**Hazard Communication Program in an Agricultural Setting**

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[Name of Farm]

**Disclaimer:** The following hazard communication program is provided only as a template guide to assist employers and employees in complying with the requirements of 29 CFR 1910.1200. It is not intended to supersede the requirements of the standard. An employer should review the standard for particular requirements which are applicable to their individual situation and make adjustments to this program that are specific to their business. An employer will need to add information relevant to their particular facilities in order to develop an effective, comprehensive program.

**HAZARD COMMUNICATION WRITTEN PROGRAM**

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

[Name of Farm]

**I. PURPOSE**

This program will help to reduce the incidence of chemical source illness and injuries. The purpose of this Written Hazard Communication program is to ensure that employers and employees know about chemical hazards and how to protect themselves. The program ensures that:

1. Chemicals present in the work place are properly identified and labeled.

2. Employees have access to information on the hazards of these substances.

3. Employees are provided with information on how to prevent injuries or illnesses due to exposure to these substances.

4. Identify the job title that has the responsibility for maintaining the program, the SDS (Safety Data Sheets-formerly known as Material Safety Data Sheets-MSDS), conduct training, etc.

**Note:** This program will be available to all employees for review and a copy will be located in the following area(s):

Location(s):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. AUTHORITY AND REFERENCE**

Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1200

**III. HAZARD CLASSIFICATION**

A. A "hazardous substance" is a physical or health hazard that is listed as such in either:

1. 29 CFR Part 1910, Subpart Z, Toxic and Hazardous Substances, Occupational Safety and Health Administration.

2. Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment (latest edition), American Conference of Governmental Industrial Hygienists (ACGIH).

B. A "hazardous substance" is regarded as a carcinogen or potential carcinogen if it is identified as such by:

1. National Toxicology Program (NTP), Annual Report on Carcinogens (latest edition).

2. International Agency for Research on Cancer (IARC) Monographs (latest edition).

3. 29 CFR Part 1910, Subpart Z, Toxic and Hazardous Substances, Occupational Safety and Health Administration.

C. Manufacturers, importers and distributors will be relied upon to perform the appropriate hazard classification for the substances they produce or sell.

D. The following materials are not covered by the Hazard Communication Standard:

1. Chemicals exempt from the standard include: wood and wood products (except wood dust), regulated hazardous waste, tobacco products, food, drugs, cosmetics, alcoholic beverages, agricultural or vegetable seed treated with pesticides, various types of pesticides, nuisance particulate, and articles. These are exempt because they are all regulated by separate government agencies.

**IV. APPLICATION**

This program applies to the use of any hazardous substance which is known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency.

**V. RESPONSIBILITY FOR COMPLIANCE**

A. The administration of this program will be the responsibility of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

 (person/position designated)

The administrative responsibilities of this individual/position will include:

1. Identification of the employees to be included in the Hazard Communication Program.

2. Development and maintenance of a hazardous substance master inventory.

3. Coordination and supervision of employee training.

4. Coordination and supervision of the facility's container labeling program.

5. Coordination of any necessary exposure monitoring.

6. Coordination and supervision of required recordkeeping.

7. Periodic evaluation of the overall program.

B. Employees are responsible for following all safe work practices and using proper precautions required by the guidelines in this program.

**VI. HAZARDOUS SUBSTANCE INVENTORY**

A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person/position designated)

is responsible for compiling, maintaining, and updating, when necessary, a master list of hazardous substances used or produced at this farm. The inventory list will include the common identity or trade name of the product and the name of the manufacturer. Hazardous substances will be listed alphabetically by manufacturer. Substances which are not in containers will also be included on the inventory list, e.g., welding fumes, carbon monoxide from a fork lift, etc. (See Form #1)

B. The master inventory list will be updated by:

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

(person/position designated)

 whenever new supplies are purchased or delivered.

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

(person/position designated)

shall conduct (frequency\_\_\_\_\_) random spot checks in each location where chemicals are stored and used.

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

(person-position designated)

will physically check the chemical inventory to insure that all workplace chemicals are included in the master inventory list.

**VII. LABELING**

A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person/position designated)

is responsible for evaluating labels on incoming containers. Each label must contain the following information:

1. Product Identifier: Code; Product Name

2. Supplier Identification: Company, address, emergency phone number

3. Hazard Pictogram: One of nine standard GHS symbols

4. Signal Word: “Danger” or “Warning” (“Danger” is used for more severe hazards, while “warning” is used for less severe hazards).

5. Hazard Statement: Briefly describing the nature of the hazards to people and in the environment (e.g. toxic, flammable)

6. Precautionary Statements: Descriptions of all precautionary measures to take when in the presence of the chemical, what to do in case of fire and first aid procedures.

7. Supplemental Information: Directions for use, weights, expiration dates

B. If the label is not appropriate, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person/position designated)

shall notify the manufacturer (or supplier) that the label is not adequate and request a revised label. Notification may be performed by phone or email. Form #2 will be used to record the request. (See Form #2)

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

(person/position designated)

shall send a second request to the manufacturer if the correct label is not received within 30 days. (See Forms #3)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (person/position designated)

 is responsible for preparing an appropriate label if one is not supplied by the manufacturer within the second 30 days.

A container will not be released for use until an appropriate label is affixed to the container.

C. The following department supervisors will be responsible for ensuring that container labeling in his/her respective department are up to the standards outlined in A above:

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

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

These supervisors will maintain a checklist of chemicals, piping, containers and secondary containers requiring proper labels by performing

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

(frequency of inspections)

walk-through inspections of their department. (See Form #4)

They will follow-up with

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

(person/position designated)

to obtain replacement labels for those not in compliance.

D. Unlabeled secondary, portable containers should be used by one employee only and will be under their exclusive control and must be for immediate use. If the secondary containers are used by more than one employee and/or its contents are not emptied at the end of the shift, the department supervisor is responsible for labeling the container with either a copy of the original label or with a generic workplace label which has a space available for identity and appropriate hazard warnings.

E. Labels on secondary containers, or piping, with workplace labeling will have a product identifier and words, pictures, symbols, or combination thereof, which provide at least general information regarding the hazards of the chemicals, and which, in conjunction with the other information immediately available to employees under the hazard communication program, will provide employees with the specific information regarding the physical and health hazards of the hazardous chemical.

**VIII. SAFETY DATA SHEETS (Formerly MSDS’s)**

A. Safety Data Sheet's will be available to the employees on all hazardous substances to which there is potential or actual exposure.

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

(person/position designated)

is responsible for ensuring that SDS’s are available on all incoming products. A product will not be released for use until the SDS is on file.

If the SDS is not available,

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

(person/position designated)

will first, check the manufacturer’s website to see if the SDS is available for download. If the SDS is not available for immediate download,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

(person/position designated)

will notify the supplier/manufacturer by telephone or email that an SDS is needed and record such notification. (See Form #5)

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

(person/position designated)

will send a second request to the manufacturer if the SDS is not received within 30 days. (See Form #6)

B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person/position designated)

will request an SDS on the purchase orders of all new products. (See Form #7) SDS must be in English and include the required 16 sections. SDS’s in languages other than English (in native language of workers) will be obtained if available from the manufacturer.

C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person/position designated)

is responsible for compiling and updating the master SDS file. This file will be kept at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

(location)

Copies of SDS's will be kept in the following areas:

Department Location

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

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

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

E. Employees will have access to these SDS's during all work shifts. Copies will be made available upon request to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

(person/position designated)

F. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person/position designated)

is responsible for updating the data sheets to include new information as it is received. If a new hazard is identified on the SDS,

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

(person/position designated)

 must provide additional training to employees. Training shall follow procedures laid out in section IX.

**IX. EMPLOYEE TRAINING**

A. Prior to starting work with hazardous substances, each employee will attend a Hazard Communication Training Session where they will receive information on the following topics:

1. Policies and procedures related to the Hazard Communication Standard.

2. Location of the written Hazard Communication Program and the list of hazardous chemicals.

3. How to read and interpret an SDS. Employees must be trained on the new label elements and SDS format by December 1, 2013.

4. Location of SDS's.

5. Physical and health hazards of hazardous substances in their work area, including simple asphyxiation, combustible dust and pyrophoric gas hazards.

6. Methods and observation techniques to determine the presence or release of hazardous chemicals.

7. Work practices that may result in exposure.

8. How to prevent or reduce exposure to hazardous substances.

9. Personal protective equipment.

10. Procedures to follow if exposure occurs.

11. Emergency response procedures for hazardous chemical spills.

12. Any operations in their work area where hazardous chemicals are present.

All training will be presented to employees in a manner that employees receiving it are capable of understanding (visual and oral presentations). Training presentations will be delivered in the primary language and at the appropriate literacy levels of the workers. During, and at the end of training, an assessment will be made to see that employees understood the training.

B. Upon completion of the training program, each employee will sign a form documenting that he/she has received the training. (See Form #8)

C. Whenever a new employee is transferred or hired, he/she will be provided training regarding the Hazard Communication Standard. The training session will be conducted by

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

(person/position designated)

before the start of his/her employment. This must be done prior to employee’s initial employment in their work areas where hazardous chemicals are used.

D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person/position designated)

is responsible for identifying and listing any non-routine hazardous task performed at this facility.

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

(person/position designated)

will conduct training on the specific hazards of the job and the appropriate personal protective equipment and safety precautions and procedures. (See Form #9)

E. When a new substance is added to the inventory list,

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

(person/position designated)

is responsible for reviewing the SDS for potential health effects and safety hazards.

If the new substance presents any new health or safety hazards (unlike those covered in previous training sessions), the

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

(person/position designated)

is responsible for notifying and training all affected employees about the new hazards associated with the product following the procedures. Training on the hazards of the new substance will follow the procedures outlined in IX (A-E).

A copy of the new SDS will be posted by

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

(person/position designated)

for 30 days. Both the new SDS and the Employees New Substance Signature Form will be placed above or near the SDS information binder. Each affected employee must read (or be trained on information in the SDS-if they cannot read) the SDS and sign the signature form. (See Form #10)

F. Refresher training will be done by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

(person/position designated)

Refresher training can be delivered for the following circumstances; when job duties change, after an incident, or close call or when supervisor inspections reveal improper procedure. Refresher training will follow the procedures outlined in IX (A-E).

**X. INFORMATION TO CONTRACTORS**

A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person/position designated)

is responsible for providing outside contractors with the following information:

1. Hazardous chemicals to which they may be exposed as a result of working in this facility.

2. Required protective measures they must use to work with the hazardous chemicals in this facility.

3. How to access the SDS’s as described in Section VIII.

4. An explanation of the labeling system being used in the workplace as outlined in Section VII.

5. Location of emergency response equipment.

B. Contractors that are potentially exposed to hazardous chemicals present at the facility will not be allowed to begin work until they have been provided information concerning these hazards and have signed a form to document this exchange. (See Form #11)

C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person/position designated)

is responsible for obtaining information from contractors on all hazardous substances to which employees may be exposed as a result of the contractor's work at the facility. (See Form #12)

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(person/position designated)

will notify affected employees about the health effects and safety hazards that may result from exposure to each substance and methods being used to protect them from such hazards.

**XI. PERSONNEL POLICIES**

When an employee is not following safety and health rules regarding working with a hazardous substance, disciplinary action will be taken.

**XII. RECORD KEEPING**

A. All SDS's will be kept for a period of \_\_\_\_\_ years after the use of the substance has been discontinued. EXCEPTION: If an employee exposure to a particular hazardous chemical occurs, the SDS for that product will be kept with the employee's medical records. All medical records, exposure records, and SDS’s must be kept for the duration of the employee’s time with the organization plus 30 years.

**Note:** “Exposure” or “exposed” means that an employee is subjected to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure, but does not include situations where the employer can demonstrate that the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.

 B. The master inventory list will also be kept for \_\_\_\_ years.

**XIII. COMMUNITY HAZARD COMMUNICATION**

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

(person/position designated)

is responsible for responding to requests from members of the community on hazardous substances used in the facility.

 **XIV. EMERGENCY RESPONSE PROCEDURES FOR HAZARDOUS CHEMICAL SPILLS**

A. When a hazardous chemical spill occurs, follow these procedures:

1. Move all employees away from spill to a safe environment.

2. Call 911 or the designated emergency response number in your area to notify the necessary response team for the hazardous chemical spill.

3. Contain the spill if possible. Workers attempting to contain the spill will need to use the required PPE for the chemicals present.

4. Retrieve the Hazard Communication Information Binder, if possible.

a. Locate the SDS for the hazardous chemical which spilled.

b. If requested, provide the SDS to the Emergency Response Team.

**XV. PROGRAM EVALUATION**

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

(person/position designated)

will conduct an evaluation of the Hazard Communication program annually. The individual responsible for the items identified for improvement will be notified in writing. It is expected that action will be taken to correct the item within five working days. (See Form #13)

\* At least annually, \_\_\_\_\_(indicate number) employees will be interviewed to determine the effectiveness of the Hazard Communication Program. Each interview will assess the employee's retention of information given during the training session, use of SDS's and response to chemical spills (if applicable). The results of each interview will be recorded on the Employee Hazard Communication Interview Form. (See Form #14) The Employee Interview Form will be retained on file for 12 months.

**LIST OF SAMPLE FORMS AND LETTERS**

**Form 1** Hazardous Substance Inventory

**Form 2** Record of Phone or Email Request for a Complete Label

**Form 3** Record of Second Phone or Email Request for a Complete Label

**Form 4** Chemicals & Containers Labeling Checklist

**Form 5** Record of Phone or Email Request for a Safety Data Sheet (SDS)

**Form 6** Record of Second Phone or Email Request for a Safety Data Sheet (SDS)

**Form 7**  Letter to Accompany Purchase Order

**Form 8** Employee Hazard Communication Training Record

**Form 9**  Non-Routine Hazardous Task Training Documentation Form

**Form 10** Employee’s New Chemical/Substance Signature Form

**Form 11** Documentation of Information Given to Contractors

**Form 12** Letter to Contractors

**Form 13** Hazard Communication Annual Program Summary

**Form 14** Employee Hazard Communication Interview Form

**Form 15** Hazard Communication Program Checklist

Form #1 **HAZARDOUS SUBSTANCE INVENTORY**

**Organization:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manufacturer** | **Product Name** | **Quantity** | **SDS Yes/No** |  **Work Area** |
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**Completed By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form #2 **RECORD OF PHONE OR EMAIL REQUEST FOR A COMPLETE LABEL**

**PERSON WHO MADE THE CALL OR SENT EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TIME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT PERSON/DEPARTMENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Chemical Manufacturer, Vendor, Distributor)

**PHONE OR EMAIL USED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information provided:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Product Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason Label is Not Appropriate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Expected date of Label delivery:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Response:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Form #3 **RECORD OF SECOND PHONE OR EMAIL REQUEST FOR A COMPLETE LABEL**

**PERSON WHO MADE THE CALL OR SENT EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TIME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT PERSON/DEPARTMENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Chemical Manufacturer, Vendor, Distributor)

**PHONE OR EMAIL USED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information provided:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date of First Notification/Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Product Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason Label is Not Appropriate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Expected date of Label delivery:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Response:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Form #4 **CHEMICALS & CONTAINERS LABELING CHECKLIST**

**Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Chemical** | **Product Name** | **Type of Container** | **Proper Label Yes/No** | **Work Area** |
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**Completed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form #5 **RECORD OF PHONE OR EMAIL REQUEST FOR A SAFETY DATA SHEET**

**PERSON WHO MADE THE CALL OR SENT EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TIME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT PERSON/DEPARTMENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Chemical Manufacturer, Vendor, Distributor)

**PHONE OR EMAIL USED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information provided:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Product Name needing SDS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected date of SDS delivery:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Response:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Form #6 **RECORD OF SECOND PHONE OR EMAIL REQUEST FOR A SDS**

**PERSON WHO MADE THE CALL OR SENT EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TIME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT PERSON/DEPARTMENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Chemical Manufacturer, Vendor, Distributor)

**PHONE OR EMAIL USED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information provided:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date of First Notification/Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Product Name needing SDS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected date of SDS delivery:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Response:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Form #7 **LETTER TO ACCOMPANY PURCHASE ORDERS**

|  |
| --- |
| **This is a notice to chemical vendors concerning the need for SDS’s and container labeling. This letter should be attached to purchase orders for all chemicals or other hazardous substances.** |

TO: Chemical Manufacturer, Vendor, Distributor

FROM: Organization Name and Address

DATE:

RE: Hazard Communication Responsibilities

Attached to this letter is a purchase order for the chemicals which we plan to utilize in our facility. Our receiving personnel have been instructed to accept only containers which have been properly labeled and identified. Improperly labeled containers will result in refusal of the shipment. We would appreciate your cooperation in this matter.

We expect to receive Safety Data Sheets (SDS) prior to receipt of our initial order and/or when an SDS has been revised. If your policy is different, or has changed since our last order, please notify us as soon as possible. To assist us, we would appreciate if you would record the responsible party information on the shipping papers.

If you have any questions, please do not hesitate to contact me. Thank you for your cooperation. I look forward to working with you in the future.

Yours truly,

(Name of Purchasing Director/Program Director)

**NOTE: THIS LETTER SHOULD BE ATTACHED TO THE INITIAL AND/OR TO EACH PURCHASE ORDER FOR CHEMICALS OR HAZARDOUS SUBSTANCES.**

Form #8 **EMPLOYEE HAZARD COMMUNICATION TRAINING RECORD**

The following employee(s) have completed training in Hazard Communication. Each trained employee is now knowledgeable in all 12 different training topics covered in the Hazard Communication Written Training Program.

1. Policies and procedures related to the Hazard Communication Standard.

2. Location of the written Hazard Communication Program and the list of hazardous chemicals.

3. How to read and interpret an SDS. Employees must be trained on the new label elements and SDS format by December 1, 2013.

4. Location of SDS's.

5. Physical and health hazards of hazardous substances in their work area, including simple asphyxiation, combustible dust and pyrophoric gas hazards.

6. Methods and observation techniques to determine the presence or release of hazardous chemicals.

7. Work practices that may result in exposure.

8. How to prevent or reduce exposure to hazardous substances.

9. Personal protective equipment.

10. Procedures to follow if exposure occurs.

11. Emergency response procedures for hazardous chemical spills.

12. Any operations in their work area where hazardous chemicals are present.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee's Name** | **Employee's Signature** | **Date of Training** | **Trainer** | **Trainer's Signature** |
|  |  |  |  |  |
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Form #9 **NON-ROUTINE HAZARDOUS TASK TRAINING DOCUMENTATION FORM**

The following employee(s) has/have been trained to perform work in what is considered a "non-routine hazardous task."

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-Routine Hazardous Task** | **Employee(s) Name** | **Date of Training** | **Trainer** |
|  |  |  |  |

Form #10 **EMPLOYEE'S NEW CHEMICAL/SUBSTANCE SIGNATURE FORM**

**Name of New Chemical/Substance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date the Chemical Arrived:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Posting (SDS) Form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This chemical may have health effects not covered during your initial Hazard Communication Training Session. Each affected employee is asked to read the attached Safety Data Sheet (SDS) to understand the new health effects for the following chemical:

Upon reading the Safety Data Sheet (SDS), each employee must sign and date this form.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

Form #11 **DOCUMENTATION OF INFORMATION GIVEN TO CONTRACTORS PERTAINING TO HAZARD COMMUNICATION**

**Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Contractor | Information Given | Contractor’s Signature |
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Form #12 **LETTER TO CONTRACTORS**

Subject: OSHA HAZARD COMMUNICATION STANDARD

To Whom it May Concern:

The Occupational Safety & Health Administration (OSHA) Hazard Communication Standard (29CFR 1910.1200) states that contractors/suppliers must be informed of the hazardous chemicals their employees may be exposed to while performing their work and any appropriate protective measures. In order to comply with this requirement, **(Name of facility)** has developed a list of all the hazardous chemicals known to be present in our facility. A Safety Data Sheet (SDS) is also on file for each of these chemicals and/or hazardous substances. This information is available to you and to your employees upon request.

In order to protect the safety and health of our own employees, contractors/suppliers must provide (upon request) an SDS on any hazardous chemical(s) or material(s) which they bring into this facility. Failure to provide this information in a timely manner will result in the removal of the contractor/supplier from the premises.

Each employer is also responsible for notifying any subcontractor they employ regarding the requirements of OSHA's Hazard Communication Standard and other provisions described in this letter.

If we can be of any further assistance, please feel free to contact me at (phone number).

Sincerely,

Form #13 **HAZARD COMMUNICATION ANNUAL PROGRAM SUMMARY**

**Training**

|  |  |  |
| --- | --- | --- |
|  | **Number of Training** **Courses Presented** | **Number of Employees Trained** |
| **New-employee training** |  |  |
| **Work-area-specific training** |  |  |
| **New-substance training** |  |  |
| **Other training** |  |  |
| **Total courses/employees** |  |  |

**Hazardous Substances**

|  |  |  |
| --- | --- | --- |
|  | **Number of Different Hazardous Substances in Use** | **Number of SDS on File** |
| **Previous Total** |  |  |
| **New This Year** |  |  |
| **Revised Total** |  |  |

**The following activities have been completed:**

\_\_\_\_\_ Written plan is up to date.

\_\_\_\_\_ Hazardous substance inventory has been updated.

\_\_\_\_\_ All training is up to date.

\_\_\_\_\_ All SDS are up to date.

\_\_\_\_\_ All products are properly labeled.

\_\_\_\_\_ All portable containers are properly labeled.

**If any of the above activities are not complete, explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Completed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form #14 **EMPLOYEE HAZARD COMMUNICATION INTERVIEW**

**Date of Interview:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interview conducted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you feel that your organization's Hazard Communication Program is successful overall? Yes \_\_\_\_ No \_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What was the subject of the last training session you attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Have you applied the information from that session? Yes \_\_\_\_ No \_\_\_\_\_\_ If yes,

how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you had an occasion to refer to an SDS in the last month? Yes \_\_\_\_\_\_ No \_\_\_\_\_

Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 a. Was the SDS easy to understand? Yes \_\_\_\_ No \_\_\_\_

 b. Why did you refer to the DS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 c. Did the SDS have the information you were looking for? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_

 If no, what information was missing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

5. Have all of the containers in your work area been properly labeled and marked?

Yes \_\_\_\_ No \_\_\_\_

6. Over the last six months, has your work area been involved in any chemical spill or emergency? Yes \_\_\_\_ No \_\_\_\_ If yes, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Were you prepared? Yes \_\_\_\_ No \_\_\_\_ If not, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Form # 15 **HAZARD COMMUNICATION PROGRAM CHECKLIST**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Has a program for hazard communication training been established? |  |  |
| Has a program for hazard communication procedures been established and is the program reviewed on an annual basis? |  |  |
| Are chemical injuries tracked for program improvement? |  |  |
| Have chemical hazard control procedures developed for each job?  |  |  |
| Has a chemical inventory of the facility been conducted? |  |  |
| Are the procedures reviewed on an annual basis? |  |  |
| Do the hazard communication procedures include the following:  |  |  |
| • A statement of the intended use? |  |  |
| • Steps for labeling of containers? |  |  |
| • Steps for safe issuance, use, transfer and disposal of chemicals? |  |  |
| Are control procedures inspected at least annually?  |  |  |
| Are periodic inspections conducted by a competent employee? |  |  |
| Is the inspection designed to correct deviations or inadequacies? |  |  |
| Is the inspection documented? |  |  |
| Have SDSs been procured in accordance with 29 CFR 1910.1200? |  |  |
| Have employees been informed of: |  |  |
| • The requirements of 29 CFR 1910.1200? |  |  |
| • Any operations in their work area where hazardous chemicals are present? |  |  |
| • The location and availability of the written HAZCOM program? |  |  |
| • The location and availability of the lists of hazardous chemicals? |  |  |
| Does employee training include at least: |  |  |
| • Methods & means necessary to detect the presence or release of a chemical? |  |  |
| • The physical and health hazards of the chemicals in the work area? |  |  |
| • The steps employees can take to protect themselves from the chemicals? |  |  |
| • The details of the written program?  |  |  |
| Have criteria for recurrent training been developed? |  |  |
| Is the training documented? |  |  |
| Is the training conducted by a competent person? |  |  |
| Is retraining required whenever there is a change in job assignments? |  |  |