**(INSERT COMPANY NAME)**

EMPLOYEE SAFETY

&

INJURY PREVENTION PROGRAM

*prepared by*

 **XXXXXXX**

**Loss Control Department**

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

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*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**MANAGEMENT SAFETY POLICY STATEMENT**

*The Executives And Management of* ***(INSERT COMPANY NAME)****are committed to providing a safe and healthful work environment for all employees and others that may work, visit, or enter our grounds, facilities and business.*

*It is the policy of* ***(INSERT COMPANY NAME)*** *to manage and conduct our business in a manner that offers maximum protection to each employee and any other person that may be affected by our operations.*

*It is our absolute conviction that we have the responsibility to provide a safe and healthful work environment for our entire staff.*

***(INSERT COMPANY NAME)****will make every effort to provide a working environment that is free from any recognizable or potential hazards.*

***(INSERT COMPANY NAME)****recognizes that the success of our safety and health program is contingent and dependent upon support from the executive levels of management as well as involvement of all employees of* ***(INSERT COMPANY NAME)***

*The management of this company is committed to allocating and providing the resources needed to promote and effectively implement the safety and injury prevention program.*

*This company will establish avenues to solicit and receive comments, information, and assistance from employees where safety is concerned and will act appropriately upon the information received.*

*This company is responsible and will make every effort to comply with all safety and health regulations established by federal, state, and other local regulatory agencies.*

*Management and all supervisors of this company will lead by example, reflecting the established commitment to safety and health within this company.*

Signed Date

1

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**SAFETY AUTHORITY AND ACCOUNTABILITY**

The Management of **(INSERT COMPANY NAME)**accept the responsibility for providing resources and guidance for the development and implementation of this written employee Safety and Injury Prevention Plan and to the overall employee’ safety and health program.

The **Safety Director** is responsible and will be held accountable for the overall implementation of this plan. The **Safety Director** has the authority to delegate any and all portions of the plan to subordinates, but will ultimately be responsible for the ongoing implementation, compliance and performance of the plan. Furthermore, the **Safety Director** has the authority to approve or carry out disciplinary actions against those employees that choose to violate, current or future established safety policies, procedures or rules.

**Supervisory Personnel** are responsible and will be held accountable to ensure that all employees under their control follow all safety and health policies, procedures, and

rules established by ***(INSERT COMPANY NAME)***and this plan. Furthermore,

supervisors are also responsible for administering training and guidance to employees under their direction and have the authority to reprimand and recommend disciplinary actions against employees that choose to violate the safety and health policies of

***(INSERT COMPANY NAME)***.

**Employees** are responsible and will be held accountable for providing this company with a personal commitment to this plan and safety and health program. These responsibilities and requirements include:

 Reporting any accident or injury to your supervisor immediately.

 Reporting any observed unsafe work practices or conditions to your supervisor immediately.

 Reporting any unsafe or improperly working machinery to your supervisor immediately.

 If your supervisor fails to correct unsafe conditions to your satisfaction, immediately stop all work related activities and report the condition to office or managerial staff.

 Observing and following all established safety policies, procedures and rules.

 Completing your work assignments safely.

 Be actively involved in the safety program in order to assist (INSERT COMPANY NAME)in providing a safe and healthful workplace.

 Reporting to work physically able to perform your job in a safe manner.

2

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**SAFETY COMMITTEE**

A Safety and Health Committee is a group of interested salaried and hourly personnel that meet periodically to monitor the ongoing implementation of the company safety and health program. The basic purpose of the committee is to promote safety awareness by involving employees directly in the safety and health programming efforts.

**(INSERT COMPANY NAME)**will develop a Safety and Health Committee comprised of manager(s), safety coordinator(s), selected supervisory and employee level personnel. Supervisory and employee personnel should be rotated each six months.

The committee will be chaired by a member of line management, but the position of chairperson will also be rotated periodically. The Safety Coordinator will act in an advisory capacity. The chairperson will chair the meetings; assign committee responsibilities, and report committee activities and recommendations to his/her immediate manager. A secretary should be chosen to record minutes of the meetings as directed by the chairperson. Meeting notes/minutes will be distributed to appropriate personnel and all committees’ members. Care should be taken to correctly document all committee activities and to ensure that corrective actions are followed up on through completion. ***Do not document the company’s own negligence.***

The committee will meet on a periodic basis and meetings should follow an established agenda. The meetings should be devoted primarily to the following:

• Review injuries and accidents that have occurred since the last meeting, along with corrective measures that have been implemented or scheduled.

• Review the status of corrective actions generated by safety inspection/survey reports.

• Discuss unsafe work methods and hazardous conditions that have been observed or reported by committee members.

• Discuss safety educational and promotional activities that may be necessary.

• Submit recommendations to appropriate management personnel.

Additionally the safety committee may be involved in providing safety inspections/surveys of the workplace. If so, then the results of these activities should be discussed during the scheduled meetings.

3

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**SAFETY COMMITTEE MEETING MINUTES FORM**

Suggested Order of Business

❑ 1. Roll Call

❑ 2. Reading Of Minutes Of Previous Meeting

❑ 3. Consideration of business held over from last meeting

❑ 4. Report on progress made on previous recommendations ❑ 5. Reading and discussing of reports submitted to committee

❑ 6. Discussion of accidents that have occurred since last meeting ❑ 7. Recommendations for prevention of such accidents

❑ 8. Report on safety instructions to employees (bulletins, talks, etc.) ❑ 9. New business and discussion of special safety projects

❑ 10. Meeting adjourned

 (Please check each item as it is completed)

1. Company/Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date of Last Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Committee Members Present:

Printed Name Signature

7. Reading of Previous Minutes/Old Business

8. Review of Loss Experience since last meeting. (Identification of Loss Experience trends.)

9. Review of Safety Survey/Inspections. Status of Recommendations

10. New Recommendations

4

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**SAFETY COMMITTEE ACCIDENT/INJURY REVIEW FORM**

INJURIES

Name:

Description of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identified Cause of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Solution/Corrective Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Implementation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Description of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identified Cause of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Solution/Corrective Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Implementation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identified Cause of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Solution/Corrective Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Implementation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identified Cause of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Solution/Corrective Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Implementation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Description of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identified Cause of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Solution/Corrective Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Implementation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Description of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identified Cause of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Solution/Corrective Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Implementation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Description of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identified Cause of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Solution/Corrective Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Implementation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**INJURY AND ACCIDENT ANALYSIS AND REVIEW**

The **Management** of ***(INSERT COMPANY NAME)***will review and analyze all data,

records and other documentation that pertains to the employee safety and health program. This review will be conducted on a (monthly, quarterly, semi annual, annual) basis. The focus of this review will be on deficiencies in the injury prevention plan, which allowed any injuries to take place. This will include identification of identifiable, including injury, workplace hazards or unsafe behaviors. Input from all levels of employment will be gathered to provide information and recommendations for corrective measures to eliminate identified trends.

Employees will be made aware of identified or developing trends as they are recognized with the trend factors being a focal point for corrective action and employee training.

Follow-up on implementation of corrective measures will be conducted by Management until the causal factor has been eliminated or controlled.

Employee training records will also be reviewed on a regular basis to ensure an adequate and effective training program is maintained and in compliance with regulatory requirements. Employees will be interviewed from time-to-time to establish retention of training and determine when information should be supported or repeated.

Documentation of this review process will be completed by using the Injury Prevention Plan Review and Revision Form located on page 27.

6

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**EMPLOYEE INVOLVEMENT**

**(INSERT COMPANY NAME)**encourages employee involvement in each component of the ongoing safety and injury prevention program. **Management** will solicit this involvement by giving each employee an opportunity to participate and be responsible for the implementation, maintenance and compliance of the safety program for their respective work areas or job assignment.

**SAFETY MEETINGS**

This company will ensure that all employees meet at least monthly to discuss safety and health issues or concerns and increase employee awareness of employee safe work practices, rules and procedures. Regular meetings will be designed to keep the safety program active in the minds of the employees and offer an avenue for employees to voice their concerns regarding workplace safety and health. Records of all meetings will be maintained as indicated in this plan.

**REPORTING OF HAZARDS AND UNSAFE CONDITIONS**

As a condition and requirement of continued employment, all employees will be required to report hazards and unsafe conditions in the workplace to their immediate **Supervisor**.

The Report of Hazards and Unsafe Conditions Form (Page 23) will be readily available to all employees and serve as a means for reporting these conditions.

All **Supervisors** will take prompt action relating to all hazard reports by investigating and determining if a true hazard or injury potential exists. If it is determined that a hazard does exist, immediate corrective action will be taken. The reporting employee will be notified by the Supervisor of the corrective action taken or the procedures used to conclude that no hazard exists. This information will be shared with all employees of the work area and, if practical, the entire company.

7

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**EMPLOYEE SAFETY ORIENTATION**

**AND TRAINING PROGRAM**

***(INSERT COMPANY NAME)***is committed to providing safety related orientation and

training to all employees at all levels. The Safety Director will develop, implement, and maintain an aggressive safety and health orientation and training program. Employee safety training will be administered in two phases consisting of new employee or reassignment orientation training and regular, refresher or ongoing training. Aside from the formal safety and health related training classes, employees will receive specific guidance and instruction on safe operating procedures of each assigned job or task.

The program's purpose will be to educate and familiarize employees with safety and

health procedures, rules, and work practices of ***(INSERT COMPANY NAME)***. ***(INSERT COMPANY NAME)***)will encourage and require involvement and

participation of all managers, supervisors, and employees. Furthermore, the executive level will support the orientation and training program with allocations in funding, staff, resources, and time to develop and implement this program.

The training subjects and materials will be developed utilizing industry and company specific criteria relating to identified and potential hazard exposures, injury and incident data, as well as training required by federal regulations. Training sessions will include, but not be limited to, the following:

 General safety rules and guidelines,

 Hazards associated with the work area,

 Hazards associated with a specific job or task,

 Emergency procedures,

 Personal Protective Equipment (requirements, proper use, and maintenance),

 Specific safety guidelines for equipment operation,

 Employee accident/hazard reporting requirements,

 Injury investigation (supervisors and other designated personnel),

 Any additional regulatory required training.

8

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**SAFETY ORIENTATION TRAINING**

Safety orientation training will be administered to all newly hired employees prior to the initial work assignment and to employees assigned to new or different tasks or jobs. The orientation will consist of a review of the general safety rules, safe lifting guidelines and/or specific job assignment and work area safety requirements.

All new employees will be given a tour of the assigned work area and an opportunity to pose questions to expedite the familiarization process. New employees will not be released to a job assignment until it has been determined by their immediate Supervisor that the individual has retained the minimal acceptable requirements of the training provided, received all pertinent information needed to safely perform the assigned job duties and signed the **Employee Acknowledgment Form** (Page 22) indicating his/her understanding of the general safety rules.

**REGULAR, REFRESHER AND ONGOING EMPLOYEE TRAINING**

All managers, supervisors, and employees are required to participate and become involved in the ongoing safety and injury prevention training program. The frequency, repetitiveness, and subject matter will be determined by training assessments, records review and workplace surveys to be performed as directed in this plan. Training will be conducted at intervals that ensure demonstration of adequate employee training and at no time will an employee be approved to work if a period of greater than 12 months has passed without refresher training. Additionally training will be scheduled as required by regulatory standards. All employees assigned to attend a training session must demonstrate competency and retention of the minimal acceptable information prior to returning to any job assignment.

9

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**SAFETY SURVEYS AND INSPECTIONS**

**(INSERT COMPANY NAME)**has implemented a program to identify, correct, and control workplace hazards on an ongoing basis. This program utilizes multiple resources to ensure maximum effectiveness.

**COMPREHENSIVE SURVEYS**

**(INSERT COMPANY NAME)**has arranged to receive a safety and health survey by the workers’ compensation insurance provider on at least an annual basis. These surveys will be established to identify existing and potential hazards and non-compliance issues that should be addressed. The findings of the surveys will be discussed and recommendations for corrective actions suggested. The survey will also include an evaluation of the overall effectiveness of this Injury Prevention Plan and its employee safety training policies and procedures.

**SAFETY INSPECTIONS**

(INSERT COMPANY NAME) will conduct (weekly, monthly, quarterly) and document in-house safety inspections that will include the entire work area and related equipment. All inspections will be conducted on an ongoing basis without interruption. Management will allocate adequate staff time and resources to perform the surveys. **(Conducted by Safety Committee or Department Heads, Safety Director, etc.) to be determined and specified.**

An inspection checklist(s) will be used to assist with completing the inspection process. The list will be evaluated and updated with hazard exposures that are identified during the inspections and through other pertinent data as determined necessary. The contents of this checklist will be reviewed on a regular basis to ensure effectiveness. The checklist will be and become a part of the permanent record of the inspection and will serve as a confirmation of the survey.

**Management** will review the inspection checklists to ensure that a course of corrective

action and time line has been established for eliminating each deficiency.

**INFORMAL DAILY INSPECTIONS**

Supervisors and employees will conduct informal safety inspections in the form of general observation and awareness of their assigned work area or work position on an ongoing basis and as part of their daily regular job duties. All hazards identified by this observation will be reported to an immediate supervisor for corrective action. The Report of Hazards and/or Unsafe Conditions Form will be used.

10

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

Employees will be notified of the hazards that pose an immediate threat of physical harm or property damage and informed of measures or steps that will be taken to eliminate, correct, or control the identified hazard.

**HAZARD CORRECTION AND CONTROL**

***(INSERT COMPANY NAME)*** is committed to and will correct or control all hazards

identified through any of the avenues of recognition established in this plan. All identified hazards will receive a timely response.

**HAZARD CORRECTION**

Whenever possible and feasible, hazards identified in the work area will be corrected by eliminating the cause of the hazard at the source. This will include, but not be limited to the following:

 Discontinuation or removal of identified hazardous chemicals, materials, or substances from the work area.

 Discontinuation from use or removal of hazardous equipment or machinery until replaced or repaired to safe operating condition.

 Repair of facilities to remove identified hazards.

 Implementation of additional corrective action as identified.

 Retraining of employees to correct any unsafe employee act or behaviors existent in the work area.

**HAZARD CONTROL**

When identified hazards cannot be eliminated from the work area, the hazard will be effectively controlled by engineering, administrative, procedures, work practices, personal protective equipment, or any suitable combination of these measures.

**Engineering controls include, but not limited to the following:** Isolation of employee exposure to the hazard, guarding or displacement of employee exposure to the hazard or preventative maintenance and repair of machinery and equipment

**Administrative controls and procedures will include, but not be limited to the following:** Written programs to establish administrative guidelines for safe work practices, and additionally established and implemented safety work rules and procedures

**Work practice controls will include, but not be limited to the following:** Careful planning and performance of each assigned job, task, or duty; reduction in duration of exposure to hazards; and adherence to safety and health rules and procedures.

11

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**INJURY REPORTING AND INVESTIGATION**

**(INSERT COMPANY NAME)**will investigate all work related accidents and near miss incidents involving employees or company property to develop preventative measures and implement corrective actions.

**Employees are required to report any of the following to their immediate supervisor:** Accidents/incidents with injury/illness of any magnitude (including first aid related cases); Accidents/incidents resulting in property or equipment damage of any magnitude; and Any near miss incidents that could potentially have resulted in injury/illness or property damage

**(INSERT COMPANY NAME)**will report the following situations to state or federal agencies as required: OSHA; All fatalities and accidents involving hospitalization of (3) or more employees will be reported within 8 hours.

**ACCIDENT AND INJURY INVESTIGATION**

All accidents and/or injuries will be formally investigated. An investigative team of at least the Immediate Supervisor, the employee(s) involved and any witnesses will come together and conduct a thorough investigation of the situation. Upon notification of an injury or near miss incident, the immediate supervisor will be responsible for initiating the investigative proceedings to determine the following:

1) What happened?

2) Why did it happen?

3) What was the basic cause (s) for it happening?

4) What will be done to prevent it from ever happening again?

5) Who is responsible for implementing the corrective action and when will it be implemented?

All activities and findings of the investigators will be documented and recorded for review. The Supervisor’s Accident Investigation Report Form will be used as minimum documentation of the investigation.

Management will review all investigation reports for thoroughness and corrective action determination and implementation.

12

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**SAFETY DISCIPLINARY POLICY**

**(INSERT COMPANY NAME)**will enforce an employee disciplinary policy that relates to rules, policies and procedures established in (INSERT COMPANY NAME)safety and injury prevention plan. The disciplinary policy will be a managerial tool to ensure a safe and healthful working environment. The disciplinary policy applies to all employees.

**VERBAL WARNINGS**

Management, Safety Director and Supervisors will be allowed to issue verbal warnings to employees that commit minor infractions or violations of established safety rules or safe work practices. Continued violations of safety rules will lead to additional disciplinary actions.

**WRITTEN WARNINGS**

Management or supervisors will issue written warnings for the following:

 Repeated minor violations of safety rules or procedures.

 Single serious violations of a rule or procedure that could have resulted in injury to them or another employee or could have caused property damage.

**DISCIPLINARY LEAVE, TERMINATION**

Supervisors may recommend and management may institute disciplinary leave or employee termination for the above reasons and/or the following:

 A single serious or willful violation of a safety rule or procedure that results in an injury to an employee or property damage.

 Repeated violations and/or non-conformance to established safety rules or procedures.

**DOCUMENTATION**

Violations of established company safety rules, regulations, policies or procedures will be documented in writing. The report will state the type and seriousness of the violation and will include a description of disciplinary action taken. The employee must read and sign the report acknowledging that they understand the seriousness of the violation. All safety violation information will be maintained in the employee’s personnel file.

13

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**SAFETY RECORD KEEPING**

The only means of documenting actions, reviewing results and identifying trends and deficiencies in an employee injury prevention and safety program is through an effective safety record keeping program. Safety record keeping is also essential in tracking the performance of assigned duties and responsibilities under the program. This company is committed to implementing and maintaining up to date injury prevention and safety program records.

The Safety Director will maintain records of all work related injuries and illnesses. The records will be maintained at (INSERT COMPANY NAME) Office, certain information, such as medical information is considered confidential and will be maintained so.

The following records relating to work related injuries and illnesses and will be maintained.

 OSHA 300, Log of Recordable Injuries and Illnesses (or equivalent),

 Texas Workers' Compensation Commission, Employer's First Report of Injury Forms,

 First Aid Log or other form of non-recordable accident/incident data.

The OSHA 300 Log of Recordable Injuries and Illnesses or an equivalent record will be maintained at (INSERT COMPANY NAME)Office. The information will be maintained current within six working days as required.

The completed summary portion of the OSHA 300 Log will be posted, in a conspicuous location, for employee review no later than each February 1, for the previous calendar year and will remain in place until the end of April.

All data pertaining to employee injuries/illnesses that did not require medical treatment or were otherwise not recordable on the above mentioned documents, will be maintained in written record form. This will include first aid treatment of any kind.

All injury/illness documentation will be reviewed on a monthly basis by Management, Supervision, Safety Director (or others, safety committee, workers’ comp, carrier, etc.) to analyze occurrences, identify developing trends, and plan courses of corrective actions to prevent future accidents.

14

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**SAFETY AND HEALTH SURVEYS AND INSPECTIONS**

(INSERT INDIVIDUAL NAME OR POSITION)will maintain and review records of all safety related audits and inspections that are conducted within or that affect (INSERT COMPANY NAME), our employees, or facilities.

The following records relating to safety and health surveys and inspections will be maintained:

 Comprehensive survey reports and records of action taken,

 Documented checklists of in house self-inspection and records of action taken.

Reports generated and received as a result of comprehensive surveys conducted by outside professional agencies will be maintained for record and periodic review as well as made available for all employees' information. Members of management that receive these reports will ensure that recommendations are followed and that corrective actions are taken and documented for record keeping purposes.

Checklist (Page 24) used during the completion of an in-house self-inspection process will be maintained to document these inspections. The checklist will be and become a part of the permanent record of the inspection and will serve as a confirmation of the inspection.

**SAFETY MEETINGS**

(INSERT COMPANY NAME)will maintain accurate records of all employee safety meetings.

These records will include the following information:

 Name of recorder,

 List of attendees, with signature,

 Details of topics discussed,

 Action or corrective measures suggested, recommended, or implemented.

Safety Meeting Attendance Form is found on page 25.

**TRAINING RECORDS**

(INSERT COMPANY NAME) will maintain documentation (Pages 22 and 25) of all safety and health related training as part of the employees’ permanent personnel file or in a designated employee safety training file. This documentation will be maintained as proof of training attendance. Records and documentation of employee safety related training will include:

 The trainer's or presenter's name,

 Date of training,

 Details of topic or subject covered,

 Legible identification of attendees,

 Attendee’s signature.

15

*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**INJURY INVESTIGATION**

**(INSERT COMPANY NAME)**will ensure proper records and documentation of all accident, incident, and near-miss incidents investigation activities are maintained and reviewed. Records and documentation will include:

 Designated Injury investigation form(s),

 Any other supporting data including photographs,

 Records of corrective action or preventative measures implemented.

Supervisor’s Accident Investigation Form is found on page 28.

**EQUIPMENT INSPECTION AND MAINTENANCE**

Safety Director will maintain records and data pertaining to equipment inspection and preventative maintenance programs performed involving company owned and controlled equipment or vehicles. Records and documentation will include:

 Routine inspection and maintenance records,

 Documentation of services performed by contract agreement

 Documentation of repair and replacement of parts or equipment

This documentation will be periodically reviewed by SAFETY DIRECTOR or MAINTEMANCE MANAGER. The documentation will be utilized to determine an effective, ongoing equipment maintenance program and to ensure regulatory compliance with regulations that require inspections on certain equipment.

**HIRING PRACTICES AND INJURY PREVENTION**

(INSERT COMPANY NAME)will carefully review the written employment application of each prospective employee prior to consideration for an interview or job offer. The following steps will be followed to ensure hiring of the best qualified candidate.

 Incomplete applications will not be considered as viable candidates for employment.

 Employment history review will be conducted to include dates of employment. If there are gaps between the various periods of employment, the applicant should be asked to explain them.

 Reference checks will be conducted on all applicants. When checking references an attempt to speak with the applicant's immediate supervisor will be made.

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*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**INJURY PREVENTION PLAN REVIEW AND REVISION**

Management/Safety Committee/Board/Department Heads and/or other designated representatives will periodically (at least annually) review and revise this Safety and Injury Prevention Plan for effectiveness and implementation. Special attention will be devoted to areas and criteria that demonstrate failure in a program component, introduction of new procedures, processes or equipment.

Corrective measures will be taken as needed to reemphasize or restructure the plan to perform at the optimum effectiveness.

Information will be solicited from all levels of employees to determine the effectiveness of each program component, and for assistance in developing adjustments and corrections.

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*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

**GENERAL EMPLOYEE SAFETY RULES**

1. **Follow Instructions.** If you do not understand, ask for additional explanation on how to do the job safely. All employees are expected to abide by the safety rules while performing work assignments or on Company property.

2. **Warning Signs.** Respect and obey all safety related warning signs.

3. **Unsafe Conditions.** You may notice conditions that appear hazardous. You should correct unsafe conditions if you can. If you can't, then report it to your supervisor promptly so they can be corrected.

4. **Work Habits.** You will do a service to yourself and your fellow workers by reporting unsafe working habits of other employees. You don't have to mention names. By doing this, you may prevent serious injury to yourself or others.

5. **Unfamiliar Equipment**. Avoid using any machine, equipment or tools that you have not been authorized, qualified, or trained to operate.

6. **Housekeeping.** Keep your work area clean.

7. **Personal Protective Equipment.** When protective clothing and equipment is issued to you, it is required that you use it for your safety. Take care of the equipment and have it replaced if damaged or worn out. Use the equipment only for its designed purpose.

8. **Foot Protection.** Wear appropriate footwear that will protect your feet while on the job.

9. **Loose Clothing.** Do not wear loose sleeves, shirt tails, loose or ragged clothing and jewelry around moving machines, especially long chains and rings.

10. **Horseplay.** Don't let your friendship or familiarity with fellow workers lead to playing a joke or thoughtless prank that could result in an injury. Horseplay on company premises or in company owned vehicles is strictly forbidden.

11. **Reporting of Accidents.** Immediately report an Injury to your supervisor. If injured, regardless of how minor, get the required medical attention or first aid promptly. All injuries must be reported to your supervisor immediately

12. **Lighting.** Employees should report burned-out light bulbs or dimly lit work areas to their supervisors.

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*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

13. **Floors.** Keep floors clean, free of oil, strings, rags, paper and any material that may cause slips and falls. Avoid stepping on loose objects on the floor. If using stairs, always keep one hand free to hold onto the rail.

14. **Fire Extinguishers.** You should know the location of the fire extinguishers in your work area and know how to use them. Report discharged and inoperative fire extinguishers to your supervisor.

15. **Observe**, "No Smoking" signs.

16. Always use the safety guards that are provided for your machine or equipment. Never remove material that is being used for injury prevention purposes, such as machine guards, lockout devices, and safety barriers.

17. Use the proper tool for the job. Hammering with wrenches, prying with a file, etc., are unsafe practices.

18. Never turn on switches, open valves, etc., without first checking to ensure that no one is in a position to be injured and that all safeguards are in their proper place.

19. Never attempt to perform repairs or perform service or maintenance on machinery, electrical equipment or other facilities unless you are authorized and trained to do so.

20. When using ladders, make sure they are in good condition and have good footing.

21. Never use shortcuts or by-pass safety features or methods when doing a job.

22. Fighting or abuse and destruction of Company property are prohibited and will be considered grounds for termination.

23. Obey all rules and abide by the regulations to help develop safety awareness among your fellow workers.

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*(INSERT COMPANY NAME) Safety & Injury Prevention Program*

24. **Lifting, Six Rules of Safe Lifting:**

a. *GET A FIRM FOOTING*: Keep your feet apart for a stable base; point toes out.

b. *BEND YOUR KNEES*: Don't bend at the waist. Keep the principles of leverage in mind at all times.

c. *TIGHTEN STOMACH MUSCLES*: Abdominal muscles support your spine when you lift, offsetting the force of the load. Train muscle groups to work together.

d. *LIFT WITH YOUR LEGS*: Let your powerful leg muscles do the work of lifting, not your weaker back muscles.

e. *KEEP THE LOAD CLOSE*: Don't hold the load away from your body. The closer it is to your spine, the less force it exerts on your back.

f. *KEEP YOUR BACK UPRIGHT*: Whether lifting or putting down the load, don't add the weight of your body to the load by bending at the waist. Avoid twisting at the waist, twisting the body while lifting can cause injury.

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**SAFETY AND INJURY PREVENTION PROGRAM**

**FORMS SECTION**

1. EMPLOYEE ACKNOWLEDGMENT FORM

2. REPORT OF HAZARDS AND/OR UNSAFE CONDITIONS

3. SAFETY SELF-INSPECTION CHECKLIST

4. SAFETY MEETING ATTENDANCE FORM

5. INJURY PREVENTION PLAN REVIEW AND REVISION FORM

6. SUPERVISOR’S ACCIDENT INVESTIGTION REPORT

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**SAFETY AND INJURY PREVENTION PROGRAM**

EMPLOYEE ACKNOWLEDGMENT FORM

1. **SAFETY RULES:** I fully understand that working in a safe manner, keeping my work area neat, clean and orderly is most important to my own safety and the safety of those around me. I have received and read WILLOW BROOK COUNTRY CLUB's safety rules and understand that I must abide by these rules at all times. I have been given a copy of these safety rules and instructed to refer to them on a regular basis. Whenever I see an unsafe work condition, I must report it immediately to my supervisor or management.

2. **LIFTING:** I have read the policy concerning the proper lifting techniques and do understand that I am expected to use these techniques in moving or lifting objects. I have been informed and do fully understand that I am not encouraged to lift or transfer any object by myself, unless I know I can safely lift or transfer the object by myself.

3. **REPORTING ACCIDENTS AND UNSAFE CONDITIONS:** I have been informed and fully understand that any injury that occurs to me or another employee or the identification of any unsafe condition must be immediately reported to my supervisor.

Employee Signature

Date

Printed Name

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**SAFETY AND INJURY PREVENTION PROGRAM**

REPORT OF HAZARDS AND/OR UNSAFE CONDITIONS

DATE OF REPORT:

PERSON REPORTING:

HAZARD/CONDITION IDENTIFIED:

COMPANY FINDINGS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CORRECTIVE ACTION TAKEN:

DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETED BY:

Management Review by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments/Recommendations:

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**SAFETY AND INJURY PREVENTION PROGRAM**

SAFETY SELF-INSPECTION CHECKLIST

Date of Inspection:

Person Conducting Inspection: Location Inspected:

(Use back if needed for comments concerning identified exposures.)

**YES NO**

1. **Housekeeping** - Is the work area clean and orderly? ❐ ❐

2. **Floors** - Are floors in good condition and free of trip hazards? ❐ ❐

3. **Stairways** - Are stairways safe and free of tripping hazards? ❐ ❐

4. **Storage** - Are materials, products, and supplies stored safely? ❐ ❐

5. **Ladders** - Are proper sized ladders provided where needed and

of standard construction, and in safe working condition? ❐ ❐

6. **Machines & Equipment** - Are machines and equipment in safe

working condition with necessary protective guards in place? ❐ ❐

7. **Tools** - Are the right tools for the job being used? Are all tools,

including power tools, in safe working condition? ❐ ❐

8. **Electrical** - Are grounds provided on power tools and extension cords? Are electrical power supply panels and boxes securely

protected from accidental contact? Are circuits properly marked? ❐ ❐

9. **Lighting** - Is adequate lighting provided in all work areas? ❐ ❐

10. **Personal Protective Equipment** - Are all employees provided personal protective equipment when their work duties require

the use of this equipment? Are they trained in proper use? ❐ ❐

11. **First Aid** - Are first aid supplies provided? ❐ ❐

12. **Fire Extinguishers** - Are fire extinguishers easily accessible and properly inspected? Have employees who would be expected

to use fire extinguishers had training in their safe use? ❐ ❐

13. **Exits** - Are emergency exits properly marked and readily accessible? ❐ ❐

**SAFETY AND INJURY PREVENTION PROGRAM**

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SAFETY MEETING ATTENDANCE FORM

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

PERSON CONDUCTING: Printed Name:

Title: Signature:

TOPIC/SUBJECT MATTER COVERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTENDANCE ROSTER:

PRINTED NAME SIGNATURE

FOLLOW UP ACTIONS NEEDED AS RESULT OF TRAINING SESSION:

**SAFETY AND INJURY PREVENTION PROGRAM**

SAFETY TRAINING ACKNOWLEDGMENT FORM

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DATE OF TRAINING SESSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON CONDUCTING: Printed Name:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation (if not employee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOPIC/SUBJECT MATTER COVERED:

**ACKNOWLEDGEMENT:** By signature below, *“I acknowledge that I have attended this training session. Through the discussion and presentation of the subjects covered and the interaction of this session, I understand how the issues, materials and subjects covered apply to me and the completion of my job duties in a safe manner. I agree to apply the information presented to my job to the best of my abilities.”*

ATTENDANCE ROSTER:

PRINTED NAME SIGNATURE

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**SAFETY AND INJURY PREVENTION PROGRAM**

INJURY PREVENTION PLAN REVIEW AND REVISION FORM

DATE OF REVIEW:

PERSON(S) INVOLVED IN REVIEW:

Printed Name: Printed Name: Title: Title: Signature: Signature:

Printed Name: Printed Name: Title: Title: Signature: Signature:

PARTS/ELEMENTS REVIEWED:

FINDINGS:

ACTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOLLOW UP RECOMMENDATIONS:

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**Supervisor's Accident Investigation Report**

MARRIED: OCCUPATION:

Yes No

**GENERAL INFORMATION**

NAME OF INJURED:

EMPLOYMENT DATE:

WORKSITE OR EXACT LOCATION OF ACCIDENT:

ACTIVITY AT TIME OF INJURY OR OCCURRENCE:

DESCRIBE INJURY:

WAS INJURED ACTING IN REGULAR LINE OF DUTY? YES NO (EXPLAIN):

NAME OF WITNESSES:

**UNSAFE ACT (What Happened)**

Operating without authority; failure to secure or warn Unsafe loading, placing, mixing, combining, etc. Operating or working at unsafe speed Taking unsafe position or posture

Making safety devices inoperative Working on moving or dangerous equipment Using unsafe equipment, hands instead of equipment, or Distracting, teasing, abusing, startling, etc.

equipment unsafely

Failure to use safe attire or personal protective Lack of job training or instruction equipment

Improper: turn lane usage backing interval signal judgment other:

**UNSAFE CONDITIONS**

Improper guarding (unguarded, inadequately guarded, Improper illumination (none, glaring light, etc.) guard removal, etc.)

Defective substances or equipment (broken, poorly Improper ventilation (poor, dusty, gassy, high humidity, etc.) design of, slippery, etc.)

Hazardous arrangement (unsafely piled material, poor Poor road or visibility conditions layout, poor housekeeping, no aisle markings, etc.)

improper dress or apparel (goggles, gloves, shoes, masks, sleeves, etc.)

Defective: brakes motor lights wipers steering tires wheels or rims other:

**STEPS TAKEN TO PREVENT RECURRENCE**

**Unsafe Conditions:** Eliminated condition Reported condition to: Repaired condition

Guarded machine

Other action (please explain): Other action (please explain):

**SUPERVISOR'S SIGNATURE DATE**

**BREAKDOWN OF UNSAFE ACTS AND CONDITIONS**

**UNSAFE ACTS UNSAFE CONDITIONS**

**OPERATING WITHOUT AUTHORITY, FAILURE TO FAILURE TO USE SAFE ATTIRE OR PERSONAL SECURE OR WARN PROTECTIVE DEVICES**

-Starting, stopping, using, operating, firing, moving machinery, -Failing to wear goggles, gloves, masks, aprons, shoes, leggings or vehicles or equipment without authority or without giving proper protective hats.

signal.

-Failing to shut off equipment not in use. -Failure to report defective safety apparel.

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EST. AGE:

COMPANY:

**Unsafe Act:**

EVENT DATE:

HOUR: AM PM

Instructed employee Supplied safeguard

Supplied personal protective

Warned employee

equipment

-Failing to place warning signs, signals or tags.

**INADEQUATELY GUARDED**

-Weak or defective guard.

-Improper shoring in trenching, construction or excavatio.

**DEFECTIVE TOOLS, EQUIPMENT OR MATERIALS**

-Rough, slippery, sharp-edged. -Low material strength.

-Poorly constructed. -Inferior composition.

-Decayed, aged, worn frayed, cracked.

**HAZARDOUS ARRANGEMENT OR PROCEDURE**

-Unsafely stored or piled tools or material. -Congestion of working space.

-Inadequate aisle space or exits.

-Unsafe planning and/or layout of traffic or process operations. -Misaligning

-Inadequate drainage.

**IMPROPER ILLUMINATION**

-Insufficient or no light. -Glare

-Unsuitable location or arrangement (producing shadows or

contrasts).

**IMPROPER VENTILATION**

-Insufficient air changes or concentration of toxic fumes, vapors, or

dust.

-Unsuitable capacity, location or arrangement of system. -Impure air source

-Abnormal temperature or humidity

**UNSAFE DRESS OR APPAREL**

-Goggles or face shields defective, unsafe, or unsuited for work or

missing.

-Gloves or mitts defective, unsafe, or unsuited for work or missing. -Apron defective, unsafe, or unsuited for work or missing.

-Shoes defective, unsafe, or unsuited for work or missing.

-Respirator defective, unsafe, or unsuited for work or missing. -Leggings defective, unsafe, or unsuited for work or missing.

-Protective hard hat defective, unsafe, or unsuited for work or

missing.

-Welders helmet or hand shields defective, unsafe, or unsuited for

work or missing.

-Safety belts defective, unsafe, or unsuited for work or missing.

**UNGUARDED**

-Lack of guard, screen, enclosure, barricade, fence, insulation

railing, rope, (as opposed to inadequate guarding).

**UNSAFE DESIGN OR CONSTRUCTION**

-Hazard built into new equipment or structures. -Faulty architecture, design or engineering.

-Faulty assembly, manufacture or erection (as opposed to "Defective" through wear and tear or abuse).

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-Failure of crane signalman to give proper signal.

**OPERATING OR WORKING AT UNSAFE SPEED**

-Running or walking backwards; jumping from vehicles, platforms. -Feeding, throwing or supplying material too rapidly.

-Driving too rapidly or too slowly; working too fast or too slow endangering self and others.

**MAKING SAFETY DEVICES INOPERATIVE**

-Removing or disconnecting safety devices

-Blocking, plugging, tying or failing to secure safety devices.

-Replacing safety devices with those of improper capacity, (higher amperage, electric fuses, low capacity safety valves); misadjusting safety devices.

**USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT OR EQUIPMENT UNSAFELY**

-Using defective equipment (mushroomed chisel head, chipped grinding wheel).

-Unsafe use of equipment (operating pressure valves at unsafe

pressures or volume).

-Gripping objects insecurely, taking wrong hold of objects. -Gripping objects insecurely, taking wrong hold of objects.

**UNSAFE LOADING, PLACING MIXING, COMBINING**

-Overloading, crowding or carrying too heavy load; crowding or unsafe

piling.

-Arranging or placing objects or material unsafely (parking, placing,

stopping, or leaving vehicles, elevators, and conveying apparatus in un-safe position for loading and unloading).

-Injecting, mixing or combining one substance with another so that

explosion, fire, or other hazard is created (injecting cold water into hot boiler, pouring water into acid).

-Introducing objects or materials unsafely (portable electric light or ex-

tension cord inside of boilers or in areas containing combustibles or explosives); smoking where explosives or combustibles are kept.

-Placing or leaving on working surfaces unnecessary tools, materials,

debris, rope, chain, hose, or electrical leads.

-Leaving spilled oil, water, grease or paint on working surfaces, floors

or stairways.

**TAKING UNSAFE POSITION OR POSTURE**

-Exposure under suspended loads; unnecessarily putting body or its

parts into shaftways or openings.

-Not using proper methods of ascending or descending

-Entering vessel or enclosure when unsafe because of temperature,

gases, wiring or other exposures.

-Working on high tension conductors from above instead of below. -Lifting with bent back or while in awkward position.

-Riding in unsafe position (on platforms, tailboards, and running boards of vehicles); tailing or stealing rides, riding on apparatus designed only for materials.

-Passing on grades and curves, cutting in and out, road hogging. -Exposure to falling or sliding objects.

**WORKING ON MOVING OR DANGEROUS EQUIPMENT**

-Getting on and off moving equipment (vehicles, conveyors, elevators). -Cleaning, oiling, or adjusting moving equipment containing dangerous chemical substances.

**DISTRACTING, TEASING, ABUSING (Horseplay)**

-Calling, talking, or making unnecessary noise; startling by throwing

material.

-Practical joking; quarreling or fighting.