BBP is infected. In fact, most are not. A person's risk of infection will vary based on several factors, such as:

- The pathogen involved
- Type of exposure (eye, nose, puncture...)
- The amount of blood/OPIM involved
- The amount of virus in the infected blood/OPIM at time of exposure

Infection risk

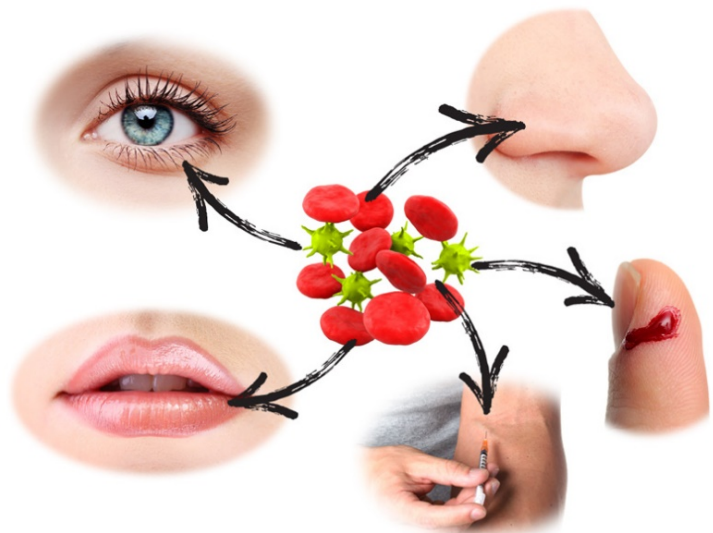
- HIV 0.3% chance
- HBV 6 – 30% chance (*practically 0% for those with HBV vaccine & consequently developed immunity*)
- HCV 1.8% chance

BIOHAZARD



Common BBPs in the US

- Hepatitis B
- Hepatitis C
- HIV (*Human Immunodeficiency Virus*)
- Malaria
- Syphilis
- Babesiosis
- Brucellosis
- Leptospirosis
- Arboviral Infections
- Relapsing Fever
- Creutzfeldt-Jakob Disease
- Viral Hemorrhagic Fever
- Human T Lymphotropic Virus Type I (HTLV-I)



6 – Bloodborne Pathogens

3. Universal precautions.

This term refers to the practice of treating all blood & bodily fluids exposures as if they are infectious. In doing so, certain PPE will be required and special safe work practices will need to be utilized. These are outlined in this policy.

You are required to treat all materials *that may contain or be contaminated with blood or bodily fluids* as infectious. This may include used bandages/gauze, tools, wastewater, sewage, debris, rags, paper products, needles, personal products, and similar objects.

4. Workplace exposures.

The following job classifications and/or work tasks could expose employees to blood or bodily fluids. Employees with these exposures shall have the right to receive the Hepatitis B virus (HBV) vaccine at no cost to them.

WHO	TASK	POTENTIAL HAZARDS
All personnel	Rendering 1st aid/CPR & subsequent clean-up <ul style="list-style-type: none"> <i>Rendering of 1st aid assistance is a voluntary task – employees are not required to provide such assistance as a part of their normal job duties.</i> 	Blood/bodily fluids

Immediately report to the safety director:

- Any task that is not listed above which you believe may present a potential blood/bodily fluids exposure.
- Any task identified above for which typical control measures may be inadequate.

5. Personal protective equipment (PPE).

5.1. Required use – PPE shall be provided (at no cost to employee) and must be used as follows for all workplace BBP exposures:

All BBP exposures	<ul style="list-style-type: none"> Gloves (vinyl, nitrile, or rubber – no latex) Needle puncture/cut-resistant gloves if sharp objects must be manually handled Safety glasses
CPR/rescue breathing	<ul style="list-style-type: none"> Faceshield or pocket mask (barrier device)
If a face spray/splash exposure exists...	<ul style="list-style-type: none"> Goggles Protective mask Faceshield
If possible clothing contam./skin contact exists...	<ul style="list-style-type: none"> Impermeable coverall or rain gear
If footwear contamination exposure exists...	<ul style="list-style-type: none"> Rubber boots



5.2. Availability & maintenance – The PPE required by this policy will be provided at no cost to employees and shall be maintained readily available.

Remove disposable PPE when finished or ASAP if it is torn, punctured, or when its ability to function as a barrier is compromised. Never try to wash or decontaminate disposable PPE for reuse. Dispose of this PPE per instructions in the “Waste disposal” section of this policy.

All reusable PPE (rubber gloves/boots, rain gear, etc.) must be decontaminated immediately after each use – see “Decontamination” section of this policy. After decontamination, store this PPE where it will not become contaminated or damaged.

5.3. Treating multiple victims – If providing first aid to more than one victim, use new PPE & barrier devices for each individual. Do not attempt to clean or reuse disposable PPE.



6 – Bloodborne Pathogens

6. Exposure to sharp or pointy objects.

Before starting any work that could lead to blood/bodily fluids exposure, assess the area for exposures to sharp or pointy objects – especially those that may be contaminated. This can include glass, nails, tools, building materials (wood, metal, plastic...) or even needles (in debris piles, garbage containers, etc.).

If found, do not touch or try to pick-up the object with bare hands. Carefully remove it using a shovel, scoop, tongs, tool, or any device that does not require you to manually handle or be close to the sharp object such that you may be punctured or cut.

Never blindly reach into any areas where sharp objects or edges may exist or be stuck. In situations where hand proximity to sharp/pointy objects is unpreventable, needle- or cut-resistant gloves (select as appropriate) are required.



7. Wash facilities.

Wash facilities that include soap and water are readily available for use any time the potential for blood or bodily fluids exposure exists. These can be found in all restroom facilities.

8. Hygiene & housekeeping practices.

The following practices apply in all situations where there is reasonable exposure to blood or bodily fluids:

- 8.1. Restrictions on food, tobacco, cosmetic products – Do not to eat, drink, use tobacco or cosmetic-type products (ex: lip balm), touch your eyes/face, or handle contact lenses until you remove PPE and wash up with soap & water.
- 8.2. Compromised PPE – If your PPE becomes compromised (ripped gloves, coverall soaked through, etc.), immediately remove the PPE in a manner that does not involve direct contact with contaminated surfaces. Discard the compromised PPE into a biohazard waste bag.
- 8.3. Leaving area of contamination – Prior to leaving any area where blood or bodily fluids may exist, carefully remove PPE in a manner that avoids skin contamination, then wash-up.
- 8.4. Proper wash-up – Immediately wash potentially exposed body parts with soap & water for at least 20 seconds following work that may have exposed you to blood or bodily fluids.
For contact with eyes, nose, or mouth flush with clean water for at least 15 minutes. Refer to “Exposure Incidents” section of this policy.
- 8.5. Contaminated clothing – If your clothing was contaminated, wash-up and change into clean clothes as soon as possible. Place contaminated clothes in a leak-resistant bag/bucket to prevent contamination of other surfaces. Launder contaminated clothing separately and avoid unprotected contact with them.
- 8.6. Housekeeping – In the course of your work, take care to minimize the spread of contaminated items around the area.



9. Waste disposal.

- 9.1. Biohazard bag/container requirements – Any bag or container that contains biohazard-contaminated waste must be labeled with the BIOHAZARD symbol (or have an attached BIOHAZARD tag). They must be leak-proof and, where feasible, red or orange in color.
- 9.2. Disposal of contaminated waste – Place all contaminated waste (disposable PPE, gauze, rags, clothes, etc.) in biohazard-labeled waste bags/containers. If the outside of a bag/container becomes contaminated, place it into a secondary bag or container.



6 – Bloodborne Pathogens

- 9.3. Sharp or pointy objects – Must be placed in a labeled, leak-proof, and puncture-resistant container (use a lid that prevents spillage or someone from reaching into it). Do not manually handle any item capable of cutting or puncturing your skin – use pliers, a stick, broom, etc. When time to empty the container, do not reach into the container or attempt to manually empty it.
- 9.4. Biohazard waste is regulated waste – Do not throw biohazard waste into ordinary trash receptacles – it is regulated waste. Either seal the bag or container & return it to the shop for proper disposal, or (in cases of medical emergencies) ask emergency responders/care facility if they will take it.

10. Decontamination.

All objects and surfaces that have been contaminated with blood or bodily fluids must be promptly decontaminated.

- Wear appropriate PPE. Do not begin any decontamination work without wearing PPE.
- Absorb/remove residual blood/bodily fluids using a sponge or absorbent towels. Discard into biohazard waste bag.
- If using a decontamination agent, follow manufacturer instructions on proper use.
- If a decon agent is not available, a bleach solution may be used. Lay a clean absorbent towel over any surfaces, tools, or equipment to be decontaminated, then soak with a solution of $\frac{1}{4}$ cup bleach to 1-gal. water. Let stand for at least 10 minutes.
- Remove decon agent/bleach solution and dry area with clean towel. Discard into biohazard waste bag.
- When clean-up is complete, remove and discard PPE into biohazard waste bag, then wash up.



11. Exposure incidents.

Any incident that involves blood or bodily fluids contact with the eyes, nose, mouth, or broken skin (cut, abrasion, puncture, inflammation, rash, acne, etc.) is considered an “exposure incident”.

Blood/bodily fluids contact with intact skin is NOT considered an exposure incident unless it meets one of the preceding criteria.

- 11.1. Reporting protocol – Immediately report all exposure incidents to the safety director. The employee shall be encouraged to seek a post-exposure medical evaluation ASAP (within 24 hours). This medical evaluation is confidential, includes any necessary lab work or diagnostic processes, and shall be offered at no cost to the employee.



The purpose of the post-exposure evaluation shall be to:

- Document the route(s) of exposure & circumstances under which it occurred.
 - Identify the source individual (if feasible and allowed by state law).
 - Collect & test the exposed employee's blood for HIV/HBV serological status.
 - Determine the need for follow-up evaluations, treatment, or counseling.
- 11.2. Hepatitis B virus (HBV) vaccine – In addition to the post-exposure medical evaluation, an exposed employee has the right to receive the Hepatitis B vaccination series at no cost to him/her, unless:
- He/she has previously received the complete vaccination series
 - Antibody testing has revealed that he/she is immune to HBV
 - The vaccination series is not advised for medical reasons
- 11.3. OSHA recordkeeping – If the incident is OSHA-recordable, it shall be recorded on the OSHA #300 log as a “Privacy Case”. Medical records shall be maintained for duration of employment plus 30 years.

6 – Bloodborne Pathogens

12. Training.

All employees who may be exposed to hazards of bloodborne pathogens shall receive training on this policy.

12.1. Topics – Bloodborne pathogens training shall cover the following:

- Bloodborne pathogens – what they are & why they are dangerous
- Work tasks with potential BBP exposures & the nature of the exposures
- Exposure prevention procedures in this program
- Availability of supplies – PPE, 1st aid kits, BBP kits, etc.
- Availability of 1st aid/CPR training
- Exposure reporting policy
- Availability of post-exposure medical evaluation & HBV vaccine
- The contents of this program.



12.2. Trainer qualification – All bloodborne pathogens training shall be administered by a person who is knowledgeable of the subject matter covered by this program.

12.3. Documentation – For each training session, the following information shall be documented:

- Date(s) of training sessions
- Names of attendees
- Content summary of training curriculum
- Name(s) of person(s) conducting the training

Training records shall be maintained for at least 10 years

Section 7 – Chemical Hazard Communication

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Appendix A – SDS Quick Reference Glossary
Hazardous Chemical Inventory Lists

1. Purpose.

This chemical hazard communication policy explains company and employee responsibilities as they relate to identifying chemicals and communicating vital chemical safety information. This policy also addresses the communication of chemical hazards (hazard communication) per OSHA standard 29 CFR 1910.1200.

2. Scope, application, & exclusions.

- 2.1. To what does this apply? – The provisions of this policy apply to all hazardous chemicals used or stored at company facilities.
- 2.2. What is a “hazardous substance”? – Any chemical which is classified as a physical hazard or a health hazard, a simple asphyxiant, combustible dust, pyrophoric gas, or hazard not otherwise classified, whether its effects are acute (short-term) or chronic (long-term).

Hazardous substances can be solids, liquids, gases, dusts, vapors, smokes, fumes, sprays or mists.

Refer to **Appendix A** for a glossary of common hazard communication, label, & SDS terms.

Physical Hazards

- Explosive
- Flammable
- Oxidizers
- Gas under pressure
- Self-reactive chem.
- Pyrophoric substance
- Self-heating chem.
- Water reactive (flam.)
- Organic peroxide
- Corrosive
- Combustible dust

Health Hazards

- Acute toxicity
- Skin corrosion/irritation
- Serious eye damage
- Eye irritation
- Respiratory sensitization
- Skin sensitization
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicity
- Target organ toxicity
- Aspiration hazard
- Simple asphyxiant

- 2.3. What is excluded from this policy? – The following are NOT covered under this policy:

- Hazardous wastes and substances governed by EPA regulations (SWDA & CERCLA)
- Tobacco or tobacco products
- Articles
- Food or alcoholic beverages intended for personal consumption
- Medication/1st aid supplies defined in the Federal Food, Drug, and Cosmetic Act
- Consumer products (when used in the same manner, duration & frequency as a consumer)
- Nuisance particulates that do not pose any physical or health hazards
- Ionizing and non-ionizing radiation
- Biological materials

3. Container labels.

- 3.1. Label content requirements – All hazardous substances must have a label that clearly states (in English):

**IDENTITY (NAME) OF CHEMICAL
APPROPRIATE HAZARD WARNINGS**

7 – Chemical Hazard Communication

Labels must be kept legible. This means they will need to withstand the environment & chemicals to which they may be exposed. Replacing or remarking labels may be necessary, so periodically check for labels that have worn away, become faded, or eradicated (wiped/dissolved away).

Acceptable forms of labeling include:

- Original container label supplied by mfr.
- Writing directly on container (or tape)
- Pre-printed stickers or labels
- Shipping labels (that contain ID & hazard info)

3.2. Enhanced labels & pictograms – Chemical manufacturers and importers must provide an enhanced label that includes the following additional information:

- A signal word: **DANGER** or **WARNING** (*DANGER is more severe*)
- Relevant pictograms
- Hazard statements, and
- Precautionary statements for each hazard class and category.

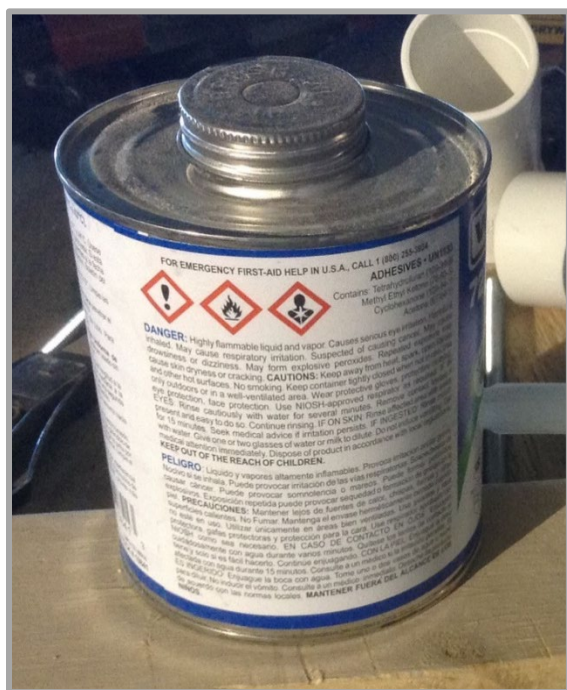
Understand that enhanced labels are a requirement of chemical manufacturers & importers only.

The labels that you must place on a secondary container simply must state the identity of the substance and relevant hazard warnings (as given by SDS or original container label).



HCS Pictograms and Hazards

Health Hazard <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	Flame <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	Exclamation Mark <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder <ul style="list-style-type: none"> • Gases Under Pressure 	Corrosion <ul style="list-style-type: none"> • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals 	Exploding Bomb <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
Flame Over Circle <ul style="list-style-type: none"> • Oxidizers 	Environment (Non-Mandatory) <ul style="list-style-type: none"> • Aquatic Toxicity 	Skull and Crossbones <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

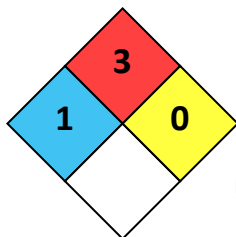


7 – Chemical Hazard Communication

- 3.3. Color-coded labels – The NFPA 704 diamond and HMIS symbol are sometimes used by chemical manufacturers and/or other employers. While these color-coded labels are not required to be used, it is important to understand how to interpret them in case you see them.

IMPORTANT – Please do not attempt to make one of these labels yourself, unless you know exactly where and how to obtain the information that must be placed on the label.

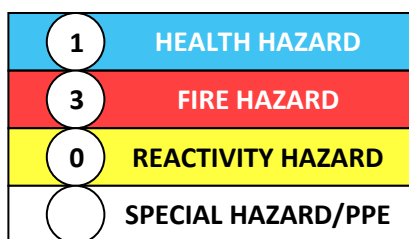
NFPA 704 Diamond



Blue = Health Hazard
Red = Fire Hazard
Yellow = Reactivity Hazard
White = Special Hazards/PPE

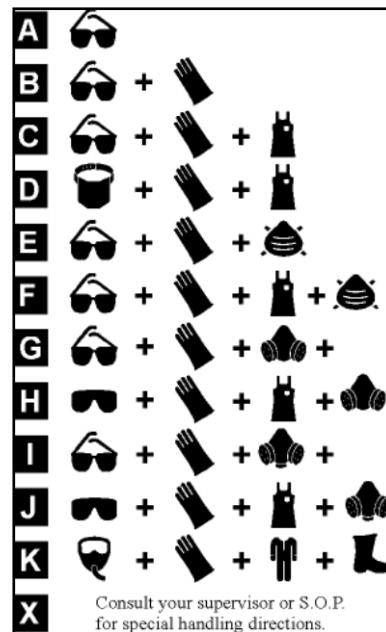
- 0 No hazard
1 Slight hazard
2 Moderate hazard
3 Extreme danger
4 Deadly

Hazardous Material Identification System (HMIS)



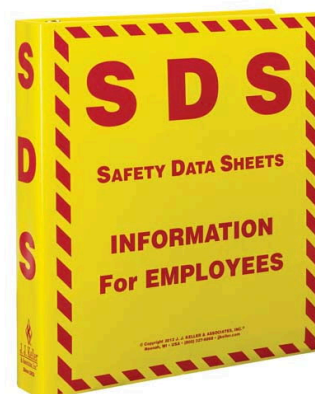
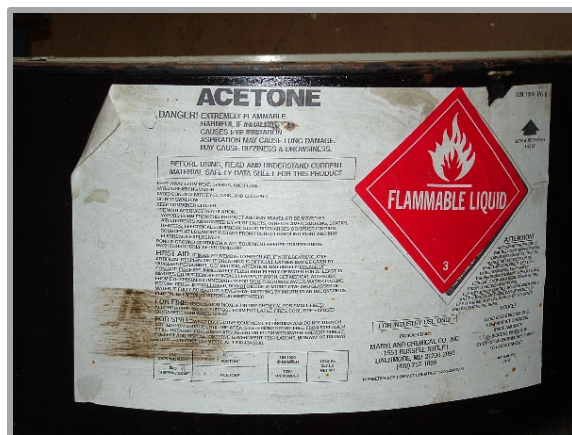
Special Hazards

- | | |
|------|------------------|
| ACID | Acid |
| ALK | Alkali |
| COR | Corrosive |
| OXY | Oxidizer |
| W | Do not add water |
| | Radioactive |



- 3.4. Labeling responsibility – Each employee is responsible for ensuring that the proper label is provided for every hazardous substance he/she uses or stores. If a label is missing or is not clearly legible, then provide a new one. Notify your supervisor if you are unable to identify a substance or are unsure how to label it.

- 3.4.1. Refilling reusable containers – Prior to refilling, be sure that the existing label is accurate and only that substance is refilled into the container.
- 3.4.2. Locating label information – The information necessary for a label may be found on the substance SDS (sections 1 & 2) or on the label of another container of the same substance.
- 3.4.3. Labels (& SDS) for products that are provided to customers or contractors – Ensure that any label shipped with a product stays with the product when provided to or left with a customer or contractor. Include a copy of the product SDS if they do not already have it.
- 3.4.4. Drums & large containers – Please store these so that the label faces outward and can be easily seen.



4. SDS – Safety Data Sheets.

- 4.1. About SDS – What used to be called “MSDS” are now simply referred to as “SDS” – Safety Data Sheets. SDS are chemical safety fact sheets that summarize important data on the properties & hazards associated with a hazardous substance.

7 – Chemical Hazard Communication

Chemical manufacturers and importers must issue their SDS in a standardized format, using the following 16 sections (in order):

The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs) (formerly known as Material Safety Data Sheets or MSDSs) to communicate the hazards of hazardous chemical products. As of June 1, 2015, the HCS will require new SDSs to be in a uniform format, and include the section numbers, the headings, and associated information under the headings below:

Section 1, Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2, Hazard(s) identification includes all hazards regarding the chemical; required label elements.

Section 3, Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

Section 4, First-aid measures includes important symptoms/effects, acute, delayed; required treatment.

Section 5, Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6, Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7, Handling and storage lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure controls/personal protection

lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties lists the chemical's characteristics.

Section 10, Stability and reactivity lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information*

Section 13, Disposal considerations*

Section 14, Transport information*

Section 15, Regulatory information*

Section 16, Other information, includes the date of preparation or last revision.

*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15 (29 CFR 1910.1200(g)(2)).

Employers must ensure that SDSs are readily accessible to employees.

See Appendix D of 29 CFR 1910.1200 for a detailed description of SDS contents.

- 4.2. SDS location and accessibility – SDS shall remain readily accessible to all employees throughout the work shift either outside the shop floor office or near the lunch room.

The safety director shall oversee SDS maintenance.

- 4.3. If you cannot find an SDS – We must maintain an SDS for each chemical substance we use or store. If you are unable to find an SDS for a specific product or chemical, notify your supervisor. If an SDS is needed, the supervisor shall notify the safety director so that one can be obtained from the appropriate manufacturer/supplier.

- 4.4. SDS receipt and maintenance – Purchasing agents shall request SDS from our suppliers, who are obligated to provide them. All SDS received shall be forwarded to the safety director.

When a new SDS (one we do not already have or one with a newer revision date) is received, the safety director shall enter the pertinent information onto our hazardous chemical inventory sheet within 30 days. The new SDS shall then be cataloged into the SDS binder. As appropriate, any significant health, fire, reactivity or other hazards shall be communicated to affected employees by means of a toolbox talk

- 4.5. Obsolete SDS – Obsolete SDS (SDS for materials we no longer use) are subject to OSHA recordkeeping regulations. Obsolete SDS shall be maintained on file, in hardcopy or electronic format, for at least 30 years.

DO NOT DISCARD OR DELETE OBSOLETE SDS, but rather forward them to the safety director for proper archiving.



7 – Chemical Hazard Communication

- 4.6. SDS modification – Information provided on SDS is not to be altered, deleted, or otherwise changed. If you have questions or concerns about SDS data, notify your supervisor and the concern will be addressed through the chemical supplier or manufacturer.

5. Hazardous chemical inventory list.

- 5.1. Description & location – The hazardous chemical inventory list is a roster of products that we use or store in the workplace. For each item on the list, we must maintain an SDS. This list can be found at the end of this program.
- 5.2. Maintenance of the list – Each product on the list shall be referenced by product name. Any new products (or products from a different mfr.) must be added to the list within 30 days.

Anyone who becomes aware of a product that is not on the list shall immediately notify the safety director so that the list can be updated and redistributed.

6. Special hazardous chemical exposures.

- 6.1. Non-routine tasks – At present, we have identified the following non-routine tasks that may involve special or unique employee exposure to hazardous substances.

NON-ROUTINE TASK	HAZARDOUS SUBSTANCE EXPOSURE
None identified	

Prior to any non-routine task, each affected employee shall be given special instruction and training on:

- 6.1.1. Anticipated chemical hazards and how to identify them;
- 6.1.2. Hazard control and protection measures; and
- 6.1.3. Explanation and demonstration of equipment and materials needed to do the job safely.
(*ex: ventilation, respirators, confined space entry procedures, emergency response and rescue procedures...*)

Any other non-routine work tasks that present a potential exposure to hazard substance must be immediately reported to the safety director for evaluation and arrangement of necessary training.

- 6.2. Unlabeled facility piping – At present, we have identified the following pipes in the facility that contain hazardous substances:

FACILITY	LOCATION	PIPE CONTENTS & ID	HAZARD SUMMARY
ALL	Production floor & maintenance areas	Compressed air (black iron pipe)	Air under pressure (90-100 psi)

Any other pipes discovered to contain a hazardous substance not listed above shall be promptly reported to the safety director so that they can be evaluated, and the list above revised as needed.

- 6.3. Chemical release/spills – Employees are NOT to attempt to manage or clean-up any significant hazardous substance release or spill unless otherwise directed by company management.

In case of a significant release or spill, notify your supervisor IMMEDIATELY so that a decision regarding appropriate action can be made.

If the release/spill presents an immediate danger to your life or health, evacuate the area and make your notification(s) when safe to do so.



7. Visiting contractors & vendors.

- 7.1. Exchange & availability of hazardous chemical information – Prior to the start of work, maintenance shall coordinate the exchange and availability of chemical hazard communication information with visiting contractors/vendors.

This is to be accomplished by making mutually available at the shop floor office each company's:

- Written chemical hazard communication program
- Hazardous chemical inventory list

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- SDS

Each employer who is storing or using materials onsite (regardless of whether its employees are physically at our facility) must maintain this information at the designated location until its work has been completed and all of its hazardous materials have been removed.

- 7.2. Communicating information to employees – Prior to the start of work, maintenance (or the safety director, if requested) shall promptly communicate to our employees, important chemical safety & health information that may not already be known regarding hazardous substances that outside contractors/vendors may use or bring into the work area. Specifically, discuss:
- 7.2.1. Labels – Any special labeling systems that are not obvious or easy to interpret.
 - 7.2.2. SDS – Location of other employers' SDS.
 - 7.2.3. Exposure precautions & PPE – Hazardous substances that present significant health, flammability and/or reactivity risks and to which our employees may be exposed during work. Also, measures to minimize risks & appropriate PPE requirements.

8. Employee information & training.

- 8.1. Information – The following information regarding chemical hazard communication shall be made available to employees through training, this policy, toolbox talks, labels, chemical inventory lists, SDS, &/or postings:
- Overview of OSHA's Hazard Communication standard
 - Operations where hazardous substances are used or are present
 - Location & availability of our written program, hazardous chemical inventory list, & SDS
- 8.2. Training – Hazard communication training shall include:
- Chemical labeling & pictograms
 - SDS sections
 - How to determine the presence or release of hazardous substances
 - Physical & health hazards of hazardous substances in the work area(s)
 - Symptoms of overexposure to hazardous substances
 - Steps to reduce or prevent exposure to hazardous substances
 - Review of responsibilities in this program
- 8.3. Trainer qualification – All chemical hazard communication training shall be administered by a person who is knowledgeable of the subject matter covered by this program.
- 8.4. Training frequency – Training shall be conducted initially and whenever a new physical or health hazard, about which employees have not been previously trained, has been introduced into the work environment. In these cases, affected employees only need to receive training on the new hazardous substance exposures.
- 8.5. Documentation – For each training session, the following information shall be documented:
- Date(s) of training sessions
 - Names of attendees
 - Content summary of training curriculum
 - Name(s) of person(s) conducting the training

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APPENDIX A – SDS Quick Reference Glossary

- **Acute health hazards** – Adverse health effects which have severe symptoms that develop rapidly.
- **Alkali (or caustic)** – The hydroxides & carbonates of the alkali metals & alkaline earth metals. They neutralize acids, impart a soapy feel to water solutions and are the most common cause of occupational dermatitis.
- **Angina** – Localized spasm of pain. *Angina pectoris* – recurring pain in chest and left arm caused by sudden decrease in blood supply to heart muscle.
- **Apnea** – Temporary stopping of breathing.
- **Article** – A manufactured item other than a fluid or particle: (i) which is formed to a specific shape or design during manufacture; (ii) which has end use function(s) dependent in whole or in part upon its shape or design during end use; and (iii) which under normal conditions of use does not release more than very small quantities (minute or trace amounts) of a hazardous chemical, and does not pose a physical hazard or health risk to employees.
- **Asphyxiant** – A vapor or gas which can cause unconsciousness or death by suffocation (lack of oxygen). Simple asphyxiants act by displacing a volume of oxygen with an equal volume of gas (example – Argon). Chemical asphyxiants (example – carbon monoxide) act by binding to your hemoglobin, the oxygen-carrying part of blood. They prevent oxygen from being carried from your lungs to the rest of your body.
- **Autoignition temperature** – The temperature (°F or °C) at which a chemical spontaneously ignites.
- **Benign** – Not recurrent or not tending to progress.
- **Boiling point (b.p.)** – Temperature (°F or °C) at which the chemical boils at standard atmospheric pressure (boiling occurs when the liquid's vapor pressure = atmospheric pressure).
- **Bulk density** – Mass of powdered or granulated solid material per unit of volume (in terms of lbs/ft³ or kg/m³).
- **C** – Ceiling limit. A level (concentration) of airborne contaminants that cannot be exceeded at any time.
- **CAS #** – A numerical code assigned to a specific material by the Chemical Abstracts Services of the American Chemical Society. These are unique, standardized codes and are basically a material's "social security number".
- **Carcinogenicity** – Ability to produce cancer. A chemical is considered to be a carcinogen if has been found to cause (or potentially cause) cancer as determined by the IARC, NTP or OSHA.
 - **Group 1** – materials known to be carcinogenic to humans.
 - **Group 2A** – materials that are probably carcinogenic to humans.
 - **Group 2B** – materials that are possibly carcinogenic to humans.
- **Carcinoma** – A malignant tumor (a form of cancer).
- **Chronic health hazards** – Adverse health effects with symptoms that develop slowly over a long period of time or which recur frequently.
- **CNS** – Central nervous system (brain & spinal cord).
- **Combustible liquid** – A liquid with a flash point from 100°F up to, but not including, 200°F. Mixtures are combustible if more than 1% of the liquid volume is made up of a combustible component or components.
- **Compressed gas** – A gas/gas mixture having, in a container, an absolute pressure exceeding 40 psi at 700°F or an absolute pressure exceeding 104 psi at 1300°F regardless of the pressure at 700°F. Also includes a liquid having a vapor pressure exceeding 40 psi at 100°F (as determined by ASTM D-323-72).
- **Conjunctivitis** – Inflammation of the conjunctiva (delicate membrane that lines the eyelids, covering eyeballs).
- **Corneal vesiculation** – Forming of a cyst or fluid-filled sac on the cornea of the eyes.
- **Corrosive** – A chemical that causes visible destruction of, or irreversible alterations in, living tissue by chemical action at the site of contact. This term does not refer to action on inanimate surfaces.
- **Critical temperature** – The temperature above which a gas cannot be liquefied by an increase in pressure.
- **Cutaneous** – Pertaining to or affecting the skin. *Subcutaneous* – under the skin.
- **Cyanosis** – Bluish coloration of the skin caused by lack of oxygen in the blood.
- **Decomposition products** – Chemically simpler substances formed by the breakdown of a material. The breakdown may occur as a result of heat (fire), chemical reaction, electrolysis, decay or similar processes. Important to know the hazards

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of products that are formed when the substance burns or reacts with other chemicals – these products may be more hazardous than the original substance itself.

- **Depressant** – A substance that reduces a bodily functional activity or an instinctive desire, such as appetite.
- **Dermal toxicity** – Adverse effects resulting from skin exposure to a substance.
- **Dermatitis** – Inflammation of the skin.
- **Edema** – An abnormal accumulation of clear watery fluid in the tissues.
- **Epidemiology** – The science concerned with the study of disease in a general population.
- **Evaporation rate** – The rate at which a material will evaporate as compared to a standard (normal butyl acetate = 1.0).
Fast > 3.0 Medium = 0.8 to 3.0 Slow < 0.8
- **Explosive** – A chemical that causes an instantaneous release of pressure, gas & heat when exposed to sudden shock, pressure or high temperature.
- **Extinguishing media** – Type of extinguishing agent recommended for fighting fires involving the substance.
- **f/cc** – Fibers per cubic centimeter of air.
- **Fibrosis** – An abnormal thickening of fibrous connective tissue, usually in the lungs.
- **Flammable liquid** – A liquid with a flash point below 100°F.
- **Flammable solid** – A solid, other than a blasting agent or explosive, that is liable to cause fire through friction, simple ignition, absorption of moisture, spontaneous chemical change or retained heat from manufacturing processes.
- **Flash point** – The temperature (°F or °C) at which a flammable liquid evaporates at a rate sufficient for its vapor to sustain a fire.
- **GHS** – Globally Harmonized System of Classification and Labeling of Chemicals.
- **Hazard category** – The division of criteria within each hazard class. These categories compare hazard severity within a hazard class and should not be taken as a comparison of hazard categories more generally.
- **Hazard class** – The nature of the physical or health hazards, e.g., flammable solid, carcinogen, oral acute toxicity.
- **Hazard not otherwise classified (HNOC)** – An adverse physical or health effect identified through evaluation of scientific evidence during the classification process that does not meet the specified criteria for the physical and health hazard classes addressed in this section. This does not extend coverage to adverse physical and health effects for which there is a hazard class addressed in this section, but the effect either falls below the cut-off value/concentration limit of the hazard class or is under a GHS hazard category that has not been adopted by OSHA.
- **Hazard statement** – A 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.
- **Hazard class** – The nature of the physical or health hazards (i.e., flammable solid, carcinogen, oral acute toxicity, etc.).
- **Hazardous chemical** – Any chemical which is classified as a physical hazard or a health hazard, a simple asphyxiant, combustible dust, pyrophoric gas, or hazard not otherwise classified.
- **Health hazard** – A chemical which is classified as posing one of the following hazardous effects: acute toxicity (any route of exposure); skin corrosion or irritation; serious eye damage or eye irritation; respiratory or skin sensitization; germ cell mutagenicity; carcinogenicity; reproductive toxicity; specific target organ toxicity (single or repeated exposure); or aspiration hazard.
- **Hematopoietic system** – The blood forming mechanism of the body.
- **Hepatotoxin** – A substance that causes injury to the liver.
- **Hypoxia** – Decrease in oxygen (less than 19.5%) supplied to or used by the body.
- **IARC** – International Agency for Research on Cancer
- **IDLH** – Immediately dangerous to life or health. A concentration of airborne contaminant that poses an immediate threat to life, would cause irreversible or delayed adverse health effects or would interfere with ability to escape danger area.
- **Incompatibilities** – Chemicals that adversely react when in direct contact with one another.
- **Irritant** – A chemical, which is not corrosive, but which causes a reversible inflammatory effect on living tissue by chemical action at the site of contact.

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- **Lacrimation** – Discharge of tears.
- **LEL & LFL** – Lower explosive limit (or lower flammable limit). The leanest mixture of a flammable gas/vapor in air that will burn.
- **Malaise** – A feeling of general discomfort, distress or uneasiness.
- **Malignant** – Tending to become progressively worse and to result in death.
- **Melting point (m.p.)** – The temperature (°F or °C) at which a solid changes into a liquid.
- **Metastasis** – Spreading of disease from one organ or body part to another not directly connected with it.
- **mg/m³** – Milligrams per cubic meter. (Example: 1 mg/m³ of nickel = 1 mg of nickel per 1 cu. meter of air)
- **Molecular weight (m.w.)** – Weight of a single molecule of a chemical substance – “grams per mole” (g/mol).
- **Mutagen** – A substance or agent capable of altering the genetic material in a living cell.
- **Narcosis** – A state of stupor, unconsciousness or arrested activity produced by the influence of narcotics/chemicals.
- **Nephrotoxin** – A substance that causes injury to the kidneys.
- **Neurotoxins** – A material that affects the nerve cells and may produce emotional or behavioral abnormalities.
- **NTP** – National Toxicology Program
- **Odor threshold** – The lowest concentration of a chemical’s vapor, in air, that can be smelled.
- **Organic peroxide** – A class of chemicals that act as a catalyst in polymerization reactions.
- **OSHA** – Occupational Safety & Health Administration
- **Oxidizer** – A chemical, other than a blasting agent or explosive, that initiates or promotes combustion in other materials. It acts by either causing fire itself or through the release of oxygen or other gases.
- **PEL** – Permissible exposure limit. This is the maximum concentration of airborne contaminants that are legally permitted in the workplace. They are expressed in terms of a TWA, STEL or Ceiling Limit. PEL’s are enforceable by OSHA.
- **pH** – Potential of Hydrogen. The pH scale is a non-linear (logarithmic) scale that expresses the acidity or alkalinity of a chemical. The pH of pure water is 7.0. Acids have a pH below 7 (the lower the pH, the stronger the acid) and alkalis have a pH above 7 (the higher the pH, the stronger the alkali).
- **Photophobia** – Abnormal visual intolerance to light.
- **Physical hazard** – A chemical that is classified as posing one of the following hazardous effects: explosive; flammable (gases, aerosols, liquids, or solids); oxidizer (liquid, solid or gas); self-reactive; pyrophoric (liquid or solid); self-heating; organic peroxide; corrosive to metal; gas under pressure; or in contact with water emits flammable gas.
- **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.
- **Pneumoconiosis** – Condition brought about by tissue reacting to the presence of particulate matter in lungs.
- **Polymerization** – A chemical reaction in which one or more small molecules join to form larger molecules. “Hazardous polymerization” reactions give off excessive amounts of heat. If hazardous polymerization could occur, the MSDS will list the conditions that can initiate the reaction and the time period in which polymerization inhibitors will be effective.
- **ppb** – Parts per billion.
- **ppm** – Parts per million. (Example: 5 ppm of chlorine = 5 parts of chlorine for every 1 million parts of air)
- **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.
- **Pulmonary edema** – Fluid in lungs.
- **Pyrophoric gas** – A chemical in a gaseous state that will ignite spontaneously in air at a temperature of 130°F or below.
- **Range of flammability** – The concentration range of a flammable gas/vapor in air that will burn (measured in % flammable gas/vapor by volume). See also LEL/LFL and UEL/UFL. The % between the LEL/LFL and the UEL/UFL is the range of flammability.
- **Reactive or unstable** – A chemical with tendencies to decompose or undergo unwanted chemical reactions while being handled or stored in a normal manner.

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- **Routes of entry/exposure** – Means by which a chemical can enter the body and cause harm. Routes include ingestion (swallowing), inhalation (breathing) and absorption (skin/eyes).
- **SDS** – Safety data sheet (previously referred to as “MSDS”). A chemical safety fact sheet.
- **Sensitizer** – A chemical that causes a substantial proportion of exposed people to develop an allergic reaction in normal tissue after repeated exposure to the chemical.
- **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.
- **Simple asphyxiant** – A substance or mixture that displaces oxygen in the ambient atmosphere, and can thus cause oxygen deprivation in those who are exposed, leading to unconsciousness and death.
- **Skin notation** – Indicates that the substance may be absorbed by the skin, mucous membranes and/or eyes. Consider airborne and direct skin contact exposures.
- **Specific gravity** – The weight of a liquid as compared to an equal volume of pure water (=1.0). Water insoluble chemicals with a specific gravity > 1.0 are denser than water and thus would sink. Water insoluble substances with a specific gravity < 1.0 (like most flammables) are less dense than water and would float. Important fire suppression information.
- **Stability** – The ability of a chemical to resist reaction with other chemicals. Typically, a material is considered stable if it will remain unchanged under expected & reasonable conditions of storage & use. Unstable chemicals are often sensitive to either temperature or shock (dropping or jolting).
- **STEL** – Short term exposure limit. A 15-minute TWA. You are permitted up to 4 STEL exposures in one 8-hr. workday, provided that there is a break of at least 1 hour between the exposures.
- **Surface tension** – The property of a liquid that makes it behave as if its surface is enclosed in an elastic skin. Expressed in terms of Newtons per meter (N/m) or dynes per centimeter (dynes/cm).
- **Syncope** – Fainting or loss of consciousness due to temporary deficiency of blood supply to brain.
- **Systemic poison** – A poison that spreads throughout the body, affecting all body systems and organs.
- **Tachypnea** – Rapid breathing.
- **Target organ toxins** – A toxic substance that attacks a specific organ or organs of the body (blood, skin, eyes, kidneys, liver, lungs, gonads, etc.).
- **Teratogen** – A substance or agent that can cause malformations in the fetus of pregnant females.
- **TLV** – Threshold limit value. Similar to the PEL, but these are based on more current scientific data and thus provide a better degree of worker safety. However, they have not made it through the OSHA rulemaking process and thus are only recommended limits. They are not legally enforceable by OSHA.
- **Toxic substance** – Any substance which can cause acute or chronic injury to the human body, or which is suspected of being able to cause diseases or injury under some conditions.
- **Toxicity data** – Scientific data regarding the sum of adverse health effects resulting from exposure to a material (usually mouth, skin or respiratory tract exposures).
- **TWA** – Time weighted average. The maximum permissible exposure to airborne contaminants averaged over an 8-hour period. Since averaged, employee exposures may temporarily exceed the TWA as long as the average over 8-hours does not.
- **UEL & UFL** – Upper explosive limit (or upper flammable limit). The richest mixture of a flammable gas/vapor in air that will burn.
- **ug/m³** – Micrograms per cubic meter. (1 ug = 0.001 mg)
- **Vapor density** – The weight of a gas or vapor as compared to an equal volume of air (=1.0). Gases/vapors with a vapor density above 1.0 are heavier than air and will sink to the floor. Substances with a vapor density less than 1.0 are lighter than air and will rise.
- **Vapor pressure (v.p.)** – The pressure exerted by a saturated vapor above its own liquid in a closed container at a standard temperature. Given in terms of “millimeters of mercury” (mmHg), “atmospheres” (atm) or psi.
- **Viscosity** – The resistance of a liquid to flow (“thickness”). Measured in units of Pascals (P) or centiPascals (cP = 0.01 P)
- **(%) Volatile volume** – Percentage of a liquid or solid (by volume) that will evaporate at an ambient temperature.

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- **Water reactive** – A chemical that reacts with water to release a gas that is either flammable or presents a health hazard.
- **Water solubility** – Ability of a chemical to dissolve into water. Usually given in terms of % of material (by weight) that will dissolve in water at ambient temperature. Important information for spill clean-up or fire suppression.

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Hazardous Chemical Inventory List

Clinton Industries, Inc.

E. MARKET ST. FACILITY

Last revised: 10/22/2020

Name of Substance (on label)	Manufacturer
A – Acrylic enamel	PPG
A – 3M Hi-Strength 94 CA Postforming Bulk Adhesive	3M
A – Wilsonart 130 Adhesive Solvent	Wilsonart LLC.
A – Wilsonart 1730/1731 Adhesive	Wilsonart LLC
A – 3M Foam & Fabric 24 Spray Adhesive, Orange	3M Company
B – Powdura TGIC polyester powder coating (blue)	Sherwin-Williams Co.
C – Powdura hybrid powder coating (charcoal)	Sherwin-Williams Co.
D – Klean Strip denatured alcohol	W. M. Barr
D – 0890X defoamer	Vanguard Paints & Finishes
F – Formula 409 antibacterial all-purpose cleaner	The Clorox Company
G – Windex glass & window cleaner	NuGeneration Technologies/NuGenTec
G – Goo Gone Pro Power	Goo Gone
G – AW2061 dark gray W/R texture	Vanguard Paints & Finishes
G – Powdura hybrid powder coating (forest valley green)	Sherwin-Williams Co.
H – VW1098A W/R lacquer thinner	Vanguard Paints & Finishes
I – Instapak Quick RT component A	Sealed Air Corp.
I – Instapak Quick RT component B	Sealed Air Corp.
I – Instapak Quick Tuff RT component A	Sealed Air Corp.
I – Instapak Quick Tuff RT component B	Sealed Air Corp.
M – SW1598A mahogany dip stain	Vanguard Paints & Finishes
M – Mr. Clean antibacterial (summer citrus)	Proctor & Gamble
P – Particleboard, laminated or coated	Roseburg Forest Products
P – Hardwood plywood (various)	Roseburg Forest Products
R – Medium reducer (JR506)	PPG
R – Powdura hybrid powder coating (red letter)	Sherwin-Williams Co.
R – Rustlick EDM 30	ITW Pro Brands
S – AW7043A satin black W/R enamel	Vanguard Paints & Finishes
S – Simple Green industrial cleaner & degreaser	Sunshine Makers, Inc.
S – Sump Shine	Chemetall US
T – Tech Cool 35048	Chemetall US
W – Elmer's Carpenter's Wood Filler	Elmer's Products
Y – Powdura hybrid powder coating 403 (yellow)	Sherwin-Williams Co.

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Hazardous Chemical Inventory List

Clinton Industries, Inc.
EDISON ST. FACILITY
 Last revised: 10/22/2020

Name of Substance (on label)	Manufacturer
A – Acrylic enamel	PPG
A – Wilsonart 130 Adhesive Solvent	Wilsonart LLC.
A – 3M Foam & Fabric 24 Spray Adhesive, Orange	3M Company
A – Wilsonart 1730/1731 Adhesive	Wilsonart LLC.
A – 3M Hi-Strength 94 CA Adhesive	3M Company
B – Black ABS	Polyone Corp.
C – Clinton Clean real name Densetec HDPE	Polymer Industries
F – Formula 409 antibacterial all-purpose cleaner	The Clorox Company
G – Windex glass & window cleaner	NuGeneration Technologies/NuGenTec
G – Goo Gone Pro Power	Goo Gone
G – Gray Sintra real name Komatex	Kommerling USA, Inc.
H – Hardwood Plywood real name Melawood	Columbia Forest Products
H – VW1098A W/R Handle lacquer	Vanguard Paints & Finishes
I – Instapak Quick RT component A	Sealed Air Corp.
I – Instapak Quick RT component B	Sealed Air Corp.
M – Melamine Board	FUNDER
M – Mr. Clean antibacterial (summer citrus)	Proctor & Gamble
P – Particleboard, laminated or coated	Roseburg Forest Products
P – Hardwood plywood (various)	Roseburg Forest Products
R – Medium reducer (JR506)	PPG
S – Simple Green industrial cleaner & degreaser	Sunshine Makers, Inc.
W – Elmer's Carpenter's Wood Filler	Elmer's Products

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Hazardous Chemical Inventory List

Clinton Industries, Inc.

PINE ST. FACILITY

Last revised: 10/22/2020

Name of Substance (on label)	Manufacturer
A – Acrylic enamel	PPG
A – Wilsonart 130 Adhesive Solvent	Wilsonart LLC.
A – 3M Foam & Fabric 24 Spray Adhesive, Orange	3M Company
A – Wilsonart 1730/1731 Adhesive	Wilsonart LLC.
A – 3M Hi-Strength 94 CA Adhesive	3M Company
B – Black ABS	Polyone Corp.
C – Clinton Clean real name Densetec HDPE	Polymer Industries
C-- Coil Cleaner/Degreaser	Nu-Calgon
D—Deionized Water	WD Service Company
D—Defoamer	Vanguard Paints & Finishes
D – Denatured Alcohol	Nexeo Solutions LLC – STARTEX
F – Formula 409 antibacterial all-purpose cleaner	The Clorox Company
G—Gray ABS	General Plastics Canada,Ltd
G – Goo Gone Pro Power	Goo Gone
G – Gray Sintra real name Komatex	Kommerling USA, Inc.
G—Gray Paint W/R Texture	Vanguard Paints & Finishes
H – Hardwood Plywood real name Melawood	Columbia Forest Products
H—Hardwood Plywood	Roseburg
H – VW1098A W/R Handle lacquer	Vanguard Paints & Finishes
I – Instapak Quick RT component A & B	Sealed Air Corp.
L—Loctite 242 Blue	Henkel
L—Loctite 271 Red	Henkel
M—Mahogany Dip Stain	Vanguard Paints & Finishes
M – Melamine Board	FUNDER
M – Mr. Clean antibacterial (summer citrus)	Proctor & Gamble
M-- Medium reducer (JR506)	PPG
N—Nitrogen, Compressed	Praxair
O—Oxygen, Compressed	Praxair
P – Particleboard, laminated or coated	Roseburg Forest Products
P – Hardwood plywood (various)	Roseburg Forest Products
P—Powdura 403 Yellow	The Sherwin-Williams Company
P—Powdura 113 Blue	The Sherwin-Williams Company
P—Powdura 13 Charcoal	The Sherwin-Williams Company
P—Powdura 40776 Forest Valley Green	The Sherwin-Williams Company
P—Powdura 1219438S01 Red Letter	The Sherwin-Williams Company
R—Rust Preventative	DoAll
S—Silver Paint	Rust-Oleum
S – Simple Green industrial cleaner & degreaser	Sunshine Makers, Inc.
S—Satin Black Enamel	Vanguard Paints & Finishes

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S—Stabrex ST70	Nalco
S—Sump Shine Cleaner	Chemetall
T—Tech Cool 35048	Chemetall
W—Water Care - Copper	Nalco
W – Windex glass & window cleaner	NuGeneration Technologies/NuGenTec

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Hazardous Chemical Inventory List

Clinton Industries, Inc.

HARTMAN ST. FACILITY

Last revised: 10/22/2020

Name of Substance (on label)	Manufacturer
A – Acrylic enamel	PPG
A – Wilsonart 130 Adhesive Solvent	Wilsonart LLC.
A – 3M Foam & Fabric 24 Spray Adhesive, Orange	3M Company
A – Wilsonart 1730/1731 Adhesive	Wilsonart LLC.
A – 3M Hi-Strength 94 CA Adhesive	3M Company
B – Black ABS	Polyone Corp.
C – Clinton Clean real name Densetec HDPE	Polymer Industries
C-- Coil Cleaner/Degreaser	Nu-Calgon
D—Deionized Water	WD Service Company
D—Defoamer	Vanguard Paints & Finishes
D – Denatured Alcohol	Nexeo Solutions LLC – STARTEX
F – Formula 409 antibacterial all-purpose cleaner	The Clorox Company
G—Gray ABS	General Plastics Canada,Ltd
G – Goo Gone Pro Power	Goo Gone
G – Gray Sintra real name Komatex	Kommerling USA, Inc.
G—Gray Paint W/R Texture	Vanguard Paints & Finishes
H – Hardwood Plywood real name Melawood	Columbia Forest Products
H—Hardwood Plywood	Roseburg
H – VW1098A W/R Handle lacquer	Vanguard Paints & Finishes
I – Instapak Quick RT component A & B	Sealed Air Corp.
L—Loctite 242 Blue	Henkel
L—Loctite 271 Red	Henkel
M—Mahogany Dip Stain	Vanguard Paints & Finishes
M – Melamine Board	FUNDER
M – Mr. Clean antibacterial (summer citrus)	Proctor & Gamble
M-- Medium reducer (JR506)	PPG
N—Nitrogen, Compressed	Praxair
O—Oxygen, Compressed	Praxair
P – Particleboard, laminated or coated	Roseburg Forest Products
P – Hardwood plywood (various)	Roseburg Forest Products
P—Powdura 403 Yellow	The Sherwin-Williams Company
P—Powdura 113 Blue	The Sherwin-Williams Company
P—Powdura 13 Charcoal	The Sherwin-Williams Company
P—Powdura 40776 Forest Valley Green	The Sherwin-Williams Company
P—Powdura 1219438S01 Red Letter	The Sherwin-Williams Company
R—Rust Preventative	DoAll
S—Silver Paint	Rust-Oleum
S – Simple Green industrial cleaner & degreaser	Sunshine Makers, Inc.
S—Satin Black Enamel	Vanguard Paints & Finishes

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EVACUATION MAPS

EVACUATION INFORMATION – FACILITY ADDRESSES

EVACUATION INFORMATION – SERIOUS INCIDENT RESPONSE

EVACUATION INFORMATION – EVAC INSTRUCTIONS

1. Purpose.

This plan has been established to help protect life and property by specifying procedures aimed at preparing for and responding to foreseeable emergencies within or around our facilities.

2. Responsibility to report emergencies.

All potential emergency situations must be IMMEDIATELY reported to facility management so that decisions can be made regarding response. If an emergency is urgent in nature and requires immediate action (evacuation, 911 call, etc.), initiate the required action and alert supervision ASAP.

Visiting contractors & vendors are responsible for immediately reporting potential emergency situations to our area supervisor or member of Clinton Industries executive management.

- “Emergency situations” may include but are not limited to medical emergencies, fire/explosion, utility emergencies, natural or weather-related emergencies, significant leaks/spills, vehicle-related accidents, collapses, threats of violence, property/environment damage incidents, suspicious packages, and similar emergencies.

3. Emergency evacuation postings.

Our **EMERGENCY EVACUATION** postings communicate quick, need-to-know information for use in the event of an emergency. The postings display facility addresses, emergency contact information, hospital & urgent care facility information, evacuation maps/instructions, and other response planning information.

EVACUATION INSTRUCTIONS

Upon an order to evacuate:

- **SHUT DOWN & EXIT** – Immediately shut down equipment & calmly EXIT the building using the quickest and safest available evacuation route.
- **CHECK ON THE WAY OUT** – While exiting, make a quick sweep of nearby areas & bathrooms. Look for visitors, persons who did not hear the alarm, or persons who need help. In making your sweep, never place your own life in danger.
- **REPORT DIRECTLY TO ASSEMBLY AREA** – Immediately report to head count area so we know you are safe & can give accurate head count info to emergency responders.
- **AWAIT FURTHER INSTRUCTION** – Do not leave the assembly (head count) area unless instructed by executive management.

9 – Emergency Preparedness & Response

Evacuation maps shall be conspicuously posted in key areas throughout a facility if directions to building exit are not reasonably identifiable. At a minimum, each map shall clearly indicate exits and the head count area.

4. Emergency alert systems (order to evacuate).

The following emergency alert systems shall be used at Clinton Industries facilities:

- Fire – Alarm (audible & visual) All locations have automatic fire alarm system.
E. Market also has pull station alarms at all exits.
Edison & Hartman only have one (1) pull station.
- Other emergencies – Air horn (primary) or verbal (secondary).

BOMB THREATS

Use **ONLY VERBAL** communication.
DO NOT USE RADIO OR HARDWIRED COMMUNICATIONS.

5. First aid kits & related supplies.

First aid kits are to be readily available in each facility (on each floor). Each kit is to include:

- A supply of non-latex gloves (vinyl or nitrile)
- A CPR faceshield
- Supplies to prevent transmission of bloodborne diseases

Supervisors are responsible for periodically checking to ensure that the kits are adequately stocked & clean.

Special PPE and training are necessary where the potential for contact with blood or bodily fluids exists. Refer to **Bloodborne Pathogens** policy.

6. Wash facilities.

Eye &/or body wash facilities will be provided where employees may be exposed to dusts or dangerous chemicals or biological materials. Examples include blood & bodily fluids, spray paints & solvents, powder paint, corrosives, caustics, etc.

Eyewash stations and wash facilities (including soap & water) are provided at each of our facilities. Quick drench body wash units are provided in work areas where bodily injury may result from exposure to chemical hazards.

E. Market St.	Body wash – 2 nd fl. break area Eyewash – Basement (restrooms) 1 st fl (restrooms & KOMO area) 2 nd fl. (restrooms & body wash area)
Hartman St.	Body wash – Outside manual weld area Eyewash – Restrooms & powder coating area
Edison St.	Eyewash – By time clock
Pine St.	Eyewash – Restrooms



7. 1st aid/CPR/AED assistance.

Under normal circumstances, the locations of our facilities enables professional medical attention to be available within 4 minutes. We encourage personnel to obtain a valid certificate in 1st aid/CPR/AED, however, this policy does not expand any employee's job description such that he/she would be required to offer emergency aid assistance. Such assistance shall be encouraged, but voluntary, and at the discretion of the trained individual at time of need.

Persons who administer first aid assistance shall be certified through the American Red Cross, American Heart Association, U.S. Bureau of Mines, or equivalent certification class accepted by the PA Department of Health.

9 – Emergency Preparedness & Response

For the protection of everyone involved, those who choose to offer 1st aid/CPR/AED assistance must:

- Hold a current 1st aid/CPR/AED certification
- Offer assistance within the scope of their training (unless directed otherwise by 911)
- Follow Universal Precautions



If an individual is injured to the extent that moving him/her could exacerbate injury, call 911 and wait for EMS to arrive. **Do NOT move such a victim unless it is a life-threatening situation.**

8. Visitors.

Visitors must check-in at facility entrance upon arrival and departure.

In the event of an emergency, it shall be the responsibility of the employee(s) with or assigned to the visitor to provide instruction. If an evacuation has been ordered, the employee shall escort the visitor to the head count area to participate in the post-evacuation head count.

9. Order to evacuate.

Normally, an order to evacuate all or a portion of the facility shall be given by a member of management. However, any employee can initiate an order to evacuate in the event of an emergency that is urgent in nature.

Based on the nature & extent of the emergency, executive management shall evaluate the need to expand evacuation to neighboring buildings/facilities.

Evacuation instructions are listed on a separate page at the end of this policy & should be posted by all facility evac maps.

EVACUATION NECESSARY?

Large fire or explosion

Weather event where structural integrity compromised

Significant release or spill of hazardous gas/chemical

10. Head count areas.

Following an order to evacuate, all personnel (including visitors, vendors, customers, contractors, etc.) are to shut down equipment and immediately report to the following head count areas to await further instruction:

- E. Market – Picnic area
- Edison – Far corner of rear parking lot
- Hartman – Far corner of gravel parking lot
- Pine St. – Parking lot, away from building

The established head count area may be moved if the emergency poses a danger to the original area.



11. Leaving the facility.

For emergency head count reasons, each employee who leaves the facility during working hours (other than for lunch) must inform his/her supervisor of departure and check-in upon return. Supervisors and executive management shall check-out/in with the receptionist.

12. Areas of refuge (to await evacuation assistance).

Only one of our facilities is multi-story (E. Market). At this facility, masonry block-enclosed stairwells with closed fire doors shall be used as Areas of Refuge for persons in need of evacuation assistance.

13. Weather alerts.

If you become aware of the possibility of severe weather affecting the facility, immediately notify your supervisor. He/she shall pass along the information to executive management.

When alerted to the possibility of severe weather, executive management shall monitor the situation and decide on appropriate action.

DESIGNATED SEVERE WEATHER SHELTERS

E. Market	Basement, preferably in break room
Edison	Laminate room
Hartman	Breakroom
Pine St.	Basement

9 – Emergency Preparedness & Response

14. Life & fire safety equipment maintenance.

Maintenance of life and fire safety equipment shall follow the schedule outlined below.

ITEM	FREQUENCY	RESPONSIBILITY
Exits & exit accessways Exit signs Fire doors Emergency lighting cleanliness Eye & body washes 1 st aid kits Fire extinguishers	Monthly	Floor supervisors
Emergency lighting function – Edison 1 & Hartman (E. Mkt. has b/u generator that gets exercised weekly)	Quarterly	Maintenance
Emergency alarms* Gamewell alarm system* Sprinkler system*	Annual	Vendor (ESI – monitored by ESI) York City FD – tested & monitored by Vendor (SASI – monitored by ESI)

** Before conducting any emergency alarm tests, contact local authorities and the alarm system monitoring station to alert them of test. When testing these systems, use a different activation station each time so that all stations are eventually included in the test rotation. Notify authorities/alarm monitoring company when testing is complete.*

15. Policy review.

Periodic reviews of this policy will be used to ensure continued accuracy, effectiveness, and improvement. A documented review of this plan will be conducted in the following circumstances:

- 15.1. Post-incident – Following any emergency action incident or evacuation.
- 15.2. Facility modifications – Following any significant facility remodeling, renovating, construction, or demolition.
- 15.3. Evacuation drill – Following any evacuation drill. To the extent practical, emergency response drills shall be coordinated with local emergency responders so that they can provide critical feedback.
- 15.4. Annually – An annual review of this policy shall be conducted if more than 12 months have elapsed since last review.

A copy of **Appendix C – Incident/Drill & Annual Plan Review** can be used to document each review. A copy of each review shall be retained for at least one (1) year, until replaced by the next review.

16. Employee training.

16.1. Training topics – All employees shall receive training on the following:

- Purpose of this policy
- Emergency reporting procedures & means of emergency notification
- Emergency Chain of Command
- Evacuation maps/postings – Facility layout, evacuation routes, head count area
- Evacuation instructions
- Special facility hazards, controls, & areas to avoid during an evacuation
- Alarm systems
- 1st aid kits, & AED location, & offering 1st aid assistance
- Visitors
- Assisting persons with special needs or requiring extra help
- Weather alerts
- Who to see with questions/feedback

16.2. Training frequency – Training shall be presented:

- Initially for all employees & new hires
- Whenever employee responsibilities or designated actions change

9 – Emergency Preparedness & Response

- Whenever this plan is significantly modified
- When incident/drill reviews show that emergency action performance must improve

16.3. Training documentation – For each training session, the following information shall be documented:

- Date of training session
- Names of attendees
- Training content summary
- Name(s) of person(s) conducting the training

17. Plan questions.

Refer all questions concerning this plan to your supervisor or our safety director.

9 – Emergency Preparedness & Response

Appendix A – EMERGENCY RESPONSE CONSIDERATIONS

SITUATION	EMERGENCY RESPONSE CONSIDERATIONS
MEDICAL EMERGENCY	<ul style="list-style-type: none"> Assess scene for dangers – make sure area is safe to enter. Don't move a seriously injured person unless his/her life is in immediate danger. Call 911 & for someone trained in 1st aid/CPR. Retrieve 1st aid kit (& AED if one is available).
CHEMICAL SPILL or RELEASE	<p><u>HIGH HAZARD – OR – LARGE QUANTITY – OR – SENSITIVE/UNCONTAINABLE LOCATION</u></p> <ul style="list-style-type: none"> Immediate evacuation & call 911. Head count – triage injuries. If safe to do so, shut down nearby equipment & sources of ignition if substance is flammable. If possible without risking life/health, isolate the hazard area &/or shut down the process that is causing the spill or release.
FIRE EXPLOSION COLLAPSE	<ul style="list-style-type: none"> Evacuate if fire is large, near flammable/ toxic chemicals, or is getting out of control. Call 911. Head count – triage injuries. Assess scene for damage from a safe distance. Do not enter scene – likely structural integrity, chemical or gas spill/release, personal safety/health dangers are present.
SEVERE WEATHER	<ul style="list-style-type: none"> Take shelter in a safe & structurally secure location. Do not go outside. Avoid areas near windows, chemical storage areas, rack/material storage areas, tool bins, unsupported/unsecured building construction, & areas where flying objects/debris present danger. Following the incident, conduct head count & triage injuries. Call 911 if necessary. Assess scene for damage – Do not enter scene if any question as to structural integrity, chemical or gas spill/release, or presence of any other personal safety/health dangers.
UTILITY EMERGENCY	<ul style="list-style-type: none"> Assess situation – if risk to life/health, evacuate & call 911. If safe to do so, instruct employees to shut-off all machinery & tools. If emergency involves gas, eliminate ignition sources and do not operate any electrical switches or electronic devices (including phones). Post evac – head count – triage injuries. Assess situation and communicate course of action.
THREAT OF VIOLENCE	<ul style="list-style-type: none"> Isolate person, if possible, & remain calm – do not escalate situation with actions or rhetoric. Have someone quietly evacuate area & call 911 (from remote location). In an active shooter situation, remember: RUN – HIDE – FIGHT. <ul style="list-style-type: none"> RUN – Quickly evacuate the area if possible. HIDE – If unable to evacuate, hide in a securable area that provides best cover possible. FIGHT – Last resort. Use any tools, objects, chemicals, extinguishers, etc. at your disposal.
BOMB THREAT	<ul style="list-style-type: none"> Take any threat seriously. While caller is on the line, motion another employee to call 911 from neighboring facility. Obtain & record as much info as possible: <ul style="list-style-type: none"> <i>Time of call Location of bomb When set to detonate ID of caller Bomb type Why?</i> Do not hang-up, even if caller hangs up (may assist in tracking). Evacuate building using verbal means – radio waves from alarms/phones could trigger device. Stay clear of building, especially windows & doors.

9 – Emergency Preparedness & Response

Appendix B – FACILITY LIFE SAFETY CHECKS

MONTHLY CHECKS

BUILDING EGRESS

- Exits – clearly marked, unlocked, unobstructed, proper function, undamaged & well-maintained
- Exit accesses – unobstructed & well-maintained
- Exit signs – clearly mark exits/accesses, clean, well-illuminated, proper function, undamaged & well-maintained
- Evacuation maps – clearly posted & legible
- Handrails for public accessways, stairs & ramps – good condition, securely fastened, properly illuminated

LIFE & FIRE SAFETY EQUIPMENT

- Emergency lighting – clean, properly aimed, undamaged & well-maintained
- Emergency communication system & smoke/CO2 monitors – proper function
- Fire doors – unobstructed, proper function, undamaged & well-maintained
- Fire extinguishers – all hung at assigned place, unobstructed access, fully charged, pull pin in place, unclogged hose, current inspection tag, undamaged & well-maintained

MEDICAL SUPPLIES & EQUIPMENT

- 1st aid & bloodborne pathogens kit – well stocked, clean, easily accessible & portable
- Eye & body washes – clean & easily accessible, proper function, undamaged & well-maintained

UTILITIES

- Unobstructed access (min. 36-in. for electrical panels/disconnects), undamaged & no missing covers/blanks.

QUARTERLY CHECKS

LIFE & FIRE SAFETY EQUIPMENT

- Emergency lighting – proper function

ANNUAL CHECKS

EMERGENCY ALARM SYSTEMS

- Unobstructed access to activators, proper function, undamaged & well-maintained (all bells, strobes, horns &/or sirens function properly when tested)

SPRINKLER SYSTEM

System charged/active (riser valves open), unobstructed access to riser controls & exterior connection, proper function, undamaged & well-maintained.

UTILITIES

- Main shut-offs clearly marked, unobstructed access, undamaged & well-maintained

9 – Emergency Preparedness & Response

EVACUATION MAPS

EMERGENCY INFORMATION

E. Market: Clinton Industries, Inc.
525 E. Market St.
York, PA 17404

Edison 1: Clinton Industries, Inc.
1140 Edison St.
York, PA 17403

S. Hartman: Clinton Industries, Inc.
160 S. Hartman St.
York, PA 17403

Pine St.: Clinton Industries, Inc.
545 S. Pine St.
York, PA 17403

EMERGENCY NUMBERS	
Police/Fire/EMS	911
Poison Control	800-222-1222
Closest Hospital	UPMC Pinnacle (York) Memorial 325 S. Belmont St., York, PA 17403 717-843-8623
Closest Clinic	Concentra 970 Loucks Rd., Unit D, York, PA 17404 717-764-1008

EMERGENCY INFORMATION

EMERGENCY NUMBERS

Corporate

Bob Bohn (cell: 717-817-0360)

Evac & Headct.

- **EVACUATE** - Assess need for evacuation (*site & neighboring buildings/facilities*).
- **CALL 911** - Send someone to meet responders & direct them to incident scene.
- **HEAD COUNT** - Account for all facility personnel.
- **REPORT** - Report missing persons to emergency response personnel.

Triage

- **1st AID KIT/AED** - Send for 1st aid kit/supplies & AED (if one is available).
- **SCENE SAFE** - Can you safely & effectively help victim(s) at current location?
- **ASSESS & PRIORITIZE** - Assess injuries & prioritize 1st aid needs.

Stabilize Scene

- **NEUTRALIZE HAZARDS** - If safe to do so, identify & neutralize hazards that could produce further damage or risk of injury to workers, responders, or the public.
- Ex: extinguish small fires, deenergize circuits/systems, remove/shut down equipment, etc.

Secure Scene

- **CONTACT EXECS** - Make executive management contacts. Decisions to be made about next courses of action and scope/detail/urgency of evidence collection.
- **RESTRICT ACCESS** - As appropriate, barricade/restrict access to incident scene.
- What in incident scene was moved/disturbed during emergency response work?

Gather Info

- **COLLECT INFORMATION** - Begin process of evidence collection &/or preservation.
- Determine if this is an OSHA-reportable incident. If so, gather facts to make call.

Submit Report

- **INCIDENT REPORT** - Submit preliminary Incident Report within 24 hrs.
- As necessary, add or revise info later as additional facts become evident.

EMERGENCY INFORMATION

Upon an order to evacuate:

- **SHUT DOWN & EXIT** – Immediately shut down equipment & calmly EXIT the building using the quickest and safest available evacuation route.
- **CHECK ON THE WAY OUT** – While exiting, make a quick sweep of nearby areas & bathrooms. Look for visitors, persons who did not hear the alarm, or persons who need help. In making your sweep, never place your own life in danger.
- **REPORT DIRECTLY TO ASSEMBLY AREA** – Immediately report to head count area so we know you are safe & can give accurate head count info to emergency responders.
- **AWAIT FURTHER INSTRUCTION** – Do not leave the assembly (head count) area unless instructed by executive management.

OTHER INSTRUCTIONS

1. **Critical plant operations** – No work operations at this facility are considered “Critical Plant Operations” so there should be no delay in evacuating.
2. **1st aid kit & AED** – Lead persons shall grab the nearest 1st aid kit & bring to assembly area. At our E. Market location, the receptionist shall bring the AED.
3. **Liaison to Incident Commander** – Executive management shall serve as the liaison to emergency responders.
4. **Head counts** – Senior supervision will quickly conduct a head count and then report results to emergency responders when they arrive. Report the name(s) of any missing persons, as well as their last known location in the facility.
5. **Directing emergency responders** – Following the head count, the supervisor shall send someone to flag down emergency responders from the sidewalk near the facility street entrance (or other safe area), and then direct them to the incident scene. To ensure an accurate head count, no one shall do this without being directed by management.
6. **Triage** – Following the head count report, supervisors shall see that persons in need of medical assistance are identified and triaged. If you cannot safely & effectively administer help to victim(s) at current location, get help to move victim to a safe area. **Do NOT move unless life-threatening situation.**
7. **Family/friend notifications** – Please wait until **after** the head count to notify family members/friends of your safety. Time is precious during a head count and we cannot have distractions. When you do make your contacts, please do so from the assembly (head count) area so that you can receive important information as it becomes available. Only executive management shall be authorized to notify any injured employee’s emergency contacts.
8. **Facility re-entry prohibited** – Do not re-enter the evacuated facility without permission from executive management or emergency responders. If one or more persons remain in a designated Area of Refuge, report this to executive management or emergency personnel and await further instruction.
9. **Moving vehicles** – Do not attempt to move any vehicles that are near/around the building unless directed to do so by executive management or emergency responder personnel.
10. **Media inquiries & social media** – Under no circumstances are there to be any statements to or contacts with the media in relation to any incident involving our company. Simply state that ALL media requests are to be directed to executive management. ***Also, unauthorized social media posts regarding any incident at a Clinton Industries facility is prohibited.***
11. **DO NOTs** – Despite good intentions...
 - Do NOT try to control a situation for which you haven’t been trained.
 - Do NOT try to control a situation without notifying management.
 - Do NOT try to extinguish a fire that is large, growing, or near dangerous/flammable materials.
 - Do NOT try to be a hero – Leave emergency and rescue work to trained professionals.

9 – Emergency Preparedness & Response

Appendix C – PLAN REVIEW

Name of evaluator(s): BRANDI COOK; CRAIG SHAFER

Date: 10/1/20

Reason: ☒ Annual review

- ☐ Incident (describe: _____)
- ☐ Drill (type: ☐ Evacuation ☐ Medical emerg. ☐ Spill ☐ Weather ☐ Other: _____)

Drill details:

Total evac. time: _____ # evacuated: _____ EMS responders onsite? ☐ Yes ☐ No

Quick critique:	OK	NOTE	OK	NOTE
Alarm function	<input type="checkbox"/>	<input type="checkbox"/>	Quick evacuation	<input type="checkbox"/>
1 st aid kits/AED	<input type="checkbox"/>	<input type="checkbox"/>	Effective evac sweep	<input type="checkbox"/>
Triage for injuries	<input type="checkbox"/>	<input type="checkbox"/>	Quick accurate headcount	<input type="checkbox"/>

Notes & participant feedback:

Review Analysis:

- | | | | |
|---|---|--|-------------------------|
| Are there any new or previously unidentified facility hazards or risk exposures? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | (If yes, explain below) |
| Any new life/fire safety devices that require training or inclusion into this plan? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | (If yes, explain below) |
| Does evacuation map need to be updated? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | (If yes, explain below) |
| Does this policy need to be updated? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | (If yes, explain below) |
| Will update training be necessary? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | (If yes, explain below) |
| Any other problems or concerns? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | (If yes, explain below) |

Comments:

POLICY SECTIONS: 6 - ID LOCATIONS OF EYEWASH + BODY WASH LOCATIONS.
7 - CLARIFY THAT PROF. MEDICAL ATTENTION IS AVAILABLE
TO ALL FACILITIES WITHIN 4 MIN. (YORK CITY EMS/FD/PO).
13 - ID DESIGNATED SEVERE WEATHER SHELTERS FOR
ALL FACILITIES.

DUE FOR UPDATE TRAINING WHEN COVID RESTRICTIONS EASED.

Section 11 – Fleet Safety

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Appendix A	Commercial Motor Vehicle (CMV) Operations
Appendix B	Motor Vehicle Record (MVR) Grading Criteria
Appendix C	In The Event of an Accident...
Appendix D	Fleet Policy Acknowledgment Form

FLEET ADMINISTRATOR: Brandt Cook

REMEMBER... *When operating a fleet vehicle, you are representing our company.*

1. Scope of application.

The provisions of this policy apply to all fleet vehicles and trailers owned by or used on behalf of Clinton Industries. This may include company-owned/leased vehicles, rental vehicles, or even personal vehicles if being used for Clinton Industries business. ***Clinton Industries does not operate vehicles requiring a Commercial Driver’s License (CDL).*** We do, however, operate commercial motor vehicles.

This policy shall apply regardless of operator license type or classification, size or weight of fleet vehicle (including trailers), driving duration or frequency, day of week, location, or even purpose for fleet vehicle operation.

2. Authorization & expectation.

Only individuals – age 21 or older – committed to safe vehicle operation shall be authorized to drive on behalf of Clinton Industries. Individuals who have not been specifically authorized to operate fleet vehicles, or whose authorization has been revoked, may not operate a fleet vehicle. No fleet vehicle operation is authorized beyond the borders of the United States.

We will trust the privilege of fleet vehicle operation only to those individuals who consistently demonstrate safe, courteous and responsible driving habits. We expect each fleet vehicle operator to respect the provisions of this policy and follow all applicable federal, state, & local laws. Those who fail to approach their driving responsibilities in this manner may be subject to disciplinary action, up to and including loss of driving privileges or termination.

3. Use of company-owned vehicles & trailers.

All company-owned vehicles and trailers are provided strictly for official company business. Only Clinton Industries employees and company-authorized representatives may be transported in these vehicles.

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While some fleet vehicles may be driven home at the end of the workday, none are authorized for personal use unless prior permission has been granted by executive management.

When personal use is authorized, the following provisions apply:

- 3.1. Authorization is restricted to that employee only. This person must be an authorized fleet vehicle operator for the specific class of vehicle/trailer and must be properly licensed. Authorization does not extend to spouse, children, family, friends, etc.
- 3.2. All rules & requirements contained in this policy continue to apply. These same rules extend to any passengers, including mandatory seatbelt use.
- 3.3. No children under the age of 14 are permitted in the vehicle.
- 3.4. Towing of anything but a company-owned trailer is prohibited. Towing of personal recreational equipment (boats, campers, non-company trailers, etc.) is not permitted.
- 3.5. Do not modify or customize the vehicle.
- 3.6. Employee shall sign a written personal use agreement before authorization is granted.

4. Personal vehicles used for company business.

The use of an employee's own vehicle during or after work hours – such as driving to/from work, lunch, etc. – does not constitute "use of personal vehicle for company business" unless otherwise specified & authorized by executive management.

Employees who are directed to use personal vehicles for company business will be reimbursed on a per mile basis. The employee is responsible for vehicle maintenance, insurance, general upkeep, liability arising from an accident/damage, and for abiding by all provisions of this policy while using the vehicle for business purposes.

In the event of a vehicle accident, the employee's personal insurance will apply. For this reason, Clinton Industries reserves the right to verify personal auto insurance coverage is adequate and is currently in-force.

5. Rental vehicles & trailers.

Rental vehicles used for company business shall be subject to the provisions of this policy. They shall be treated the same as company-owned vehicles & trailers. Any conditions making the vehicle/trailer unsafe for use shall be immediately reported to the office and rental company so that repairs or a replacement can be provided before it is used.

6. Driver qualification & review.

6.1. Initial authorization to operate a fleet vehicle is contingent upon satisfactory review of:

- 6.1.1. Job application & experience (must have at least 1 yr. experience in class of vehicle for which authorized)
- 6.1.2. Reference checks
- 6.1.3. Employment record (prior 3 yrs.)*
- 6.1.4. Valid driver's license of proper classification &/or endorsement
- 6.1.5. MVR history (prior 3 yrs. in each state where valid license held) – refer to **Appendix B** for grading criteria

Commercial motor vehicle drivers (over 10,000# GVWR or GCWR) require the following additional reviews:

- 6.1.6. Request for drug & alcohol test results* in conjunction with employment record review
 - 6.1.7. Documentation of a valid DOT physical exam (medical eval card) within past 24 months
- * The employment record & drug/alcohol test results review must be completed within 30 days of hire.

6.2. Continued authorization is subject to a successful **annual** review of:

- 6.2.1. Annual MVR check for each state a driver's license was held – refer to **Appendix B** for grading criteria
- 6.2.2. Driver's license classification, status, &/or endorsement
- 6.2.3. Incident, complaint, and evaluation history
- 6.2.4. Participation in company continuing driver education/training programs

Commercial motor vehicle drivers (over 10,000# GVWR or GCWR) require the following additional reviews:

- 6.2.5. Review of drug & alcohol test results
- 6.2.6. Documentation of a valid DOT physical exam (medical card) within past 24 months

11 – Fleet Safety

- 6.3. Quarterly MVR checks – Will be conducted for any driver who incurs multiple violations or any serious violation (see box) within any 12-month period.

At its sole discretion, Clinton Industries reserves the right to check a driver's MVR and driver's license status at any time. Such a check may be initiated following report of a vehicle accident or moving violation charge.

DISQUALIFYING VIOLATIONS

- Evading police
- Felony committed involving motor vehicle
- Speeding in school zone
- Crossing RR tracks against signal
- Serious disregard for public safety
- Similar infractions

SERIOUS VIOLATIONS

- Reckless driving
- Alcohol/drug-related offenses
- Excessive speeding
- Similar infractions

MOVING VIOLATIONS

- Speeding
- Fail to obey traffic signs/signals
- Improper turns
- Driving wrong way
- Similar infractions

7. Reporting changes in driver's license &/or status.

Driver must possess a valid motor vehicle driver's license with the appropriate classification needed for operating the assigned fleet vehicles &/or trailer combinations.

Fleet vehicle operators must report to the fleet administrator & HR any change in driver's licensing status, classification, or endorsement (ex: restricted, disqualified, suspended, revoked, canceled). Unless otherwise specified in section 8 below (*"Reporting disqualifying, serious, & moving violations"*), notification must be made by the end of the business day following the day driver receives notice.

Any fleet driver whose license has been disqualified, suspended, revoked, or canceled shall not be authorized to drive any company vehicle or personal vehicle for company business.

8. Reporting of disqualifying, serious, and moving violations.

- 8.1. Disqualifying or serious violations – Drivers must immediately report to fleet administrator & HR any disqualifying or serious violation charges, regardless of whether the violation occurred in a fleet or personal vehicle.
- 8.2. Moving violations – Within 24 hours, all fleet vehicle operators must report to fleet administrator & HR any moving violation charges, ***regardless of whether the violation occurred in a fleet or personal vehicle.***

The following reporting requirements apply to operators of commercial motor vehicles (over 10,000# GVWR or GCWR):

- 8.3. CMV reporting of violations [49 CFR 383.31] – In addition to the above, CMV drivers must inform both PennDOT (within 30 days) and Clinton Industries (within 24 hrs.) of any moving traffic convictions, regardless of the type of vehicle in which the violation occurred and regardless of whether the vehicle was a fleet vehicle.

This notification must be made in writing and contain the following information:

- a) Driver's full name
- b) Driver's license number
- c) Date of conviction
- d) Description of the specific violation(s)
- e) Effects on licensing and/or driving privileges
- f) Indication whether the violation was in a commercial motor vehicle
- g) Location of offense
- h) Driver's signature

Fleet vehicle operators must immediately report to the fleet administrator & HR any change in their driver's licensing status, classification, or endorsements.

9. Revocation of driving privileges.

Any of the following will result in immediate revocation of fleet vehicle driving privileges:

- 9.1. Driver's license suspension or revocation;
- 9.2. Refusal to immediately submit to drug/alcohol testing (as required per company policy);
- 9.3. Record of any disqualifying violation;
- 9.4. Any situation or pattern of conduct where executive management deems that individual's continued operation of a fleet vehicle represents an unacceptable risk to Clinton Industries operations.

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Duration of driving privilege revocation and/or the need for additional disciplinary action (which could include termination) shall be at the sole discretion of Clinton Industries executive management.

10. Circumstances resulting in need for action.

At the sole discretion of Clinton Industries executive management, any of the following shall result in the need for action, which may include refresher training, driving restrictions, disqualification of fleet vehicle driving privileges, &/or termination:

- 10.1. At-fault in a fatal accident
- 10.2. Unsafe vehicle operation (including distracted or aggressive driving) &/or pattern of serious complaints
- 10.3. Leaving the scene of an accident
- 10.4. Operation of a vehicle for which not properly licensed or classified
- 10.5. Failed or expired DOT physical exam (medical eval card)
- 10.6. Pattern of violating the provisions of this policy

Within past 36 months:

- 10.7. Conviction of a felony or a drug-related offense
- 10.8. Driving privilege suspension, revocation, or disciplinary action
- 10.9. Two (2) or more non-fatal, at-fault accidents
- 10.10. Three (3) or more moving violations
- 10.11. Three (3) or more preventable fleet vehicle damage claims (non-injury)

Within past 60 months:

- 10.12. Conviction of a drug or alcohol-related offense while driving (DUI/DWI)
- 10.13. Any serious violation (see box beside section 7 of this policy)

In addition, the following applies to commercial motor vehicle drivers (over 10,000# GVWR or GCWR):

- 10.14. Failure to adhere to DOT regulations.
- 10.15. Three (3) or more preventable accidents within past three (3) years.

- Accident – An occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in a fatality, bodily injury to a person (requiring off-site medical treatment), or one or more motor vehicles incurring disabling damage (required to be hauled/towed away).
- Preventable accident – An accident that could have been averted but for an act, or failure to act, by the motor carrier or the driver.

11. Driver rules & responsibilities.

- 11.1. Safe operation – All drivers are expected to operate fleet vehicles in a safe manner and comply with all applicable federal, state, and local laws. Vehicles are to be operated based on existing conditions (light, precipitation, traffic volume, etc.) rather than solely on posted speed limit. Safe following distances are to be maintained (at least 1 second for every 10 ft. of vehicle length – 2 to 3 seconds in poor weather).
- 11.2. Cleanliness – It is the driver's responsibility to maintain his/her fleet vehicle clean and orderly, both inside and outside the cab.
- 11.3. Vehicle selection – When selecting a vehicle for a given task, the driver shall choose the proper vehicle based on its size, capacity (including towing capacity), & intended use. Under no circumstances may a vehicle or trailer be overloaded or operated by an individual who is not properly licensed.
- 11.4. Proof of insurance & vehicle registration – Valid proof of insurance and vehicle/trailer registration must be maintained in all fleet vehicles. Please check for this before using the vehicle &/or trailer.
- 11.5. Pre-trip safety check – Prior to each day's use, the driver of a fleet vehicle is responsible for conducting a pre-trip safety check to ensure that the vehicle &/or trailer is in a safe operating condition and that the windshield, lights, and cab are reasonably clean. This quick check should focus on:
 - Verify vehicle (& trailer) registration & proof of insurance is valid & onboard
 - Walk-around to spot damage or deficiencies that could affect the safe operation or reliability of vehicle/trailer
 - Fluid levels
 - Wheel & tire condition

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- Windshield & wiper condition
- Seatbelt function
- Mirror adjustment
- Proper gauge readings
- Lights (headlights, turn signals, 4-ways, brake)

Vehicles &/or trailers not in a safe or reliable condition are not to be driven. Safety-related damage or defects, including missing or malfunctioning safety devices, shall be repaired before the vehicle is placed back into service.

Additional pre- & post-trip inspections requirements apply for commercial motor vehicles (over 10,000# GVWR or GCWR). Refer to Appendix A – CMV Operations.

- 11.6. Seatbelts (vehicle restraints) – All occupants (drivers & passengers) of the vehicle must properly use a seatbelt while the vehicle is being operated.
- 11.7. Headlights – All vehicles shall be driven with headlights turned on, regardless of time or lighting conditions.
- 11.8. Air bags – With the exception of conditions specified by the vehicle manufacturer, air bags must be activated when operating a fleet vehicle equipped with this safety feature.
- 11.9. Parking – All vehicles must be parked legally (or properly if in a construction work zone). Never park any vehicle in an area where it could be exposed to damage or block emergency responder access. Do not block sidewalks, roadways, or motorist view of work areas.

As conditions dictate, use cones (flares or reflective triangles for emergency situations) to call special attention to your vehicle.

Whenever possible, vehicles should be parked in such a manner that when the vehicle is next used, the first movement is forward, not reverse.

- 11.10. Smoking – Smoking is not permitted in pool fleet vehicles. Otherwise, take care to not smoke within 50 ft. of refueling areas or any other areas where flammable/combustible substances are stored, dispensed, handled, or used.
- 11.11. Alcohol, drugs, & illicit materials – Alcohol, drugs, weapons, and illicit material may not be stored, transported, or used in/from any fleet vehicle. Provisions of our corporate Drug/Alcohol policy apply.
- 11.12. Impaired driving – No driver shall operate any fleet vehicle while impaired. Impaired driving may result from drugs, medication, alcohol, fatigue, medical condition, emotional state, etc. This provision includes circumstances where the use of legally prescribed or over-the-counter (OTC) medication may cause drowsiness.
- 11.13. Distracted driving, cell phones, & texting – No driver shall operate a fleet vehicle while distracted.

Distracted driving may result from taking notes, eating/drinking, personal grooming, reading, use of technology (radios, smart phones, computers, GPS, etc.), passenger actions/behavior, etc. Pull over or wait until the vehicle is safely parked to attend to the matter.

Cell phone use causes driver distraction. Company policy on cell phone use (including texting) is as follows:

- 11.13.1. Texting or use of any hand-held mobile phone while operating a fleet vehicle is prohibited. This includes any time the motor is running, even if the vehicle is stationary. Only exception is when the vehicle is safely parked off a roadway.

Note that hands-free systems **do not include** phones where a button must be held to talk (such as the PTT – push to talk – feature).

- 11.13.2. If your job responsibilities absolutely require accepting work-related calls while driving, a hands-free device must be used.

However, do not endanger yourself or others for the sake of making or taking a work-related phone call. If in heavy traffic, merging with traffic, passing a vehicle, at an intersection, near pedestrians, in a work zone, or in any other situation requiring your full attention, let voice mail pick-up and return the call later, when safe to do so.

- 11.13.3. Other than in cases of emergency, no personal calls during work hours – no matter if you have a business or personal cell phone. Only work-related calls may be made or taken during working hours.

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11.13.4. Employees who are charged with traffic violations resulting from cell phone use while driving shall be solely responsible for all liabilities resulting from the incident.

11.14. Aggressive driving – Drivers shall not operate any fleet vehicle in a manner that endangers or is likely to endanger people or property (aggressive driving). Reports of any such behavior may result in immediate termination. Aggressive driving may include excessive speeding, tailgating, flashing high beams, failing to yield or use turn signals, running red lights/stop signs, weaving through traffic, and threatening or abusive conduct.

11.15. Load securement – All materials, tools or equipment loaded onto vans, trucks, or trailers must be secured prior to transit. The vehicle driver is responsible to ensure that all loads are secured prior to transit.

Loads may not stick out more than 3 ft. past the front bumper nor more than 6 ft. past the rear bumper. Loads that stick-out between 4-6 ft. past the rear bumper must have a red flag (min. 12-in square) during daylight and a red light during darkness, attached to the end of the load.

11.16. Fines – Driver is responsible for all fines & fees which are a result of his/her violation of federal, state, or local law.

11.17. Theft – Immediately report any theft of a fleet vehicle to local police, and then to our fleet administrator.

12. Inspection & maintenance.

12.1. Regular service – Fleet vehicle operators shall coordinate maintenance needs with executive management.

Promptly and accurately report all commercial vehicle mileage records to accounts payable for vehicle registration purposes. Forward service records to the fleet administrator for purposes of recordkeeping.

Note that a qualified automotive service technician must be used for fleet vehicle maintenance &/or repair. Contact the fleet administrator with any questions/concerns before arranging work.

12.2. Modifications – Company vehicles may not be modified unless such modification is authorized by the fleet administrator and it has been determined that the modification will not affect vehicle safety and/or safety devices.

This includes, but is not limited to:

- Stereo/radio/communications equipment
- Hitches & tow bars
- Plows
- Window tinting
- Navigation or security systems
- Accessibility aids
- Cargo containment means or racks
- Material handling means
- Change of body configuration, tire, or rim size
- Increase in carrying/hauling capacity of vehicle or trailer

Where modifications are authorized, they shall be within the limits specified by the vehicle manufacturer.

13. Motor vehicle accidents.

All fleet vehicle incidents – *even those with no/minimal injuries or property damage* – must be reported immediately. Unless the fleet administrator states otherwise, it is expected that a Fleet Vehicle Incident Report, along with pictures, will be completed and submitted within 24 hours.

Refer to **Appendix C** for instructions. Keep a copy of Appendix C in the glove box of each fleet vehicle for reference.

The following applies to accidents involving our commercial motor vehicles (over 10,000# GVWR or GCWR):

13.1. Fatal CMV accidents – Clinton Industries management shall notify the PA Bureau of Transportation & Safety within 24 hours of any fatal accident involving a commercial motor vehicle. A copy of the police report shall be maintained on file for at least three (3) years.

13.2. Accident register [49 CFR 390.15] – The fleet administrator shall maintain an Accident Register that logs all FMCSA-reportable accidents for a period of three (3) years. An FMCSA-reportable accident is one involving a CMV operating on a highway/interstate which results in:

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- 13.2.1. A fatality;
- 13.2.2. Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
- 13.2.3. One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.

The Register shall log the following information:

- a) Date of accident
- b) City or town, or most near, where the accident occurred and the State where the accident occurred
- c) Driver name
- d) Number of injuries
- e) Number of fatalities
- f) Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicle involved in the accident, were released
- g) Copies of all accident reports required by State or other governmental entities or insurers.

14. Training & continued education.

- 14.1. Newly-authorized drivers – All newly hired drivers (or employees whose job duties now include operation of fleet vehicles) shall receive orientation fleet safety training from the fleet administrator or a designated competent driver. The orientation will include:

- Review of this Fleet Safety Policy
- Focus on driver responsibilities & regulatory obligations
- CMV operators – Behind the wheel training/observation

Behind the wheel training/observation will be supervised by a competent driver on a vehicle with the same general size, power, configuration & operation as the one(s) to be operated. The extent of observation and hands-on training will depend upon the new driver's experience level and skills demonstration.

For those employees occasionally using personal vehicles for company business, participation in driver education & training is voluntary provided personal vehicle use is limited to 6x per calendar year.

- 14.2. Annually – CMV fleet drivers will attend an annual safety meeting to review:

- The past year's incidents and incident trends
- Safety performance and motor vehicle incident rates
- Sources of vehicle safety problems/complaints
- Lessons learned
- Fleet Safety Policy refresher & updates
- DOT/safety regulation updates
- Refresher topics – *ex: defensive driving, impaired & distracted driving, aggressive motorists/driving, vehicle inspection & maintenance, towing & trailer safety, proper use of emergency equipment, or incident management*

All or part of this annual training may extend to non-CMV fleet operators.

- 14.3. Refresher training – Provided to drivers who have violated the provisions of this policy. This refresher will include:

- A review of circumstances
- Review of applicable federal, state, &/or local law
- Pertinent driver responsibilities/expectations
- Any needed corrective/preventive actions
- Disciplinary action (for a serious, willful or repeat violation of this policy)

For commercial motor vehicle drivers (over 10,000# GVWR or GCWR):

Refresher training will also be provided if a CMV driver is involved in a preventable motor vehicle accident (see section 10.15) or if he/she violates DOT regulations.

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15. Recordkeeping.

The fleet administrator shall oversee maintenance of the following records:

RECORD	RECORD CONTENTS	DURATION/FREQ.
Record of Authorized Drivers	Lists all authorized fleet vehicle drivers, including the vehicles they are authorized to operate.	Update annually. • <i>More freq. as nec.</i>
Driver Qualification Records <u>Forms for CMV drivers:</u> • <i>Request for Check of Driving Record</i> • <i>Request for Information from Previous Employer</i>	<input type="checkbox"/> Completed employment application form <input type="checkbox"/> Copy of current driver's license <input type="checkbox"/> Copy of most recent annual review <input type="checkbox"/> Current MVR for each state in which a driver's license held (ID who did MVR check & on what date) <input type="checkbox"/> Pertinent medical and drug/alcohol testing records <input type="checkbox"/> Copy of complaints, evals, corrective or disciplinary action	Maintain current. • <i>Keep for duration of driver's employment, PLUS at least 3 yrs.</i>
Annual Review <i>(Motor Vehicle Driver's Certification of Violations/Annual Review of Driving Record)</i> • <i>Quarterly for drivers who incur multiple violations or any serious violation within a 12-mo. period.</i>	<input type="checkbox"/> Annual MVR for each state a driver's license was held <input type="checkbox"/> Driver's license classification, status, and endorsements <input type="checkbox"/> Incident, complaint, and evaluation history <input type="checkbox"/> Participation in company continuing driver education & training programs <i>CMV drivers (over 10,000# GVWR or GCWR) require the following additional reviews:</i> <input type="checkbox"/> Review of drug & alcohol test results <input type="checkbox"/> Documentation of a valid DOT physical exam (medical card) within past 24 months	Update annually. • <i>More freq. as nec.</i>
Vehicle Maintenance	Fleet vehicle maint./service records shall document: <input type="checkbox"/> Work/service completed <input type="checkbox"/> Where work was done <input type="checkbox"/> When (date & mileage)	Duration of vehicle service PLUS at least 1 yr. after being sold.
Motor Vehicle Incident Report	All records of fleet vehicle incident reports, investigation, and analysis. This shall include at a minimum: <input type="checkbox"/> Incident Report Form (including investigation findings) <input type="checkbox"/> Fleet Vehicle Damage supplement report As appropriate, the following additional forms shall be used: <input type="checkbox"/> Serious Injury Report supplement <input type="checkbox"/> Witness Account of Incident supplement	Keep for min. 5 yrs. following close of claims.
Training & Continuing Ed	<input type="checkbox"/> Trainee names <input type="checkbox"/> Date(s) of training <input type="checkbox"/> Location of training <input type="checkbox"/> Name of trainer <input type="checkbox"/> Outline of training subject matter	Keep for min. 10 yrs. • <i>Keep for term of driver employment, PLUS at least 1 yr.</i>

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CMV-ONLY RECORDS – The following additional records are only required of CMVs

RECORD	RECORD CONTENTS	DURATION/FREQ.
CMV Driver Timecards <i>(Reference CMV-8 & 9)</i>	CMV driver time records for 100- & 150- air mile radius exemptions must be turned into the fleet administrator weekly. They must include: <ul style="list-style-type: none"> <input type="checkbox"/> The time the driver reports for duty each day; <input type="checkbox"/> The total number of hours the driver is on duty each day; <input type="checkbox"/> The time the driver is released from duty each day; and <input type="checkbox"/> The total time for the preceding 7 days 	Keep on file for at least six (6) mo.
Driver's Vehicle Inspection Report <i>(Reference CMV-6)</i>	Post-trip inspection forms (DVIR) must be turned into the fleet administrator daily. The DVIR must document: <ul style="list-style-type: none"> <input type="checkbox"/> Service brakes including trailer brake connections <input type="checkbox"/> Parking brake <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Lighting devices and reflectors <input type="checkbox"/> Tires <input type="checkbox"/> Horn <input type="checkbox"/> Windshield wipers <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Coupling devices <input type="checkbox"/> Wheels and rims <input type="checkbox"/> Emergency equipment 	Keep on file for at least 90 days.
Accident Register <i>(Reference section 13.2)</i>	The fleet administrator must maintain a log of all FMCSA-reportable accidents. Record content must include: <ul style="list-style-type: none"> <input type="checkbox"/> Date of accident <input type="checkbox"/> City or town, or most near, where the accident occurred and the State where the accident occurred <input type="checkbox"/> Driver name <input type="checkbox"/> Number of injuries <input type="checkbox"/> Number of fatalities <input type="checkbox"/> Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicle involved in the accident, were released <input type="checkbox"/> Copies of all accident reports required by State or other governmental entities or insurers. 	Keep on file for at least 3 yrs.

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Appendix A – Commercial Motor Vehicle (CMV) Operations

In addition to the preceding requirements of this policy, the provisions in this appendix apply to:

- Interstate operation of motor vehicles, including trailer combo, that have a gross vehicle weight rating or gross combination weight rating (GVWR or GCWR) of 10,001 lbs. or more – a “CMV”.
(PA intrastate operation = 17,001 lbs. or more.)
- Vehicles designed/used to transport 16 or more passengers, including driver (not for compensation).
- Vehicles transporting hazardous materials that require placarding.

“Interstate operation” involves the operation of our CMVs to or through other states.

DRIVER QUALIFICATION, LICENSING, & REPORTING

- CMV-1 Medical examiner’s certificate/card [49 CFR 391.41] – All CMV drivers must maintain in their possession a valid medical examiners certificate stating they are qualified to operate a commercial motor vehicle. The driver must have been medically certified within the previous 24 months.
- CMV-2 DOT drug/alcohol testing [49 CFR 382] – All drivers are subject to the provisions of our company Drug/Alcohol policy. CDL drivers are also subject to DOT-required testing provisions.

VEHICLE MARKINGS & EQUIPMENT

- CMV-3 USDOT markings [49 CFR 391.21] – All CMVs used in interstate commerce must be registered with the FMCSA and display the following markings:
- Name of company operating the CMV
 - USDOT number
- Markings must appear on both sides of vehicle and be in letters that sharply contrast with background color. They must be large enough in size to be readily legible (in daylight hours) from 50 ft. while the vehicle is stationary. (In PA, markings must be at no less than 2-in. high by ½-in. width.)
- CMV-4 Emergency equipment [49 CFR 393.95] – Each CMV must be equipped with the following emergency equipment:
- Fire extinguisher – min. 5B:C classification (10B:C if placarded), charged, mounted, & readily accessible for use.
 - Spare fuses – At least one spare fuse for each type/size of fuse needed for parts and accessories.
 - Triangles/flares – At least 3 bidirectional emergency reflective triangles or 3 flares.

In addition, each CMV should be equipped with a 1st aid kit and reflective safety vest.

PRE- & POST-TRIP INSPECTIONS

- CMV-5 Pre-trip [49 CFR 396.13] – Before driving a CMV, the driver shall be satisfied that it is in safe operating condition. He/she must also review the last driver vehicle inspection report (DVIR). The driver must sign-off on the previous DVIR only after able to confirm that all necessary repairs have been performed. See CMV-12.
- CMV-6 Post-trip driver vehicle inspection reports (DVIR) [49 CFR 392.7 & 396.11] – Must be completed at the end of each work day for any CMV to note any defect or deficiency discovered by or reported to the driver.

The DVIR must identify the vehicle and list any defect or deficiency which would affect the safe operation of the vehicle or result in its mechanical breakdown. It must include inspection of at least the following items:

- a) Service brakes including trailer brake connections
- b) Parking brake
- c) Steering mechanism
- d) Lighting devices and reflectors

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- e) Tires
- f) Horn
- g) Windshield wipers
- h) Rear vision mirrors
- i) Coupling devices
- j) Wheels and rims
- k) Emergency equipment

The driver must sign the completed DVIR and submit to the fleet administrator.

CMV-7 Repair needed [49 CFR 396.11] – Any defects/deficiencies noted on a DVIR that would be likely to affect the safe operation of the vehicle must be repaired before the vehicle is placed back into service.

The fleet administrator shall certify on the original DVIR that the necessary repairs have been made or that repair is unnecessary before the vehicle is operated again.

LOGS, MAX. DRIVING TIME, & BREAKS

CMV-8 100 air mile radius logbook exemption [49 CFR 395.1(e)] – Known as a short haul operations exemption for driver's hours-of-service logbook, it may only be applied if all the following conditions are met:

- a) Driver operates within a 100 air-mile radius of the normal work reporting location.
- b) Driver returns to work reporting location and is released from work within 12 consecutive hours.
- c) At least 10 consecutive hours off-duty must separate each 12 hours on duty.
- d) Following 10 consecutive hours off-duty, cannot exceed 11 hours during a 14-hour period.
- e) Must maintain and retain (for a period of 6 months) accurate and true time records showing:

- The time the driver reports for duty each day;
- The total number of hours the driver is on duty each day;
- The time the driver is released from duty each day; and
- The total time for the preceding 7 days

(Note: Drivers used for the first time or intermittently shall provide a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.)

CMV-9 150 air mile radius logbook exemption [49 CFR 395.1(e)] – Also known as a short haul operations exemption for driver's hours-of-service log book, it may only be applied if all the following conditions are met:

- a) CDL is not required to operate the CMV.
- b) Driver operates within a 150 air-mile radius of the normal work reporting location.
- c) Driver returns to the normal work reporting location at the end of each duty tour.
- d) Driver does not drive:
 - After the 14th hour after coming on duty on 5 days of any period of 7 consecutive days; and
 - After the 16th hour after coming on duty on 2 days of any period of 7 consecutive days
- e) Must maintain and retain (for a period of 6 months) accurate and true time records showing:

- The time the driver reports for duty each day;
- The total number of hours the driver is on duty each day;
- The time the driver is released from duty each day; and
- The total time for the preceding 7 days

(Note: Drivers used for the first time or intermittently shall provide a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.)

CMV-10 Time cards – All CMV drivers who fall under the 100 or 150 air mile exemption must maintain accurate duty status/time records each day by means of time card. **These time cards must also account for any compensated time spent driving commercial vehicles for another employer during any 24-hr. period.** If driving for another employer, time cards must include [49 CFR 395.8(j)]:

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- a) All duty time for the entire 24-hour period;
- b) The name of each motor carrier served by the driver during that period; and
- c) The beginning and finishing time, including a.m. or p.m., worked for each carrier.

VEHICLE OPERATION

CMV-11 Cargo securement checks [49 CFR 392.9] – Prior to operating a CMV, cargo must be properly distributed and adequately secured. The tailgate, tailboard, doors, tarpaulins, spare tire and other equipment used in its operation, and the means of fastening the cargo must be secured.

Also, cargo or any other object may not obscure the driver's view ahead or to the right or left sides, interfere with the free movement of his/her arms or legs, prevent his/her free and ready access to accessories required for emergencies, or prevent the free and ready exit of any person from the vehicle's cab or driver's compartment.

CMV drivers must check their loads and adjust cargo securement devices:

- Before the trip starts; and
- Within the first 50 miles after beginning the trip; and
- Whenever the driver makes a change of duty status; and
- After the vehicle has been driven for 3 hours or 150 miles, whichever occurs first

CMV-12 Weigh stations – All CMVs are subject to commercial vehicle weight enforcement programs (weigh stations) that vary by state. When indicated to do so, drivers must enter the weigh station or face possible fines.

Be prepared to show your medical cert & safety inspection documentation. You'll also need to show your logbook if not exempt from maintaining it (100- or 150- air mile radius exemptions).

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Appendix B – Motor Vehicle Record (MVR) Grading Criteria

Driver MVRs will be graded based on the table below, as minimum requirements.

- New hires/drivers – No new driver will be hired with a “borderline” or “poor” MVR.
- Existing drivers – Driving records must remain “acceptable” or “clear” for continued employment in positions with driving duties.

Any exceptions to these guidelines must be referred to executive management for written approval. Our auto insurance carrier will be consulted on any / all MVRs not meeting these minimum criteria.

# MINOR VIOLATIONS	# AT-FAULT ACCIDENTS			
	0	1	2	3+
0	Clear	Acceptable	Borderline	POOR
1	Acceptable	Acceptable	Borderline	POOR
2	Acceptable	Borderline	POOR	POOR
3	Borderline	POOR	POOR	POOR
4+	POOR	POOR	POOR	POOR
ANY MAJOR VIOLATIONS	POOR	POOR	POOR	POOR

MINOR VIOLATIONS:

- Moving/traffic violations
- Motor vehicle equipment, load or size requirement
- Improper / failure to display license plates
- Failure to sign or display registration
- Failure to have driver’s license in possession if valid license exists
- Other that are not major violations

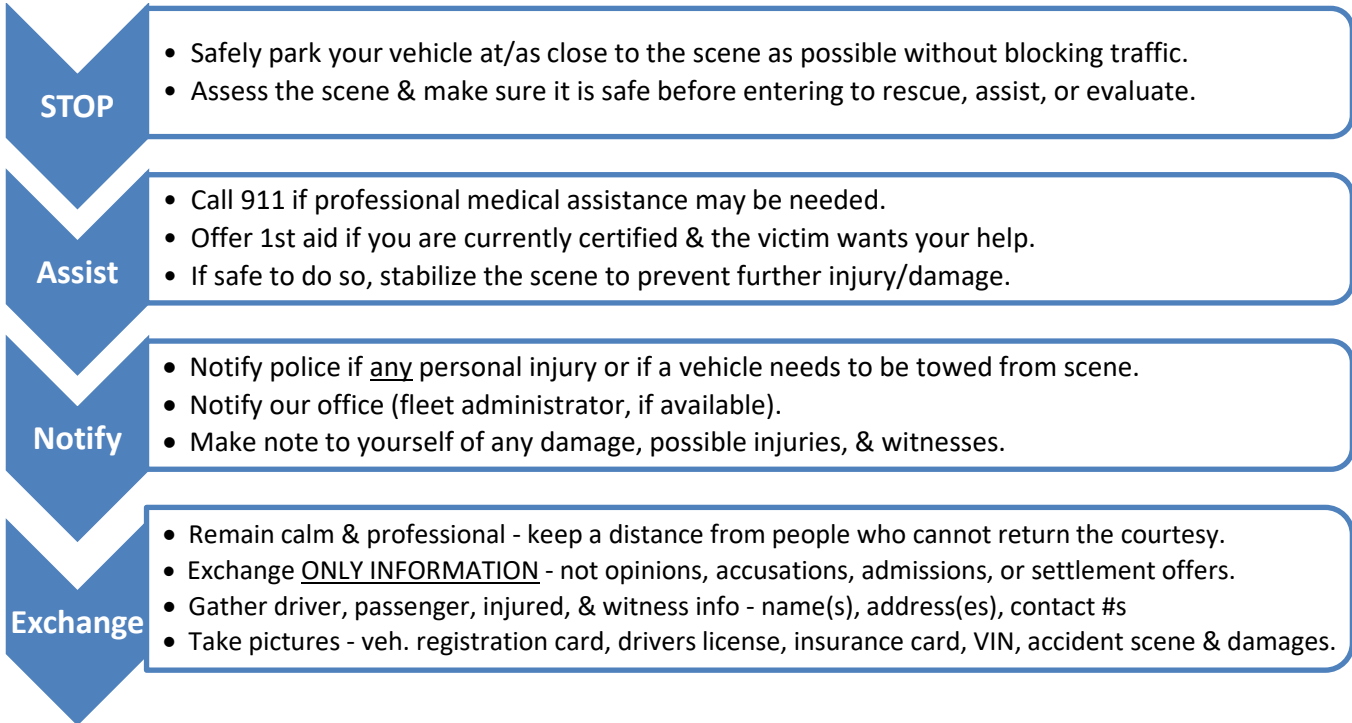
MAJOR VIOLATIONS:

- Distracted, or otherwise careless, driving
- Driving while impaired or under the influence of alcohol / drugs
- Failure to stop / report an accident
- Reckless driving / speeding contest
- Driving while impaired
- Making a false accident report
- Homicide, manslaughter or assault arising out of the use of a vehicle
- Driving while license is suspended / revoked
- Attempting to elude a police officer

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Appendix C – In the Event of an Accident...

If you are involved in a fleet vehicle accident:



Additionally,

- Photos – Whenever possible & safe to do so, try to obtain incident scene photos BEFORE any vehicles or objects are moved.
- Reporting – Follow-up with an Incident Report (picture included) **within 24 hours of occurrence**.
- Serious incident review – All serious incidents (injuries, significant property damage) shall be immediately reported to – and will be reviewed by – fleet administrator. The report will be analyzed to determine contributing factors and any appropriate corrective measures. Results shall be reviewed with the driver involved, as well as other drivers if necessary.
- External communications & statements – Only authorized company personnel are permitted to make statements to the media or public. Please refer all questions to these persons.
- Witness to an accident (but not otherwise involved in it) – If you witness a serious accident, but are not otherwise involved in it, pull safely to the side of the road and away from the accident scene. Call “911”.

Unless your immediate assistance is needed, stay away from the immediate scene and leave response activities to emergency personnel. NEVER enter any site where dangers exist that could threaten your safety (downed power lines, leaking fuel, high speed/volume traffic, etc.).

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Appendix D – Fleet Policy Acknowledgement Form

In signing below, I verify that I have read, understand, and agree to abide by the provisions of the Clinton Industries Fleet Safety Policy.

In addition, I allow Clinton Industries to acquire a copy of my current driver's license and request a Motor Vehicle Record (MVR) for the past 10 years of my driving license record. The information requested will be used for employment purposes only and will be used for no other purpose.

All my records will be secured by my employer and no information shall be sent to others.

PRINT NAME:

SIGN NAME:

DATE:

CLINTON INDUSTRIES MGMT. SIGNATURE:

DATE:

Section 13 – Hearing Conservation Program

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Appendix A Noise Monitoring Results & Determinations
Appendix B Preparation for Hearing Test (Audiogram) – Employee Reminder Letter
Appendix C Annual Program Review
Appendix D Employee Notification of STS
Completed Annual Policy Reviews

1. Purpose of this policy.

To identify sources of excessive noise in the workplace and prescribe measures aimed at preventing occupational hearing loss. This program also serves to address OSHA requirements for hearing conservation as published under 29 CFR 1910.95, Occupational Noise Exposure.

2. Scope of application.

The provisions of this program apply to all employees who work in areas, or perform tasks, where sound levels averaged over an 8-hr. shift equal or exceed 85 decibels on an A-weighted* measuring scale (dBA).

** A-weighted filters are most commonly used for sound level measurement as they best replicate sensitivity of the human ear to speech frequencies.*

APPENDIX A IDENTIFIES THESE WORK AREAS/TASKS.

3. Noise monitoring program.

3.1. Description, observation of monitoring, & purpose – Our monitoring program uses meters to take noise level samples in various areas throughout our facilities. Employees are welcome at any time to observe any noise measurements being taken.

The purpose of monitoring is to identify employees who may work in areas or on tasks that produce noise levels equal to or above 85 dBA averaged over an 8-hr. work shift. Results of monitoring are also used to select appropriate noise control measures & PPE.

3.2. Sampling equipment & strategy.

3.2.1. Sound level meter (SLM) – Calibrated SLMs take instantaneous readings only and shall be used where noise levels are relatively consistent.

3.2.2. Noise dosimeters – Dosimeters can log noise level readings over a period of time and then average the exposure. Most can even extrapolate noise data to equivalent exposure over an 8-hr. period.

A calibrated dosimeter shall be used in situations where employee noise exposures may fluctuate noticeably throughout the work shift, such as when:

- High degree of worker mobility
- Work tasks present varying levels of noise
- Production equipment cycles produce varying levels of noise

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Hooking a dosimeter to an employee provides a personal noise exposure reading, but it must be worn for a time sufficient for the meter to gain a representative sampling of the varying noise exposure levels.

- 3.3. Measurement parameters – Monitoring must account for all continuous, intermittent, and impulse sound levels from 80dBA to 130dBA, without accounting for noise reductions provided by hearing protectors.
- 3.4. Monitoring personnel – Noise sampling, whether using an SLM or a noise dosimeter, shall only be conducted by persons trained in proper calibration & operation of monitoring equipment, and on effective sampling strategy. Use **Appendix A** to log the results of testing.
- 3.5. Updating monitoring data – Monitoring data must be updated whenever a change in production, process, equipment, or controls increases or decreases noise exposures to the extent that either:
 - Additional employees may be exposed above or below 85dBA, or
 - The attenuation provided by hearing protectors fails to bring employee exposure levels below 90dBA.

4. Audiometric testing (hearing tests).

An audiometric testing program (hearing tests) shall be offered to all employees who work in areas or perform tasks identified in **Appendix A** ("YES" under the "Include in HCP?" column). This audiometric testing shall be offered at no cost to these employees.

- 4.1. Initial (baseline) test – Shall be offered upon institution of this program and thereafter, within six (6) months of first exposure to work areas/tasks that are identified in **Appendix A**.
If a mobile test van is used for audiograms, the baseline may take place within 1 year of first exposure, but hearing protection must be worn for any period exceeding 6 months until the baseline is taken.

- 4.2. Annual audiograms – Employees who continue to be exposed to the work areas/tasks that are identified in **Appendix A** (for at least one day each year) shall be offered annual audiograms to assess hearing level in comparison with the baseline.

- 4.3. Hearing test preparation – Employees shall be instructed that audiometric testing must be preceded by at least 14 hours without exposure to workplace noise, but that hearing protectors may be used as a substitute for this requirement.

Also, employees shall be informed of the need to avoid high levels of non-occupational noise exposure during this 14-hour period immediately preceding the hearing test. **Appendix B** contains a reminder notice that can be distributed to employees ahead of their scheduled hearing test date.

- 4.4. Standard threshold shift (STS) – If an annual audiogram shows that an employee incurs a change in hearing threshold relative to the baseline of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear (accounting for contributions from aging), he/she shall be informed of this fact in writing within 21 days of the determination – see **Appendix D**. Employee may be retested within 30 days to validate the results.

If the STS is deemed to be work-related, the affected employee(s) shall be refitted and retrained in the use of hearing protectors and provided with hearing protectors that reduce his/her exposure level to 85 dBA or less, if possible [section 6.4]. Use of this hearing protection shall become mandatory.

- 4.5. Early warning shift – Audiogram providers may list personnel they identify as experiencing an Early Warning Shift (EWS), which basically represents those exhibiting early warning signs of hearing loss – not necessarily related to work.

The recent ACOEM Guidance Statement on occupational noise-induced hearing loss, published in January 2012, listed these early warning flags of noise-induced hearing loss:

- An 8 dB age-corrected average shift at 2000, 3000, and 4000 Hz in either the left or right ear, OR
- A 10 dB non-age-corrected average shift at 2000, 3000, and 4000 Hz in either the left or right ear.

The 10 dB change would be classified as an STS if it were age adjusted.

To help employees preserve their hearing and avoid OSHA-recordable STS, we shall meet with affected personnel to explain EWS findings, ensure they are wearing hearing protection in accordance with our policy, and are wearing it correctly. We will also encourage use of hearing protection beyond the scope of our policy.

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5. Exposures over 90 dBA.

- 5.1. OSHA permissible exposure limit (PEL) for noise – OSHA’s PEL for noise is 90 dBA. That means that an employee’s 8-hour time weighted average (TWA) of exposure to noise may not exceed 90 dBA.
- 5.2. Priority noise controls – Where these exposures may be encountered by one or more employees, engineering and/or administrative controls must be implemented to the extent feasible to lower employee noise level exposure. If these controls fail to reduce exposure to 90 dBA or less, only then may hearing protection be relied upon to achieve this level of noise reduction.

5.2.1. Tool/equipment selection – Selection of tools and equipment shall include consideration of noise levels. Where feasible, equipment that produces lower noise levels shall be chosen.

5.2.2. Engineering controls – Engineering controls integrate physical enclosures, barriers, or sound-absorbing materials to reduce employee exposure. Examples include OEM insulated enclosures, shrouds and/or mufflers.

Prior to equipment use, employees must ensure that all shrouds, guards and noise-reducing equipment/materials are in place and in good condition. Worn, missing or damaged enclosures, mufflers and noise reducing devices must be reported to the safety director so that the equipment can be scheduled for prompt repair.

5.2.3. Administrative & work practice controls – Administrative controls do nothing to actually reduce noise levels, but rather serve to reduce employee exposure by limiting the number of employees exposed to the noise and/or by limiting the amount of time an employee can work in a given noisy environment.

To the extent that engineering controls fail to bring employee exposure below 90 dBA – and to the extent feasible (considering manpower, equipment training/expertise level and work/project constraints) – the time spent in a work area or on a work task identified in **Appendix A** shall be shared between as many employees as possible to attempt to keep each below the time duration specified by the table to the right. All other non-essential persons shall be removed from the area.

NOISE LEVEL	MAX. DURATION (90 dBA Exposure)
90 dB	8 hrs.
92 dB	6 hrs.
95 dB	4 hrs.
97 dB	3 hrs.
100 dB	2 hrs.
102 dB	1½ hrs.
105 dB	1 hr.
110 dB	½ hr. (30 min)
115 dB	¼ hr. (15 min)

6. Hearing protection availability & required use.

- 6.1. Availability – A supply of company-provided ear plugs shall be kept readily available in each facility at no cost to employees who would like to use them.
- 6.2. Required use – Use of hearing protection is mandatory for all areas/tasks identified in **Appendix A** (“YES” under the “Hearing Prot. Req’d?” column). These areas will be marked by signage.
- 6.3. Limitations – Hearing protection (ear plugs, canal caps, or ear muffs) can reduce sound levels actually heard by the employee. However, these protective devices are only as good as the fit they give. Improperly worn hearing protectors greatly reduce hearing protection efficiency. Proper selection, fit, & use of hearing protection will be covered as part of employee training.
- 6.4. Selection & NRR – The hearing protective devices chosen for use at our facilities have been determined to have a noise reduction rating (NRR) sufficient to lower employee exposure levels to below 90 dBA – and in most cases well below 85 dBA.

The NRR listed on the hearing protector packaging shows a decibel reduction (attenuation) for C-weighted noise, so it must be adjusted to account for A-weighted sound levels. Per OSHA specifications, we do this by subtracting 7dB from the NRR value.

True NRR = NRR listed on package – 7 dB

Therefore, our company-supplied ear plugs (NRR 32 dB) can be used for noise exposures up to 115 dBA (or 110 dBA for anyone who has experienced an STS [section 4.4]).

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Where combining hearing protection (ear muffs over ear plugs), NRR can be improved by 5 dB. In other words, noise exposures of up to 120 dBA are permitted (115 dBA for persons who have had an STS).

7. Training.

All persons identified for inclusion in our Hearing Conservation Program (**Appendix A** – “YES” under the “Include in HCP?” column) must participate in annual hearing conservation training.

7.1. Training topics.

- Physiological effects of noise on the body
- Engineering & administrative controls enacted to reduce facility noise levels
- Areas where hearing protection is required in facilities (review results in Appendix A)
- Purpose of hearing protectors, the advantages, disadvantages, and attenuation of various types
- Instructions on selection, fitting, use, and care of hearing protectors; and
- Purpose of audiometric testing, and an explanation of the test procedures

7.2. Trainer qualification – Hearing conservation training shall be administered by a person who is knowledgeable of the subject matter covered by this program and relevant OSHA regulation.

8. Posting of OSHA’s noise standard.

In accordance with OSHA regulation, a copy of OSHA’s Occupational Noise Exposure standard (29 CFR 1910.95) shall be posted in each affected facility, near the OSHA poster, and shall be made available to employees if requested.

9. Recordkeeping.

The following records shall be maintained (for specified duration), and provided upon request to employees, former employees, designated employee representatives and/or OSHA.

9.1. Monitoring records – Two (2) years or until replaced by newer data, whichever is longer. If equipment is no longer used, keep its monitoring data for at least two (2) years.

9.2. Audiometric test results – Duration of each tested individual’s employment. Audiometric test records must contain:

- Name & job classification of employee
- Date of the audiogram
- The examiner's name
- Date of the last acoustic or exhaustive calibration of the audiometer; and
- Employee's most recent noise exposure assessment (incl. notification of a STS)

Also, accurate records of the measurements of the background sound pressure levels in audiometric test rooms must be maintained.

9.3. Training records – At least until record of next training. Preferred to keep as permanent record. At a minimum, document the following:

- Date(s) of training sessions.
- Names of attendees.
- Content summary of training curriculum
- Name(s) of person(s) conducting training

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Appendix A – NOISE MONITORING RESULTS & DETERMINATIONS

Last updated: Feb. 20, 2020

HEARING PROTECTION REQUIRED? NO if < 85 dBA VOLUNTARY (VOL) if < 90 dBA YES if 90 dBA or more

[illegible]

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Appendix B – PREPARATION FOR HEARING TEST (AUDIOGRAM)

Dear employee,

Due to the work task(s) you perform, or the area(s) in which you work, you are covered by our company's Hearing Conservation Program. Part of this program requires annual hearing tests (audiograms).

You are scheduled to have your audiogram on _____ at _____.
(date & time) (location)

PLEASE NOTE: Audiometric testing must be preceded by at least 14 hours without exposure to workplace noise, unless hearing protectors (ear plugs or equivalent) are used. Also understand that you will need to avoid high levels of noise outside the workplace during this 14-hour period immediately preceding the hearing test, again unless you use hearing protectors. Please follow these instructions to ensure your audiogram is accurate.

Thank you.

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Appendix C – ANNUAL PROGRAM REVIEW

Date: _____ Person completing this review: _____

OK	ACT	
<input type="checkbox"/>	<input type="checkbox"/>	1. Is monitoring data outdated? Have there been any changes in production, process, equipment, or noise reduction controls such noise levels may have changed? <i>If yes, conduct monitoring and log in Appendix A. Describe any other action(s) taken.</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Have there been, or does there need to be, any changes in mandatory hearing protection areas and/or areas/personnel requiring mandatory enrollment in the HCP? <i>If yes, update Appendix A. Describe any other action(s) taken.</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. Are any new engineering or administrative controls feasible to reduce employee noise exposure? <i>If yes, explain & describe action(s) taken.</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. Have baseline &/or annual audiograms been conducted for all persons assigned to an HCP area this year? <i>If no, review Section 4 and describe action(s) taken.</i>
<input type="checkbox"/>	<input type="checkbox"/>	5. Have any employees encountered a Standard Threshold Shift (STS) or Early Warning Shift (EWS)? <i>If yes, review Section 4.4 and describe action(s) taken.</i>
<input type="checkbox"/>	<input type="checkbox"/>	6. Are hearing protectors still provided at no cost to employees in the HCP? <i>If no, review Section 6.1 and describe action(s) taken.</i>
<input type="checkbox"/>	<input type="checkbox"/>	7. Based on noise levels, are hearing protectors that are provided still adequate? <i>If no, review Section 6.4 and describe action(s) taken.</i>
<input type="checkbox"/>	<input type="checkbox"/>	8. Have employees in the HCP had training within the past year? <i>If no, review Section 7 and describe action(s) taken.</i>
<input type="checkbox"/>	<input type="checkbox"/>	9. Is copy of OSHA's Occupational Noise Exposure standard still posted for employee view? <i>If no, review Section 8 and describe action(s) taken.</i>

Comments:

13 – Hearing Conservation Program

Appendix D – EMPLOYEE NOTIFICATION OF STS

Date: _____

Employee name: _____ Location: _____

Affected ear(s): RIGHT / LEFT

Dear employee,

The results of your most recent annual audiogram (hearing test) indicate that you have experienced a Standard Threshold Shift (STS).

This means that the hearing threshold in the ear(s) identified above, relative to your baseline test, have changed by an average of 10 dB or more at 2000, 3000, and 4000 Hz. These results have factored in effects of aging.

As a follow-up:

- a) We will be scheduling you for a follow-up audiogram to confirm test results. You will be notified of the date, time, & location of this retest in the coming weeks. Please remember to avoid high levels of noise (at work & away from work) for the 14 hours preceding the test.
- b) The use of hearing protection (ear plugs) in your work area shall continue to be mandatory.
- c) We have confirmed that the noise reduction rating (NRR) for the ear plugs we provide offers a level of protection necessary to bring perceived noise levels in your work area down below 85 dBA. In fact, the ear plugs (NRR 33) bring noise levels in your work area down to about 63 dBA.
- d) Retraining on selection & proper fit of ear plugs shall accompany this notice.

In signing below, I confirm that I have received this notice within 21 days of STS determination, along with retraining explained in letter (d) above.

EMPLOYEE

Print name

Signature

Date

EMPLOYER

Print name

Title

Signature

Date

Hearing Conservation Program

Appendix C – ANNUAL PROGRAM REVIEW

Date: 1/25/2018

Person completing this review: CRAIG A. SHAFER, CSP
SAFETYWORKS, INC.

OK	ACT	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>1. Is monitoring data outdated? Have there been any changes in production, process, equipment, or noise reduction controls such noise levels may have changed?</p> <p>If yes, conduct monitoring and log in Appendix A. Describe any other action(s) taken.</p> <p>EDISON ST. – NEW, QUIETER DUST COLLECTOR INSTALLED. TWO OLD UNITS REMOVED. MONITORING UPDATED 11/29/2017.</p>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>2. Have there been, or does there need to be, any changes in mandatory hearing protection areas and/or areas/personnel requiring mandatory enrollment in the HCP?</p> <p>If yes, update Appendix A. Describe any other action(s) taken.</p> <p>APPENDIX A UPDATED TO REFLECT RECENT TESTING AT ALL FACILITIES.</p>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>3. Are any new engineering or administrative controls feasible to reduce employee noise exposure?</p> <p>If yes, explain & describe action(s) taken.</p> <p>PREPARING TO INSTALL QUIETER DUST COLLECTION SYSTEM AT OTHER FACILITIES.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>4. Have baseline &/or annual audiograms been conducted for all persons assigned to an HCP area this year?</p> <p>If no, review Section 4 and describe action(s) taken.</p> <p>LAST DONE MAR. 2017. NEXT SCHEDULED MAR. 2018.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>5. Have any employees encountered a Standard Threshold Shift (STS)?</p> <p>If yes, review Section 4.4 and describe action(s) taken.</p> <p>NO.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>6. Are hearing protectors still provided at no cost to employees in the HCP?</p> <p>If no, review Section 6.1 and describe action(s) taken.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>7. Based on noise levels, are hearing protectors that are provided still adequate?</p> <p>If no, review Section 6.4 and describe action(s) taken.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>8. Have employees in the HCP had training within the past year?</p> <p>If no, review Section 7 and describe action(s) taken.</p> <p>LAST DONE SEPT. 2017.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>9. Is copy of OSHA's Occupational Noise Exposure standard still posted for employee view?</p> <p>If no, review Section 8 and describe action(s) taken.</p>

Comments:

13 – Hearing Conservation Program

Appendix C – ANNUAL PROGRAM REVIEW

Date: 1/18/2019 Person completing this review: CRAIG A. SHAFER, CSP
(SAFETYWORKS, INC.)

OK	ACT	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>1. Is monitoring data outdated? Have there been any changes in production, process, equipment, or noise reduction controls such noise levels may have changed?</p> <p>If yes, conduct monitoring and log in Appendix A. Describe any other action(s) taken.</p> <p>NEW, QUIETER DUST COLLECTION BEING INSTALLED AT E. MARKET. PLANNING TO DO NOISE MONITORING UPDATE IN FEB.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>2. Have there been, or does there need to be, any changes in mandatory hearing protection areas and/or areas/personnel requiring mandatory enrollment in the HCP?</p> <p>If yes, update Appendix A. Describe any other action(s) taken.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>3. Are any new engineering or administrative controls feasible to reduce employee noise exposure?</p> <p>If yes, explain & describe action(s) taken.</p> <p>SEE ITEM #1 (E. MARKET ST.)</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>4. Have baseline &/or annual audiograms been conducted for all persons assigned to an HCP area this year?</p> <p>If no, review Section 4 and describe action(s) taken.</p> <p>LAST DONE MARCH 2018. NEXT SCHEDULED FOR 3/4/2019.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>5. Have any employees encountered a Standard Threshold Shift (STS)?</p> <p>If yes, review Section 4.4 and describe action(s) taken.</p> <p>DALLAS JENNINGS + ROBERTO AVILES. "EMPLOYEE NOTIFICATION OF STS IN HEARING ABILITY" FORM COMPLETED PROVIDED TO + SIGNED OFF.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>6. Are hearing protectors still provided at no cost to employees in the HCP?</p> <p>If no, review Section 6.1 and describe action(s) taken.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>7. Based on noise levels, are hearing protectors that are provided still adequate?</p> <p>If no, review Section 6.4 and describe action(s) taken.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>8. Have employees in the HCP had training within the past year?</p> <p>If no, review Section 7 and describe action(s) taken.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>9. Is copy of OSHA's Occupational Noise Exposure standard still posted for employee view?</p> <p>If no, review Section 8 and describe action(s) taken.</p>

Comments:

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Appendix C – ANNUAL PROGRAM REVIEW

Date: 1/16/20 Person completing this review: CRAIG A. SHAFER, CSP / BRANDT COOK

OK	ACT	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>1. Is monitoring data outdated? Have there been any changes in production, process, equipment, or noise reduction controls such noise levels may have changed?</p> <p>If yes, conduct monitoring and log in Appendix A. Describe any other action(s) taken.</p> <p>LAST TESTING DONE 2/20/19. NEXT SCHEDULED FOR 2/18/20. NEW (QUIETER) VAC. COMPRESSOR TO BE INSTALLED IN E.MKT. FACILITY KONO AREA ON WEEK OF 2/10/20.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>2. Have there been, or does there need to be, any changes in mandatory hearing protection areas and/or areas/personnel requiring mandatory enrollment in the HCP? → NO.</p> <p>If yes, update Appendix A. Describe any other action(s) taken.</p> <p>NEED SIGNAGE FOR PINE ST. + E.MKT. ST. FACILITIES.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>3. Are any new engineering or administrative controls feasible to reduce employee noise exposure?</p> <p>If yes, explain & describe action(s) taken.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>4. Have baseline &/or annual audiograms been conducted for all persons assigned to an HCP area this year?</p> <p>If no, review Section 4 and describe action(s) taken.</p> <p>LAST DONE 2/27/19 NEXT SCHEDULED MAR. 2020</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>5. Have any employees encountered a Standard Threshold Shift (STS) or Early Warning Shift (EWS)?</p> <p>If yes, review Section 4.4 and describe action(s) taken.</p> <p>NOTE: DALLAS JENNINGS NOW IN A WORK AREA WITH 8-HR TWA NOISE LEVEL < 85 dBA.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>6. Are hearing protectors still provided at no cost to employees in the HCP?</p> <p>If no, review Section 6.1 and describe action(s) taken.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>7. Based on noise levels, are hearing protectors that are provided still adequate?</p> <p>If no, review Section 6.4 and describe action(s) taken.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>8. Have employees in the HCP had training within the past year?</p> <p>If no, review Section 7 and describe action(s) taken.</p> <p>DUE FOR ANNUAL TRAINING.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>9. Is copy of OSHA's Occupational Noise Exposure standard still posted for employee view?</p> <p>If no, review Section 8 and describe action(s) taken.</p>

Comments: **ANNUAL HCP TRAINING TO BE SCHEDULED WITH AFFECTED PERSONNEL.**

Section 16 – Hot Work Operations & Permit

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HOT WORK PERMIT

1. Definition of “hot work”.

Activities that produce a spark, flame, or sufficient heat to ignite a fire or cause an explosion. Examples of hot work activities include, but are not limited to:

- Welding, torching, brazing
- Flame cutting, burning, soldering, or pipe thawing
- Grinding & sawing activities that emit sparks when used (ex: demo saws, abrasive wheel cut-off saws, grinders...)
- Powder-driven fasteners
- Torch-applied roofing
- Heat treating
- Thermal spraying
- Hot riveting



For purposes of this policy, hot work does not include electric soldering irons.

2. Visiting contractors.

All visiting contractors are subject to this policy. Any contractor conducting hot work must provide a hot work permit and a certificate of insurance to our safety director prior to the start of their hot work activities.

3. Areas where hot work is PROHIBITED.

Under no circumstances may hot work be conducted:

- 3.1. In unauthorized work areas.
- 3.2. In sprinklered areas while the sprinkler system is not in service.
- 3.3. In the presence of explosive atmospheres (gases, vapors, dusts, fibers, etc.).
- 3.4. Inside improperly cleaned or prepared ducts, drums, tanks, dust collection systems, spray booths, or other enclosed equipment that contain or have previously contained potentially flammable, combustible, or explosive materials.



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- 3.5. In areas that contain combustible dusts in sufficient quantity to present a potential explosion hazard.
- 3.6. On walls, partitions, floors, ceilings, roofs that have combustible coverings, insulation, or sandwich panels.
- 3.7. On any pipes or metal in contact with combustible walls, partitions, floors, ceilings, roofs, or other combustibles such that the conduction of heat could ignite a fire.

Any personnel conducting hot work shall be responsible for instituting the safety precautions set forth in this policy, as well as any additional site- or location-specific safety precautions deemed necessary to prevent fire, injury, and/or disruption of business operations.

If hot work cannot be conducted safely, and in accordance with this policy, then the work shall be prohibited.



4. Hot work permit (HWP) requirement.

Where hot work is not prohibited, a Hot Work Permit (HWP) is required to be completed and approved before hot work activities may start. The HWP must be approved by our safety director.

The purpose of the HWP is to communicate what hot work is being done, where, & by whom so that potential fire hazards and necessary precautions can be identified and verified.

Exception: A hot work permit shall not be required if ALL OF THE FOLLOWING conditions exist:

- 4.1. Building construction – No flammable/combustible construction exists within 35 ft. of hot work area.
“Within 35 ft.” includes around, above, and below the hot work area. Only noncombustible or fire resistive construction is allowed. Combustible construction that is covered by a flame-retardant blanket or similar protection shall require the use of a permit.
- 4.2. Contents & materials – No flammable/combustible building contents or materials within 35 ft. of hot work area.
“Within 35 ft.” includes around, above, and below the hot work area. Consideration must be given to holes, openings, conveyors, chutes, ductwork, or similar conveyances that could carry sparks/slag to concealed wall/floor spaces or other areas where a fire could start. Combustible contents/materials that are covered by a flame-retardant blanket or similar protection require the use of a permit.
- 4.3. Adjacent areas – Adjacent areas that contain flammable/combustible construction, contents, or materials are separated from the hot work by a nonconductive or fire-resistive wall, floor, or roof – as long as the barrier prevents heat from conducting to the materials. Otherwise, a permit is required.
Examples of where adjacent areas WOULD require a permit – combustible flooring below, insulation, roof or floor insulation/covering above metal decking; combustible finish or boxes on the other side of a wall that could burn or conduct heat...



Where a HWP is required, consider the following options/alternatives to best minimize chance of fire:

- Consider an alternative to hot work (such as bolting).
- Move hot work to a fire-safe location (free of flammables & combustibles within 35 ft.).
- Reschedule hot work to a time when fire hazards are not present or can be minimized.

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5. Permit duration.

A HWP may not extend beyond one (1) shift. A new permit will need to be issued if the hot work extends beyond a shift.

6. Stop work.

All persons in or around the hot work area have “stop work authority” meaning they are authorized – AND EXPECTED – to immediately stop any hot work activity if they detect a serious unsafe condition or action.

In addition, the following conditions shall require an IMMEDIATE STOP of hot work activities to allow for the lead person to re-evaluate safety precautions and the HWP:

- Detection of an unsafe condition, action, or equipment.
- The need for a hot work activity that lies outside the scope of work listed on the HWP.
- Failure, bypass, or lack of adequate fire safety precautions.

Our safety director must approve & sign-off on any HWP revisions.

7. Work area fire safety precautions.

- 7.1. Sprinkler systems & automatic extinguishing systems – Take any necessary precautions to prevent accidental activation of these systems. If hot work is done in close to a sprinkler head or fusible link (auto extinguishing system), a wet rag must be laid over the sprinkler head or fusible link for the duration of the hot work. As soon as hot work is complete for the shift, the rag must be removed.
- 7.2. Combustible floors & debris – Where combustible materials are on the floor, the floor shall be swept clean for a radius of at least 35 ft. beyond the hot work area. Combustible floors (except wood on concrete) must be kept wet, be covered with damp sand, or be protected by noncombustible or fire-resistant covers/shields. If the floor has been wetted, take precautions to protect personnel from hazards of electric shock.
- 7.3. Combustible materials – All combustible materials must be relocated at least 35 ft. from the hot work area. If relocation is impractical, combustibles must be protected with fire-retardant covers or otherwise shielded with metal or fire-retardant guards or curtains. Edges of covers must be tight to prevent sparks from going under them at the floor level and where several covers overlap to protect a large pile.
- 7.4. Combustible construction – If hot work is done near combustible walls, partitions, ceilings, or roofs, fire-retardant shields or guards must be installed to protect.
- 7.5. Hot work on walls, partitions, ceilings & roofs – Precautions must be taken to prevent ignition of combustibles on the other side of any wall, partition, ceiling, or roof. Relocate the items if possible. If it is impractical to do so, utilize fire-retardant covers to the extent feasible, and institute a separate fire watch there.
- 7.6. Pipes or metal – Do not perform hot work on any pipes or metal in contact with combustible walls, partitions, ceilings, roofs, or other combustibles such that the conduction of heat could ignite a fire.
- 7.7. Openings & cracks – Openings & cracks in walls, floors, & ducts within 35 ft. of the hot work area must be tightly covered with noncombustible or fire-retardant material to prevent the passage of sparks to adjacent areas.
- 7.8. Conveyors – Any conveyors that may carry sparks to areas where they could ignite combustibles must be shielded.



8. Fire watch requirements.

- 8.1. Fire watch is required with HWP – A fire watch is required for all hot work activities that require a permit. In addition, they are also required if combustible materials located more than 35 ft. from the hot work area can be easily ignited.
- 8.2. Additional fire watches – Additional fire watch personnel may be needed to observe areas near open shafts, elevated heights, concealed spaces, or in other areas where sparks could travel through openings or for extended distances.

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- 8.3. Duration of fire watch – The fire watch must be instituted at the start of hot work activities and be maintained for at least 30 minutes following the completion of hot work. Any 30-minute fire watch must be extended if combustible materials that could be ignited cannot be directly observed by the initial 30-min. fire watch. If ignited or smoldering materials are discovered, the fire watch must be extended by at least another 30-min.
- 8.4. Fire watch duty restrictions – Fire watch personnel are permitted to perform additional tasks, but those tasks shall not distract from fire watch responsibilities. Hot work operators may not simultaneously serve as the fire watch.
- 8.5. Fire extinguishers & hose lines – Must be readily accessible in the hot work area (immediately available to and easily accessed by the fire watch). The extinguishers must be fully charged, operable, inspected, and appropriate for the types of fire that could be expected. Hose lines (if available within the hot work area) must be connected and ready for service, however they need not be unrolled or charged. Do not use hose lines if an electrical hazard exists.
- 8.6. Final check – The safety director – or person he/she designates – must make a final inspection of the hot work area at least 1 hour after the completion of hot work activities. During this final inspection, he/she must be alert for circumstances that would require emergency action or an extension of the final inspection.



9. Pre-work briefing.

Prior to the start of permitted hot work activities, the hot work lead person shall conduct a briefing with hot work operators and fire watch personnel to review the following:

- Hot Work Permit – Scope & limitations of hot work; safety precautions to be taken
- Each person's responsibilities under this policy
- Emergency action plan
- Necessary PPE
- Stop work authority

Hot work permit activities shall not be authorized until this pre-work briefing is complete.

10. Key hot work personnel training, roles, & responsibilities.

- 10.1. All hot work personnel – Everyone involved in hot work activities (hot work lead person, safety director, hot work operators, & fire watch personnel) must receive training on this policy, and must understand:
- 10.1.1. Fire hazard awareness and safety risks associated with hot work activities.
 - 10.1.2. Requirements of this policy.
 - 10.1.3. Facility layout, site-specific fire hazards, and emergency procedures in the event of a fire.
- 10.2. Hot work lead person – The competent person who oversees and is responsible for the institution of safety measures during the actual hot work activities. He/she supervises the hot work operators and fire watch personnel, and is expected to:
- 10.2.1. Have received training in the inspection, proper use, and safe operation of hot work equipment.
 - 10.2.2. Coordinate hot work activities and fill-out the hot work permit (HWP).
 - 10.2.3. Identify fire hazards, oversee hot work activities/precautions, and insist upon safe conduct of hot work activities in accordance with this policy & the HWP.
 - 10.2.4. Ensure that the proper PPE is being used (FR clothing, eye/face protection, gloves, hardhat/helmet, hearing protection, work boots, etc.). Also, consider the need for ventilation, respiratory protection, &/or additional PPE based on hazardous air contaminants or other safety/health exposures in the work area.
 - 10.2.5. Inspect all hot work areas regularly while HWP is in effect to ensure all specified precautions are being taken and that the fire watch is properly instituted (proper #, location, duration & necessary equipment).

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- 10.3. Safety director – The person responsible for authorizing the start of hot work (by signing permit) after the hot work lead person fills out the permit and confirms necessary precautions have been taken. He/she is expected to:
- 10.3.1. Identify permissible areas for hot work, as well as locations or likely locations of potential fire hazards.
 - 10.3.2. Ensure that the hot work permit is properly completed
 - 10.3.3. Ensure that an appropriate fire watch has been established.
 - 10.3.4. Ensure that an adequate number of fire extinguishers (or equivalent fire protection equipment) are kept with fire watch personnel and have current inspection and adequate charge.
 - 10.3.5. Inspect all hot work areas at least once per shift while HWP is in effect to ensure all precautions as specified on the permit are being taken.
- 10.4. Hot work operators – Hot work operators are the workers who actually perform the hot work. Hot work operators are expected to:
- 10.4.1. Have received training in the inspection, proper use, and safe operation of hot work equipment.
 - 10.4.2. Ensure that each piece of hot work equipment is in good condition and working order before placing into service. If not, immediately tag out & remove from service until properly repaired or replaced.
 - 10.4.3. Handle hot work equipment safely and use it in a manner that does not endanger lives or property.
 - 10.4.4. Not conduct hot work in prohibited areas.
 - 10.4.5. Not conduct hot work that lies outside the scope listed on the hot work permit.
 - 10.4.6. Institute all safety precautions detailed on HWP.
 - 10.4.7. Immediately stop work and notify the hot work lead person if unsafe conditions develop.
 - 10.4.8. Not conduct hot tapping or other cutting and welding on a flammable gas or liquid transmission line or distribution utility pipeline unless qualified to make hot taps.
- 10.5. Fire watch personnel – Fire watch personnel ensure that safe conditions are maintained throughout and following hot work activities. Fire watch personnel are expected to:
- 10.5.1. Be able to identify fire hazards inherent to the work area and hot work activities.
The work area includes all areas within 35 ft. around, adjacent to, above, and below hot work activities (and beyond 35 ft. if materials could still be ignited by spark or slag).
 - 10.5.2. Observe hot work activities to detect and extinguish smoldering fires that may develop during and following hot work activities.
 - 10.5.3. Ensure that fire extinguishing equipment is readily accessible, in good condition, and in working order. Be trained in how to use this equipment and only try to extinguish fires that are obviously within the capacity of the fire extinguishing equipment available.
 - 10.5.4. Be familiar with the workplace and procedure for initiating an emergency alarm. Sound the alarm immediately if a fire develops which is not within the capacity of available fire extinguishing equipment.
 - 10.5.5. Immediately stop work and notify the hot work lead person if unsafe conditions develop.



HOT WORK PERMIT

POST THIS PERMIT AT HOT WORK LOCATION

WORK

Date: _____ Job: _____

Location: _____

Scope of authorized hot work: _____

PERSONNEL *(Please PRINT names)*

Lead (competent) person: _____

Safety director: _____

Hot work operators: _____

Fire watch personnel: _____

AUTHORIZATION

The scope of work & required safety precautions stated on this permit have been reviewed with hot work personnel and are understood.

The location where this work is to be done has been examined and the fire safety precautions listed on this permit have been taken. Authorization is hereby granted for hot work to commence.

(Sign – Lead person for hot work) *(Sign – Safety director)*

Time permit effective: _____ AM/PM

Time permit expires: _____ AM/PM

(Max. permit duration = one shift)

FIRE WATCH & FINAL CHECK

Time hot work started: _____ AM/PM

Time hot work ended: _____ AM/PM

Work area & all adjacent areas into which sparks or slag may have spread (including floors above/below & on opposite side of walls) were inspected after hot work was completed & were found to be fire safe.

Duration of post-work fire watch: _____ (min. ½ hr.)

(Sign – Lead person for hot work) *(Sign – Fire watch)*

A final check of the work area was conducted at least 1 hr. following completion of hot work and found to be fire safe.

_____ Time: _____ AM/PM

(Sign – Safety director)

Before approving hot work, the safety director (or designee) & hot work lead person must inspect the work area to confirm that the following precautions, as applicable, have been taken.

EQUIPMENT & PERSONAL PROTECTION

- ☐ All hot work equipment has been inspected & is in good condition and free of damage or defects that could adversely affect safety.
- ☐ All compressed gas cylinders are chained in an upright position.
- ☐ Backflash arresters & check valves are installed in both the oxygen & acetylene lines of torch sets.
- ☐ Nearby personnel protected against heat, sparks, slag, flash, etc.

HOT WORK AREA – within 35 ft. of hot work operations

- ☐ Explosive atmosphere hazards have been eliminated (flammable gases, vapors, dusts, fibers, etc.)
- ☐ Flammable or combustible liquids/gases removed. Increase the min. separation of 35 ft. as necessary to prevent gas/vapor accumulation in low lying areas (pits, vaults, etc.). Verify LEL levels with air monitor.
- ☐ Remove or use fire-resistant (FR) covers/shields to protect combustible materials/construction (walls, partitions, ceilings or roof). Edges of covers must be tight to floor to prevent sparks from going under or between them. Be aware of combustible contents & construction on the other side of walls, floor, ceiling or roof that could be ignited.
- ☐ Hot work is not permitted on any surface with combustible coverings, insulation or sandwich-type panels. Beware of combustible coverings that could be ignited on other side of walls, floor, ceiling or roof.
- ☐ Floors swept clean of combustible materials, debris, dusts, lint, oil/grease deposits, etc. If floors are built of combustible materials, either wet down or cover with damp sand or FR covers/shields.
- ☐ Cover all wall & floor cracks/openings with FR covers.
- ☐ Suspend FR tarps beneath elevated hot work to collect sparks/slag.
- ☐ Clean combustible material from machinery in hot work area. If not feasible, install FR covers/shields to protect from heat & sparks/slag.
- ☐ Lock & tag out any machinery/systems in the work area that could move or convey sparks/slag to other areas. Where such conveyance systems must operate, install FR covers/shields to prevent sparks/slag from entering the conveyance system
- ☐ Drums, containers & ducts have been purged of flammable or combustible liquids, gases, vapors, dusts, etc. If residues or residual vapors could remain, cleaning to completely eliminate the hazard.

FIRE WATCH & FIRE PROTECTION

- ☐ Fire watch instituted throughout hot work operations and for at least 30 min. afterwards. Longer fire watch may be necessary.
- ☐ Suitable fire protection equipment (extinguishers, etc.) provided, readily available & in working condition.
- ☐ Personnel trained how to use extinguisher and activate fire alarm.
- ☐ Fire watch extended to adjoining areas, above and/or below as necessary to assure remote areas not endangered by hot work.
- ☐ Sprinklers & extinguishing systems (if present) remain in service. Precautions taken to prevent system activation.
- ☐ If unsafe conditions develop, immediately stop work and notify the safety director for reassessment of situation.

Section 17 – Incident Reporting, Follow-Up, & OSHA Recordkeeping

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Appendix A – Incident Response Flowchart

Appendix B – OSHA Injury/Illness Recordkeeping Info

Witness Account of Incident Form

1. Duty to report all incidents.

Employees must report all incidents to their supervisor. Supervisors must report to safety director all details of the incident so a proper report can be filed within 24 hours of incident occurrence.

“Incidents” include close calls (near miss), site-administered 1st aid cases, injuries/illnesses that require professional medical evaluation or treatment, significant spills, property/environmental damage, and any other emergency.

NOTIFY SAFETY DIRECTOR IMMEDIATELY IF INCIDENT INVOLVES:

- Fatality
- In-patient hospitalization
- Amputation
- Eye loss

It is expected that all incidents be reported within the following time frames:

1.1. Emergency/serious – Report **IMMEDIATELY** (or as soon as emergency response actions have been initiated). These include occurrences that did or could reasonably have resulted in:

- Death
- Injury/illness requiring prompt professional medical evaluation or treatment
- A hazardous substance spill of more than five (5) gallons
- Physical/environmental damage exceeding an estimated cost of \$1,000
- Incidents that have the potential to involve OSHA inspection/citation or litigation.

1.2. Non-serious – Report **PROMPTLY**. The incident must be reported before the end of the work shift. If the incident, or symptoms from it, occurs after normal working hours, then report first thing next morning. Minor injuries, if left untreated, can become infected or can lead to other serious complications.

2. Contractor/vendor incidents.

Contractors & vendors must promptly report to our safety director any occurrences involving personal injury, spills (over 5 gal.), or property damage. **THIS IS NOT OPTIONAL!** Guidance for what is considered “prompt” is explained above, in paragraph 1.

It is expected that the contractor/vendor will follow-up with an incident report, including an explanation of what preventive actions have/will be taken. This report must be submitted to our safety director within 48 hrs. post-incident.

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The safety director shall also be copied if this was an “emergency/serious” incident or one that could involve litigation or OSHA investigation. At that point, a determination will be made regarding collection of additional information or evidence.

3. Report of incident protocol.

Refer to **Appendix A – Incident Response Flowchart** for a depiction of our report of incident protocol.

4. Incident Report submissions.

- 4.1. Purpose – The **Incident Report** focuses on collecting basic, factual information relating to an incident. We use the data on these reports to improve corporate safety performance, complete necessary insurance filings, and fulfill our OSHA recordkeeping obligations. For these reasons, it is important that we receive a timely and complete report. Photos & sketches can be attached to the report and are very helpful.
- 4.2. Required use – The **Incident Report** must be used to report all company work-related incidents, other than near misses that were inconsequential and not serious in nature.
- 4.3. Completion of form – The **Incident Report** will be completed by the safety director in conjunction with person(s) directly involved in the incident.

If more than one person is injured, then separate Incident Reports are to be completed for each person to properly document respective injuries and treatments. In these cases, the reports are to be completed independently & prior to any corroboration.

- 4.4. Submission deadline – The **Incident Report** is due to Human Resources within 24 hrs. of incident occurrence. For serious incidents, please submit an initial report within this time frame. You can file an amended/revised report later, as additional details emerge.
- 4.5. Report distribution – All Incident Reports & related evidence are considered RESTRICTED corporate property. None of this information or evidence may be forwarded, shared, or posted beyond our company unless specifically authorized by executive management.

**FOLLOWING EVERY INCIDENT,
THERE IS A CHANCE TO LEARN...
TO PREVENT THE SAME THING
FROM HAPPENING AGAIN.**

**WE ALL SHARE A RESPONSIBILITY
TO MAKE OUR CONTRIBUTIONS
TO THIS IMPORTANT PROCESS.**

5. Contributing factors.

Depending on the nature of the incident, the safety director or a member of management may ask for additional information on contributing factors. This is designed to identify environment, equipment, human, planning, and systemic factors that may have contributed to the incident.

If requested, individuals directly involved in the incident, as well as their supervisor, are expected to provide honest & objective feedback.

This is not a blame tool, but rather a means by which we can look deeper into an incident to discover underlying factors that may have contributed to conditions or decision-making. For this reason, it is expected that some thought be put into responses. Please provide constructive & insightful input, sharing your knowledge, expertise, or experience as it may aid in identifying less-than-obvious contributing factors and needed protective actions.

6. Witness Account of Incident form.

The **Witness Account of Incident** form is to be completed by anyone who is indirectly involved in or who witnesses an incident that did or could have caused serious injury/damage. Their input, regardless of how inconsequential it may seem, may provide valuable insight throughout the incident review process.

Consider the following when distributing **Witness Account of Incident** form:

- 6.1. Timing – Make sure the situation is stable and the witness is in a reasonably calm state of mind (if this was a very serious incident).

We would prefer to have the witness complete the form as soon after the incident as is reasonably feasible – before details may be forgotten or the witness(es) have had a chance to discuss with others (which could alter how they perceived events to have occurred).

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Upon completion of the form, it is to be submitted to the safety director for inclusion with the Incident Report. If this was a very serious incident, discuss with safety director and we will proceed accordingly.

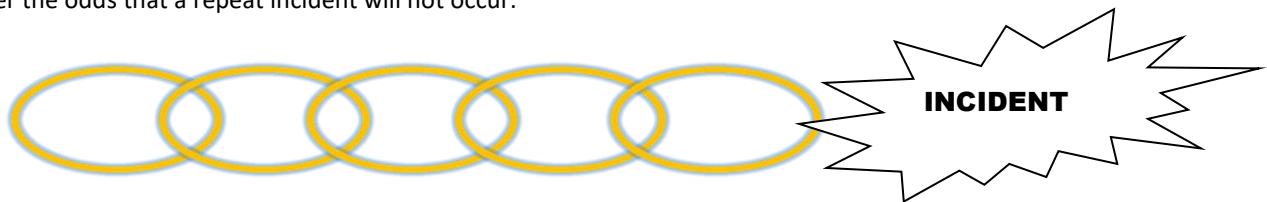
- 6.2. Multiple witnesses – If there is more than one witness, then have each complete a separate form. Have them complete their forms independently and prior to any corroboration.
- 6.3. Accommodations – Choose an area that will give the witness privacy and is relatively comfortable.
- 6.4. Explanation – Explain the importance of their account. We will use it – along with other reports, accounts, & interviews – to piece together exactly what happened. Their report may provide important details that were previously unknown.
- 6.5. Statement content – Let the witness complete the form in his/her own words and do not attempt to influence his/her account. Any perceived discrepancies will be ironed out later through the safety director's review of information. Provide extra sheets of paper for sketches/drawings if necessary. A photo of the sketch can be taken and attached to the report.
- 6.6. Appreciation – When complete, thank witnesses for their time & input. Make sure their contact info is on the form.

7. Post-incident investigations.

The post-incident investigation process focuses on the collection and analysis of evidence and factual information surrounding each incident to answer a few simple questions:

- *What happened & how?*
- *Why did it happen?*
- *What can we do to prevent it?*

Incidents typically are the result of numerous contributing factors that combine in a sequence to produce an unexpected or undesired event. The probability of the same incident happening again will be related to the number of contributing factors that we can identify and alter. The more factors that we can identify and fix, and the earlier in the chain of events they are, the better the odds that a repeat incident will not occur.



Incidents are a chain of events that lead to an unexpected or undesired event.

To avoid the pitfall of stopping an investigation too early, look beyond what people did/didn't do (assessing blame), and understand why choices were made &/or why conditions existed. Investigations need to uncover as many contributing factors as possible, treating "unsafe acts" as one of the last links in the chain of events and as likely indicators of deeper-seated program, administrative, or systemic gaps.

To avoid the pitfall of stopping an investigation too early, look beyond what people did/didn't do (assessing blame), and understand *why* choices were made &/or *why* conditions existed. Our investigations need to uncover a reasonable number of contributing factors, treating "unsafe acts" as a likely indicator of deeper-seated administrative, oversight, or systemic gaps.

8. Investigation responsibilities.

ACTION	RESPONSIBILITY
Investigate incident to collect information for reports & ID preventive actions. Correct any immediate/obvious issues. Assess need for supplies/equipment/PPE. Follow-up on all preventive actions. Ensure they're producing desired results.	Supervisor & safety director
Address recurring problems. Assess need for planning, policy/procedure, training, or systemic improvement. Share lessons learned if other persons/operations can benefit from findings	Safety director
Assess need for personal accountability if safety policy violated.	Safety director; executive mgmt.

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9. Serious incidents requiring immediate reporting & enhanced investigation.

The following circumstances shall require a more diligent investigation and collection of a greater quantity of evidence. These sorts of incidents must be immediately reported to the safety director & executive management so that decisions can be made concerning initial courses of action and scope/detail/urgency of evidence collection.

- Incident involved or could involve serious injury or damage
- There is the potential for litigation
- There is the potential for OSHA inspection or investigation
- The incident involves a [serious] recurring problem

10. Evidence identification, collection, & preservation.

Evidence is critical in the process of determining incident sequence and identifying contributing factors. It can be classified into one of four categories (the 4 Ps): picture, paper, physical, or people.

When investigating, it is important to identify, collect, & preserve enough evidence to be able to piece together the incident sequence and identify related contributing factors. In addition, evidence may be vital to assist in defense of possible OSHA citations or litigation.

- 10.1. Picture evidence – These include pictorial items – *such as photos, videos, graphs, or sketches/drawings* – that document the incident scene, show objects or object details, and/or spatial relationship of objects.

Some picture evidence (especially photos) can be time-sensitive, therefore care needs to be taken in their collection and preservation.

- Graphs & diagrams – For more detailed investigations, use diagrams to document direction (north), general scene layout and orientation, spatial relationships between people or objects (use a permanent reference point and draw exact measurements from it), evidence location and photo perspectives. Draw diagrams on standard-size paper and make sure to clearly label everything.
- Photos – Light conditions, wind, rain, snow, water, footprints, sun position, and other external factors can change the longer you wait. Take general scene photos as well as photos of specific objects, processes, conditions that may be relevant to the investigation.

Ideally, when reviewing photos later, they should be able to tell a story (lay out the incident sequence & contributing factors).

- 10.2. Paper evidence – This includes written/paper documents relative to the incident or other evidence. Paper evidence can include:

- Reports – *incident, weather, inspection, survey, analysis...*
- Records – *training, maintenance, exposure, medical...*
- Correspondence – *notes, letters, emails, memos...*
- Forms – *preplans, permits, JSA, JHA, AHA...*
- Operators manuals & sales literature
- Policies, procedures

- 10.3. Physical evidence – This includes tangible objects related to the incident. It can include tools, equipment, vehicles, materials, foot/tire prints, etc.

Physical evidence related to an incident is to be collected, quarantined, & preserved immediately in accordance with this section. Do not allow others to remove, discard, or modify any physical evidence.

When collecting & handling physical evidence, consider the following:

PHOTO TIPS

- Label photo with ID# (ex: EV-1, EV-2...).
- Indicate time photo taken.
- ID object or reason for taking photo.
- Include reference object.
(If nec. to help viewer discern size of object relative to a common object- like a person, tape measure, vehicle, etc.)
- Use sketch to show where photo taken relevant to incident scene.
- Note any changes that were made to scene since incident occurred.
(You may need to interview 1st aid & emergency responders to determine what evidence may have been moved

17 – Incident Reporting, Follow-Up, & OSHA Recordkeeping

- Blood & bodily fluid exposure – Beware of blood/bodily fluids that may contaminate objects & surfaces. Take universal precautions (including use of appropriate PPE) and handle objects carefully. Watch for sharp or protruding edges that can cut or puncture. As necessary, refer to our **Bloodborne Pathogens** policy.
- Document location, position, & orientation – Prior to moving physical evidence, make a note (preferably photo & diagram) of where the object was immediately prior to and following the incident. Make sure to note specific position/orientation & location/distance to other related objects.
- Role in sequence – Record on object or in notes the significance of each piece of collected physical evidence.
- Defects or failure point – Photo or make a record of what defects, damage, or failures were sustained or that may have contributed to the incident.

- 10.4. People evidence – Includes accounts & perspectives of people who witnessed or were involved in the incident, either directly or indirectly. Statements and interviews are the most common sources of people evidence.

Statements are written accounts of what a person experienced or witnessed from his/her point of view. Interviews are very similar, but generally follow a question and answer format.

Usually, we will use statements to collect witness information, and then interview only if necessary to gain additional details or resolve inconsistencies. Typically, the safety director will conduct interviews.

Sometimes evidence collected from people may seem contradictory, resulting in the need for follow-up to clarify details or resolve seemingly contradictory information.

11. Training.

All employees shall receive basic instruction on incident reporting and the purpose of post-incident investigation activities, including contributing factors feedback.

All supervisory personnel shall receive training in:

- The requirements and responsibilities of this policy
- Incident response
- Incident reporting

Retraining shall be provided anytime new incident reporting or response protocol are implemented, or for any individual(s) who do not demonstrate satisfactory knowledge or implementation of this policy.

For each training session, the following information shall be documented:

- Date(s) of training sessions
- Names of attendees
- Content summary of training curriculum
- Name(s) of person(s) conducting the training

Training records shall be maintained for at least 10 years

12. OSHA-reportable incidents.

An OSHA-reportable incident involves a work-related injury/illness that was serious enough to require direct OSHA notification. The employer of the worker who suffered the injury/illness is responsible for notifying OSHA. The following table lists OSHA-reportable incidents and the associated reporting deadlines:

INTERVIEW TIPS

Where an interview is needed, the following should be considered & observed:

- Understand witness may be under extreme emotional duress. Pick the right time & be respectful.
- Choose a site that will make the interviewee comfortable.
- Explain the purpose of the interview & why he/she is being interviewed.
- Explain value of his/her input & how it will be used to piece together what happened.
- Honestly answer questions that the interviewee has (but do not guess or extrapolate facts).
- When interviewing, try to ask questions that require more than just “Yes/No” answers.
- Use photos, sketches or diagrams to help with perspective or locations.
- During interview, allow time for interviewee to elaborate.
- Take accurate notes & review with witness at completion of interview.
- Be objective & polite (even if facts don’t appear to initially be consistent with other collected information).
- When finished, thank interviewee for his/her time & input.

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OSHA-REPORTABLE INCIDENTS	MUST REPORT TO OSHA...
Fatality* (within 30 days of incident)	Within 8 hrs. of employee death.
In-patient hospitalization of any worker within 24 hrs. of incident occurrence.	Within 24 hrs. of in-patient hospitalization.
Amputation of any body part within 24 hrs. of incident occurrence.	Within 24 hrs. of amputation.
Loss of eye within 24 hrs. of incident occurrence.	Within 24 hrs. of eye loss.

** Fatal heart attacks occurring on the job must be reported to OSHA. Whether or not the incident is “work-related” will be investigated by OSHA shall be determined by the OSHA Area Director.*

** Exceptions – Motor vehicle accidents occurring on public roadways, unless in a construction work zone. Also, incidents involving a commercial airplane, train, subway or bus accident. However, these are subject to recordkeeping.*

The safety director or a member of executive management would report to the nearest OSHA office (or 1-800-321-OSHA) any work-related OSHA reportable incident.

For contractor/vendor-related OSHA reportable incidents, we may remind them (via email) of their responsibility to make the necessary notification. However, **we WILL NOT make the notification for them.**

INFO NEEDED FOR OSHA REPORTABLE

- Establishment name
- Location of incident
- Time of incident
- # fatalities or hospitalized employees
- Names of injured employees
- Contact person & phone number
- Brief description of incident

13. OSHA injury & illness (#300 log) recordkeeping.

The safety director shall oversee all OSHA injury/illness recordkeeping. He/she shall:

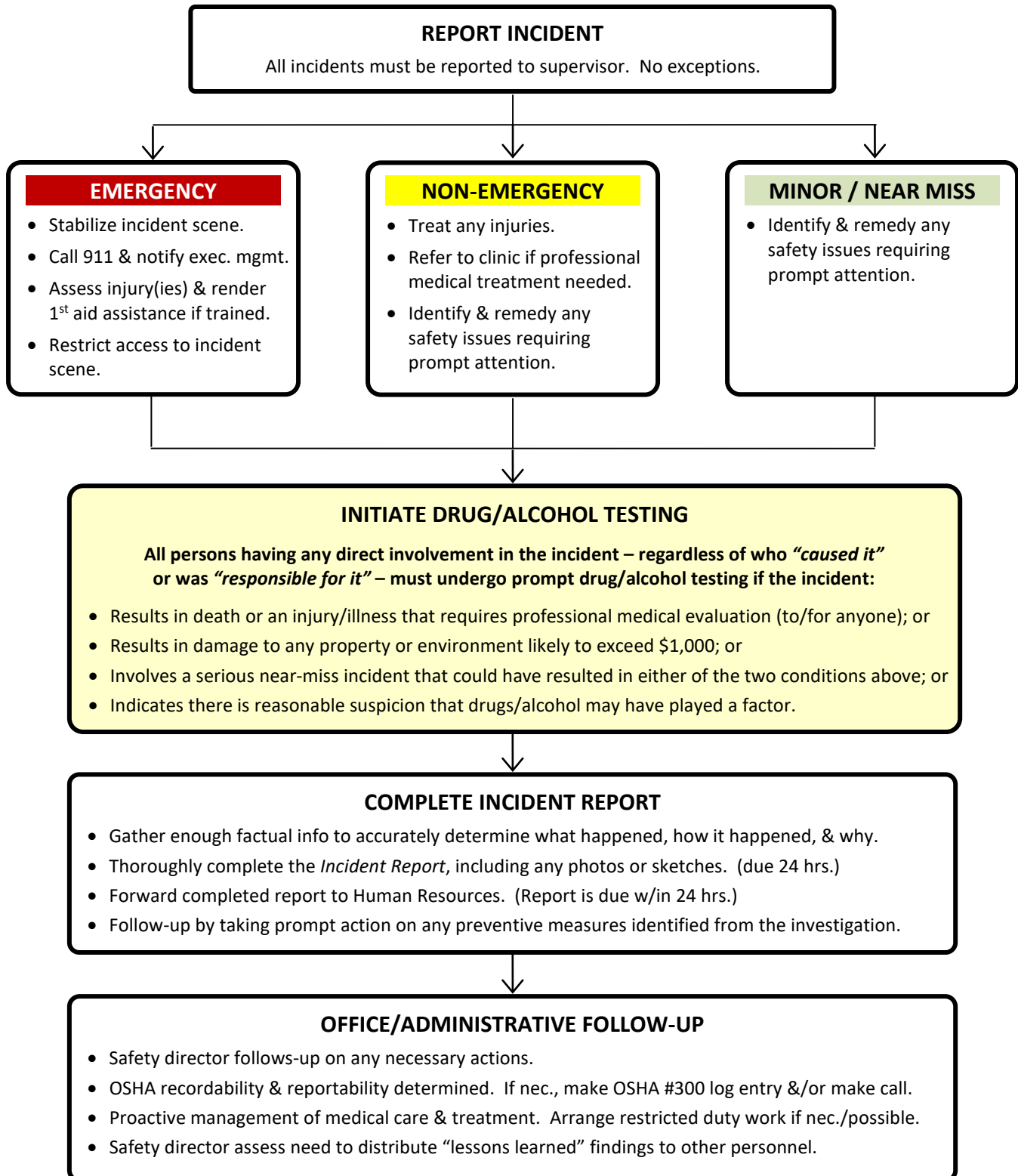
- 13.1. See that all OSHA-recordable cases are entered into our OSHA #300 log within seven (7) days of notification.
- 13.2. Prepare, have company official sign, & distribute annual OSHA #300A summary log for posting from February 1 through April 30. Posting shall be in a place visible to employees, where customary notices to employees would typically be displayed.
- 13.3. Maintain Incident Reports, OSHA #300 logs, #300A logs, and any privacy lists for at least five (5) years beyond the year of record. This includes revision or update of records as facts about a recorded case may change.
- 13.4. Submit electronic injury/illness records to OSHA over its website portal in accordance with current regulation.

For more information, refer to **Appendix B – OSHA Injury/Illness Recordkeeping Reference.**

17 – Incident Reporting, Follow-Up, & OSHA Recordkeeping

Appendix A – Incident Response Flowchart

This procedure is to be implemented, in its entirety, following any work-related incident.



17 – Incident Reporting, Follow-Up, & OSHA Recordkeeping

Appendix B – OSHA Injury/Illness Recordkeeping Reference

1. Written records.

Our company **Incident Report** and OSHA forms #300 & 300A will be used to satisfy OSHA's requirement to maintain a written record of all work-related fatalities, injuries, & illnesses.

2. OSHA recordables.

Any new, work-related incident involving one of our employees that meets any one or more of the following criteria is considered "OSHA recordable" and shall be entered onto the #300 log for the appropriate calendar year.

- Death
- Lost workdays (not counting day of incident)
- Restricted workdays (not counting day of incident)
- Transfer to another job
- Medical treatment (beyond diagnostic procedure, for observation, or 1st aid – see below)
- Loss of consciousness
- Diagnosed with significant injury or illness (work-related cancer, chronic irreversible disease, fractured/cracked bone or punctured eardrum).
- Needlestick or sharps injury (w/ exposure to eyes, nose, mouth, mucous membranes, broken/inflamed skin)
- Medical removal required by an OSHA standard
- Occupational hearing loss
- Occupational tuberculosis case

3. What is considered "1st aid"?

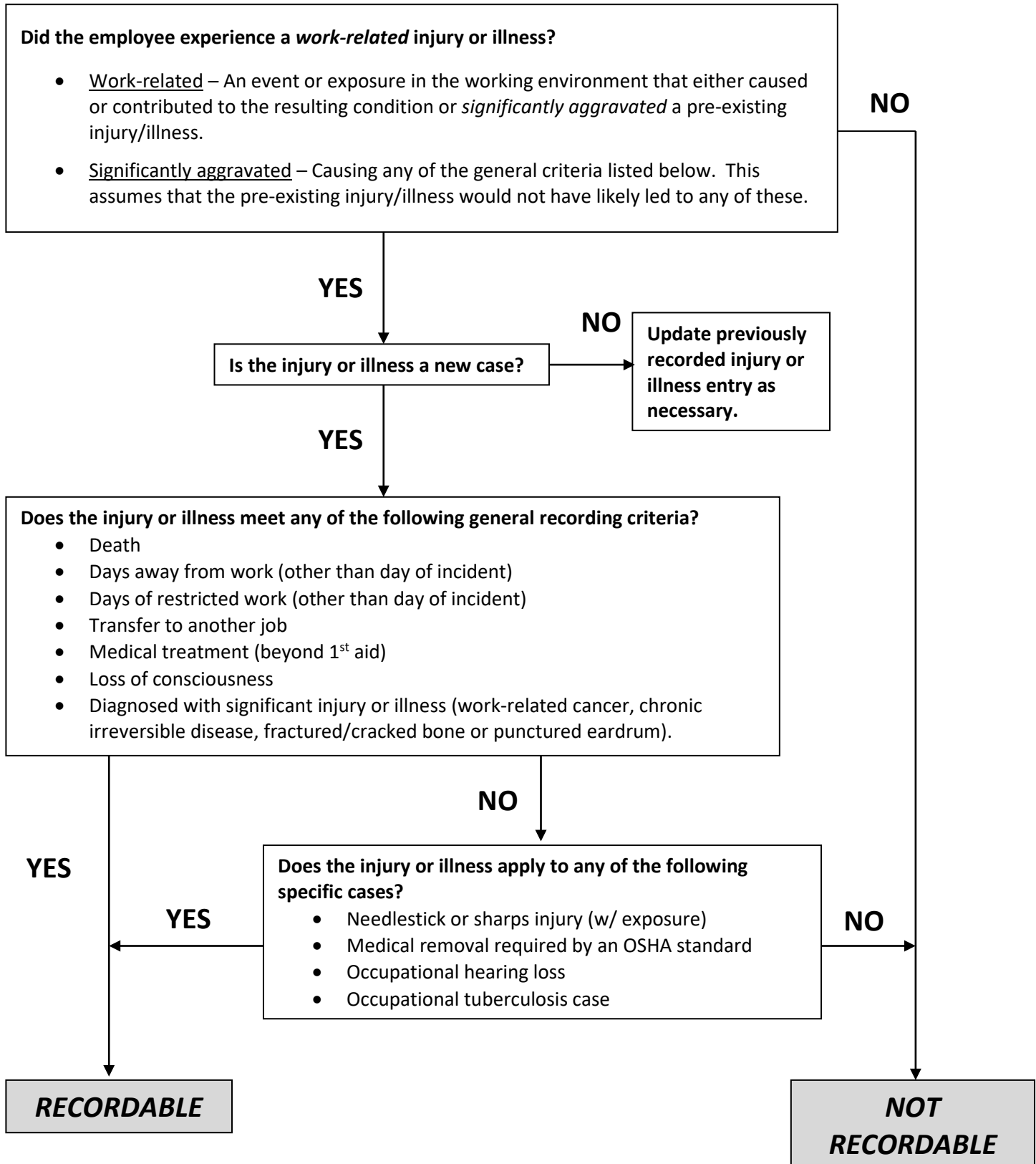
The following treatments are considered 1st aid, and are therefore NOT recordable.

- a) Nonprescription medication at nonprescription strength (for medications available in both prescription and nonprescription form, a recommendation by a physician or other licensed health care professional to use a nonprescription medication at prescription strength is considered medical treatment);
- b) Tetanus shots (other immunizations such as Hepatitis B or rabies vaccines are medical treatment);
- c) Cleaning, flushing or soaking wounds on the surface of the skin;
- d) Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc. are considered medical treatment);
- e) Using hot or cold therapy;
- f) Using non-rigid means of support (elastic bandages, wraps, non-rigid back belts, etc.). Devices with rigid stays or systems designed to immobilize body parts are considered medical treatment;
- g) Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
- h) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- i) Using eye patches;
- j) Removing foreign bodies from the eye using only irrigation or a cotton swab;
- k) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- l) Using finger guards;
- m) Using massages (physical therapy or chiropractic treatment are considered medical treatment & are recordable); or
- n) Drinking fluids for relief of heat stress.

THIS IS THE COMPLETE LIST – Any other treatment is medical treatment & is recordable.

17 – Incident Reporting, Follow-Up, & OSHA Recordkeeping

FLOWCHART: IS THIS CASE RECORDABLE?



Section 24 – PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Workplace Evaluated: CLINTON INDUSTRIES, INC.

525 E. Market St., York, PA, 17403

Date of assessment: June 16, 2016

Conducted by: Brandt Cook (Clinton Ind.)

Most recent revision: Oct. 25, 2018

Craig Shaffer, CSP (SafetyWorks)

GENERAL FACILITY – PRODUCTION AREAS

- ☒ **Safety glasses or goggles.** *Exception – sewing on 2nd fl.*
- ☒ **Hand protection/gauntlets/sleeves:** *Voluntary – nitrile-dipped work gloves.*
- ☒ **Protective footwear/metatarsals:** *Laced & tied leather footwear that covers ankles & has good tread. No flip-flops, sandals, or open-toe footwear.*

CNC ROUTERS

- ☒ **Safety glasses or goggles.**
- ☒ **Ear protection:** *Ear plugs.*
- ☒ **Hand protection/gauntlets/sleeves:** *General work glove (Mechanics-type gloves).*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear with metatarsals.*
- ☒ **Respirator:** *Voluntary dust mask.*

EDGE BANDING

- ☒ **Safety glasses or goggles.**
- ☒ **Ear protection:** *Ear plugs.*

SAWS, POWER TOOLS, STAPLE GUNS

- ☒ **Safety glasses or goggles.**
- ☒ **Ear protection:** *Voluntary ear plugs (but recommended).*
- ☒ **Hand protection/gauntlets/sleeves:** *Voluntary – nitrile-dipped work gloves.*
- ☒ **Respirator:** *Voluntary dust mask.*

FORKLIFT OPERATION & SHIPPING DOCKS

- ☒ **Safety glasses or goggles.**
- ☒ **Hand protection/gauntlets/sleeves:** *General work gloves (Mechanics-type gloves) when changing forklift propane tanks. Otherwise, glove use is voluntary.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear.*
- ☒ **Protective clothing/hi-viz:** *Hi-viz vest or shirt.*

INSTAPAK

- ☒ **Safety glasses or goggles.**
- ☒ **Faceshield.**
- ☒ **Hand protection/gauntlets/sleeves:** *Butyl or nitrile chemical protective gloves.*

Section 24 – PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

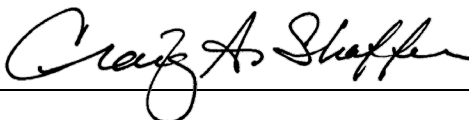
MAINTENANCE

- ☒ **Safety glasses or goggles.** *Safety goggles are to be used as needed for fine dusts & chemical splash protection.*
- ☒ **Faceshield.** *For grinding & torching.*
- ☒ **Welding helmet.** *For welding.*
- ☒ **Ear protection:** *Ear plugs required for welding, live electrical work, & for work with power tools. Also required in work areas that require ear plugs.*
- ☒ **Hand protection/gauntlets/sleeves:** *General work glove (Mechanics-type gloves) as needed for cut & abrasion protection. Leather gloves for welding. Voltage-rated gloves for live electrical work. General work glove (Mechanics-type gloves) when working with compressed gas cylinders/connections.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear.*
- ☒ **Protective clothing/hi-viz:** *Special protective gear required for welding (FR outers) & live electrical work (voltage-rated gloves & arc flash gear).*

I hereby certify that this Hazard Assessment survey for PPE has been completed on the referenced date.

Print name: _____ Signature: _____ Date: _____

Craig A. Shaffer, CSP (SafetyWorks, Inc.)



Date: 10/25/2018

HAZARD ASSESSMENT PPE EVALUATION CRITERIA

- | | | |
|--|---|---|
| <input type="checkbox"/> Safety glasses or goggles | <input type="checkbox"/> Head protection/bump cap | <input type="checkbox"/> Protective footwear/metatarsals: |
| <input type="checkbox"/> Safety goggles | <input type="checkbox"/> Ear protection | <input type="checkbox"/> Respirator: |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Hand protection/gauntlets/sleeves: | <input type="checkbox"/> Protective clothing/hi-viz gear: |
| <input type="checkbox"/> Welding helmet | | |
| <input type="checkbox"/> Special eye/facewear: | | |

Section 24 – PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Workplace Evaluated: **CLINTON INDUSTRIES, INC.**

1140 Edison St., York, PA, 17403

Date of assessment: June 16, 2016

Conducted by: Brandt Cook (Clinton Ind.)

Most recent revision: Oct. 25, 2018

Craig Shaffer, CSP (SafetyWorks)

GENERAL FACILITY – PRODUCTION AREAS

- ☒ **Safety glasses or goggles.**
- ☒ **Hand protection/gauntlets/sleeves:** *Voluntary – nitrile-dipped work gloves.*
- ☒ **Protective footwear/metatarsals:** *Laced & tied leather footwear that covers ankles & has good tread. No flip-flops, sandals, or open-toe footwear.*

EDGE BANDING & CNC ROUTER AREA

- ☒ **Safety glasses or goggles.**
- ☒ **Ear protection:** *Ear plugs.*
- ☒ **Hand protection/gauntlets/sleeves:** *CNC router – General work glove (Mechanics-type gloves).*
- ☒ **Protective footwear/metatarsals:** *CNC router – Safety toe footwear with metatarsals.*
- ☒ **Respirator:** *CNC router – Voluntary dust mask.*

SAWS, POWER TOOLS, STAPLE GUNS

- ☒ **Safety glasses or goggles.**
- ☒ **Ear protection:** *Voluntary ear plugs (but recommended).*
- ☒ **Hand protection/gauntlets/sleeves:** *Voluntary – nitrile-dipped work gloves.*
- ☒ **Respirator:** *Voluntary dust mask.*

FORKLIFT OPERATION

- ☒ **Safety glasses or goggles.**
- ☒ **Hand protection/gauntlets/sleeves:** *General work gloves (Mechanics-type gloves) when changing forklift propane tanks. Otherwise, glove use is voluntary.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear.*

MAINTENANCE

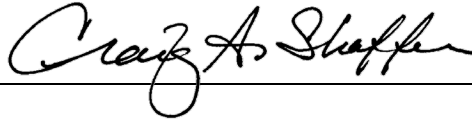
- ☒ **Safety glasses or goggles.** *Safety goggles are to be used as needed for fine dusts & chemical splash protection.*
- ☒ **Faceshield.** *For grinding & torching.*
- ☒ **Welding helmet.** *For welding.*
- ☒ **Ear protection:** *Ear plugs required for welding, live electrical work, & for work with power tools. Also required in work areas that require ear plugs.*
- ☒ **Hand protection/gauntlets/sleeves:** *General work glove (Mechanics-type gloves) as needed for cut & abrasion protection. Leather gloves for welding. Voltage-rated gloves for live electrical work. General work glove (Mechanics-type gloves) when working with compressed gas cylinders/connections.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear.*
- ☒ **Protective clothing/hi-viz:** *Special protective gear required for welding (FR outers) & live electrical work (voltage-rated gloves & arc flash gear).*

Section 24 – PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

I hereby certify that this Hazard Assessment survey for PPE has been completed on the referenced date.

Print name: _____ Signature: _____ Date: _____

Craig A. Shaffer, CSP (SafetyWorks, Inc.)



Date: 10/25/2018

HAZARD ASSESSMENT PPE EVALUATION CRITERIA

- | | | |
|--|---|---|
| <input type="checkbox"/> Safety glasses or goggles | <input type="checkbox"/> Head protection/bump cap | <input type="checkbox"/> Protective footwear/metatarsals: |
| <input type="checkbox"/> Safety goggles | <input type="checkbox"/> Ear protection | <input type="checkbox"/> Respirator: |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Hand protection/gauntlets/sleeves: | <input type="checkbox"/> Protective clothing/hi-viz gear: |
| <input type="checkbox"/> Welding helmet | | |
| <input type="checkbox"/> Special eye/facewear: | | |

Section 24 – PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Workplace Evaluated: **CLINTON INDUSTRIES, INC.**

545 S. Pine St., York, PA, 17403

Date of assessment: June 16, 2016

Conducted by: Brandt Cook (Clinton Ind.)

Most recent revision: Oct. 25, 2018

Craig Shaffer, CSP (SafetyWorks)

GENERAL FACILITY – PRODUCTION AREAS

- ☒ **Safety glasses or goggles.**
- ☒ **Hand protection/gauntlets/sleeves:** *Voluntary – nitrile-dipped work gloves.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear with metatarsals for welding/metal fab, leg mill, & spray painting-powder coating areas. Otherwise, laced & tied leather footwear that covers ankles & has good tread. No flip-flops, sandals, or open-toe footwear.*

WELDING & METAL FAB

- ☒ **Safety glasses or goggles.** *Torching/welding – Appropriate shade eyewear required based on torch/welding application.*
- ☒ **Faceshield.** *For grinding & torching.*
- ☒ **Welding helmet.** *For welding.*
- ☒ **Ear protection:** *Ear plugs.*
- ☒ **Hand protection/gauntlets/sleeves:** *Cut-resistant gloves when handling metal. Welding – leather gloves/gauntlets. General work glove (Mechanics-type gloves) when working with compressed gas cylinders/connections.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear with metatarsals.*
- ☒ **Respirator:** *Not required – general ventilation must be running. Point of operation ventilation must be running for MIG/TIG welding of stainless steel.*
- ☒ **Protective clothing/hi-viz:** *FR outerwear. MIG/TIG welding requires all exposed skin to be covered.*

LEG MILL

- ☒ **Safety glasses or goggles.**
- ☒ **Ear protection:** *Voluntary ear plugs (but recommended).*
- ☒ **Hand protection/gauntlets/sleeves:** *Voluntary – nitrile-dipped work gloves.*
- ☒ **Respirator:** *Voluntary dust mask.*

SPRAY BOOTH & POWDER COATING

- ☒ **Safety glasses or goggles.** *Goggles (or full-face respirator) required for high exposure levels.*
- ☒ **Ear protection:** *Ear plugs.*
- ☒ **Hand protection/gauntlets/sleeves:** *Nitrile (exam-style) gloves.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear with metatarsals.*
- ☒ **Respirator:** *Spraying – ½-mask or full-face mask with organic vapor cartridge & pre-filter.
Powder coating – Dust mask.*
- ☒ **Protective clothing/hi-viz:** *Tyvek lab-style coat. Tyvek coveralls required for high exposure levels.*

INSTAPAK – AUTOMATED UNIT

- ☒ **Safety glasses or goggles.**
- ☒ **Faceshield:** *For chemical change-out.*
- ☒ **Hand protection/gauntlets/sleeves:** *Butyl or nitrile chemical protective gloves for chemical change-out.*

Section 24 – PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

FORKLIFT OPERATION

- ☒ **Safety glasses or goggles.**
- ☒ **Hand protection/gauntlets/sleeves:** *General work gloves (Mechanics-type gloves) when changing forklift propane tanks. Otherwise, glove use is voluntary.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear with metatarsals.*

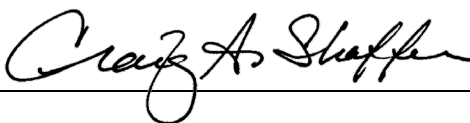
MAINTENANCE

- ☒ **Safety glasses or goggles.** *Safety goggles are to be used as needed for fine dusts & chemical splash protection.*
- ☒ **Faceshield.** *For grinding & torching.*
- ☒ **Welding helmet.** *For welding.*
- ☒ **Ear protection:** *Ear plugs required for welding, live electrical work, & for work with power tools. Also required in work areas that require ear plugs.*
- ☒ **Hand protection/gauntlets/sleeves:** *General work glove (Mechanics-type gloves) as needed for cut & abrasion protection. Leather gloves for welding. Voltage-rated gloves for live electrical work. General work glove (Mechanics-type gloves) when working with compressed gas cylinders/connections.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear.*
- ☒ **Protective clothing/hi-viz:** *Special protective gear required for welding (FR outers) & live electrical work (voltage-rated gloves & arc flash gear).*

I hereby certify that this Hazard Assessment survey for PPE has been completed on the referenced date.

Print name: _____ Signature: _____ Date: _____

Craig A. Shaffer, CSP (SafetyWorks, Inc.)



Date: 10/25/2018

HAZARD ASSESSMENT PPE EVALUATION CRITERIA

- | | | |
|--|---|---|
| <input type="checkbox"/> Safety glasses or goggles | <input type="checkbox"/> Head protection/bump cap | <input type="checkbox"/> Protective footwear/metatarsals: |
| <input type="checkbox"/> Safety goggles | <input type="checkbox"/> Ear protection | <input type="checkbox"/> Respirator: |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Hand protection/gauntlets/sleeves: | <input type="checkbox"/> Protective clothing/hi-viz gear: |
| <input type="checkbox"/> Welding helmet | | |
| <input type="checkbox"/> Special eye/facewear: | | |

Section 24 – PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Workplace Evaluated: **CLINTON INDUSTRIES, INC.**

180 S. Hartman St., York, PA, 17403

Date of assessment: Oct. 25, 2018

Conducted by: Brandt Cook (Clinton Ind.)

Most recent revision: Apr. 18, 2019

Craig Shaffer, CSP (SafetyWorks)

GENERAL FACILITY – ALL PRODUCTION AREAS

- ☒ **Safety glasses or goggles.**
- ☒ **Faceshield:** *For grinding & torching work.*
- ☒ **Hand/arm protection:** *Cut resistant gloves when handling metal, metal shavings, or swarf.
General work glove (Mechanics-type gloves) when working with compressed gas cylinders/connections, including welding gas & forklift propane cylinders.*
- ☒ **Protective footwear/metatarsals:** *Safety toe footwear with metatarsals.*

ADDITIONAL REQUIREMENTS FOR: **CNC ROUTERS**

- ☒ **Ear protection:** *Ear plugs.*
- ☒ **Special hand/arm protection:** *Chemical-resistant gloves (coolant).*
- ☒ **Protective clothing:** *Chemical-resistant apron (coolant).*
- ☒ **Respirator:** *Voluntary use of dust mask (coolant spray/mist).*

ADDITIONAL REQUIREMENTS FOR: **CNC MILLS & SAWS**

- ☒ **Ear protection:** *Ear plugs when using cold saw.*

ADDITIONAL REQUIREMENTS FOR: **MANUAL/ROBOTIC WELDING & LASERS**

- ☒ **Special safety eyewear:** *Torching/welding – Appropriate shade eyewear required based on torch/welding application.
Robotic welding – If exposed to arc, wear appropriate shade eyewear.
Lasers – Have special shielding. Special laser safety glasses if open & interlock bypassed (maint.).*
- ☒ **Welding helmet:** *For manual welding tasks.*
- ☒ **Ear protection:** *Ear plugs.*
- ☒ **Special hand/arm protection:** *Leather welding gloves/gauntlets for manual welding/torching tasks.*
- ☒ **Protective clothing:** *FR outerwear. MIG/TIG welding requires all exposed skin to be covered.*
- ☒ **Respirator:** *Not required – general ventilation must be running.
Point of operation ventilation must be running for MIG/TIG welding of stainless steel.*

ADDITIONAL REQUIREMENTS FOR: **SPRAY BOOTH & POWDER COATING**

- ☒ **Special safety eyewear:** *Goggles (or full-face respirator) required for other-than-minor exposure levels.*
- ☒ **Ear protection:** *Ear plugs.*
- ☒ **Special hand/arm protection:** *Nitrile (exam-style) gloves.*
- ☒ **Protective clothing:** *Tyvek lab-style coat. Tyvek coveralls required for higher exposure levels.*
- ☒ **Respirator:** *Spraying – ½-mask or full-face mask with organic vapor cartridge & pre-filter.
Powder coating – Dust mask.*

Section 24 – PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

ADDITIONAL REQUIREMENTS FOR:

WIDE BELT SANDER & BLAST CABINET

- ☒ Ear protection: *Ear plugs.*
- ☒ Respirator: *Dust mask.*

ADDITIONAL REQUIREMENTS FOR:

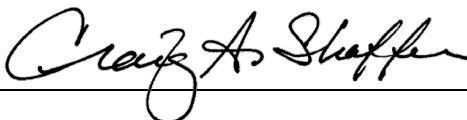
MAINTENANCE

- ☒ Special safety eyewear: *Safety goggles are to be used as needed for fine dusts & chemical splash protection.*
- ☒ Welding: *Reference "Additional Requirements for Manual/Robotic Welding".*
- ☒ Ear protection: *Ear plugs required for welding, live electrical work, & for work with power tools. Also required in work areas that require ear plugs.*
- ☒ Special hand/arm protection: *Voltage-rated gloves for live electrical work.*
- ☒ Protective footwear: *Safety toe footwear.*
- ☒ Protective clothing: *Live electrical work requires appropriate voltage-rated gloves & arc flash gear.*

I hereby certify that this Hazard Assessment survey for PPE has been completed on the referenced date.

Print name: _____ Signature: _____ Date: _____

Craig A. Shaffer, CSP (SafetyWorks, Inc.)



Date: 04/18/2019

HAZARD ASSESSMENT PPE EVALUATION CRITERIA

- ☐ Safety glasses or goggles
- ☐ Safety goggles
- ☐ Faceshield
- ☐ Welding helmet
- ☐ Special eye/facewear:

- ☐ Head protection/bump cap
- ☐ Ear protection
- ☐ Hand protection/gauntlets/sleeves:

- ☐ Protective footwear/metatarsals:
- ☐ Respirator:
- ☐ Protective clothing/hi-viz gear:

Section 26 – Respiratory Protection

Program administrator: Brandt Cook

Contents

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8. Fit testing.....	5
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Appendix A - Voluntary Use of Respirators

Appendix B - Respirator Medical Evaluation Record

Appendix C - Qualitative Respirator Fit Test Record

Appendix D - Annual Policy Review

OSHA Medical Questionnaire for Respirator Users

1. Purpose.

To establish conditions and procedures necessary to ensure the safety & health of persons who wear respirators. This program also addresses OSHA requirements for respiratory protection under 29 CFR 1910.134.

2. Scope & application.

The provisions of this program apply to all employees who wear a respirator during any period of their employment. The term “respirator”, as referenced in this policy, includes dust masks (particulate masks) and all other air-purifying respirators (full mask, half-mask, quarter mask & powered air-purifying models).

We do not use, & this policy does not cover, supplied air respirators.

3. Required use.

Respirators are required to be worn during the following exposures/activities¹:

EXPOSURE – ACTIVITY	RESPIRATOR SELECTION ²	CARTRIDGE/FILTER CHANGE FREQ.
Staining & water-based lacquer application. Water-based & oil-based paint application.	Full-face mask with Organic vapor (OV) cartridge + N95 pre-filter	Every 40 hrs. of service life. -or- After 30 days in service. -or- If breathing resistance increases noticeably.
Powder coating.	N95 particulate mask	

¹ Unless it can be shown that other exposure controls, such as ventilation and/or worker rotation, bring employee air contaminant exposure to or below OSHA permissible exposure limits (PELs).

² Assumes oxygen content is at least 19.5% and contaminant concentration is no more than 10x OSHA-established PEL for contaminant (max. 50x PEL for full-face mask). All respirators must be NIOSH certified.

26 – Respiratory Protection

4. Respirator availability.

Wherever use of a respirator is required, we shall ensure that an adequate stock of the specified respirators and replacement cartridges are available. Employees required to wear a respirator shall be informed of the location of this equipment during training. It shall be kept readily accessible and provided to them at no cost.

5. Respirator user rules & expectations.

5.1. Authorization – No employee may be issued or use a respirator until authorized to do so. Conditions of authorization will depend on respirator type and whether use is required.

5.1.1. Voluntary use of respirators – Any employee who wishes to voluntarily wear a respirator for an exposure/activity not listed in Section 3 must first read and sign a copy of **Appendix A – Voluntary Use of Respirators**. In addition, the following applies:

- Dust masks – No other obligations under this policy shall apply.
- Other respirators – The employee must also first undergo a medical evaluation and receive training on the proper method of cleaning, storing, and maintaining the respirator. Document these items at the bottom of **Appendix A**. No other obligations under this policy shall apply.

5.1.2. Required respirator use – Prior to being authorized to use a respirator, each wearer must undergo:

- Medical evaluation
- Initial & annual training
- Initial & annual fit test

5.2. Respirator selection – Employees required to wear a respirator must wear the appropriate respirator as specified in Section 3 of this policy, or as recommended by a product SDS (safety data sheet). In the absence of clear instruction, consult with your supervisor or the safety director (program administrator).

Any respiratory/air contaminant hazard that could result in employee exposure, and which has not been evaluated in this policy, must immediately be brought to the attention of the safety director. The need for exposure controls and/or respirator protective equipment will be evaluated before work continues.

5.3. Manufacturer instructions – Employees required to wear a respirator are expected to know and follow the respirator manufacturer's instructions regarding proper use, limitations, maintenance, care, and storage. This information will be covered during training.

5.4. Responsibility for care – Respirators will be distributed on an individual basis to employees required to wear them. The user is responsible for its reasonable care & cleaning in accordance with manufacturer instructions. Improperly maintained respirators can create or contribute to undue physiological stress and/or air contaminant exposure, so please take care of your respirator and properly maintain it.

If the respirator becomes worn out, it must be returned for replacement. However, if a respirator is lost, stolen, or damaged from carelessness, the user will be responsible for its replacement.

5.4.1. Respirator inspection – Respirators must be inspected before each use to ensure that they remain in proper working order. Also, inspect after each cleaning. Return for replacement any respirator that is damaged, deteriorated, distorted, or ineffective.

5.4.2. Sanitation – Respirators must be kept reasonably clean and sanitary. Dust masks are disposable and are to be discarded when they become damaged, ineffective, or excessively dirty/clogged (requiring more than normal effort to breath). Other respirators, like half-mask & full-face air-purifying respirators, are to be cleaned after each day's use (or more often if conditions dictate).

Any respirator that is shared, must first be cleaned and disinfected before being given to the next person.

5.4.3. Steps for cleaning half-mask & full-face air-purifying respirators.

- a) Remove all filters and/or cartridges. Never immerse filters/cartridges in any liquid. Do not shake or use compressed air to blow out filters/cartridges. Simply replace them when necessary.

26 – Respiratory Protection

- b) Wash the facepiece in warm soapy water or use a cleaning wipe designed specifically for respirators. Do not use abrasive cleaners or harsh chemicals. A soft-bristled brush may be required to dislodge some dirt particles. Do not use a brush or anything abrasive on the shield of a full-face respirator.
- c) Thoroughly rinse the facepiece in clean, warm water to remove any residues that could cause skin irritation or dermatitis. Use running water if possible.
- d) Hand-dry facepiece with a soft cloth or allow to air dry.
- e) Inspect facepiece prior to installing filters/cartridges. If any portion of the facepiece is worn, deteriorated, cracked, torn or damaged, then discard the unit and obtain a new one.

5.5. Proper seal of tight-fitting facepiece respirators – Tight-fitting facepiece respirators (half masks, full-face, dust masks, etc.) are only effective if they are properly sealed to the face.

5.5.1. Seal check – A positive-pressure or negative-pressure seal check must be performed each time a tight-fitting facepiece respirator is donned (put on). However, seal checks are not a substitute for the required annual fit tests.

5.5.2. Facial hair – Employees required to wear a respirator may not have any facial hair that interferes with the respirator's valve operation or with proper seal of the facepiece to the face.

5.5.3. Corrective glasses & PPE – If these interfere with the wearer's facepiece seal, alternate provisions will need to be made to allow for an equal degree of personal protection.

5.6. Leave respirator area – Employees required to wear a respirator must leave the area of contamination in the following circumstances:

- 5.6.1. To change or remove the respirator/cartridges.
- 5.6.2. If contaminant breakthrough is detected or if the facepiece leaks.
- 5.6.3. If the wearer experiences anxiety, disorientation, shortness of breath, or injury.
- 5.6.4. To wash-up or clean/replace any part of the respirator/filters.
- 5.6.5. If there is a significant change in breathing resistance.

5.7. Proper storage – Employees required to wear a respirator are responsible for properly storing their respirators when not in use.

- 5.7.1. Avoid areas that are excessively dirty, dusty, wet, or in direct sunlight (UV).
- 5.7.2. Avoid storage with or near hazardous chemicals.
- 5.7.3. Avoid storage in areas subject to extreme temperatures.
- 5.7.4. Clean respirator, then use a plastic bag or covering to help keep it clean, but allow air to ventilate.
- 5.7.5. Place the mask in an upright position or as recommended by manufacturer.
- 5.7.6. Do not pile clothing, tools, equipment or other items on top of respirator.

6. Medical evaluation to wear a respirator.

6.1. Condition of authorization – No employee shall be authorized to use a respirator unless he/she has been medically evaluated and cleared to do so by a licensed healthcare provider (LHCP).

Note: Voluntary use of dust masks does not require a medical evaluation.

Wearing a respirator places a physiological burden on the body. This stress varies from person to person depending on the type of respirator used, health of wearer, environmental conditions where respirator is used, and other factors. The medical evaluation helps to ensure that each respirator wearer is capable of safely using his/her respirator under reasonably foreseeable working conditions, without undue risk to health/wellbeing.

6.2. Options to complete medical evaluation – The requirement to have respirator users medically evaluated may be accomplished in either of two ways:

- 6.2.1. In-office visit – Employee is sent directly to a LHCP for an in-office medical exam/evaluation.
- 6.2.2. Medical questionnaire – The “**OSHA Medical Questionnaire for Respirator Users**” (contained at the end of this policy) may be used in place of sending employees in for a medical exam. Employee submits a confidential medical questionnaire that is sent to and reviewed by a LHCP. The LHCP will then decide whether an in-office medical exam/evaluation is necessary.

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- a) Administering form – The safety director will provide the questionnaire to the employee in an area where he/she can be assured of privacy. The safety director shall remain available to answer questions while the form is being completed.
 - b) Collecting & forwarding form – When finished, the employee is to immediately place the form into a manila envelope that can be given to the safety director and forwarded to the LHCP. The completed questionnaire is a confidential document and must be treated as such.
 - c) LHCP contact info – The safety director is to provide each employee with the name and contact information of the LHCP that will be reviewing the questionnaire. Employees have the right to discuss the results of their medical questionnaire/exam with the evaluating healthcare professional.
 - d) Follow-up medical examination – If the LHCP recommends an examination for any employee, it shall be scheduled as soon as reasonably possible and before the employee begins to use a respirator.
- 6.3. Providing medical evaluation at no cost – All medical evaluations required by this policy shall be provided at no cost to the employee and during the employee's normal working hours or at a mutually convenient time and place.
- 6.4. Documentation & recordkeeping.
- 6.4.1. For the LHCP – The safety director shall see that **Appendix B – Respirator Medical Evaluation Record** is filled-out, and supporting documentation is attached, and sent to the licensed healthcare provider (LHCP) for each employee who must be medically evaluated to wear a respirator. When sending more than one employee for medical evaluations, only one copy of the respirator manufacturer's instructions and copy of this policy need to be sent.
 - 6.4.2. From the LHCP – The LHCP is to complete and return **Appendix B** for each employee, or provide an equivalent document attesting to the employee's ability to use the respirator.
 - 6.4.3. Recordkeeping – The completed **Appendix B** documentation shall become a part of the employee's medical records file. OSHA requires these records be retained for the employee's term of employment plus 30 yrs. For anyone who works here less than one year, these records shall be offered to them at termination, and if not taken, they are to be destroyed in the same manner as other confidential documents.
- 6.5. Additional medical evaluations – The safety director shall schedule a new medical evaluation for an employee if:
- 6.5.1. The employee reports medical problems that arise or are aggravated by respirator usage.
 - 6.5.2. Significant changes occur that could affect the physiological burden placed on the wearer.
Examples may include changes in work rate, tasks, procedures, respirator type or environment.
 - 6.5.3. The licensed healthcare provider determines that reevaluation is necessary.
 - 6.5.4. It is determined that reevaluation is necessary due to noted concerns, complaints, or incidents.

7. Training.

- 7.1. Condition of authorization – No employee shall be authorized to use a respirator unless he/she has received training on the following topics within the past 12 months.
- 7.1.1. Why respirator use is necessary (respiratory hazards to which potentially exposed)
 - 7.1.2. How protection can be compromised by improper fit, use & maintenance
 - 7.1.3. Manufacturer instructions – proper inspection, care, use, storage, limitations, & capabilities
 - 7.1.4. How to perform seal checks
 - 7.1.5. How to recognize medical signs/symptoms that may limit effective respirator use
 - 7.1.6. Basic provisions and responsibilities in this policy

Training provides each user with the instruction necessary to select, use, and maintain respirators in a manner that maximizes protection, efficiency, and wearer safety.

- 7.2. Trainer qualification – Training must be administered by a person who is knowledgeable of the subject matter covered by this policy and of OSHA's respiratory protection standard (29 CFR 1910.134).
- 7.3. Training frequency – In addition to initial respirator training, employees required to wear a respirator must be trained annually thereafter. Additional training will be necessary in the event:

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- 7.3.1. Workplace changes relating to respirator use have not been addressed in previous training.
- 7.3.2. Air contaminant type/concentration changes have not been addressed in previous training.
- 7.3.3. Changes in respirator type/operation have not been addressed in previous training.
- 7.3.4. An employee demonstrates inadequate respirator knowledge or adherence to this policy.
- 7.3.5. Any other situation arises in which retraining appears necessary to ensure safe respirator use.

7.4. Documentation & recordkeeping – The safety director shall maintain documentation of each training session. This documentation is to include:

- Date of training
- Attendance roster
- Training content summary, and
- Name of person(s) conducting the training

8. Fit testing.

8.1. Condition of authorization – No employee shall be authorized to use a tight-fitting facepiece respirator unless he/she has been successfully fit tested within the past 12 months, using the same respirator model(s) & size(s) that will be worn on the job. Fit testing ensures that the specific model & size makes an effective seal with the wearer's face.

Voluntary respirator users and wearers of non-tight-fitting facepiece respirators do not require fit tests.

8.2. Fit test frequency – In addition to initial fit testing, employees required to wear a tight-fitting facepiece respirator must be fit tested annually thereafter. Additional fit tests will be necessary in the event:

- 8.2.1. A different size, style, make or model of tight-fitting facepiece respirator is used.
- 8.2.2. The user exhibits significant physical changes that can affect fit.
Examples may include facial scarring, dental changes, cosmetic surgery or changes in body weight.

8.3. Scheduling – Fit testing will usually be conducted concurrently with annual training. However, it may also be arranged on an as-needed basis.

8.4. Facial hair – The employee to be fit tested must be clean shaven.

8.5. OSHA-recognized fit test method – The Irritant Smoke (stannic chloride) fit test protocol shall be used for all respirators that can accommodate an N100 or P100 (HEPA) filter. Otherwise, the Bitrex Solution (denatonium benzoate) fit test protocol shall be used.

8.6. Failed fit tests – If an employee is unable to pass the fit test, then a different type or size of respirator is to be used and he/she shall be retested. The employee shall not be authorized to use a tight-fitting facepiece respirator until passing the fit test.

8.7. Documentation & recordkeeping – **Appendix C – Qualitative Respirator Fit Test Record** shall be completed following each wearer's fit test. The safety director shall collect these documents and see that they are retained, along with training documentation, until replaced by next year's employee fit test record.

9. Annual policy review.

9.1. Assignment of responsibility – Per OSHA requirements, the safety director shall conduct a complete review of this policy, or oversee its completion by a competent person, every twelve (12) months.

9.2. Documentation – **Appendix D – Annual Policy Review** shall be used to document each review. A copy of the most recent review shall remain a part of this program until replaced by the next year's review.

9.3. Scope of review – The current version of this policy and associated documents shall be gathered for review. The need for policy changes will be assessed to address new/different exposures, respiratory equipment, problems, inaccuracies, concerns, or unsafe situations that arose since last review. The review shall also evaluate the effectiveness of prior corrective actions.

9.4. Update training – If changes are made to this policy, update training shall be provided as necessary to all affected personnel.

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Appendix A – Voluntary Use of Respirators

OSHA Standard 29 CFR 1910.134 - Appendix D

Information for Employees Using Respirators When Not Required Under the Standard

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

You should do the following:

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

I have read and understand the above information regarding voluntary use of respirators.

Employee name (print): _____

Employee signature: _____ Date: _____

COMPLETE THIS SECTION ONLY IF THE RESPIRATOR IS NOT A DUST MASK.

- ☐ Employee has successfully completed medical evaluation on (date): _____.
- ☐ Employee has been trained how to clean, store & maintain the following respirator: _____.

Trainer: _____ (print name) _____ (signature) _____ (Date)

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Appendix B – Respirator Medical Evaluation Record

Dear Licensed Healthcare Provider,

In accordance with OSHA requirements, we are enclosing the following information so that our employees may be medically evaluated for respirator use.

- ☐ Medical questionnaires completed by employees.
- ☐ Copy of respirator manufacturer's user instruction booklet.
- ☐ Copy of our Respiratory Protection Policy.
- ☐ Expected frequency of respirator use: _____
- ☐ Typical duration of respirator use: _____
- ☐ Expected physical work effort: LOW MODERATE HIGH
- ☐ Additional protective equipment/clothing that may be used or worn during respirator use: _____

- ☐ Temperature & humidity extremes to be encountered: _____

- ☐ OSHA's respiratory protection standard can be accessed online by:
GOOGLE: **29 CFR 1910.134**
Website: **www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716**

For each employee, could you please complete the following information and return this form so that we may document this evaluation in accordance with our responsibilities under OSHA regulation 29 CFR 1910.134.

Thank you in advance.

Employee name: _____ (is / is not) medically able to use the specified respirator as described.

- ☐ Check this box if a follow-up medical examination is recommended.
29 CFR 1910.134(e)(3)(i) – The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Medical Questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination.
- ☐ Check this box if there are any limitations on usage relating to any medical condition of the employee or workplace conditions in which the respirator will be used. (Please explain):
- ☐ Check this box to confirm that recommendations have been shared with employee.

Name of LHCP: _____ Date of evaluation: _____

Signature: _____

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Appendix C – Qualitative Respirator Fit Test Record

(Applies to negative pressure air-purifying respirators with a fit factor of 100 or less)

1. Name of wearer: _____ Test date: _____

2. Fit test administered:

- ☐ Bitrex Solution Aerosol Protocol *(Denatonium Benzoate)*
☐ Irritant Smoke Protocol *(Stannic Chloride)*

3. Respirator used for fit test:

Make: _____ Model: _____ Size: S M L XL

Type: ☐ APR ☐ PAPR ☐ Airline SAR ☐ Other _____

Style: ☐ Particulate (dust) mask ☐ ½ mask ☐ Helmet ☐ Hood ☐ Full mask
☐ Other: _____

Filter: ☐ (N – R – P) 95 ☐ (N – R – P) 99 ☐ (N – R – P) 100

Cartridge: ☐ OV ☐ AG ☐ Combo/MG _____ ☐ Other _____

4. Comments/concerns:

5. Results: PASS FAIL _____

Signature of wearer: _____

Fit test administered by: _____

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Appendix D – Annual Policy Review

Name of evaluator: _____

Review date: _____

Review questions:

1. Are there any new or previously unidentified respiratory/air quality hazards? Yes No
2. Are there any new respirators in use for which update training is needed? Yes No
3. Are there any new methods of controlling air contaminant exposures that would eliminate the need for employees to wear respirators? Yes No
4. Is training/retraining necessary for anyone? Yes No
5. Program assessment (incorporate respirator wearer feedback). Are there any problems with:
 - Respirator selection, fit or availability Yes No
 - Respirator effectiveness for the job Yes No
 - Respirator sanitation/cleaning Yes No
 - Respirator condition/maintenance Yes No
 - Medical evaluation procedure Yes No
 - Fit testing Yes No
 - Wearer training/retraining Yes No
 - Written program or its availability Yes No
 - Other Yes No
6. Explain any “YES” answers from above. (Document necessary changes below.)

Changes needed:

Action Item	Assigned To	Date Assigned	Date Complete

OSHA Medical Questionnaire for Respirator Users

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

PLEASE PRINT LEGIBLY

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

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male / Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this form? Yes / No
11. Check the type of respirator you will use (you can check more than one category):
_____ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
_____ Other type (ex: ½ or full-facepiece, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you (ever) worn a respirator (circle one): Yes / No
If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 – 9 below must be answered by every employee who has been selected to use a respirator (please circle "Yes" or "No").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes / No
2. Have you ever had any of the following conditions?
 1. Seizures (fits): Yes / No
 2. Diabetes (sugar disease): Yes / No
 3. Allergic reactions that interfere with your breathing: Yes / No
 4. Claustrophobia (fear of closed-in places): Yes / No
 5. Trouble smelling odors: Yes / No
3. Have you ever had any of the following pulmonary or lung problems?
 - a. Asbestosis: Yes / No
 - b. Asthma: Yes / No
 - c. Chronic bronchitis: Yes / No
 - d. Emphysema: Yes / No
 - e. Pneumonia: Yes / No
 - f. Tuberculosis: Yes / No
 - g. Silicosis: Yes / No
 - h. Pneumothorax (collapsed lung): Yes / No
 - i. Lung cancer: Yes / No
 - j. Broken ribs: Yes / No
 - k. Any chest injuries or surgeries: Yes / No
 - l. Any other lung problem that you've been told about: Yes / No

OSHA Medical Questionnaire for Respirator Users

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: Yes / No
 - b. Shortness of breath when walking fast on level ground or up slight hill/incline: Yes / No
 - c. Shortness of breath while walking with others at ordinary pace on level ground: Yes / No
 - d. Must stop for breath when walking at your own pace on level ground: Yes / No
 - e. Shortness of breath when washing or dressing yourself: Yes / No
 - f. Shortness of breath that interferes with your job: Yes / No
 - g. Coughing that produces phlegm (thick sputum): Yes / No
 - h. Coughing that wakes you early in the morning: Yes / No
 - i. Coughing that occurs mostly when you are lying down: Yes / No
 - j. Coughing up blood in the last month: Yes / No
 - k. Wheezing: Yes / No
 - l. Wheezing that interferes with your job: Yes / No
 - m. Chest pain when you breathe deeply: Yes / No
 - n. Other symptoms that you think may be related to lung problems: Yes / No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack: Yes / No
 - b. Stroke: Yes / No
 - c. Angina: Yes / No
 - d. Heart failure: Yes / No
 - e. Swelling in your legs or feet (not caused by walking): Yes / No
 - f. Heart arrhythmia (heart beating irregularly): Yes / No
 - g. High blood pressure: Yes / No
 - h. Any other heart problem that you've been told about: Yes / No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes / No
 - b. Pain or tightness in your chest during physical activity: Yes / No
 - c. Pain or tightness in your chest that interferes with your job: Yes / No
 - d. In the past 2 yrs, have you noticed your heart skipping or missing a beat: Yes / No
 - e. Heartburn or indigestion that is not related to eating: Yes / No
 - f. Any other symptoms that you think may be related to heart or circulation problems: Yes / No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: Yes / No
 - b. Heart trouble: Yes / No
 - c. Blood pressure: Yes / No
 - d. Seizures (fits): Yes / No
8. If you've used a respirator, have you ever had any of the following problems?
(If you've never used a respirator, check here _____ and go to question 9.)
- a. Eye irritation: Yes / No
 - b. Skin allergies or rashes: Yes / No
 - c. Anxiety: Yes / No
 - d. General weakness or fatigue: Yes / No
 - e. Any other problem that interferes with your use of a respirator: Yes / No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers: Yes / No

OSHA Medical Questionnaire for Respirator Users

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). ***For employees who have been selected to use other types of respirators, answering these questions is voluntary.***

- | | |
|--|----------|
| 10. Have you ever lost vision in either eye (temporarily or permanently): | Yes / No |
| 11. Do you currently have any of the following vision problems? | |
| a. Wear contact lenses: | Yes / No |
| b. Wear glasses: | Yes / No |
| c. Color blind: | Yes / No |
| d. Any other eye or vision problem: | Yes / No |
| 12. Have you ever had an injury to your ears, including a broken ear drum: | Yes / No |
| 13. Do you currently have any of the following hearing problems? | |
| a. Difficulty hearing: | Yes / No |
| b. Wear a hearing aid: | Yes / No |
| c. Any other hearing or ear problem: | Yes / No |
| 14. Have you ever had a back injury: | Yes / No |
| 15. Do you currently have any of the following musculoskeletal problems? | |
| a. Weakness in any of your arms, hands, legs, or feet: | Yes / No |
| b. Back pain: | Yes / No |
| c. Difficulty fully moving your arms and legs: | Yes / No |
| d. Pain/stiffness when you lean forward or backward at the waist: | Yes / No |
| e. Difficulty fully moving your head up or down: | Yes / No |
| f. Difficulty fully moving your head side to side: | Yes / No |
| g. Difficulty bending at your knees: | Yes / No |
| h. Difficulty squatting to the ground: | Yes / No |
| i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: | Yes / No |
| j. Other muscle/skeletal problem that interferes with respirator use: | Yes / No |

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 ft.) or in a place that has lower than normal amounts of oxygen: Yes / No
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes / No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes / No
If "yes," name the chemicals if you know them: _____
3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
 - a. Asbestos: Yes / No
 - b. Silica (e.g., in sandblasting): Yes / No
 - c. Tungsten/cobalt (e.g., grinding or welding this material): Yes / No
 - d. Beryllium: Yes / No
 - e. Aluminum: Yes / No
 - f. Coal (for example, mining): Yes / No
 - g. Iron: Yes / No

OSHA Medical Questionnaire for Respirator Users

- h. Tin: Yes / No
i. Dusty environments: Yes / No
j. Any other hazardous exposures: Yes / No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes / No

If "yes," were you exposed to biological or chemical agents (in training or combat): Yes / No

8. Have you ever worked on a HAZMAT team? Yes / No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):

Yes / No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes / No
b. Canisters (for example, gas masks): Yes / No
c. Cartridges: Yes / No

11. How often are you expected to use the respirator(s)? (Line-out if item does not apply to you.)

- a. Escape only (no rescue): Yes / No
b. Emergency rescue only: Yes / No
c. Less than 5 hours per week: Yes / No
d. Less than 2 hours per day: Yes / No
e. 2 to 4 hours per day: Yes / No
f. Over 4 hours per day: Yes / No

12. During the period you are using the respirator(s), is your work effort:

- a. Light (less than 200 kcal per hour): Yes / No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

- b. Moderate (200 to 350 kcal per hour): Yes / No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. Heavy (above 350 kcal per hour): Yes / No

OSHA Medical Questionnaire for Respirator Users

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes / No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77°F): Yes / No

15. Will you be working under humid conditions: Yes / No

16. Describe the work you'll be doing while you're using your respirator(s): _____

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases): _____

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____

Name of the second toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____

Name of the third toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator: _____

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

Respiratory Protection

Appendix D – Annual Policy Review

Name of evaluator: CRAIG A. SHAFER, CSP
SAFETYWORKS, INC.

Review date: 1/25/2018

Review questions:

1. Are there any new or previously unidentified respiratory/air quality hazards? Yes ☐ No ☒
2. Are there any new respirators in use for which update training is needed? Yes ☒ No ☐
3. Are there any new methods of controlling air contaminant exposures that would eliminate the need for employees to wear respirators? Yes ☐ No ☒
4. Is training/retraining necessary for anyone? ANNUAL RETRAIN DONE 1/25/18 Yes ☐ No ☒
5. Program assessment (incorporate respirator wearer feedback). Are there any problems with:

Respirator selection, fit or availability	Yes	<input checked="" type="radio"/> No	<u>GREAT RESULTS w/ FULL MASK</u>
Respirator effectiveness for the job	Yes	<input checked="" type="radio"/> No	
Respirator sanitation/cleaning	Yes	<input checked="" type="radio"/> No	
Respirator condition/maintenance	Yes	<input checked="" type="radio"/> No	
Medical evaluation procedure	Yes	<input checked="" type="radio"/> No	
Fit testing	Yes	<input checked="" type="radio"/> No	
Wearer training/retraining	Yes	<input checked="" type="radio"/> No	
Written program or its availability	Yes	<input checked="" type="radio"/> No	
Other	Yes	<input checked="" type="radio"/> No	

6. Explain any "YES" answers from above. (Document necessary changes below.)

#2 - FULL-FACE MASK NOW BEING USED FOR SPRAYING OF STAINS, LACQUER + PAINTS. FACESHIELD PROVIDES EYE PROTECTION IMPROVEMENT

Changes needed:

Action Item	Assigned To	Date Assigned	Date Complete
<u>UPDATE SECTION 3 TO REFERENCE USE OF FULL-FACE MASK</u>	<u>CRAIG SHAFER</u>	<u>1/25/18</u>	<u>1/25/18</u>

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Appendix D – Annual Policy Review

Name of evaluator: CRAIG A. SHAFFER, CSP
(SAFETYWORKS, INC.)

Review date: 1/18/2019

Review questions:

1. Are there any new or previously unidentified respiratory/air quality hazards? Yes ☒ No
2. Are there any new respirators in use for which update training is needed? Yes ☒ No
3. Are there any new methods of controlling air contaminant exposures that would eliminate the need for employees to wear respirators? Yes ☒ No
4. Is training/retraining necessary for anyone? ANNUAL RETRAINING DONE 1/18/19 Yes ☒ No
5. Program assessment (incorporate respirator wearer feedback). Are there any problems with:

Respirator selection, fit or availability	Yes	<input checked="" type="radio"/> No
Respirator effectiveness for the job	Yes	<input checked="" type="radio"/> No
Respirator sanitation/cleaning	Yes	<input checked="" type="radio"/> No
Respirator condition/maintenance	Yes	<input checked="" type="radio"/> No
Medical evaluation procedure	Yes	<input checked="" type="radio"/> No
Fit testing	Yes	<input checked="" type="radio"/> No
Wearer training/retraining	Yes	<input checked="" type="radio"/> No
Written program or its availability	Yes	<input checked="" type="radio"/> No
Other	Yes	<input checked="" type="radio"/> No

6. Explain any "YES" answers from above. (Document necessary changes below.)

N/A

Changes needed:

Action Item	Assigned To	Date Assigned	Date Complete
N/A			

24 – Respiratory Protection

Appendix D – Annual Policy Review

Name of evaluator: CRAIG A. SHAFER, CSP / BRANDT COOK Review date: 1/16/20

Review questions:

1. Are there any new or previously unidentified respiratory/air quality hazards? Yes ☒ No
2. Are there any new respirators in use for which update training is needed? Yes ☒ No
3. Are there any new methods of controlling air contaminant exposures that would eliminate the need for employees to wear respirators? Yes ☒ No
4. Is training/retraining necessary for anyone? ANN. TRAINING COMPLETED TODAY (1/16/20) Yes ☒ No
5. Program assessment (incorporate respirator wearer feedback). Are there any problems with:

Respirator selection, fit or availability	Yes	<input checked="" type="radio"/> No
Respirator effectiveness for the job	Yes	<input checked="" type="radio"/> No
Respirator sanitation/cleaning	Yes	<input checked="" type="radio"/> No
Respirator condition/maintenance	Yes	<input checked="" type="radio"/> No
Medical evaluation procedure	Yes	<input checked="" type="radio"/> No
Fit testing	Yes	<input checked="" type="radio"/> No
Wearer training/retraining	Yes	<input checked="" type="radio"/> No
Written program or its availability	Yes	<input checked="" type="radio"/> No
Other	Yes	<input checked="" type="radio"/> No
6. Explain any "YES" answers from above. (Document necessary changes below.)

N/A

Changes needed:

Action Item	Assigned To	Date Assigned	Date Complete
<u>N/A</u>			

MISC FORMS

FORM	CURRENT VERSION
a) Inspection Form - Monthly	18.1
b) Inspection Form – Safety Director (Qtr.)	18.1
c) Hot Work Permit	17.1
d) Witness Report of Incident	19.1

Date: _____ Name: _____ Facility: _____

HOUSEKEEPING & STORAGE	YES	NO	n/a	COMMENTS
Exits, stairs, & designated walkways clear?				
Free of slip/trip hazards? (<i>dust/spills/holes/debris</i>)				
Lighting adequate in work areas & walkways?				
Good housekeeping?				
Propane cylinders stored outside & upright?				
Supplies/materials stacked/stored safely?				
Sprinkler controls – unobstructed access				
Sprinkler heads – min. 18-in. clearance				

MACHINES & SAFETY EQUIPMENT	YES	NO	n/a	COMMENTS
Proper guards/interlocks in place & function?				
No dust accumulations in machining areas				
Dust collection – proper hook-up & function?				
Equipment undamaged & working properly?				
Equip. properly locked/tagged out?				
Eye wash station clean, current, unobstructed				
Safety nozzles on all compressed air hoses?				

PERSONAL PROTECTIVE EQUIPMENT (PPE)	YES	NO	n/a	COMMENTS
PPE necessary for job is readily available?				
Spray booth PPE? (<i>coat, respirator, gloves, eye...</i>)				
Safety glasses worn production areas?				
Protective gloves for handling stock/InstaPac?				
Ear plugs – req'd areas posted & being used?				
Appropriate footwear worn?				
Hi-viz vest is shipping/dock areas?				
Visitors provided PPE & use it?				

GENERAL WORK AREAS	YES	NO	n/a	COMMENTS
Containers properly stored & labeled?				
No food/drink around hazardous chemicals?				
Forklift – daily insp.; seatbelt; safe operation				
Ext. cords - temp. use; no damage/trip hazard				
Min. 3-ft. clear around panels/disconnects?				

FIRE SAFETY	YES	NO	n/a	COMMENTS
Fire extinguishers charged & unobstructed?				
Flammables stored in proper containers?				
Max. 1-day supply of flams outside cabinet?				
Flams stored inside closed storage cabinet?				
UL trash can for oily/solvent/paint/stain rags?				
Spray booth maint.? (<i>clean, filters, no stg./cords</i>)				

OTHER OBSERVATIONS/COMMENTS: _____

Date: _____ Name: _____ Facility: _____

EMERGENCY PREP	YES	NO	n/a	COMMENTS
All exits marked with illuminated EXIT sign?				
EXIT signs/emerg. lights – clean/good cond'n?				
EXIT signs/emerg. lights – work when tested?				
Manual pull fire alarm stations unobstructed?				
Evacuation maps posted throughout facility?				
1 st aid kit stocked w/ adequate supplies?				
Eye/body wash facilities clean & caps in place?				
Eye wash solution up-to-date? <i>(initial insp. tag)</i>				
Fire exting's – charged & mo. inspection?				
Fire exting's – proper loc'n/hung/accessible?				
Hydrants, sprinkler risers, alarms accessible?				

FLOORS – WALKWAYS – STAIRS	YES	NO	n/a	COMMENTS
Exitways & designated walkways clear?				
Free of slip/trip hazards? <i>(dust/spills/holes/debris)</i>				
Fall/drop-off hazards (4+ ft.) guarded?				
Stairs in good condition, clear, railings?				
General lighting adequate?				

WORK STATIONS	YES	NO	n/a	COMMENTS
Good housekeeping & no dust accumulations?				
Lighting adequate?				
Supplies/materials stacked/stored safely?				
Quick means of exit access maintained?				
Safety/hazard/warning signs & tags legible?				
Set-up to min. strain/bend/reach/twist/lifting?				
Weld areas segregated/ventilated/fire safe?				

MACHINES & EQUIPMENT	YES	NO	n/a	COMMENTS
Proper guards/interlocks in place & function?				
Equipment undamaged & working properly?				
Equipment being operated properly/safely?				
Safety nozzles on all compressed air hoses?				
Dust collection – proper hook-up & function?				
Hand tools in good condition & proper use?				
Compressed gas cylinders chained upright?				

PERSONAL PROTECTIVE EQUIPMENT (PPE)	YES	NO	n/a	COMMENTS
PPE necessary for job is readily available?				
Safety glasses worn production areas?				
Protective gloves for handling stock/InstaPac?				
Ear plugs – req'd areas posted & being used?				
Appropriate footwear worn?				
Hi-viz vest is shipping/dock areas?				
Visitors provided PPE & use it?				

CHEMICAL SAFETY	YES	NO	n/a	COMMENTS
All containers labeled? <i>(contents & hazards)</i>				
Safety Data Sheets (SDS) readily available?				
Chemicals used & stored properly?				
Proper PPE used for hazardous chemicals?				
No food/drink around hazardous chemicals?				

FIRE SAFETY	YES	NO	n/a	COMMENTS
Smoking only in designated safe areas?				
Ignition sources min. 50 ft. from ignitable mat'l?				
Flammables stored in proper containers?				
Max. 1-day supply of flams outside cabinet?				
Flams stored inside closed storage cabinet?				
Flam containers bonded & grounded for x-fer?				
UL trash can for oily/solvent/paint/stain rags?				
Spray booth maint.? <i>(cond'n, no stg. or build-ups)</i>				
Spray booth elect.? <i>(no cords/ord. elect equip.)</i>				
Spray booth fire prot? <i>(exting. & auto system)</i>				
Spray booth PPE? <i>(coat, respirator, gloves, eye...)</i>				
Hot work permit to grind/torch/weld?				

ELECTRICAL SAFETY	YES	NO	n/a	COMMENTS
Ext. cords for temp. use only? <i>(less than 90 days)</i>				
Cords in good cond'n – no missing grounds?				
Cords placed to prevent damage/trip hazard?				
Facility wiring/fixtures in good cond'n?				
No missing blanks/covers on elec. box/panels?				
Min. 3-ft. clear around panels/disconnects?				
Equip. properly locked/tagged out?				

LIFTS – MATERIALS HANDLING/STORAGE	YES	NO	n/a	COMMENTS
LPG tanks secured outside – relief valve up?				
Forklift – good cond'n, b/u alarm; daily insp.				
Forklift operator – seatbelt, safe operation				
Storage racks in good cond'n & stable?				
Materials stored on racks are stable/secure?				
Crane/rigging in good cond'n & properly used?				

OTHER	YES	NO	n/a	COMMENTS
Sanitation facilities clean & functioning?				
All surveillance cameras properly functioning?				
Means of access into building secured?				

OTHER UNSAFE ACTS/CONDITIONS: _____

OTHER OBSERVATIONS/COMMENTS: _____

HOT WORK PERMIT

POST THIS PERMIT AT HOT WORK LOCATION

WORK

Date: _____ Job: _____

Location: _____

Scope of authorized hot work: _____

PERSONNEL *(Please PRINT names)*

Lead (competent) person: _____

Safety director: _____

Hot work operators: _____

Fire watch personnel: _____

AUTHORIZATION

The scope of work & required safety precautions stated on this permit have been reviewed with hot work personnel and are understood.

The location where this work is to be done has been examined and the fire safety precautions listed on this permit have been taken. Authorization is hereby granted for hot work to commence.

(Sign – Lead person for hot work) (Sign – Safety director)

Time permit effective: _____ AM/PM

Time permit expires: _____ AM/PM

(Max. permit duration = one shift)

FIRE WATCH & FINAL CHECK

Time hot work started: _____ AM/PM

Time hot work ended: _____ AM/PM

Work area & all adjacent areas into which sparks or slag may have spread (including floors above/below & on opposite side of walls) were inspected after hot work was completed & were found to be fire safe.

Duration of post-work fire watch: _____ (min. ½ hr.)

(Sign – Lead person for hot work) (Sign – Fire watch)

A final check of the work area was conducted at least 1 hr. following completion of hot work and found to be fire safe.

_____ Time: _____ AM/PM

(Sign – Safety director)

Before approving hot work, the safety director (or designee) & hot work lead person must inspect the work area to confirm that the following precautions, as applicable, have been taken.

EQUIPMENT & PERSONAL PROTECTION

- ☐ All hot work equipment has been inspected & is in good condition and free of damage or defects that could adversely affect safety.
- ☐ All compressed gas cylinders are chained in an upright position.
- ☐ Backflash arresters & check valves are installed in both the oxygen & acetylene lines of torch sets.
- ☐ Nearby personnel protected against heat, sparks, slag, flash, etc.

HOT WORK AREA – within 35 ft. of hot work operations

- ☐ Explosive atmosphere hazards have been eliminated (flammable gases, vapors, dusts, fibers, etc.)
- ☐ Flammable or combustible liquids/gases removed. Increase the min. separation of 35 ft. as necessary to prevent gas/vapor accumulation in low lying areas (pits, vaults, etc.). Verify LEL levels with air monitor.
- ☐ Remove or use fire-resistant (FR) covers/shields to protect combustible materials/construction (walls, partitions, ceilings or roof). Edges of covers must be tight to floor to prevent sparks from going under or between them. Be aware of combustible contents & construction on the other side of walls, floor, ceiling or roof that could be ignited.
- ☐ Hot work is not permitted on any surface with combustible coverings, insulation or sandwich-type panels. Beware of combustible coverings that could be ignited on other side of walls, floor, ceiling or roof.
- ☐ Floors swept clean of combustible materials, debris, dusts, lint, oil/grease deposits, etc. If floors are built of combustible materials, either wet down or cover with damp sand or FR covers/shields.
- ☐ Cover all wall & floor cracks/openings with FR covers.
- ☐ Suspend FR tarps beneath elevated hot work to collect sparks/slag.
- ☐ Clean combustible material from machinery in hot work area. If not feasible, install FR covers/shields to protect from heat & sparks/slag.
- ☐ Lock & tag out any machinery/systems in the work area that could move or convey sparks/slag to other areas. Where such conveyance systems must operate, install FR covers/shields to prevent sparks/slag from entering the conveyance system
- ☐ Drums, containers & ducts have been purged of flammable or combustible liquids, gases, vapors, dusts, etc. If residues or residual vapors could remain, cleaning to completely eliminate the hazard.

FIRE WATCH & FIRE PROTECTION

- ☐ Fire watch instituted throughout hot work operations and for at least 30 min. afterwards. Longer fire watch may be necessary.
- ☐ Suitable fire protection equipment (extinguishers, etc.) provided, readily available & in working condition.
- ☐ Personnel trained how to use extinguisher and activate fire alarm.
- ☐ Fire watch extended to adjoining areas, above and/or below as necessary to assure remote areas not endangered by hot work.
- ☐ Sprinklers & extinguishing systems (if present) remain in service. Precautions taken to prevent system activation.
- ☐ If unsafe conditions develop, immediately stop work and notify the safety director for reassessment of situation.

WITNESS ACCOUNT OF INCIDENT

(Incident Report supplement)

Incident date: _____ Project/Job/Location: _____

Witness name (print): _____ Employer (if other co.): _____ Contact #: _____

To the best of your ability, please answer the following questions:

1. Approx. time of incident?	AM / PM
2. Where did it occur?	
3. What activity were you engaged in right before the incident occurred?	
4. Did you see incident occur?	YES NO
5. Who all was involved in this incident & how?	
6. Please use the back side of this form to sketch the incident scene & your location relative to it. Include sufficient detail to determine positions & spatial relationships. Place an arrow to show which direction you were facing at time of incident.	
7. Explain what you noticed prior to the incident. • What was going on?	
8. Step-by-step, how do you recall the incident unfolding? (Use another page, if necessary.)	
9. What happened next? • Who responded to incident scene & how did they help? • About how long until professional help arrived?	
10. Describe any injuries or damage (& to whom/what) that you remember after the incident.	
11. Additional observations or comments? • Prior discussions, pre-planning, daily huddle, etc. relevant to this incident?	
12. In your opinion, if we could "do over" what could be done differently?	

THANK YOU FOR YOUR TIME & INSIGHT.

Submitted by: _____ on _____.

Signature

Date