

Sample

Workplace Safety & Loss Prevention Program

Industrial Code Rule 60



**Workplace Safety & Loss Prevention Program
Building 12, Room 167
W. Averell Harriman Campus
Albany, NY 12240**

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Required Elements of a Safety Incentive Program under the Workplace Safety and Loss Prevention Incentive Program

Section 134(6-10) of the Workers' Compensation Law (WCL) was changed in 2007 to give employers more reasons to put safety and loss prevention programs into practice. The program gives employers a cut in workers' compensation costs. They are eligible for this cut if they have a Safety Incentive Program, a Drug and Alcohol Prevention Program, and/or a Return to Work Program. The following employers may take part in the program:

- An employer insured by any authorized insurer who issues workers' compensation policies or the New York State Insurance Fund (except those in a recognized safety group) who:
 - Pays annual workers' compensation insurance premiums of at least \$5000
 - Has an experience rating of under 1.30 for the preceding year
- An individually self-insured employer
- A group self-insured employer, as authorized by the Chair of the Workers' Compensation Board

Employers who must have a safety and loss prevention program under NYCRR 59 may not take part in the program.

To ensure that your Safety Program meets the requirements for Incentive eligibility, your program should contain the following elements:

- Policies, procedures, and practices that:
 - (i) identify, uncover, and evaluate occupational safety and workplace health hazards;
 - (ii) minimize or eliminate known or suspected occupational safety and workplace health hazards;
 - (iii) protect employees from occupational safety and workplace health hazards;
 - (iv) ensure management's role and leadership in promoting workplace safety and health throughout the organization through the maintenance and promotion of the policies and procedures designed to improve workplace safety and health; and
 - (v) communicate the nature of the safety and health hazard to employees.
- Communication of the goals of the Safety Incentive Program and the mechanisms which will be utilized to achieve the goals so that all personnel will understand that management is committed to workplace safety.
- Assignment and communication of roles and responsibilities for all aspects of the Safety Incentive Program to managers, supervisors, and employees. The assignment of responsibilities shall be accomplished through written notification. The notification shall also articulate the means by which managers, supervisors and employees will be held accountable for implementing the Safety Incentive Program. The written notification must provide a designated contact or contacts that will be available to answer questions regarding any practice or procedure implemented by the employer.

- A mechanism to conduct on-going workplace safety inspections so that new or previously-identified workplace hazards may be minimized or eliminated through the use of safe work practices, investment in equipment, engineering, or administrative controls. On-going safety inspections shall be conducted with a frequency necessary to be effective.
- Assurance that all workers at every site covered by the Safety Incentive Program are provided with appropriate and effective safety protections, including appropriate personal protective equipment that is properly used and maintained in good condition at all times.
- Employee involvement in the structure and operation of the Safety Incentive Program to facilitate their commitment to achieving its goals and objectives. Employee involvement shall be accomplished through the designation of one or more employee representative(s) at each site where the Safety Incentive Program will be implemented or through the recognized representative of each collective bargaining unit, where applicable.
- Appropriate training for managers, supervisors, and employees that shall enable them to:
 - (i) Accomplish the task and responsibilities assigned to them under the approved Safety Incentive Program;
 - (ii) Recognize potential hazards;
 - (iii) Maintain safety protection in the work area; and
 - (iv) Reinforce employee safe work practices and the use of required protective measures,
- A reliable procedure by which employees may notify management personnel, without fear of reprisal, of conditions that appear hazardous or are not in compliance with the policies of the Safety Incentive Program.
- A reliable procedure to respond to safety and health hazards in a timely and appropriate manner. Implement new or improved safety procedures that follow a hierarchy of controls that first uses an appropriate combination of engineering and administrative controls to eliminate or minimize the hazard and then requires employees who have exposure to the hazard to use personal protective equipment. Personal protective equipment must be designed to match the particular hazard and reduce the exposure of employees to that hazard.
- Investigation of accidents to identify the root cause(s) of the hazard(s) and prevent reoccurrences.
- A means to evaluate or analyze accident, injury, and illness trends or data over time in order to identify patterns and develop strategies for accident reduction and elimination. Such analysis should illustrate the effectiveness (or lack thereof) of any modification(s) to achieve the desired results.

- A written emergency action plan that includes, at a minimum, procedures for reporting a fire or other emergency; procedures for emergency evacuation, including type of evacuation and exit route assignments; procedures to be followed by employees who remain to secure critical plant operations before they evacuate; procedures to account for all employees after evacuation; and procedures to be followed by employees performing rescue or medical duties.
- Procedures for transmitting and enforcing new or improved safe work practices through training, positive reinforcement, and correction of unsafe performance.
- Hazard assessments that are conducted whenever significant or dangerous new machinery, equipment, or technology is introduced into the workplace or when working conditions materially change through new policies, procedures or processes.
- The final, approved Safety Incentive Program plan shall be provided to the designated employee representative(s) in each workplace location or to the recognized representative of each collective bargaining unit, where applicable, and shall be made available to all employees upon request.
- The Safety Incentive Program must be documented in writing and communicated in languages and methods clearly understood by all employees.

This document outlines a Safety Program for use by a business seeking the Workplace Safety and Loss Prevention Incentive Program (WSLPIP) credit. Employers may use this model, in whole or in part, depending on their business needs. To qualify for a credit under the WSLPIP, a Safety Program must meet the requirements in Industrial Code Rule 60-1.13. A list of the requirements is found on pages two through four of this document.

I. POLICY STATEMENT

It is the policy of _____ (*Name of Company*) to ensure a safe and healthy workplace for all our staff. To achieve this, we will have an effective and on-going Safety and Loss Prevention Program. We designed this program to protect all staff from work-related injury and illness. It will also protect equipment from loss or damage. Our most valued asset is our staff. Their safety is vital to our business. To keep our workplace as safe as it can be, the following Safety and Loss Prevention Program will guide both management and staff.

II. GOALS

The main goal of our Safety and Loss Prevention Program is to prevent accidents. This means that safety and health will be a vital part of our business values and your daily work routine. To achieve this, we have the following goals:

- To have all staff help design, practice, and maintain our Safety and Loss Prevention Program
- To create a Safety Committee that includes managers and workers
- To develop programs and procedures to meet our safety and health needs
- To implement an ongoing safety and health training program for all staff
- To inform all staff of their safety and health responsibilities
- To conduct a complete baseline safety and health review of our facility

III. OBJECTIVES

The following objectives will help us excel in health and safety:

- We will form a Safety Committee that includes both managers and staff.
- _____ (*Name/Title*) will complete a full safety and health survey of the workplace to find out if we comply with Federal and State safety and health regulations.
- The Safety Committee will develop and maintain a written Safety and Loss Prevention Program.
- All management and staff will have access to the written Safety and Loss Prevention Program.
- _____ (*Name/Title*) will conduct Job Hazard Analyses (See Appendix D) for all possibly hazardous work operations.
- The committee will review the Safety and Loss Prevention Program quarterly.
- The committee's review will make sure that the Program works and will see if we have reached our goals and objectives. The committee will change the program as needed, with approval from management.
- Staff will know and accept their safety and health responsibilities.
- We will train staff members to conduct regular in-house inspections. Staff will get into the habit of checking for possible workplace hazards.
- _____ (*Name/Title*) will train supervisors to conduct prompt accident/incident investigations.
- _____ (*Name/Title*) will complete initial training for all staff.
- _____ (*Name/Title*) will develop and implement emergency action procedures.

IV. SAFETY AND HEALTH RESPONSIBILITIES

We cannot overstate how important it is for all staff to embrace their role in safety and health. To make sure that you know and understand your part in our Safety and Loss Prevention Program, we have created a responsibility list for each job description at our company.

Executive Management

- Oversees design, practice, and maintenance of the Safety and Loss Prevention Program
- Provides the leadership and resources needed for an effective Safety and Loss Prevention Program
- Assigns safety and health responsibilities to managers
- Holds managers accountable for their safety and health roles
- Sets a good example by following required safety and health rules and practices
- Reviews accident reports
- Ensures that a reliable system is in place for staff to report conditions or situations that could be hazardous

Plant Manager or Appropriate Management Personnel

- Lead and direct the Safety and Loss Prevention Program
- Hold all supervisors accountable for their assigned safety responsibilities
- Oversee design, practice and maintenance of the Safety and Loss Prevention Program
- Review accident reports
- Set up a reliable system for staff to report conditions or situations that could be hazardous
- Take part in and support staff involvement in all aspects of the Safety and Loss Prevention Program
- Follow up on suggestions from supervisors, staff or the safety committee
- Conduct a Job Hazard Analysis on all possibly hazardous operations
- Assure that all staff know about and use the hazard reporting system
- Take prompt action whenever they find hazards or see unsafe acts
- Enforce specific rules or procedures to cut risk for all tasks that could pose a hazard
- Provide required personal protective equipment and assure its proper use and care.
- Ensure that all accidents are promptly reported, fully investigated and well documented
- Follow accident and injury trends

- Know current Federal and State safety and health regulations for the workplace
- Assure that all staff receive safety and health training
- Help develop and implement emergency procedures

Supervisors

- Set a good example for staff members by following safe work practices and wearing personal protective equipment
- Provide required personal protective equipment and makes sure that it is properly used and cared for
- Promptly report, investigate and document all accidents
- Monitor and evaluate staff safety and health performance
- Keep current on safety and health requirements
- Trained to identify safety and health hazards
- Conduct a Job Hazard Analysis on possibly hazardous operations under their supervision (See Appendix D)
- Investigate accidents and near-miss incidents to determine the root cause
- Discourage all possibly hazardous "short cuts" staff may use
- Enforce safe work procedures and rules consistently and fairly
- Provide continuing on-the-job training in safe work procedures.
- Assure each staff member knows what to do in the event of an emergency
- Ensure accurate recordkeeping is kept
- Analyze hazards for new equipment, processes and design changes

Staff

- Know about the Safety and Loss Prevention Program, and follow all safety and health rules, work practices and regulations
- Use all required safety devices and personal protective equipment
- Perform work tasks in a safe manner, and do not take unsafe "short cut"
- Keep a clean and neat work area
- Carries out daily inspections of the work area to look for unsafe conditions
- Report any and all injuries to the supervisor
- Know what to do in case of an emergency.

Safety Coordinator

- Advises management on safety and health issues
- Keeps current on safety and health regulations and practices
- Serves as the chair of the safety and health committee
- Conducts safety and health training
- Investigates accidents and near-miss incidents
- Conducts in-house inspections
- Looks for trends in safety and health records
- Informs management of possible safety and health problems
- Helps with hazard analysis of new equipment, processes, and design changes

Purchasing Agent

- Takes safety and health awareness training to help early efforts to find possible hazards in the design phase
- Ensures that all chemicals we buy have a Material Safety Data Sheet

V. SAFETY AND HEALTH PERFORMANCE ACCOUNTABILITY

As we stated in our company policy, we give safety and health top priority. It is good for business. It is also good for the well-being of our staff. We expect all staff to take part in our program. Staff who ignore their safety and health responsibilities will be held accountable.

VI. SAFETY AND HEALTH TRAINING PROGRAM

Training is a basic tool for all our workers. It will reduce the risk of workplace accidents and injuries. All staff members must be able to see, understand and avoid possible hazards to themselves and to their co-workers.

The Plant Manager must assure that all staff members get the training they need to do their jobs safely. _____ (*Name or Title*) is responsible for deciding on the safety and health training needs. He (*or she*) will also give training and review the success of the safety and health-training program.

Safety and Health Training for Managers

- Safety and health responsibilities
- The goals and purposes of the safety and health program
- Awareness training on safety and health issues that are important to the facility

Safety and Health Training for Supervisors

- Safety and health responsibilities
- How to find hazardous conditions
- How to recognize unsafe work practices
- Accident investigation procedures
- Conducting a Job Hazard Analysis (See Appendix D)
- Conducting on-the-job safety training
- Emergency procedures
- Proper use, limitations and upkeep of personal protective equipment
- Safety and health regulations that pertain to the work operation(s) they supervise
- Recordkeeping

Safety and Health Training for Staff Members

- Program orientation
- Safety and health responsibilities
- Specific on-the-job training for the job task(s) they perform
- The proper use, limitations and upkeep of personal protective equipment

VII. SAFETY AND HEALTH COMMITTEE

The Safety Committee consists of managers, staff and the safety coordinator. The committee helps design, implement and evaluate our safety and health activities. We may change members every so often to make sure everyone is as involved as possible. We will hold meetings _____ (*Time Frame*). All committee members must attend.

The committee completes these tasks:

- Review existing safety and health rules and procedures; make sure that these rules are current, realistic, and enforced
- Check on any changes in current safety and health regulations
- Make suggestions for staff training
- Review all accident reports to find the root cause
- Audit the results of all safety inspections
- Review training programs with special attention to training in these areas:
 - new or transferred staff
 - new safety and health regulations
 - new or changed procedures or processes
 - new equipment or chemicals
 - staff who carry out Job Hazard Analyses
 - staff who carry out accident investigations
- Carry out first hazard analysis for new equipment, processes, and designs
- Conduct periodic in-house safety inspections
- Provide recommendations to management on safety and health issues
- Evaluate the Safety and Loss Prevention Program
- The Safety Committee will make their findings and suggestions available to _____ (*Name or Title*)

VIII. IN-HOUSE SAFETY INSPECTION PROGRAM

Safety inspections are an integral part of program. We will conduct inspections to:

- Maintain a safe and healthful work place
- Recognize unsafe work practices
- Detect unsafe working conditions
- Increase safety awareness
- Prevent injuries and illnesses

Everyone must be aware of safety and health conditions. You should check your immediate work area regularly. Whenever possible, you should quickly take steps to fix any problems.

If you cannot fix the problem right away, you must tell your area supervisor. You can either speak to your area supervisor or fill out a Hazard Report Form. If you do not fill out the form, your supervisor must do it. We require a Hazard Report Form for any problem that you cannot fix yourself.

If your supervisor cannot fix the hazard when you report it, they must take steps to fix it. They must take temporary action to protect against the hazard. Supervisors should contact management if they need help.

Our Safety Committee will carry out safety and health inspections every month. When necessary, the committee will get help from in-house staff with special knowledge of:

- The manufacturing process
- Maintenance operations
- Electrical equipment
- Other

The committee will use a checklist during their inspection. They will review the finished checklist during their meetings. The committee will send a copy of all finished checklists and any corrective actions to management for review.

IX. ACCIDENT INVESTIGATION PROGRAM

We can prevent most workplace accidents. But even with the best prevention program, accidents can still happen. Accident investigations find out the facts and keep the same type of accident from happening again. They do not place blame on anyone. You must inform your supervisor of all accidents, as soon as they happen. Your supervisor will investigate all accidents, even those that do not cause injury.

We have an accident investigation team for the following situations:

- If the accident causes or could have caused a serious injury
- If the same accident has happened before
- If many staff members perform the task involved in the accident

Our accident investigation team consists of:

Supervisor of the injured or nearly injured staff member	
Safety Coordinator	
Production Line Supervisor	
Maintenance Staff Member	
Production Staff Member	

The accident investigation team will be trained in how to carry out an effective investigation. They will use the Accident Investigation Form for all investigations (See Appendix A). They will send a copy of this form to the Safety Committee for their review.

X. EMERGENCY ACTION PLAN

Emergency action procedures effectively evacuate staff from our building in case of an emergency. Emergencies include:

- Accidental release of hazardous chemicals or gases
- Fires
- Explosions
- Natural disasters

There is also an emergency action plan to deal with personal injuries.

The Safety Committee and Safety Coordinator must develop and evaluate our emergency action plan. The Safety Coordinator and facility supervisors will put the procedures into place.

We have posted emergency evacuation routes and procedures in each work area of the facility. All new staff will receive training on these procedures when they are first hired. Each supervisor must ensure that each of their staff members is trained. Supervisors must also make sure all staff knows what to do in an emergency.

EMERGENCY ACTION PLAN

Procedures for reporting Emergencies:

Type of Emergencies to report:

- Fire
- Chemical spill or toxic gas release
- Personal injury
- Other

Emergency Evacuation Routes and Procedures

- Emergency evacuation routes and procedures (including locations of fire extinguishers) should be posted in each work area
- If a copy is not posted, inform the area supervisor; they must promptly post one
- Supervisors must make sure that all their staff know the routes and procedures to follow

Staff Accountability after Evacuation

- Each supervisor must ensure that all their staff are present after an evacuation
- Each staff member must report to a preset location shown on the evacuation routes posted in the work area
- The supervisor may make the head count in person, or they may designate someone else to do it
- All supervisors will then report the head count to the Safety Coordinator

Procedures for Staff Who Remain to Perform Critical Operations Prior to Evacuation

- _____ (*Name or Title*) will provide information on the operations, procedures, training and staff needed to carry out vital operations before their evacuation
- _____ (*Name or Title*) is responsible for writing a procedure and putting those recommendations into practice

Warning System – in case of an emergency evacuation, we will inform staff with the following alarm warning signals: (*Give a detailed description for your facility.*)

Evacuation Drills

We will conduct evacuation drills _____ (*Number*) times per year. The Safety Coordinator and Production Supervisors will schedule the drills. The Safety Coordinator will share the results of the drills with the Safety and Health Committee. We will test the alarm system: _____ (*Time Frame*).

Special Fire Protection and/or Chemical Spill Procedures - (*Give detailed information on the specific procedures to follow at your facility.*)

XI. MEDICAL SERVICES

A. On-site Emergency Medical Services

When there is a personal injury, we will follow these procedures:

On all shifts, you can contact staff with training in basic first aid skills at _____
(*Telephone Number*). These staff members will receive basic first aid training from
_____ (*Name or Title*) on a(n) _____ (*Frequency*) basis. All staff with
possible exposure to blood or bodily fluids containing blood must take our Blood-borne
Pathogens training.

On-Site Medical Services Provided: (*list any medical service(s) available, e.g., On-site Nurse.*)

B. Off-site Emergency Medical Services

If a staff member needs advanced emergency medical treatment, staff must contact
_____ (*Name or Title*) at _____ (*Telephone Number*). If a staff member
needs hospitalization, _____ (*Name*) ambulance services will take them to
_____ (*Name of Hospital or Medical Facility*). _____ (*Name or Title*)
will inform the injured staff member's emergency contact.

C. Program Assessments

We will evaluate our Medical Services on a(n) _____ (*Time Frame*) basis to make
sure that it meets the needs of our facility. _____ (*Name or Title*) will carry out this
assessment and make recommendations to the Safety Committee.

XII. MOTOR VEHICLE SAFETY PROGRAM

_____ (*Name or Title*) is responsible for the Motor Vehicle Safety Program. (This applies only to facilities that use motor vehicle equipment for business operations.)

We will use these procedures to cut the risk of accidents and injuries while driving for company business. All operators must:

- Have a valid driver license
- Obey all traffic laws and be courteous to other drivers
- Attend a company-provided driver safety training course
- Promptly report any accidents they are involved in, moving violations received or license suspensions to their supervisor
- Properly maintain their vehicles and have them inspected every year
- Provide their driving records to the Motor Vehicle Program Coordinator upon request

These records may include:

- Status of driver license
- Operating and moving violations
- Accidents
- Medical restrictions

Operators with poor driving records will be subject to retraining, counseling and/or disciplinary action

XIII. PREVENTIVE MAINTENANCE PROGRAM

_____ (*Name or Title*) is responsible for the putting the Preventive Maintenance Program into place. This program makes sure that all equipment is properly maintained and safe to use. We will train staff members in the maintenance program to perform their assigned duties effectively. These staff members will create a maintenance schedule and list equipment needing upkeep.

The maintenance program will cover:

- Equipment and machinery
- Portable power tools
- Housekeeping

XIV. CONTRACTOR SAFETY AND HEALTH PROGRAM

_____ (*Name or Title*) is responsible for putting the Contractor Safety Program into place. They also serve as a contact person with all contractors. All contracts set forth the contractors' safety and health responsibilities. All contractors working on company property must fill out a Contractor Safety and Health Qualification Form from Volume IV (See Appendix B).

_____ (*Name or Title*) will inform the contractor about the hazards and safe working procedures in place for the area(s) they have access to. Each contractor is responsible for training their staff on the applicable safety and health requirements.

_____ (*Name or Title*) will make sure that the contractor has trained their staff on the applicable safety and health requirements.

Each contractor must inform _____ (*Name or Title*) of the hazards of the contract employer's work. They must list what the contract employer is doing to address them. For example, they could provide the contract employer's emergency procedures. The contract employer must inform _____ (*Name or Title*) of any new hazards that they find.

Each contractor must report all injuries, illnesses and accidents that happen on our property to _____ (*Name or Title*).

_____ (*Name or Title*) will carry out periodic safety and health inspections of each contractor's work activities. They will use the Contractor Safety and Health Checklist in Volume IV (See Appendix C).

_____ (*Name or Title*) will inform the contractor or his/her designee of any problems and request that they fix the condition as soon as possible.

XV. PERSONNEL PROTECTIVE EQUIPMENT (PPE) PROGRAM

Protecting our staff is a duty that this company takes very seriously. PPE reduces staff exposure to hazards.

_____ (*Name or Title*) is responsible for putting the PPE Program into practice.

_____ (*Name or Title*) will carry out a hazard assessment for PPE needs for each job task in our facility. _____ (*Name or Title*) will conduct training on the use, limitations and maintenance of PPE.

Staff must wear PPE for the job task they perform if required by their supervisor. It is _____ (*Name or Title*)'s duty to make sure that the PPE is properly used. We will enforce these rules as part of the company's disciplinary policy. Contact your supervisor if you need to replace your PPE.

XVI. EXPOSURE ASSESSMENT AND MONITORING

_____ (*Name or Title*) will carry out an exposure assessment to find out which job tasks will need a baseline check. _____ (*Name or Title*) will carry out any needed checks for chemical or physical hazards. If we find an overexposure, we will set up a cost-effective control method to correct the problem. _____ (*Name or Title*) will train any exposed staff members on the new control measure. We will carry out further checks to make sure that the new control measure works properly.

We will carry out exposure monitoring using practices that meet OSHA or NIOSH sampling rules. Where available, we will analyze industrial hygiene samples through a laboratory endorsed by the American Industrial Hygiene Association. We will keep the results of the monitoring as part of our Recordkeeping Program.

XVII. RECORDKEEPING

The below records will be kept by _____(*Name or Title*) at
_____ (*Location*):

- Orientation Safety and Health Training
- Job Hazard Analyses
- Accident Investigation Reports
- OSHA 300 - Injury and Illness Log
- Workers' Compensation Claims or OSHA 301 Form
- Safety and Health Training Records
- Exposure and Medical Records
- Annual Fire Extinguisher Inspections
- In-house Safety and Health Inspection Records
- Completed Safety and Loss Prevention Program Evaluations
- Disciplinary Action Letters
- Staff Personnel Files

_____ (*Name or Title*) will review all records as part of a general evaluation of our Safety and Loss Prevention Program. _____ (*Name or Title*) will keep master copies of the following required written programs at _____ (*Location*).

XVIII. PROGRAM EVALUATION

The Safety and Loss Prevention Program will be audited _____ (*Time Frame*).
_____ (*Name or Title*) will perform the Program Evaluation. We will evaluate the goals, objectives and program elements to see if they meet their intended purposes.

_____ (*Name or Title*) will carry out a complete accident, injury and illness trend analysis as part of the audit. _____ (*Name or Title*) will review records to help evaluate the program elements. This review will determine if there are any patterns of accident, injury or illness that other safeguards missed. We will review:

- OSHA 300 Injury and Illness Log
- Workers' Compensation Claims and/or OSHA 301 Log
- Accident Investigation Reports
- Worker Complaint Forms
- Job Hazard Analysis Reports

_____ (*Name or Title*) will develop and carry out procedures to fix any problems.

Appendix A

Accident Investigation Report Form

STAFF MEMBER'S NAME:		JOB TITLE:		
SUPERVISOR'S NAME:		ACCIDENT INVESTIGATOR:		
ACCIDENT LOCATION:				
DATE OF ACCIDENT:	TIME:	DATE REPORTED:	DATE INVESTIGATED:	
DESCRIPTION OF ACCIDENT:				
DESCRIPTION OF INJURY:				
WITNESSES:				
ACCIDENT DIAGRAM/PHOTOGRAPHS ATTACHED:			YES	NO
DESCRIBE DAMAGE TO EQUIPMENT OR PROPERTY:			YES	NO
COMMENT:				
FIRST AID GIVEN:			YES	NO
STAFF MEMBER TREATED BY PHYSICIAN:			YES	NO
HOSPITALIZATION REQUIRED:			YES	NO
ANY RESTRICTION IN WORK DUTY:			YES	NO
ADDITIONAL INFORMATION:				

(See Accident Root Cause Analysis)

Accident Root Cause Analysis

Check **ALL** that apply to this accident

Unsafe Acts		Unsafe Conditions	
Improper work technique		Poor workstation design	
Safety rule violation		Unsafe operation method	
Improper PPE or PPE not used		Improper maintenance	
Operating without authority		Lack of direct supervision	
Failure to warn or secure		Insufficient training	
Operating at improper speeds		Lack of experience	
By-passing safety devices		Insufficient knowledge of job	
Protective equipment not in use		Slippery conditions	
Improper loading or placement		Excessive noise	
Improper lifting		Inadequate guarding of hazards	
Servicing machinery in motion		Defective tools/equipment	
Horseplay		Poor housekeeping	
Drug or alcohol use		Insufficient lighting	

CORRECTIVE ACTION:	
SUPERVISOR RESPONSIBLE FOR CORRECTIVE ACTION:	
DATE COMPLETED:	

Appendix B

CONTRACTOR SAFETY AND HEALTH QUALIFICATIONS FORM

COMPANY NAME:	
ADDRESS:	

COMPANY'S CONTACT PERSON:	
TITLE:	
TELEPHONE NUMBER:	
FAX NUMBER:	

COMPANY'S ON-SITE CONTACT PERSON:	
TITLE:	
TELEPHONE NUMBER:	
FAX NUMBER:	

CONTRACTOR'S SAFETY AND HEALTH PROGRAM:	YES	NO
Safety and Health Program in Place?	<input type="checkbox"/>	<input type="checkbox"/>
Safety and Health Responsibilities Assigned?	<input type="checkbox"/>	<input type="checkbox"/>
Safety and Health Training Provided?	<input type="checkbox"/>	<input type="checkbox"/>
Periodic Safety and Health Inspections Conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary Action Policy in Place?	<input type="checkbox"/>	<input type="checkbox"/>
Accident Reporting and Investigation?	<input type="checkbox"/>	<input type="checkbox"/>
Use of Fire Extinguishers and Training?	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY AND HEALTH POLICIES AND PROCEDURES:	YES	NO
Personal Protective Equipment Provided?	<input type="checkbox"/>	<input type="checkbox"/>
Lockout/Tagout?	<input type="checkbox"/>	<input type="checkbox"/>
Excavation/Trenching?	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safety/Grounding?	<input type="checkbox"/>	<input type="checkbox"/>
Fire Prevention?	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work?	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Usage, Handling, Storage?	<input type="checkbox"/>	<input type="checkbox"/>
Elevated Heights (e.g., ladders, scaffolds, fall protection)?	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space?	<input type="checkbox"/>	<input type="checkbox"/>
Portable Tools?	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping?	<input type="checkbox"/>	<input type="checkbox"/>
First Aid, Medical Services and Emergency Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Lead?	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection?	<input type="checkbox"/>	<input type="checkbox"/>
Necessary Local and Regional Work Permits?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION:

CONSTRUCTION COMPANY REPRESENTATIVE:	
NAME:	
TITLE:	
DATE:	

Appendix C

CONTRACTOR SAFETY AND HEALTH CHECKLIST

CONTRACTOR:	
SUBJECT:	
DATE:	

1) Personal Protection Equipment

Comment/Location	YES	NO	N/A
Safety Glasses/Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) General Safety

Comment/Location	YES	NO	N/A
Medical Services and First Aid Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate Sanitation (Potable Water, Toilets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Work Areas Controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear Walkways and Unobstructed Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Chemical Usage/Storage

Comment/Location	YES	NO	N/A
Proper Container Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containers Properly Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Member Trained on Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Fire Prevention

Comment/Location	YES	NO	N/A
Fire Extinguishers Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible Material Kept to Minimum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Containers Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable Liquids Properly Stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonding and Grounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) Compressed Gases:

Comment/Location	YES	NO	N/A
Cylinders Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protective Cap Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Separation Distance for Incompatible Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Lockout/Tagout:			
Comment/Location	YES	NO	N/A
Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Equipment/Extension Cords in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounding (GFCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Portable Handheld Tools:			
Comment/Location	YES	NO	N/A
Guards in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Ladders and Scaffolds:			
Comment/Location	YES	NO	N/A
Used Safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders Secured and Tied Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffold Railings and Toe Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Work Controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Elevated Work Areas:			
Comment/Location	YES	NO	N/A
Opening in Floors and Walls Guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Elevated Work Areas:			
Comment/Location	YES	NO	N/A
Location of Underground Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Sloping and/or Shoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Means of Entry and Egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access Controlled to Work Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring of Trench Areas for Toxic and Combustible Gases (Gas Meter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Extraction Procedures Established (Rescue Service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11) Motorized Equipment:

Comment/Location	YES	NO	N/A
Used Safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Working Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belt Worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12) Hot Work Operations

Comment/Location	YES	NO	N/A
Fire Hazards Eliminated or Controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welding Screens in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welding Equipment in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate PPE Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Ventilation Provided for Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Equipment Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13) Confined Space

Comment/Location	YES	NO	N/A
Permit Space Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Unauthorized Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rescue and Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix D

JOB HAZARD ANALYSIS

A Job Hazard Analysis (JHA) is an important tool to prevent workplace accidents and injuries. When done properly, a JHA can determine the best way to perform a job in order to reduce or remove possible hazards.

Here are guidelines for carrying out a JHA:

STEP ONE: SELECT THE JOB FOR ANALYSIS

Carry out a JHA for all new, current and non-routine jobs. Give priority to jobs that have the highest rate of accidents and disabling injuries.

STEP TWO: JHA PARTICIPANTS

Ideally, the line supervisor and a staff member involved in the job should be members of the JHA team. Also include other staff members with technical knowledge pertinent to the evaluation.

STEP THREE: JHA GENERAL CONDITIONS

Before you begin the JHA, look at the general job conditions and create a checklist. JHA team members should understand and consider the items listed below:

- The nature of the task to be performed
- The possible chemical hazards (e.g., inhalation, ingestion, skin contact)
- The possible physical hazards (e.g., noise, heat, etc.)
- The possible ergonomic hazards (e.g., repetitive motion, lifting, etc.)
- Any other safety hazards (e.g., electric, machine guarding, fire and explosion, hand, eye and foot hazards, etc.)
- The accident and injury records
- The need for and use of PPE
- Any previous monitoring data

STEP FOUR: CONDUCT THE JHA

After you have selected the job to evaluate, break the job into successive steps. Work through the process; ask the operator what steps they perform in the job and what each step does. Record the steps using action words (lift, pull, pour, close, etc.). Finally, check with the operator to be

sure that the steps observed are correct and in the right order.

Using this information, find the possible hazards and if there is a chance of accidents. Once you have found all possible hazards, again check with the operator and anyone else that is familiar with the job and its possible problems.

STEP FIVE: ELIMINATE HAZARDS

Create effective ways to remove the hazards and stop a possible accident from happening. Find the safest method, but one that is also the most economical and practical. Often, simple methods can solve the problem. For example, think about changing the physical conditions that created the problem by replacing a guard, changing a work height, etc. Change the job procedure or use a less hazardous chemical. Have the job done less often or rotate staff if exposure is a problem.

Create standard operating procedures (SOPs) for the job. Check with the operator before you put the new SOP into place to see if the procedure is realistic. Make sure that the hazard has been removed through rechecks. If needed, do more tests. Put the SOP into place after you train all the people who do that job on the new SOP. When possible, post the SOP in the job area.

JOB HAZARD ANALYSIS

Job Title			
Job Description			
Date Conducted		Completed by	
Number of Cycles Per Minute _____ Maximum Weight Moved Per Cycle _____			
Task Step	Task Hazards	Hazard Control Method	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Hazard Analysis – Prevention & Control Worksheet
 Complete after Hazard Assessment Worksheet

Work Areas _____ **Conducted By** _____

Tasks _____ **Date** _____

Note: Respiratory & Ergonomic Assessments are conducted under separate programs

List the Specific Hazard Control Method in each block below

	Specific Hazard	Required PPE	Engineering Controls	Environmental Controls	Administrative Controls	Notes
Head						
Eyes / Face						
Skin						
Hand						
Foot						
Hearing						