

Hazard Prevention and Control

THE COMPANY shall undertake efforts as outlined in this section to correct or control potential hazards in a timely manner.

THE COMPANY will implement methods to eliminate the hazard, and will implement procedures for safe work. Safe work will be done through training, correction of unsafe performance, and compliance through the disciplinary system.

Identified Safety and Health Concerns:

All identified potential workplace safety and health hazards should be reported to the Safety and Health Manager, or a member of management. Situations that are unsafe, or posing as a safety and health hazard, will be reviewed and reported to management for corrective action.

Newly Identified Safety and Health Concerns:

Anytime a new substance, procedure, equipment, or process is introduced into the workplace, which creates or is reported to create an unsafe condition or situation, the Safety and Health Manager will evaluate the substance, procedure, equipment, or process. Employees will have an opportunity to submit their recommendations and suggestions regarding new workplace hazards at any time.

Hazards Which Create a Risk of Imminent Harm:

When a hazard exists which THE COMPANY cannot control or abate immediately without endangering employees and /or property, all exposed personnel will be removed from the immediate area of potential exposure, except those employees that are necessary to correct the hazardous condition. All employees involved in correcting the hazardous situation will receive appropriate training and/or instruction in how to do so. They will also be provided with the appropriate personal protective equipment.

Hazards Which Do Not Create a Risk of Imminent Harm:

Unless there are factors beyond THE COMPANY reasonable control, such hazards are to be abated within 5 days or less.

Housekeeping:

Good housekeeping is an integral part of any effective safety program. Keeping work areas neat and clean reduces the potential for accidents and injuries. Each employee is responsible for keeping his or her work area neat, orderly, and free of any hazardous condition.

Property Maintenance

Purpose:

To establish the policy for property maintenance.

Policy:

THE COMPANY goal is to provide its customers and employees with a safe facility. The following guidelines will help management determine if needed repairs are necessary.

Guidelines for Property Maintenance and Repair:

Property maintenance and repair will be performed to meet the standards of:

- Safety
- Any applicable codes, including
- Occupational Safety and Health Administration (OSHA)
- National Fire Protection Association (NFPA) which include
- National Electric Code
- Flammable Liquids Code
- Life Safety Code
- National Fuel Gas Code
- Uniform Fire Code (UFC)
- Building Officials and Code Administrators International Building Code (BOCA)
- Americans With Disabilities Act (ADA)
- Continued operation of the business

Management must promptly, as appropriate, fix, repair, train employees, and/or give warnings of safety hazards. Management must promptly fix or repair any item necessary for the continued operation of the business. In the event an accident occurs, the Safety and Health Manager will fill out the **Liability Report Form** on the next page, and maintain a record thereof.

Emergency Action Plan

Purpose:

To establish the policy and procedures regarding management's and employee's response to various emergency situations. Examples of an emergency are fire, tornado, earthquake, and bomb threat.

Overview:

The procedures cover the following topics:

- 1. Fire Reporting and Response**
- 2. Evacuation**
- 3. Tornado Preparation and Emergency**
- 4. Bomb Threat**
- 5. First Aid**
- 6. Hazardous Material Spill**
- 7. Earthquake**
- 8. Robbery**

Policy:

THE COMPANY has developed plans that address emergency situations that may arise in THE COMPANY locations and which may threaten human health and safety, and damages THE COMPANY assets. Management is responsible for implementing the Emergency Action Plans. These Emergency Action Plans will meet the following objectives:

1. Provide a means of notifying employees, customers and local authorities of an emergency situation.
2. Provide for a safe and orderly method of evacuation of employees and customers from THE COMPANY premises.
3. Account for all employees who occupied THE COMPANY premises at the time of evacuation, should one occur.

4. Provide emergency first aid treatment or summon emergency medical assistance for injured individuals.
5. Provide training and needed information to those employees responsible for taking action in the event of an emergency.

Signs as required by ordinance, regulation, or law will identify emergency exits. Employees are required to be familiar with the location(s) of alarm pull stations and emergency exits.

Training on Emergency Action Plans will take place during new employee orientation, when changes occur in the action plans, and periodically as coordinated by the Safety and Health Manager.

Smoking is never allowed anywhere on THE COMPANY premises during a emergency

If hazardous materials are involved, disposal must be done in compliance with federal, state, and local environmental laws.

Procedure:

I. Fire Reporting and Procedure:

If a fire alarm or alert is sounded or a fire is reported by an employee, regardless of the reason for the alarm or the severity of the fire, the following action must be taken immediately:

- Senior Management 1. Immediately notifies the Fire Department by dialing 911 (where applicable) or the local fire emergency number: _____ .
2. Gives THE COMPANY name, address, and area where the fire is located.
3. Assigns an employee to wait for the fire department outside THE COMPANY and direct them to the fire's location.
4. Announces evacuation instructions over the public address system. "Ladies and Gentlemen. THE COMPANY is being temporarily closed. We request that you leave by the nearest exit immediately. Thank you."

Senior Management

5. Once outside THE COMPANY, takes a head count of employees to insure all were safely evacuated. Double checks that all individuals are out of THE COMPANY premises.

Note: When one or more employees are unaccounted for, employees are not to re-enter the building to conduct a search. Notify the ranking fire or other emergency response official on the scene and their approximate location.

6. Immediately after the fire, notify the President of THE COMPANY and all other management individuals. Coordinate any salvage and repair operations.

Employee

7. If trained in the use of fire extinguishers, may attempt to suppress a small fire, until relieved by the Fire Department or until it becomes apparent that the fire cannot be controlled by fire extinguishers.

Note: Employees should never attempt to control a fire, which endangers their health. They must immediately evacuate the area when it becomes apparent that the fire cannot be controlled or when conditions become more hazardous.

II. Evacuation:

Senior Management

1. Telephones the local emergency agency (for example, fire, police, hazardous materials team, etc.).
2. Makes the following announcement on the public address system, "Ladies and Gentlemen. THE COMPANY is being temporarily closed. Please leave by the nearest exit immediately. Thank you." Make this announcement twice, and repeats it every minute or more frequently if needed.
3. Checks all areas of their respective departments, restrooms, and public areas to verify that employees and individuals are evacuated.

Senior Management

4. Secures all cash, checks, and charge documents in the safe if time permits.
5. Designates a safe area outside THE COMPANY as a gathering point for all employees. Takes a head count of employees to insure all were safely evacuated.

Note: Employees are not to re-enter the building. Management will notify the ranking fire or other emergency response official on the scene of a potentially trapped person and their approximate whereabouts.

6. Dismisses all non-essential employees.
7. Telephones the President of THE COMPANY and all other management personnel.

II. Tornado Preparation and Emergency:

Prior to any tornado emergency, Management will designate safe shelter areas within the building for employees and individuals. There are some general guidelines that may be used to aid in the selection of such spaces. When selecting a safe shelter, consider:

- The lowest floor, preferably a basement
- Interior spaces- rooms with no walls on the exterior
- Areas supported by secure, rigid structural frame members
- Short roof spans

THE COMPANY safe shelter area is located _____. It will be stocked with a first aid kit or medical supplies and several flashlights.

Tornado Watch Procedures

- Senior Management 1. A Tornado Watch means that conditions are right for severe thunderstorms and possible tornadoes to develop. When notified of a tornado watch in the area, Senior Management will tune the radio to the National Weather Service channel to stay current on the storm progress.
2. Checks to insure that all safe shelter areas are unlocked and accessible.

- Senior Management
3. Checks to be sure that medical supplies and flashlights are stored in the safe shelter area.
 4. If time permits, "X" the windows with tape or secure plywood to the outside of windows.

Tornado Warning Procedures

- Senior Management
1. A Tornado Warning means a tornado has been seen or detected by radar. Senior Management will inform all employees and individuals to take cover in shelter areas immediately.
 2. Makes the following announcement on the P.A. System:
"Ladies and Gentlemen. The National Weather Service has issued a Tornado Warning for this area. Due to this warning, THE COMPANY is being temporarily closed. **Please do not leave the building.** We request that you proceed to the shelter area(s) located in the **name of location(s)**"
 3. Assigns someone to shut off the main gas and electrical system.
 4. Afterwards, coordinates first aid assistance to individuals.

III. Bomb Threat:

When someone calls and says there is a bomb in the building, the following steps will be performed:

- Employee (Receiving Threat)
1. Keeps the caller on the line as long as possible. Asks them to repeat the message. Tries to write down every word spoken by the caller.
 2. Asks the caller where the bomb is located and when it will go off.

Employee

3. Tells the caller that the building is occupied and detonation of a bomb could result in the death and injury to innocent people.
4. Pays particular attention to background noises, such as music playing, engine noises, etc.
5. Listens to the voice, male, female, voice quality, accent, and speech impediments.
6. When the caller hangs up, **do not hang up the phone!**
Sometimes, phones can be traced back to the source.
Immediately notify management and describe the threat.

Senior Management

7. Calls the local Police or Fire Department to report the Incident. Follows all recommendations and instructions provided by either department.
8. If the Police or Fire Department declines to give instructions to evacuate the building, search the premises (if time permits) for any suspicious looking device or package. If one is found, follow the Evacuation Plan.
Do not touch any suspicious device or package.

IV. First Aid:

If an employee / individual is injured, the initial responsibility of management is to provide the needed first aid or arrange for emergency medical response or professional medical care.

Senior Management

1. Treats the injured individual using the supplies from THE COMPANY first aid kit.
2. In the event an employee is seriously injured and requires professional medical care, drive the employee to a medical provider. If any individual is not mobile or has a life threatening injury or illness, arrange for emergency care and transportation (call 911).

V. Hazardous Material Spill:

Management will respond to incidental releases of hazardous substances when the substance can be absorbed, neutralized, or otherwise controlled at the time of release by employees in the immediate area or by maintenance personnel. If a large spill or fire occurs that is not controllable, Management will contact the appropriate local authorities, such as the Fire Department.

VI. Earthquake:

All employees must be aware of the potential for earthquakes and the resulting damage to buildings and facilities.

A. During an Earthquake:

Employee

1. If indoors, stay indoors; if outdoors, stay outdoors.
In earthquakes, most injuries occur as people are entering or leaving buildings.

1.a. If indoors:

- 1) Take cover beneath a desk, table, bench or in doorways, halls or against an interior wall.
- 2) Stay away from glass windows and glass doors, and away from containers having hazardous material stored.

1.b. If outdoors:

- 1) Move away from buildings and all structures, and all overhead electrical wires.
- 2) If operating a vehicle, stop as soon as possible, but stay inside the vehicle.

B. After an Earthquake:

Senior Management

1. Coordinates first aid efforts.

2. Turns on the radio to get emergency information from local authorities.

- Senior Management
3. Check natural gas lines for leaks. If a leak is detected, shuts down the system, and notifies the local gas service company.
 4. Shuts off the electrical current at the main breaker box if Power has been interrupted.
 5. Directs employees and individuals to a safe assembly area outside the building.
 6. Takes a head count to insure all employees were safely Evacuated.
 7. Does not permit individuals to enter the building again until cleared by authorities.
 8. Assigns duties to clean up damage and resume business as soon as possible.

VII. Robbery:

In the event a robbery occurs, the main objective is to reduce the risk of injury to employees and individuals and to get the robber out of the building as soon as possible.

Employee

1. Be attentive and calm. Listen to the robber and do exactly what he/she asks you to do.
2. Do not give up money as demanded.
3. Remain alert. Try to remember details of the robber's appearance, clothing, speech, etc.
4. If possible, watch the robber's method and direction of escape.
5. Expect foul/strong language. Expect to lie on the floor.
6. Do not make any sudden movements.

Employee

7. Don't overreact. Do not grab for the weapon or call for help.
8. Do not argue.
9. After the robbery, write everything down.

Senior Management 10. Call the Police

11. Call the President of THE COMPANY

Have all witness write everything they can recall.

EMERGENCY INFORMATION
(To Be Posted)

FIRE:

Telephone Fire Department: _____

Nearest Alarm Box: _____

Crime:

Telephone Police: _____

Injury/Illness:

Avoid infection of minor injuries; always get medical attention or skilled first aid

Employees who are First Aid and/or CPR Certified

Doctor _____

Office _____ **Phone** _____

Residence _____ **Phone** _____

Hospital _____

Address _____ **Phone** _____

Ambulance _____

Address _____ **Phone** _____

In all cases of Fire, Crime, Accident, or Sickness, promptly notify:

1. Name _____ **Office Phone** _____
_____ **Home Phone** _____

2. Name _____ **Office Phone** _____
_____ **Home Phone** _____

Additional Numbers: _____
(Alarm Company., Office Phone, etc.)

Employee Report of Accident, Injury or Illness

Instructions: Please Print. Fill in all blanks. If a blank does not pertain to your accident, injury or illness write "N/A" in that blank. When completed, return this form to your supervisor.

Name: _____

Social Security Number: _____ **Sex** ___ **Age** _____

Address _____ **Phone Number** _____

Marital Status: Single Married Separated Divorced Widowed

of Dependents _____

Employment Start Date	Time in Present Job
Job Title	Supervisor's Name
Department	Date & Time of Accident
Location of Accident	Task being Performed
Name of Witness	Name of Witness
Describe how the accident happened	
What caused the Accident	
What could have prevented this accident	
Date & Time you first sought medical attention	
Name of Hospital or Doctor	
Were you using required safety equipment?	
Do you have a job at another company?	

The information I have provided either in my own writing or verbally for the purpose of this form is true and correct. I understand that providing false or misleading information or omission of information on this report or any other form relating to this claim of injury/accident may result in termination of my employment.

Signature of

Employee: _____ **Date:** _____

Reader or Interpreter: _____ **Date:** _____

Signature of Witness: _____

