



# Safety Program Requirements

## Steel Bending Spirits LLC

Title	Program Requirements	Training Requirements
Accident Investigation and Reporting	<ul style="list-style-type: none"> <li>• Determine who will investigate accidents, this may include supervisors, management, and employees</li> <li>• Determine accident and near miss reporting procedures</li> <li>• Inform employees of the work-related injuries and illness procedures and their rights to report</li> <li>• Complete accident report as needed, <b>pg. 11– 13</b> (file name: Accident, Incident, Near Miss Investigation Report FORM)</li> <li>• Note additional state requirements for: AK, HI, WA</li> </ul>	<p>Available but not required training:</p> <ul style="list-style-type: none"> <li>• Accident investigation (Supervisor)</li> <li>• Accident Reporting</li> </ul>
Back Safety in the Workplace	<ul style="list-style-type: none"> <li>• Identify risk factors for back injury in the operations <ul style="list-style-type: none"> <li>• Repetitive or prolonged activities</li> <li>• Awkward postures</li> <li>• Unusual size or weight objects</li> </ul> </li> <li>• Implement any required controls to minimize or eliminate hazards</li> </ul>	<p>Available but not required training:</p> <ul style="list-style-type: none"> <li>• Back Safety</li> <li>• Back Care (Medical)</li> </ul>
Emergency Action, Evacuation and Fire Prevention	<ul style="list-style-type: none"> <li>• Identify and evaluate fire hazards</li> <li>• Identify and evaluate exit routes</li> <li>• Provide emergency equipment as needed</li> <li>• Write and communicate policies and procedures including Emergency Action and Fire Prevention Programs, <b>pg. 12</b> (file name: Emergency Action Plan FORM), employees need access</li> <li>• Review program at least annually</li> <li>• Annual and monthly fire extinguisher inspections</li> <li>• Note additional state requirements for: MI, OR</li> </ul>	<p><b>REQUIRED TRAINING:</b></p> <ul style="list-style-type: none"> <li>• Emergency Action</li> <li>• Fire Extinguisher</li> </ul> <p>Emergency Action training required for all employees in exiting areas, relocation safe-spot, and (as appropriate) fire hazards.</p> <p>Fire Extinguisher training required if an employee is required to use fire extinguishers, training required annually. (Paychex can provide only voluntary use fire extinguisher training)</p> <p>Frequency: initial, update as required, annual for some businesses</p>
Ergonomics and MSD	<ul style="list-style-type: none"> <li>• Evaluate the need for an ergonomics program</li> <li>• Implement controls to minimize or eliminate repetitive or force trauma tasks</li> <li>• Note additional state requirements for: CA, ME</li> </ul>	<p>Available but not required training:</p> <ul style="list-style-type: none"> <li>• Office Ergonomics</li> <li>• General Industry Ergonomics</li> </ul>
Safe Driving	<ul style="list-style-type: none"> <li>• Inspect vehicles prior to operation</li> </ul>	<p>Available but not required training:</p> <ul style="list-style-type: none"> <li>• Safe Driving</li> </ul>
Safety Checklist	<ul style="list-style-type: none"> <li>• Routine safety inspections and audit of workplace</li> </ul>	No OSHA trainings apply





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Steel Bending Spirits LLC

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## Safety Manual

**PAYCHEX<sup>®</sup>**

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## TABLE OF CONTENTS

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Safety and Health Policy Statement

Accident Investigation and Reporting

Back Safety in the Workplace

Emergency Action, Evacuation and Fire Prevention

Ergonomics and MSD

Safe Driving

Safety Checklist





# **Steel Bending Spirits LLC**

## **SAFETY AND HEALTH POLICY STATEMENT**

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

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

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



**Accident Investigation  
and Reporting**



## **PROGRAM OVERVIEW**

# **ACCIDENT INVESTIGATION AND REPORTING SAFETY PROGRAM**

REGULATORY STANDARD: General Duty Clause

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## **INTRODUCTION**

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

## **TRAINING**

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

## **ACTIVITIES**

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

## **FORMS**

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

## **Table of Contents**

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

# ACCIDENT INVESTIGATION AND REPORTING SAFETY PROGRAM

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

### 3.3 Employees

- 3.3.1 Promptly report incidents or near misses that occur.
- 3.3.2 Report hazardous conditions to your supervisor.
- 3.3.3 Participate in incident investigations, as needed or required.

## 4. Procedure

- 4.1 Inform employees of the company's work-related injury or illness procedures and the employees' rights to report work-related injuries and illnesses without fear of being discriminated against in any manner or fear of being discharged. Post the OSHA "It's The Law" worker rights poster.
- 4.2 Accident Investigation Team Composition. Supervisors, in conjunction with the safety officer as needed or required, are primarily responsible for the investigation of accidents and incidents. In addition, members of the safety committee or a separate Accident Investigation Team may serve as incident investigators.
- 4.3 Hazard Reporting:
  - 4.3.1 Hazards or potential hazards identified by employees will immediately be reported to management or supervision.
    - 4.3.1.1 Person reporting hazard
      - Notify department Supervisor of the hazard.
      - Initiate lock-out/tag-out, if required, on the machine.
    - 4.3.1.2 Supervisor
      - Notify all affected workers of hazard.
      - Notify Maintenance Department of hazard, if required.
      - Ensure hazard is properly marked and controlled until corrected.
- 4.4 Accident Investigation, Analysis and Reporting. Accident investigation is primarily a fact-finding procedure; the facts revealed are used to prevent recurrences of similar accidents. The focus of accident investigation will be to prevent future accidents and injuries to increase the safety and health of all our employees.
  - 4.4.1 Immediate concerns:
    - 4.4.1.1 Ensure any injured person receives proper care.

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

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

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

## **5. Safety Information:**

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

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

## 5.3 Accident Trend Analysis

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

## 6. Training and Information

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



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

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

## 7. Definitions.

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

# ACCIDENT, INCIDENT OR NEAR MISS INVESTIGATION REPORT

## PART 1 IDENTIFICATION INFORMATION

Employee Name	
Date of Accident	Time: AM PM
Occupation	Shift
Department	SS#:
Employee Home Address:	Date of Birth:
	Date of Hire
	Gender: Male Female

## PART 2 SUPPLEMENTARY INFORMATION

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

## PART 3 ACCIDENT TREE

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

## PART 4 DESCRIPTION AND ANALYSIS

Fully describe accident:

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

### MACHINERY/EQUIPMENT INVOLVED

Manufacturer Equip. age

Serial No. Model

Function

Location

Has machine/equipment been modified? ☐ Yes ☐ No If so, when?

Was it guarded? ☐ Yes ☐ No

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

Was guarding properly: Constructed? ☐ Yes ☐ No

Installed? ☐ Yes ☐ No

Adjusted? ☐ Yes ☐ No

If No to any of above, explain:

Was there any mechanical failure? ☐ Yes ☐ No If yes, explain:

If construction related, date of contract:

Is firm ☐ General Contractor ☐ Subcontractor

Name of other contractors

List any weather conditions that contributed to the incident:

### TRAINING

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

☐ Yes ☐ No

Type:

Instructed by:

When instructed:

Length of training:

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

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TRAINING ATTENDANCE ROSTER	
ACCIDENT INVESTIGATION	

***Accident Investigation Training for Supervisors Includes:***

- Getting the facts
- Investigation procedures
- Interviews and statements
- Photography and Diagrams
- Corrective Actions

- Getting the facts
- Investigation procedures
- Interviews and statements
- Photography and Diagrams
- Corrective Actions

**INSTRUCTOR:**

**DATE:**

LOCATION:

NAME (Please Print) FIRST - MI - LAST
--

**SIGNATURE**

**By signing below, I attest that I have attended the safety training for the topic indicated, and will abide by the safety information, procedures, rules, regulations and/or company policy as presented and instructed.**

[illegible]

Name of Interpreter, if utilized:

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# TRAINING ATTENDANCE ROSTER ACCIDENT REPORTING

***Accident Reporting Training for Employees Includes:***

- Why do accidents happen
- What to report and when
- When to call for help
- Emergency Contact information

**INSTRUCTOR:**

**DATE:**

**LOCATION:**

**NAME (Please Print)  
FIRST - MI - LAST**

**SIGNATURE**

By signing below, I attest that I have attended the safety training for the topic indicated, and will abide by the safety information, procedures, rules, regulations and/or company policy as presented and instructed.

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

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# Back Safety in the Workplace

## **PROGRAM OVERVIEW**

# **BACK SAFETY IN THE WORKPLACE PROGRAM**

**REGULATORY STANDARD:** OSHA - 29 CFR 1903. (General Duty Clause)  
OSHA - 29 CFR 1910.151 (Medical Services)  
Best Practices - Ergonomics

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## **INTRODUCTION**

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

## **TRAINING**

Recommended for most workplaces

## **ACTIVITIES**

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

## **FORMS**

- Training Attendance Roster, as needed

## **Table of Contents**

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

# BACK SAFETY IN THE WORKPLACE PROGRAM

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

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

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

## 3. Responsibilities

### 3.1.1 Management and Supervisor:

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

### 3.1.2 Employees:

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

## 4. Procedure

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

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

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

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

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

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

#### 4.2.6 General safety tips

- 4.2.6.1 Don't lift objects over your head
- 4.2.6.2 Don't twist your body when lifting or setting an object down
- 4.2.6.3 Don't reach over an obstacle to lift a load
- 4.2.6.4 Pace yourself to avoid fatigue

### 5. Safety Information.

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

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

- 5.1.1.1 Total hand manipulations per cycle.
- 5.1.1.2 The cycle time.
- 5.1.1.3 The total manipulations or cycles per work shift.

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

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

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

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

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



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

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

- 5.2.1.1 Adjustable fixtures on work tables so that the position of the work can be easily manipulated.
- 5.2.1.2 Workstations and delivery bins that can accommodate the heights and reach limitations of various-sized workers.
- 5.2.1.3 Work platforms that move up and down for various operations.
- 5.2.1.4 Mechanical or powered assists to eliminate the use of extreme force.
- 5.2.1.5 Suspension of heavy tools.
- 5.2.1.6 The use of diverging conveyors off of main lines so that certain activities can be performed at slower rates.
- 5.2.1.7 Floor mats designed to reduce trauma to the legs and back.

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

- 5.2.2.1 Enabling the worker to perform the task with two hands instead of one.
- 5.2.2.2 Conforming to the NIOSH *Work Practices Guide for Manual Lifting*.

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

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

## 6. Training and Information

- 6.1 Types of training. Supervisors will determine whether training required for specific jobs will be conducted in a classroom or on-the-job. The degree of training provided shall be determined by the complexity of the job and the associated hazards.
  - 6.1.1 Initial Training. Prior to job assignment the company shall provide training to ensure that the hazards associated with pre-designated job skills are understood by employees. Also the knowledge and skills required for the safe application and usage of work place procedures and equipment is acquired by all employees. The training shall include the following:
    - 6.1.1.1 Each affected employee shall receive training in the recognition of back injury hazards involved with a particular job, and the methods and means necessary for safe work.
    - 6.1.1.2 Training course content. All new and current workers, who work in areas where there is reasonable likelihood of back injury, will be kept informed through continuing education programs. Initial and refresher training will, as a minimum, cover the following:
      - 6.1.1.2.1 Back hazards associated with the job.
      - 6.1.1.2.2 Lifting techniques.
      - 6.1.1.2.3 Potential health effects of back injury.
      - 6.1.1.2.4 Back injury precautions.
      - 6.1.1.2.5 Proper use of protective clothing and equipment.
      - 6.1.1.2.6 Use of engineering controls.
  - 6.1.1.3 Responsibility. Employees are responsible for following proper work practices and control procedures to help protect their health and provide for the safety of themselves and fellow employees, including instructions to immediately report to the Supervisor any significant back injury.

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

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

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

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

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

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

## 7. Definitions.

➤ *None at this time*

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TRAINING ATTENDANCE ROSTER BACK SAFETY	
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***Back Safety Training Includes:***

- Types of Injuries and Causes
- Risk Assessment and Planning
- Safe Lifting Techniques
- Special Lifting Hazards

- Types of Injuries and Causes
- Risk Assessment and Planning
- Safe Lifting Techniques
- Special Lifting Hazards

**INSTRUCTOR:**

**DATE:**

LOCATION:

NAME (Please Print) FIRST - MI - LAST
--

**SIGNATURE**

By signing below, I attest that I have attended the safety training for the topic indicated, and will abide by the safety information, procedures, rules, regulations and/or company policy as presented and instructed.

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## **PROGRAM OVERVIEW**

# **EMERGENCY ACTION, EVACUATION AND FIRE PREVENTION SAFETY PROGRAM**

REGULATORY STANDARD: OSHA - 29CFR1910.36, .38, .157, .165  
NFPA-10

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## **INTRODUCTION**

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

## **TRAINING**

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

## **ACTIVITIES**

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

## **FORMS**

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

## **Table of Contents**

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

# EMERGENCY ACTION, EVACUATION AND FIRE PREVENTION SAFETY PROGRAM

1. **Purpose.** This program outlines the requirements for the Emergency Action and Evacuation Program in the workplace. It is a federal requirement that all companies have Emergency Action Plans (plans must be in writing for companies with more than 10 employees).
2. **Scope.** This program applies to all workplaces, facilities, and sites at the company.
3. **Responsibilities**

## 3.1 Management

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

## 3.2 Employees

3.2.1 Attend initial training, and refresher training as required.

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

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

3.3.1 Attend appropriate training.

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

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

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

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

3.4.2 Attend appropriate training to maintain appropriate certifications.

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

# 4. Procedure.

## 4.1 Emergency Action Plan

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

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

4.1.3 Programs must include:

4.1.3.1 Procedures for reporting a fire or other emergency.

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

- 4.1.3.3 Procedures to be followed by employees who remain to operate or shut down critical operations before they evacuate (power systems, water supplies, ammonia tanks, chemical processes that must be shut down in sequence, etc.).
- 4.1.3.4 Procedures, assigned areas and responsibilities of evacuation wardens, if utilized.
- 4.1.3.5 Procedures to account for all employees after evacuation.
- 4.1.3.6 Procedures to be followed by employees who perform rescue or medical duties (on-site response teams).
- 4.1.3.7 The name or job title of the person(s) who may be contacted by employees who need more information about the program, or an explanation of their duties and responsibilities under the program.
- 4.1.4 An alarm system must be maintained, if present. The system must have a distinctive signal for each type of alarm (i.e. evacuation alarms must sound the same throughout the site).
- 4.1.5 Wardens (or evacuation assistance) must be designated and properly trained to assist in a safe and orderly evacuation of other employees.
- 4.1.6 Programs should address the types of emergencies that are reasonably likely to occur (fire, chemical spills, severe weather, etc.).
- 4.2 Evacuation and Notification
  - 4.2.1 Alarms and Signals to notify employees of an emergency evacuation are distinctive in sound and consistent throughout the site.
    - 4.2.1.1 Alarms may be automatic or verbally provided in person or through a public address system, but they must be able to be understood by all employees.
    - 4.2.1.2 The same sound or wording must be used throughout the site.
    - 4.2.1.3 Employees must be trained or informed of the sounds or wording used.
  - 4.2.2 Evacuation Routes will be established for each area of the building or site.
    - 4.2.2.1 Employees will be trained and informed of their work-area route.
    - 4.2.2.2 It is highly recommended that maps be posted at each area of the building to assist employees and others in determining their evacuation routes. Maps should be color coded, with the evacuation route in red.

- 4.2.2.3 Off-site job locations will have evacuation routes determined and communicated to employees who work at these off-site locations.
- 4.2.3 Relocation Points will be established for employees to congregate during an evacuation. Designated relocation points assist in assuring that all employees are accounted for.
  - 4.2.3.1 Employees will be trained in their respective relocation point during initial (or refresher) training.
  - 4.2.3.2 Supervisors or other specifically designated people at each relocation point will be responsible for assuring that all employees have been accounted for.
    - 4.2.3.2.1 An accounting for the relocation point will be made to the incident commander or other designated person at the command post.
  - 4.2.3.3 Off-site job locations will have relocation points determined and communicated to employees who work at these off-site locations before the job commences or the employee reports to the site.
  - 4.2.3.4 Where appropriate, severe weather relocation points (shelters or arrangements with neighboring facilities) will be communicated to employees during the training.
- 4.2.4 Return to Work Signals will be provided once it is safe for employees to re-enter the workplace. Each supervisor or other designated person at each relocation point will be aware of the signal used, and be watchful for it.
- 4.2.5 Evacuation Wardens
  - 4.2.5.1 “Sweep” the assigned area to assure that all employees are appropriately evacuated.
  - 4.2.5.2 Carry out any other assigned duties, prior to evacuating.
  - 4.2.5.3 Report either “all clear” or any problems to the incident commander or other person designated under the company’s EAFP prior to reporting to their assigned relocation point.

## **5. Safety Information.**

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

- 5.1.1 All employees must be able to safely exit the building in a direct path and within a reasonable time frame.

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

## 5.2 Fire Alarms and Detection

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

## 5.3 Fixed Fire Suppression Equipment

- 5.3.1 All fixed suppression equipment must be maintained and tested by trained persons. The local fire department may provide or be able to be contracted to perform this maintenance and testing. Specific employees may be designated and trained for this service, depending upon the maintenance and testing requirements for the system.

5.3.2 There are various types of fixed suppression equipment. Each type must be specifically designed for the types of fires likely to be encountered. These types are:

5.3.2.1 Automatic sprinklers that discharge water into an area when heat or smoke causes the valve (sprinkler head) to open. Sprinkler heads must be kept free from any obstruction (at least 18" clearance vertically and horizontally).

5.3.2.2 Standpipe systems include fixed water supplies (risers) with a hose and nozzle. These systems are usually recessed in walls or found in stairwells. Standpipe systems are for use by trained fire-fighting personnel only.

5.3.2.3 Dry chemical systems are discharged in rooms or over a specific process (like an electrical system). Pre-discharge alarms are required where vision could be obscured that would affect employee evacuation.

5.3.2.4 Gaseous agents are normally used in enclosed rooms and spaces. Depending on the agent used to suppress the fire, pre-discharge alarms are required. Where employee evacuation can not occur within a specific time frame, specific agents are prohibited from being used as suppression agents.

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

#### 5.4 Portable Fire Extinguishers

5.4.1 The Two Extinguisher Rule: Fire extinguishers are for controlling small, incipient fires. NEVER should more than two (2) extinguishers be used to control a fire. If the fire is not controlled with two extinguishers, it is no longer considered an incipient fire and should ONLY be extinguished by trained Firefighters or by fixed fire suppression systems.

5.4.2 Classes. There are five classes or types of Fire Extinguishers. Each class has distance requirements that are required for employees to access them. These types and distances are:

5.4.2.1 Class A – used on ordinary combustibles (wood, paper, cloth, etc.). Extinguishers must be 75 ft. or less from the hazard.

5.4.2.2 Class B – used for flammable or combustible liquids (gasoline, paint, solvents, propane). Distance must be 50 ft. or less from the hazard.

- 5.4.2.3 Class C – used for electrical equipment and must be 50 ft. or less from the hazard.
- 5.4.2.4 Class D – used for metals (magnesium, potassium and sodium). Extinguishers must be 75 ft. or less from the hazard.
- 5.4.2.5 Class K – used for fires that involve cooking oils, trans-fats, or fats in cooking appliances and are typically found in restaurant and cafeteria kitchens.
- 5.4.3 General. Extinguishers must be located so they are clearly visible, readily accessible to the employees or persons designated and trained to use them, and located so they are protected from damage by moving equipment.
  - 5.4.3.1 Extinguishers must be maintained in a fully charged and operable condition, and kept in their designated locations.
  - 5.4.3.2 Extinguishers must be appropriate to the type (or class) of fire hazard likely to be found in the work area.
  - 5.4.3.3 Standard signs and floor markings may be utilized to increase visibility.
  - 5.4.3.4 Extinguishers should be located along normal paths of travel but protected from the direct line of traffic to avoid injury to personnel or mechanical damage.
  - 5.4.3.5 Extinguishers are not required in workplaces where all employees will be required to evacuate the facility (total evacuation) upon the initial alarm sounding, unless extinguishers are required by a specific regulatory standard (i.e. welding, confined space, and some flammable liquid usages).
- 5.4.4 Inspection and Testing. Extinguishers must be visually inspected monthly. Extinguishers must be maintained annually. Extinguishers must be physically (hydrostatically) tested every 5 years or 12 years depending on the type of extinguisher. When removed from service for maintenance or testing, or due to corrosion or damage, they must be replaced with an equivalent protective system.
  - 5.4.4.1 Documentation of the inspection, maintenance and testing may be kept with the extinguisher or in a separate system, provided the records are accessible to employees or agencies that may be required to review these records. Documentation must be kept for the life of the extinguisher.
- 5.4.5 Employee Training



- 5.4.5.1 Where extinguishers are located, but employees will not be required to use them, employees should be informed that they are for trained fire fighter use only.
- 5.4.5.2 Where employees will be required to use extinguishers, employees must be trained annually in the general principles of fire extinguisher use and the hazards involved in incipient (beginning) stage fire fighting.

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

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

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

- 5.6.1 Permission and Permits. Any hot work or work with open flames should be performed only with the permission of company management. (Approvals may be required by the landlord or building owner, if different than company ownership.) Such work should be done only under specific restrictions and limitations to prevent fires or other hazards. This information and any restrictions or limitations should be documented. A signed permit system is recommended that outlines the details of the work and the restrictions or limitations.
- 5.6.2 Permanent Hot Work/Open Flame Permission - Permanent permission should be obtained for areas where hot work/open flame is regularly used, such as metal and welding shops or special laboratories and work areas.

- 5.6.2.1 Areas should be physically inspected by individuals who are knowledgeable about the hazards of the area and appropriate fire protection systems for these hazards. Annual re-inspection for the duration of the permit/permission is recommended, at a minimum.
- 5.6.3 Temporary Hot Work/Open Flame Permission - Allows only specified personnel to perform a single operation. Areas where one-time use of flames is required (such as maintenance and construction operations, in areas such as buildings, sheds, yard areas, and streets and parking lots) should have areas physically inspected for fire hazards by a knowledgeable person.
- 5.6.4 Special Situations and Equipment
  - 5.6.4.1 Thermogrip Solder Tongs, Electric Soldering Irons, Flameless Heat Guns are prohibited in areas where flammable vapors or gases, or combustible dusts are present.
  - 5.6.4.2 Electric or Other Spark/Heat-Producing Tools in High-Fire Hazard Areas require special permission.
  - 5.6.4.3 Pressure Vessels - All burning or welding operation, emergency or otherwise, are prohibited on any pressure vessel unless specific approval has been obtained from a qualified engineering specialist or the lead welder.
  - 5.6.4.4 Contractors - shall obtain Hot Work/Open Flame Permits through the manager or supervisor in charge of the job or process.

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

- 6.1 Emergency Action Plans and Evacuation Programs must be reviewed with each employee:
  - 6.1.1 When the program is developed or when it is changed
  - 6.1.2 Upon initial assignment to a work area
  - 6.1.3 When the workplace changes (construction or remodeling) that require a different evacuation route
  - 6.1.4 When an employee's responsibilities under the program change.
- 6.2 Fixed Suppression Systems. Employees where fixed suppression equipment agents activate (non-water systems) must be specifically trained in the alarm signal, and any protective equipment and controls needed to ensure their safety. They must have (and be trained to) specific evacuation programs from the area of discharge.

- 6.3 Emergency Response Team members must be trained based on the types of emergencies they will be expected to encounter. Fire fighting techniques, first aid treatment or both may be required, depending upon the duties and responsibilities of the team.
- 6.4 Fire extinguisher users must be trained annually in the general principles of fire extinguisher use and the hazards involved in incipient (beginning) stage fire fighting.

## **7. Definitions.**

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

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## EMERGENCY ACTION PLAN

<b>COMPANY NAME:</b>		<b>DATE:</b>	
<b>SITE ADDRESS:</b>		<b>PLAN COMPLETED BY:</b>	
Emergency Escape Procedures and Escape Route Assignments: (optional - attach evacuation route map)			
Procedures to be followed by employees who remain to operate critical operations before they evacuate:			
Procedures to account for employees after evacuation is complete (e.g. crew leader counts crew – reports status to emergency services):			
Employee rescue or medical duties:			
Methods to report fires and other emergencies:			
Person(s) to contact for questions regarding site Emergency Action Plan or employee duties under Plan (name and phone number):			
Emergency Type	Notification Method (Automatic, Pull Box, Phone)	Site Contact	Emergency Services Number
FIRE			
TORNADO			
EARTHQUAKE			
CHEMICAL SPILL/RELEASE			
MEDICAL EMERGENCY			
Designated Meeting/Evacuation location(s)  For Fire:  For Tornado:  For Earthquake:			

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# FIRE DRILL OR EVACUATION ASSESSMENT

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

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TRAINING ATTENDANCE ROSTER	
EMERGENCY ACTION	

***Emergency Action Training Includes:***

- Escape Procedures
- Procedures to follow
- Account for employees
- Employee, rescue or medical duties
- Methods to report fires or other emergencies
- Contacts

- Emergency Action Training Includes:***
- Escape Procedures
  - Procedures to follow
  - Account for employees
  - Employee, rescue or medical duties
  - Methods to report fires or other emergencies
  - Contacts

**INSTRUCTOR:**

**DATE:**

LOCATION:

NAME (Please Print) FIRST - MI - LAST
--

**SIGNATURE**

By signing below, I attest that I have attended the safety training for the topic indicated, and will abide by the safety information, procedures, rules, regulations and/or company policy as presented and instructed.

[illegible]

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

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# TRAINING ATTENDANCE ROSTER

## FIRE EXTINGUISHER

***Fire Extinguisher Training Includes:***

- Types of extinguishers
- Inspection methods
- PASS system
- When you should not fight a fire

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

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

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## **PROGRAM OVERVIEW**

# **ERGONOMICS AND MUSCULOSKELETAL DISORDER MANAGEMENT SAFETY PROGRAM**

**REGULATORY STANDARD:** OSHA - 29 CFR 1910 General Duty Clause

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## **INTRODUCTION**

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

## **TRAINING**

Recommended for workplaces with high ergonomic risk.

## **ACTIVITIES**

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

## **FORMS**

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

## **Table of Contents**

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

# ERGONOMICS AND MUSCULOSKELETAL DISORDER MANAGEMENT SAFETY PROGRAM

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

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



## 4. Procedure.

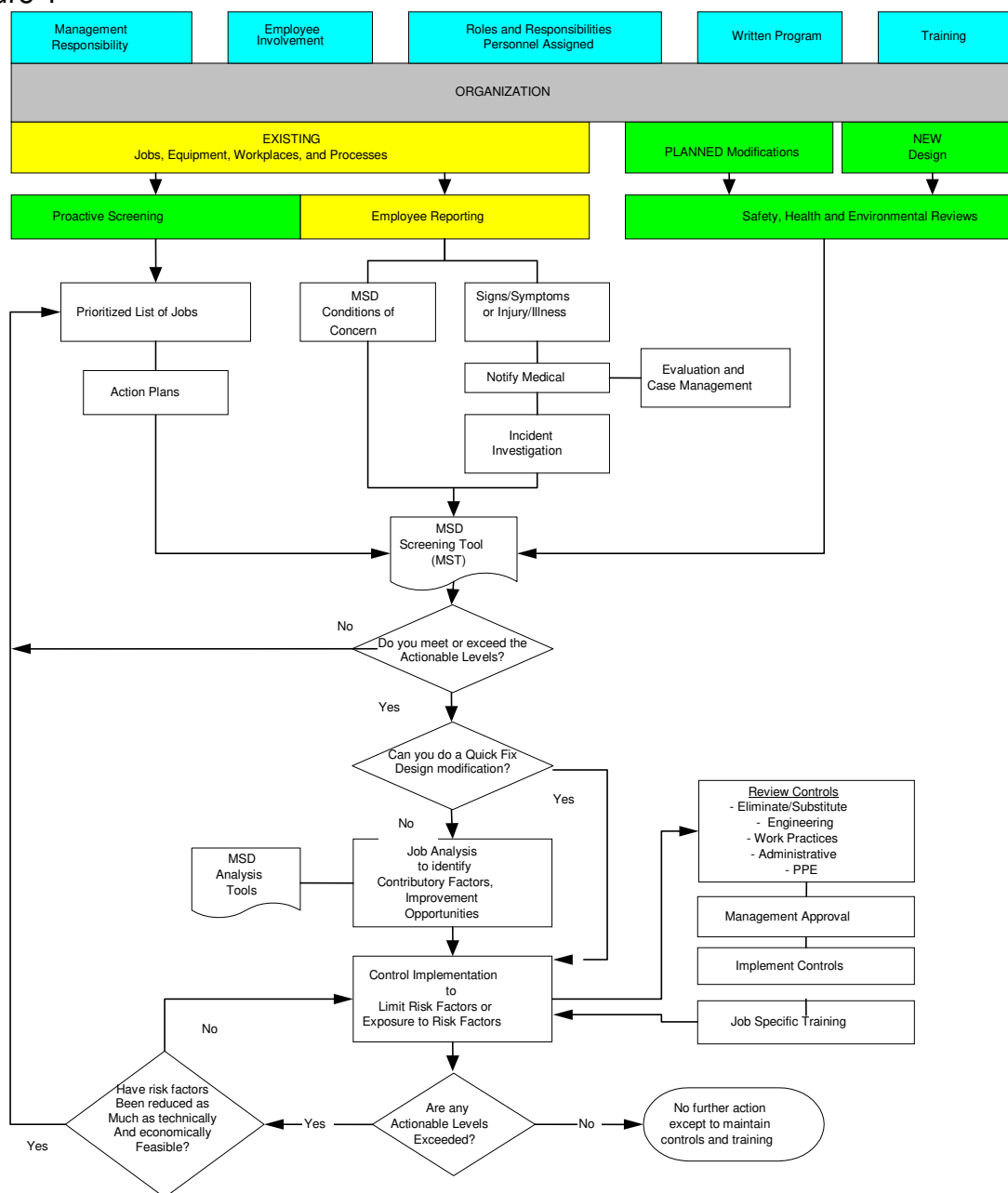
### 4.1 Elements of a Manufacturing-Based Program:

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

*UOS - Until Obsolete or Superseded*

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

Figure 1



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

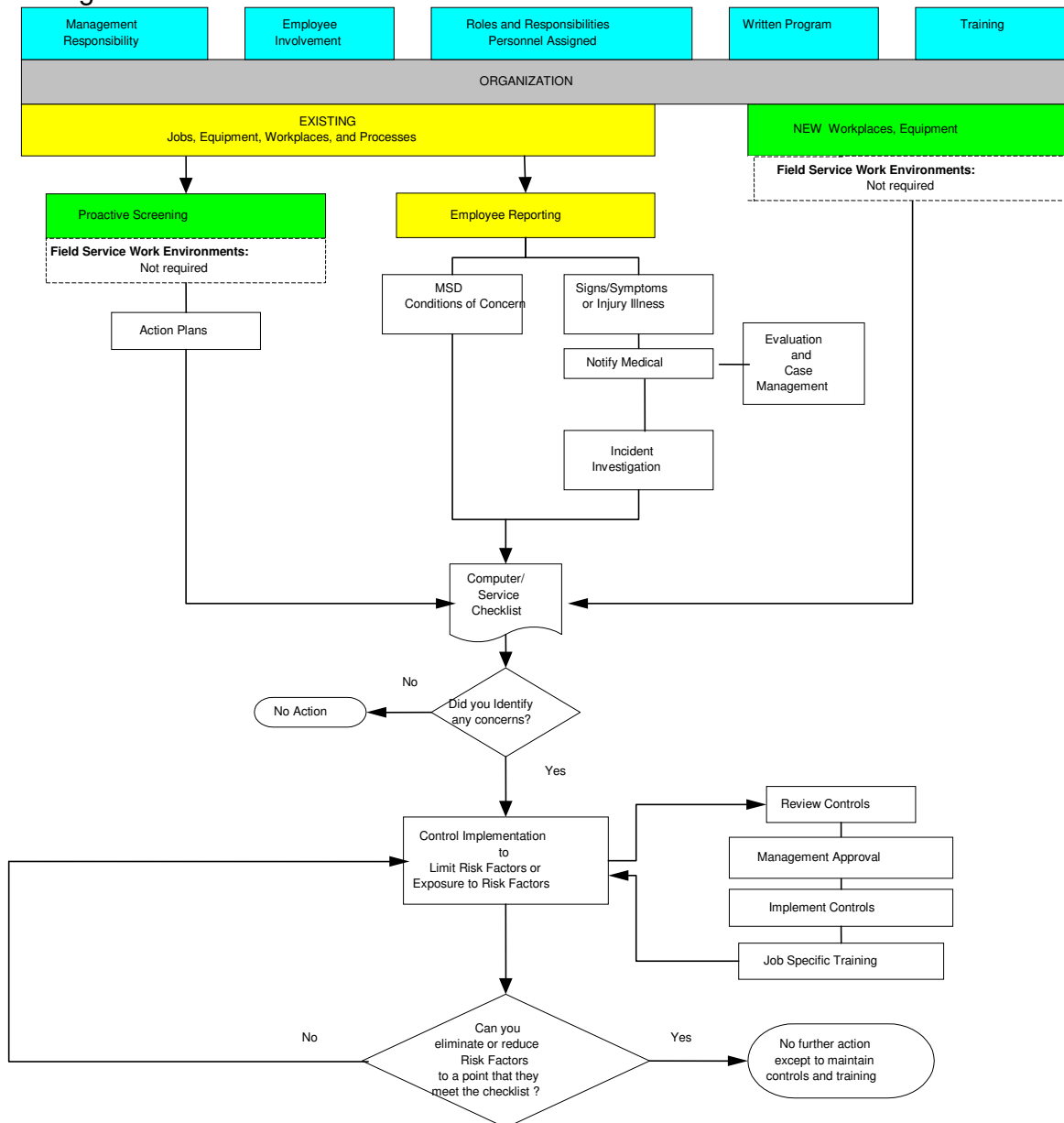
4.3.1 Where computer/office work or field service work is the majority (75%) of the work environment, the organization may incorporate a modified program as outlined below. Field service work does not imply manufacturing maintenance departments.

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

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

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

Figure 2



## 5. Safety Information

### 5.1 Recordkeeping

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

### 5.2 Health Surveillance

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

### 5.3 Ergonomic Screening and Surveys

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

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

## 5.4 Work Station Analysis and Design

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

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

## **6. Training and Information**

### **6.1 General Awareness Training**

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

### **6.2 Job Specific Training**

- 6.2.1 Job specific training may be provided on a case by case basis when work methods or engineering controls have been implemented.
- 6.2.2 Job Specific training is composed of the following topics:
  - 6.2.2.1 Instruction on the safe methods of using equipment
  - 6.2.2.2 Instruction of the identified work methods
  - 6.2.2.3 The reasons for job specific controls

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

## 7. Definitions.

- *Ergonomics* - A multi-disciplinary science that studies human physical and psychological capabilities and limitations. This body of knowledge can be used to design or modify the workplace, equipment, and products to improve human performance and reduce the likelihood of injury and illness.
- *Ergonomics Coordinator* - A designated person who is responsible for identifying and correcting ergonomic hazards in the workplace, including ergonomic professionals or other trained and qualified persons (such as health care providers, engineers, safety personnel or others who have received ergonomics training).
- *Ergonomic Hazards* - Workplace conditions that pose a biomechanical stress to the worker. Such hazardous workplace conditions include, but are not limited to, faulty work station layout, improper work methods, improper tools, excessive tool vibration, and job design problems that include aspects of work flow, line speed, posture and force required, work/rest regimens, and repetition rate. They are also referred to as "stressors."
- *Ergonomic risk factors* - Conditions of a job, process, or operation that contribute to the risk of developing CTDs, MSDs or RSIs.
- *Cumulative trauma disorders (CTDs)* - The term used in these guidelines for health disorders arising from repeated biomechanical stress due to ergonomic hazards. Other terms that have been used for such disorders include "repetitive motion injury," "occupational overuse syndrome," and "repetitive strain injury." CTDs are a class of musculoskeletal disorders involving damage to the tendons, tendon sheaths, synovial lubrication of the tendon sheaths, and the related bones, muscles, and nerves of the hands, wrists, elbows, shoulders, neck and back. The more frequently occurring occupationally induced disorders in this class include carpal Tunnel syndrome, epicondylitis (tennis elbow), tendonitis, tenosynovitis, synovitis, stenosing tenosynovitis of the finger, DeQuervain Disease, and low back pain.
- *Musculoskeletal Disorder (MSD)* - A disorder of the muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels, or spinal discs.
  - MSDs may include muscle strains and tears, ligament sprains, joint and tendon inflammation, tendonitis, epicondylitis, carpal tunnel syndrome, rotator cuff syndrome, DeQuervain's syndrome, trigger finger, tarsal tunnel syndrome, hand-arm vibration syndrome (HAVS), and low back pain, pinched nerves, sciatica, spinal disc degeneration, and herniated spinal disc.
  - Injuries arising from slips, trips, falls, motor vehicle accidents, or similar accidents are not considered MSDs for the purposes of this program.
- *Repetitive Strain Injury (RSI)* - The terms MSD and RSI are analogous for the purposes of this program.

# ERGONOMIC OFFICE/COMPUTER SAFETY CHECKLIST

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

## PART I – OFFICE/COMPUTER OVERVIEW:

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

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

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

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





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



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



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

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

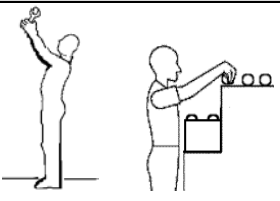
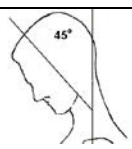

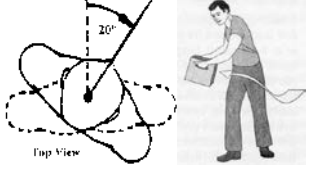
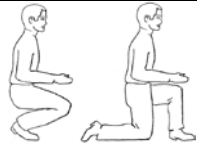

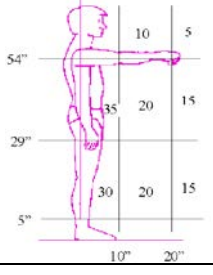
<b>Monitors</b>	
Make sure the screen is large enough for adequate visibility. Usually a 15 to 20-inch monitor is sufficient. Smaller units will make it difficult to read characters and larger units may require excessive space.	<input type="checkbox"/>
The angle and tilt should be easily adjustable.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

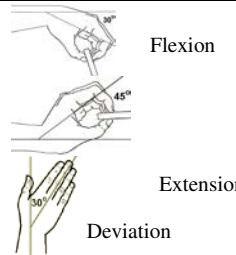
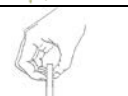
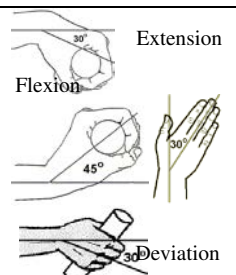
<b>Desks and Work Surfaces [continued]</b>	
Purchasing a fixed-height desk may require the use of a keyboard tray to provide adequate height adjustment to fit a variety of users.	<input type="checkbox"/>
Desktops should have a matte finish to minimize glare. Avoid glass tops.	<input type="checkbox"/>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

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

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# ERGONOMIC WORK AREA SCREENING AND ANALYSIS TOOL

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

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

# TRAINING ATTENDANCE ROSTER ERGONOMICS

Office Ergo Training Includes: <ul style="list-style-type: none"> <li>• Definitions</li> <li>• Stressors</li> <li>• Temperature/Lighting</li> <li>• CTDs and Risk Factors</li> <li>• Workstation/Computer Set Up</li> <li>• Hazards and Controls</li> </ul>	Manufacturing Ergo Training Includes: <ul style="list-style-type: none"> <li>• Definitions and Benefits</li> <li>• Causes and Risks</li> <li>• Lifting and Work Postures</li> <li>• Force motions and Vibration</li> <li>• Workstation/Computer Set Up</li> </ul>	Kitchen/Restaurant Ergo Training Includes: <ul style="list-style-type: none"> <li>• Temperature/Lighting</li> <li>• Work Hours</li> <li>• Lifting and Carrying</li> <li>• Postures (bending, reaching)</li> <li>• Housekeeping and slips/trips</li> </ul>
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<b><u>INSTRUCTOR:</u></b>	<b><u>DATE:</u></b>	<b><u>LOCATION:</u></b>
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NAME (Please Print) FIRST - MI - LAST	<b>SIGNATURE</b>
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By signing below, I attest that I have attended the safety training for the topic indicated, and will abide by the safety information, procedures, rules, regulations and/or company policy as presented and instructed.


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



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## **PROGRAM OVERVIEW**

# **SAFE DRIVING AND VEHICLE/FLEET SAFETY PROGRAM**

**REGULATORY STANDARD:** OSHA General Duty Clause

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**INTRODUCTION:** Company owned or leased vehicles must be maintained in proper condition, and drivers appropriately licensed to operate the type of vehicle. This program outlines the basic inspection techniques for using a company owned or leased vehicle. This program also outlines the basic safety requirements for operating both company owned and leased vehicles and for personal vehicles used for company business purposes.

### **TRAINING:**

- Appropriate driver's licenses for the type of vehicle are required.
- Basic driver safety is recommended for employees who use vehicles for company business.

### **ACTIVITIES:**

- Inspect vehicles prior to operation

### **FORMS:**

- Motor Vehicle Report (MVR) Policy
- Distracted Driving Policy
- Safe Driving Vehicle Inspection
- Training Attendance Roster

## **Table of Contents**

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

## **Safe Driving and Fleet and Vehicle Management Safety Program**

- 1. Purpose.** This program outlines the recommendations for managing and inspecting automobiles and trucks used by company employees for business reasons.
- 2. Scope.** This program applies to vehicles owned or leased by the company and to employee owned vehicles used for company business.

### **3. Responsibilities.**

#### **3.1 Management:**

- 3.1.1 Ensure drivers are licensed and certified for the type of vehicle driven, without restrictions on their licenses.
  - 3.1.1.1 Where MVR reports are required annually or for pre-employment, ensure an adequate process to obtain and confidentially maintain this information is in place. Inform employees of company's motor vehicle report policy.
- 3.1.2 Ensure any vehicles are properly inspected, registered and maintained.
- 3.1.3 Ensure seat belts, safety chains for snow and other equipment is available and functional, as needed or required.
- 3.1.4 Ensure vehicle insurance is in place for any owned or leased vehicles.
- 3.1.5 Revoke the driving privileges for employees driving company owned or leased vehicles where the driving record or ability of the employee may be in question.

#### **3.2 Employees or Drivers:**

- 3.2.1 Ensure your driver's license is current
- 3.2.2 Ensure your driver's license is the appropriate type for the vehicle being used.
- 3.2.3 Inspect vehicles before driving.
- 3.2.4 Ensure you are capable of driving safely (physical, emotional and mental health)

#### **3.3 Safety Officer:**

- 3.3.1 Assist in the development and implementation of the written program, as needed.

### **4. Procedure.**

#### **4.1 General Requirements:**

- 4.1.1 Only authorized personnel may drive company vehicles.
  - 4.1.2 Driving while under the influence of alcohol, inhalants or illegal drugs, or after taking any medications that may impair your driving ability is prohibited.
  - 4.1.3 Drivers must obey all traffic signals and devices, and obey traffic laws at all times.
  - 4.1.4 Seatbelts must be worn at all times while the vehicle is in motion.
  - 4.1.5 Only company authorized persons may ride as a passenger in a company owned or leased vehicle, based on company policy.
  - 4.1.6 Drivers may only use “hands-free” style phone systems when the vehicle is in motion, based on state requirements and company’s distracted driving policy.
- 4.2 Break Downs Involving Company Vehicles:
- 4.2.1 Drivers must notify the company as soon as possible after any accident or incident with a company vehicle, regardless of how minor the incident may have been.
  - 4.2.2 Contact your supervisor or manager immediately for assistance obtaining towing or repair.
  - 4.2.3 If the company subscribes to a vehicle service agency (like AAA or other road-service provider), follow the established procedure for contacting that agency.
- 4.3 Vehicular Accidents. In the event of an accident, remain calm. Our first priority is the health and safety of our employees. Employees involved in a work-related vehicular accident must:
- 4.3.1.1 Contact the appropriate local law enforcement agency. Even if the incident is minor, a police report is required for all vehicular accidents involving a company owned vehicle or for those occurring while the employee is performing company business.
  - 4.3.1.2 Notify company management or Supervisors as soon as possible.
  - 4.3.1.3 If possible, leave vehicles in their positions until the police arrive.
  - 4.3.1.4 Do not discuss the accident with others involved. Share your observations only with the police.
  - 4.3.1.5 Exchange, if possible, the following information with all other drivers involved:

- 4.3.1.5.1 The driver's name
- 4.3.1.5.2 The names of all other passengers (per involved vehicle)
- 4.3.1.5.3 The driver's/auto insurance information
- 4.3.1.5.4 The other vehicle information: make, model, year, color, and license plate number
- 4.3.1.5.5 The name of the driver's employer if the driver was traveling for business
- 4.3.1.6 If property damage occurred to a vehicle of an unknown owner (e.g. a parked car) or other property (e.g. a fence), do NOT leave the scene until a full police report is completed.

## **5. Safety Information.**

### **5.1 Notification of Driver Suspension, Accidents or similar issues**

- 5.1.1 Employees must notify their supervisor or manager within 24 hours of any citation of traffic or driving violation, if the violation occurred while using a company vehicle.
- 5.1.2 Employees who may be expected to drive for company business must notify their supervisor or manager if their license is suspended, revoked or restricted for any reason.

### **5.2 Companies will maintain owned or leased vehicles in a safe manner.**

- 5.2.1 Employees who find defects or repair needs with any company vehicle must notify their supervisor or manager immediately.
- 5.2.2 Employees may not drive company vehicles that are in an unsafe condition.

### **5.3 Pre-Driving Inspection:**

- 5.3.1 Tire condition and, if necessary, pressure
- 5.3.2 Spare tire available
- 5.3.3 Lights and turn signals operational
- 5.3.4 Windshield wipers functional
- 5.3.5 Windshield intact (no cracks or breaks)

- 5.3.6 Defroster operational
- 5.3.7 Oil and fluids (windshield cleaner, transmission, brake fluid) present at required levels.
- 5.3.8 Brakes functional
- 5.3.9 Mirrors are present, properly adjusted and clean.
- 5.3.10 Vehicle loads are secure
- 5.3.11 Emergency materials and equipment (fire extinguishers, accident reporting kit, vehicle registration, etc.) are present, as needed.
- 5.3.12 General vehicle condition is appropriate. Scrapes, scratches, dents or other damage should be reported before taking the vehicle on the road.

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

- 6.1 It is recommended that employees undergo defensive driving or general safe driving training when they are required to operate company owned or leased vehicles.

## **7. Definitions.**

- *Driving Responsibilities* – An employee who drives a vehicle (company owned or leased, or a personal vehicle) for company business purposes.
- *Vehicle* – a company owned or leased automobile, truck or motorcycle which requires a valid driver's license to operate on public roadways.

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## Motor Vehicle Report (MVR) Policy

In order to increase employee safety and eliminate unnecessary risks behind the wheel, the company \_\_\_\_\_ has enacted a Motor Vehicle Report (MVR) Policy, effective \_\_\_\_\_.

MVRs will be checked \_\_\_\_\_ for all employees who may be required to drive for company purposes. The MVR will be reviewed to ascertain whether the employee holds a valid license and whether his or her driving record is within the parameters set by the company.

Drivers will be disqualified from driving vehicles for company purposes for any of the following reasons:

1. A violation for driving under the influence of alcohol or a controlled substance will result in a suspension of driving privileges for the company.
2. Any criminal conviction that involves a motor vehicle (e.g., a felony, hit and run, negligent homicide) in the previous five years
3. Any of the following violations incurred in the previous three years:
  - a. Any combination of more than three moving violations (any violation resulting in an at-fault auto accident automatically counts as two violations)
  - b. Any violation less than three years old for an alcohol or controlled substance-related driving offense
  - c. Refusing to take a breathalyzer test
  - d. Careless or reckless driving that results in injury to persons or property
  - e. Passing a stopped school bus
  - f. Leaving the scene of an accident without stopping to file a report
  - g. Racing
4. Any combination of more than two moving violations and/or at-fault accidents in the past 12 months

**I have read, understand and agree to the terms set forth in this Driving and Traffic Violation Policy.**

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

\_\_\_\_\_  
Date

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

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# Distracted Driving Policy

**Please read the Distracted Driving Policy, sign and return to your supervisor.**

In order to increase employee safety and eliminate unnecessary risks behind the wheel, the company \_\_\_\_\_ has enacted a Distracted Driving Policy, effective \_\_\_\_\_.

We are committed to ending the epidemic of distracted driving, and have created the following rules, which apply to any employee operating a company vehicle or using cell phone while operating a personal vehicle:

- Company employees may not use a hand-held cell phone while operating a vehicle, when the vehicle is in motion or stopped at a traffic light. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, and reading or responding to emails, instant messages, and text messages.
- If company employees need to use their phones, they must pull over safely to the side of the road or another safe location.
- Additionally, company employees are required to:
  - Turn cell phones off or put them on silent or vibrate before starting the car.
  - Consider modifying voice mail greetings to indicate that you are unavailable to answer calls or return messages while driving.
  - Inform clients, associates and business partners of this policy as an explanation of why calls may not be returned immediately.
- Employees will be subject to disciplinary action up to and including termination for violating any of the above rules.

I acknowledge that I have received a written copy of the Distracted Driving Policy, that I fully understand the terms of this policy, that I agree to abide by these terms, and that I am willing to accept the consequences of failing to follow the policy.

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

\_\_\_\_\_  
Date

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

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SAFE DRIVING VEHICLE INSPECTION CHECKLIST				
ITEM	YES		NO	
Tires are in good condition (tread, pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare tire is accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head-lights operational (regular and high beams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn signals operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield wipers operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer fluid available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield intact (no cracks or breaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defroster operational, as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil and fluid levels (brake, transmission, oil) present at required levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors (side and rearview) present and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors adjusted for driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle loads and any storage of materials are secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers are present, as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle registration is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident reporting information is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle is in generally good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note any dents, scratches or other damage issues present:				
Checklist completed by:				
Date:		Time of Day:		

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<b>TRAINING ATTENDANCE ROSTER</b> <b>SAFE DRIVING - BASIC AWARENESS</b>	
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***Safe Driving Training Includes:***

- ***The 3 Factors of Safe Driving***
- ***The 6 Conditions of Driving***
- ***The 5 Steps to Decision Driving***
- ***Passing and Collision Prevention***
- ***Right of Way***
- ***Stopping Distance and Types of Stopping***
- ***Tailgating***
- ***Driving Attitude***

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- ***The 3 Factors of Safe Driving***
  - ***The 6 Conditions of Driving***
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  - ***Stopping Distance and Types of Stopping***
  - ***Tailgating***
  - ***Driving Attitude***

**INSTRUCTOR:**

**DATE:**

**LOCATION:**

NAME (Please Print) FIRST - MI - LAST
--

**SIGNATURE**

By signing below, I attest that I have attended the safety training for the topic indicated, and will abide by the safety information, procedures, rules, regulations and/or company policy as presented and instructed

[illegible]

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

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## COMPANY SPECIFIC CORRECTIVE ACTIONS

<b>DATE:</b>	<b>ASSESSOR:</b>	<b>DEPT OR AREA:</b>	<b>SUBMITTED TO:</b>
--------------	------------------	----------------------	----------------------

<u>CONDITION</u>	<u>COMPLIANT</u>	<u>CORRECTED BY</u>	<u>COMPLETION DATE</u>	<u>COMMENTS AND CORRECTIVE ACTION</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

# TRAINING ATTENDANCE ROSTER

**TRAINING TOPIC:**

**INSTRUCTOR:**

**DATE:**

**LOCATION:**

NAME (Please Print)  
FIRST - MI - LAST

**SIGNATURE**

By signing below, I attest that I have attended the safety training for the topic indicated, and will abide by the safety information, procedures, rules, regulations and/or company policy as presented and instructed

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

# OFFICE SAFETY CHECKLIST

**Completed by:**

**Date:**

ITEM	COMPLIANT?
<b>General Conditions</b>	
Are walking surfaces clean, clear of debris, and dry?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are warning signs placed in wet floor areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are stairs, steps, handrails, and landings in good condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is area lighting adequate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is general housekeeping acceptable and storage neat and orderly?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are floor mats in good condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Emergency Evacuation</b>	
Does the facility have a written emergency action plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are employees trained on emergency evacuation procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are exit paths clear and unlocked from the inside out?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are exits properly identified and lighted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are doors that could be mistaken for an exit appropriately marked NOT AN EXIT, BASEMENT, STORAGE ROOM, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are exit doors operable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is emergency lighting operable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the fire alarm work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the fire alarm been tested?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Back Safety</b>	
Employees are utilizing the correct lifting technique?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Equipment, carts, and/or tables are of proper height provided to assist with the prevention of back injuries?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a buddy system in place to ensure "help" when performing heavy lifting?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Ergonomics</b>	
Are workstations configured to prevent common ergonomic problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chair height allows employees' feet to rest flat on the ground with thighs parallel to floor?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ITEM	COMPLIANT?
Is the top of computer screen at or slightly below eye level?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is keyboard at elbow height?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Electrical Safety - General</b>	
All electrical outlets, junction boxes, and other electrical components properly covered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are panel box doors closed, free from obstruction, all circuits labelled, and all circuit spaces covered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
GFCI (Ground Fault Circuit Interrupters) placed on electrical outlets located within 3 feet of water sources?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are extension cords used only for temporary means and not used as permanent wiring?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are multiple plug outlets and use of extension cords kept to a minimum?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are portable heating devices UL-listed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Fire Extinguishers/Safety</b>	
Are fire extinguishers provided for the types of materials in areas where they are to be used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are appropriate fire extinguishers mounted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are extinguishers free from obstructions or blockage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all extinguishers serviced, maintained and tagged at intervals not to exceed one year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all extinguishers fully charged and in their designated places?	<input type="checkbox"/> YES <input type="checkbox"/> NO









