**James M. Barb**

**Construction, Inc.**

**SAFETY**

**MANUAL**

**2-2020**

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**1.0 - SAFETY POLICY**

***James M. Barb Construction Inc.*** is committed to providing a safe and healthy working environment **for our employees, clients and subcontractors**.  Safety is our number one priority.

Our goal of achieving compliance with OSHA statutory regulations, relating to employee health and safety, are met through cooperation and participation. This program will be reviewed annually to determine the overall success and completeness in meeting all goals and objectives to ensure deficiencies are identified, the program is appropriately revised, and that all aspects of the program are constantly evolving and moving in a proactive direction.

Employees, clients, and subcontractors are encouraged and expected to become involved in all aspects of implementing this Safety and Health Program.  All employees and subcontractors are expected to utilize established avenues to solicit and receive comments, information, and assistance where safety and health is concerned.  **James M. Barb Construction Inc.** Directors, Managers and Supervisors will aggressively solicit from all employees the assistance for and commitment to, the implementation and overall growth of the Safety and Health Program.

Employees and subcontractors are expected to perform their respective job duties in a manner that is safe for themselves and those around them.  Employees and subcontractors are required to comply with all safety and health policies, procedures and regulations established by **James M. Barb Construction Inc.**, our clients, Federal or State OSHA, NIOSH, authority having jurisdiction and any non-standard site specific procedures or policies.

Continued employment and business relations with **James M. Barb Construction Inc.** are contingent upon all parties recognizing and complying with our Safety and Health Program requirements.

 James M. Barb

 President

**2.0 - PROFESSIONAL CONDUCT**

All employees and visitors regardless of title or position, relevance to the project or company, and/ or personal status shall conduct themselves in a professional manner at all times. NO employee at any time shall discuss project details outside of the project with an unknown person or persons without having been properly authorized and advised to do so by the **James M. Barb Construction Inc.** Safety Manager. NO employee at any time, while working within the site boundaries during work hours, shall interact with the public for any reason unless authorized to do so by the **James M. Barb Construction Inc.** superintendent or supervisor on site. When entering, leaving, or in the general visible area of the project site, ALL employees are to act professional at all times. Unprofessional conduct of any kind will not be tolerated and you will be required to leave the site, building, or general area immediately. Further review of the occurrence will be conducted by **James M. Barb Construction Inc.’**s management team with a formal follow up (verbally or written) provided once a path forward has been defined. The outcome of the review, or path forward as defined by **James M. Barb Construction Inc.’**s management team, will be strictly enforced or implemented with the affected party or parties being required to provide written acknowledgment that they will abide by all requested guidelines or possible immediate termination will follow.

**PROHIBITED ACTIVITIES that will result in immediate dismissal from the project site and/or termination of employment include but are not limited to: Horseplay, Fighting, Physical/ Sexual/ Racial/ or Verbal Abuse or Harassment, Use or Possession of A Fire Arm or Sporting Knife, Use/ Possession/ or Abuse of Drugs and/or Alcohol, Any Activity That Endangers Life & Health, Purposeful Destruction/ Vandalism/ or Theft of Company or Personal Property, and Intentional Deviation or Blatant Disregard for the Policies & Procedures Set Forth in This Safety Plan or Those Set Forth by Other Regulating Agencies (OSHA, NIOSH, and ANSI) That Result In An Immediate Danger To Life & Health.**

**James M. Barb Construction Inc.** management members reserve the right to issue disciplinary warnings to employees of **James M. Barb Construction Inc.**, or other contract workers under their direct authority, up to and including termination, for failure to follow the guidelines of this program.

**3.0 - DEFINITIONS**

**Construction Manager and General Contractor** - herein after referred to as **James M. Barb Construction Inc.**

**Subcontractor –** Any company and its employees, under contract to **James M. Barb Construction Inc.** to perform work, provide materials, equipment, etc., for the project.

**Third Tier Subcontractor –** Any company and its employees that are under contract to a subcontractor, to perform work, provide materials, equipment, etc., for the project.

**Superintendent -** The **James M. Barb Construction Inc.** on-site person responsible for project safety, coordination, administration, planning, scheduling, and completion.

**Supervisor -** An experienced person designated to carry out supervisory, statutory and contractual obligations at the worksite.

**Employee** – Any person working directly or indirectly for **James M. Barb Construction Inc.**.. This includes temporary, part-time, seasonal, and full time individuals working both on site and in administrative offices.

**Worker** – Shall refer to any person performing work, supplying materials or equipment on **James M. Barb Construction Inc.** projects, including employees, subcontractors, and suppliers.

**Authorized Operator -** A qualified and trained person assigned to operate a given vehicle, equipment or tools.

**Qualified Person -** One who, by possession of a recognized degree, certificate or professional standing, or who by extensive knowledge, training and experience has demonstrated his/her ability to solve problems relating to the work or project.

**Competent Person -** One who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous or dangerous and who has authorization to take prompt corrective measures to eliminate them.

**Fall Protection -** Required for most activities 6 feet above lower levels, (i.e. standard guardrails, hole covers, safety nets, personal fall arrest systems, warning lines and safety monitors).

**SDS- *Safety Data Sheet* -** Required by Federal law, lists chemical & physical dangers, safety procedures, PPE & emergency procedures.

**ANSI -** American National Standards Institute

**OSHA -** Occupational Safety and Health Administration

**NIOSH -** National Institute for Occupational Safety and Health

**4.0 - AUTHORITY AND RESPONSIBILITIES**

**James M. Barb Construction Inc.** Safety Manager or designee is responsible for providing resources and guidance for the development, maintenance and implementation/ enforcement of the safety and health process and all policies and/or procedures with it.

The Safety Manager and/or the appointed designee (Project Manager and/or Superintendent) are responsible and will be held accountable for the overall implementation of the working policies and procedures. The Safety Manager has the authority to delegate any or all portions the program to subordinates, but will be held accountable for the overall performance of the process. The Safety Manager or designee also has the authority to approve or carry out disciplinary actions against those that violate policies, procedures, or rules/ regulations; in consultation with the appropriate management personnel.

Management 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/ regulations established by the company. They are also responsible for administering training and guidance to employees under their direction. Management personnel have the authority to reprimand and recommend disciplinary actions against employees that violate the safety and health policies of **James M. Barb Construction Inc.** and/ or any of is contracted clients.

Employees are responsible and will be held accountable for providing **James M. Barb Construction Inc.** with a commitment to the safety and health process, abiding by the policies, procedures, rules set forth by the process, and becoming actively involved in the process to assist in providing a safe and healthful workplace for all involved.

This safety manual is for both direct and indirect employees, deemed full or part time, contracted or otherwise. It applies to all parties individually and companies contracted to conduct work with or for **James M. Barb Construction Inc.**.. With OSHA, NIOSH and ANSI standards acting as the minimum required regulations, the policies and procedures provided herein shall supersede all other policies provided by contracted companies and/or clients. Exceptions to these policies and procedures will only be made when provided with a standard, policy or procedure that exceeds those set forth by **James M. Barb Construction Inc.**.. Upon these occurrences prior to any changes being made final, all information will be provided to **James M. Barb Construction Inc.** project management and further to the Safety Manager for further review and judgment on implementation or deviation from current **James M. Barb Construction Inc.** standards. There will be no exceptions to this process.

**Note: The James M. Barb Construction Inc. Safety Department and its associated management teams reserve the right to amend any policy or procedure herein as they see fit, without consultation or approval of its employees or subcontractors, when it is in the best interest and benefit of employee safety and health. Notification of any changes will be provided in writing within 48 hours of an approved policy or procedural change. All cost and time associated with training, equipment, materials, and/ or loss there of as well as any loss of time relative to a project, are the express responsibility of the subcontractor and those employees which represent them (this includes third tier subcontractors).**

**4.1 - SUPERINTENDENT & SUPERVISOR’S RESPONSIBILITIES**

Safety is as much a part of the superintendent’s and/ or supervisor's responsibility, as that of getting the job done efficiently, on schedule and on or under budget. The superintendent or supervisor in charge is ultimately responsible for site and employee safety throughout the life of the project. Important responsibilities for the superintendent and/ or supervisor include, but are not limited to:

Use simple, easily understood instructions. Follow up to ensure compliance with those instructions. And provide coaching when and where necessary.

Correct or have corrected all reported hazards, immediately. Operating under known hazardous conditions will not be tolerated.

Do not permit new or inexperienced employees to work with power tools or complex equipment without proper instruction and supervision.

Give adequate and full instructions. Do not assume that an employee knows how to do a job unless you personally have knowledge that the person can perform the task correctly.

Ensure that proper tools, and/or equipment are available for the job at hand, and that they are in safe and proper operating condition prior to use.

Ensure that proper **PPE** (**P**ersonal **P**rotective **E**quipment) is available and that employees use it when necessary or required. As a supervisor, always set a good example in safety.

Do not allow the use of unsafe tools or equipment. As a supervisor, it is your responsibility to ensure your subordinates have the necessary and proper tools for the job.

Rigidly and consistently enforce the Safety Policies and its rules, equally and fairly. When it comes to Safety, friends, buddies etc., come second, Safety, above all else, comes first!

Ensure that all employees/subordinates under your supervision have been provided with a copy of safety procedures, and that you have reviewed these procedures with them, prior to commencement of their work.

Encourage safety suggestions, reporting of hazardous conditions/equipment from employees under your supervision.

Provide an Emergency Action Plan to obtain prompt first aid or emergency services for injured employees.

Immediately after rendering first aid for an injured employee, perform an investigation to determine root cause of all incidents. Determine what occurred and what will be necessary to prevent a reoccurrence

Provide or arrange to have on-the-job training or refresher training provided for those in need, or when and if new equipment or procedures are in place.

**4.2 -  EMPLOYEE’S RESPONSIBILITIES**

**All Employees & Subcontractors Are Responsible & Accountable To:**

**The overall environmental safety and health process, and aiding in the success of the safety program. All employees and subcontractors must be aware of their actions, be in an alert, coherent, mental state, be physically fit for their job and its conditions, and maintain a proper attitude for their work requirements and the job requirements overall as this will directly affect the safety of each employee.**

**All Employees & Subcontractors Will:**

**Know your job, follow instructions, and think before you act. If questions or concerns arise prior to or throughout the process of a task or scope of work regarding the overall safety of the employee, task or surrounding environment, the employee or task shall STOP WORK IMMEDIATELY and consult with the James M. Barb Construction Inc. superintendent or supervisor on site.**

**Always stop work if you are unsure, in doubt, need help, or, are unclear of their duties, job requirements or equipment usage, until a clear and proper answer is obtained from the James M. Barb Construction Inc. superintendent and/or supervisor.**

**Work according to good safety practices, as posted, instructed, and discussed.**

**Refrain from any unsafe act that might endanger themselves or fellow workers.**

**Use all safety devices provided for their protection, or as required for the job at hand.**

**Report any unsafe situation or act to their supervisor or safety representative immediately,**

**and refrain from continuing the job until it is safe to do so.**

**Assume your share of responsibility for thoughtlessness or deliberate acts that cause or may cause injury to yourself or your fellow workers.**

**Follow ALL safety rules, inclusive of your company’s clients you are working for. Ensure you are aware of their safety rules and regulations, as they may differ somewhat from yours.**

**Never operate any machinery or equipment that you are not familiar with and/or trained to operate, or equipment that is defective or in need of repair. It is your responsibility to immediately notify your supervisor of any machinery or equipment that you find is unsafe, defective or in need of repair until it has been removed, destroyed, repaired or replaced.**

**Regardless of severity report ALL accidents, injuries, or near miss incidents, as soon as they occur prior to the end of your shift, to your supervisor.**

**5.0 - ADMINISTRATION**

**5.1 - SAFETY MEETINGS**

Safety meetings are an effective way to encourage and inform employees in developing and following safe work practices.

**“Tool Box Topic”** meetings are to be held by each subcontractor at least once weekly, preferably Monday or Tuesdays. An employee sign in shall be used to verify the topic of discussion and those in attendance. Topics should be relevant to applicable exposures. A copy of the sign in sheet shall be provided to the **James M. Barb Construction Inc.** superintendent or supervisor by the end of the working day that the meeting was held. This standard also applies internally to all **James M. Barb Construction Inc.** project teams.

**“All-Hands/ Site Wide”** meetings are to be conducted on a weekly basis with the exact day and time to be determined by the **James M. Barb Construction Inc.** superintendent or supervisor on site. ALL subcontractors and associated employees shall attend this meeting, it is mandatory for all parties equally unless an exception has been made prior to the start of the meeting directly and only with the **James M. Barb Construction Inc.** superintendent or supervisor. These meetings will have a main topic of discussion, occasional guest speakers, and cover an overview of the current critical tasks and/or hazards present around the project. A sign in sheet will also be provided for this meeting and turned into the **James M. Barb Construction Inc.** Safety Manager at least once a month. A lack of attendance (without a superintendents/ supervisors exception) to this meeting by any subcontractor or employee more than two weeks in a row will not be tolerated and associated penalties may be applied.

Discussions of new safety rules, possible hazards to be encountered, or changes in procedures or equipment are examples of some topics which should be covered.  When safety training is provided during safety meetings, it shall be documented within your weekly safety meeting sign in sheet as to the date, attendance (signature in each employee's own handwriting), and type of training received/ given. Whenever possible provide copies of any and all training certificates or certification cards to the **James M. Barb Construction Inc.** superintendent or supervisor for “on hand” use or reference.

**5.2 - Employee Training & Record Keeping**

Annual training will be provided to employees of **James M. Barb Construction Inc.** and will include, but is not limited to:

**1**. Drug & Alcohol Abuse Policy
**2**. Fall Protection & Prevention
**3**. Proper Lifting Techniques & Body Positioning

**4**. **James M. Barb Construction Inc.** Safety Policies & Procedures
**5**. Accident Prevention, Reporting & Investigation
**6**. Materials Handling & Storage

**7**. Personal Protective Equipment

**8**. Hazard Communication / Right to Know

**9**. Excavation & Trenching

**10**. Crane Rigging & Signalman

**11**. OSHA 10 or 30 hour Construction outreach training.

The Safety Manager, or appointed designee, is ultimately responsible for ensuring this training is conducted in timely and proper manner for all current and new hire **James M. Barb Construction Inc.** employees.

**Subcontractor** administrative or project management teams/ representatives are responsible for training of all employees scheduled to perform work on a **James M. Barb Construction Inc.** project. Prior to the start of work, employee training records shall be provided to the **James M. Barb Construction Inc.** superintendent or supervisor. Records for any employee that will be operating motorized or powered equipment, specialty tools, and/ or working in an IDLH (**I**mmediate **D**anger to **L**ife & **H**ealth) atmosphere shall be on hand for immediate reference or official use. Employees performing work without these records on hand will be immediately stopped, and work postponed until records have been provided. Note that these delays or impacts will be at the time and expense of the subcontractor responsible for providing such training and associated records.

**5.3 - DISCIPLINARY ACTIONS**

The success of this safety program is dependent on cooperation and strict compliance with established safety rules, regulations, policies, etc.

**First Violation:**

Management, supervisors and workers who break or disregard safety and/or health rules or established work procedures will be required to attend verbal reorientation. This reorientation will be conducted by the **James M. Barb Construction Inc.** superintendent or the supervisor on site, to cover the affected area(s) for the initial violation.

**Second Violation:**

This will result in a written warning to the employee signed by both the employee’s supervisor and the **James M. Barb Construction Inc.** superintendent or supervisor. The written warning will contain: the rule violation, acknowledgment of reorientation before this written warning, notice that this is a second occurrence of a violation and further violations will result in more extensive disciplinary action.

**Third & Final Violation:**

These violations will be referred to the **James M. Barb Construction Inc.** Safety Manager and other associated **James M. Barb Construction Inc.** management for immediate review. During this review process the employee in violation will be required to leave the project site temporarily, and pending the result of the management review, may result in permanent dismissal or removal from the project site or company.

**NOTE**: Certain infractions or violations of the regulating safety policies and procedures (**James M. Barb Construction Inc.**, OSHA, NIOSH, ANSI, or owner/ site/ task specific) are grounds for immediate dismissal upon first violation without further review or notice. These types of violations include but are not limited to: Sexual/ Verbal/ Racial/ or Physical Harassment, Fighting, Possession or Use of a Firearm or Recreational Knife, Use or Abuse of Alcohol and/or Drugs, Committing and act that endangers their life or the lives of those working around them, Blatant disregard for any IDLH safety policy or procedure, etc.

Should an employee believe that he/she is being requested to perform a task that disregards established safety rules or otherwise hazardous duty, that employee has the right to refuse to perform the task without fear of retaliation or penalty. To establish a safe procedure, the topic will be discussed with the employee, their respective supervisor, and the **James M. Barb Construction Inc.** superintendent or supervisor on site.

**5.4 - STATUTORY SAFETY AND HEALTH REQUIREMENTS**

It is **James M. Barb Construction Inc.’**s policy to achieve voluntary compliance with the OSHA Statutory Safety and Health Requirements. Field and shop supervisors will be familiar with these requirements and work diligently to meet the stated objectives.

Pursuant to authority provided under the OSHA Safety Standards, MINIMUM safety and health standards have been published; these regulations and standards outline the MINIMUM safety and health measures acceptable. **James M. Barb Construction Inc.’**s goal is to exceed the minimum standards, when possible, to protect the health of our employees.

**5.5 - HAZARDOUS HEALTH AND SAFETY CONDITION CONTROL**

Employees shall notify the **James M. Barb Construction Inc.** superintendent or supervisor on site in person or in writing of hazardous conditions. Employees have the right to remain anonymous and will not suffer reprisal for reporting a hazardous condition.

All employees are encouraged, and required to report any unsafe conditions observed or noted. The observations of unsafe conditions are to be written. The attached "Employee Report of Unsafe Condition" form is one example of the type of form and information needed. The forms will be kept on site at the **James M. Barb Construction Inc.** project office, and a copy will be sent to the **James M. Barb Construction Inc.** Safety Manager for further review and general records.

In the case the **James M. Barb Construction Inc.** superintendent or supervisor on site are unable to establish an acceptable plan of remediation, the **James M. Barb Construction Inc.** Safety Manager will provide direction on how to proceed. On both accounts however, a plan of remediation shall be reached within 24 hours of the initial notice, and all necessary steps taken immediately to safe guard the area of concern during that time.

**5.6 - RECOGNIZED HAZARD CORRECTION**

Superintendents will coordinate efforts with management, supervisors, and employees for the correction and control of recognized hazards.

Where and when feasible, engineering controls shall be implemented to eliminate hazards or provide prevention of a hazard. **James M. Barb Construction Inc.** will provide Personal Protective Equipment (PPE) to protect its internal employees and any site visitors against identified hazards. Subcontractors are responsible for providing the appropriate PPE to their respective employees per the task each employee will be performing. The **James M. Barb Construction Inc.** superintendent or supervisor will perform a job hazard analysis to ultimately determine the type and extent of PPE necessary for each job or task.

Management will establish safety and health rules and safe work procedures for general employee activities as a means of administrative controls. Management, supervisors and employees will read and implement these procedures and rules in their everyday activities.

Report newly identified hazards to the superintendent. The hazard will be evaluated and assessed, and procedures implemented to prevent possible health and safety problems. Employees shall be thoroughly trained regarding the hazards they may be exposed to.

**5.7 - ACCIDENT AND NEAR-MISS INCIDENTS**

Employees shall report accidents, near-miss incidents and injury/illness experiences immediately, to their supervisor or the **James M. Barb Construction Inc.** superintendent/ supervisor. The supervisor will report incidents requiring reporting (those requiring intervention beyond First Aid) within 24 hours of the incident, and in full compliance with all stated regulations for accident, injury or illness reporting. Incidents not requiring reporting (First Aid) will be investigated to determine cause and corrective action. All injuries and illness will be recorded per regulatory standards, trends will be monitored to identify common causes, and necessary corrective actions taken to mitigate future reoccurrence.

****NOTE:  FAILURE TO REPORT AN INCIDENT  WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION AND MAY ALSO RESULT IN A DENIAL OF WORKERS COMPENSATION BENEFITS AND/OR LOSS OF PAYMENT.****

**6.0 - GENERAL SITE & EMPLOYEE PRACTICES**

**6.1 - Pre Task Safety Training & Planning - All work shall be discussed and documented with employees prior to the start of work each day. Employees assigned to tasks that require additional or more extensive safety requirements shall receive all necessary instruction, training, equipment or tools, and PPE from their supervisor prior to being assigned to and starting work.  Employees should notify their supervisor if they have not received proper training on any equipment or tools required to perform the task, have training in or general knowledge on how to perform the task assigned, or generally do not feel comfortable performing the task. A Daily and/ or High Hazard Pre Task Safety Plan shall be filled out, have signatures from all associated employees, and turned into the James M. Barb Construction Inc. superintendent/ supervisor on site each day or as specific task is getting ready to start.**

**6.2 - NO High Hazard activities which possess an IDLH environment or task shall be conducted without this document transferred to and reviewed by the James M. Barb Construction Inc. superintendent/ supervisor on site and the Safety Manager. Where and when necessary all other trades/ subcontractors and associated employees, and or adjacent buildings or structures which are conducting normal daily business that are working in, near, or attached to the High Hazard work area where those employees or the work they are performing may be affected, are to be notified in writing a minimum of 24 hours in advance so they may adjust their respective work plan as necessary to avoid any unforeseen safety issues. Deviation from this standard may result in the immediate stoppage of work, with the High Hazard activities being shut down until further review by all affected parties can be conducted and a clear path forward defined and accepted.**

**6.3 - P.P.E.** - Employees are required to inspect their personal protective equipment before each use.  If equipment shows signs of excessive wear or damage, **DO NOT USE IT**.  Ask for a replacement immediately. (Reference Section 3.0 – Personal Protective Equipment for more details.)

**Workers will not be assigned, allowed, or required to work alone in areas where hazardous conditions exist that could endanger his/her safety, unless he/she can communicate with others; be heard or be seen.**

**6.4 - Drinking water** will be in sanitary metal or plastic "cooler type" containers, clearly labeled as to its contents. A common drinking cup is prohibited. Disposable drinking cups and a container for their disposal will be available.

**6.5 - Toilet facilities** are furnished, no less than one for every twenty workers. When necessary gender specific, or ADA compliant facilities will also be provided.

**6.6 - Warning signs, signals, and barricades** will be posted to alert workers and the public of construction hazards. These hazard safe guards shall be adhered to at all times. Crossing through, over, under, or dismantling these safe guards is strictly prohibited and will result in disciplinary action. Only those subcontractors or employees associated with the hazard area shall modify or remove these safe guards, and shall perform consistent/ routine maintenance on all guarding or signage in place.

**6.7 - Daily cleanup** shall be performed in all work areas, materials storage or handling areas, site offices, and common areas/ walkways. All trash and scraps shall be picked up throughout the working day with a final cleanup at the end of each day. No work area, temporary office space, materials storage/ handling area, or common area/ walking path should be left cluttered or obstructed in any way. All areas shall be clean and ready for the following day’s work, and maintained throughout each working day. Work in any area shall be stopped immediately when it is deemed hazardous due to clutter, trash/ scraps, or other misc. materials or equipment that impede the overall safety of those employees working in or around it. Work shall not commence until that area has been cleaned to the satisfaction of the **James M. Barb Construction Inc.** superintendent/ supervisor and/ or Safety Manager.

**6.8 - Trash and recycling** areas and mass collection containers shall be provided by **James M. Barb Construction Inc.** and designated/ organized per site; please consult with the superintendent or supervisor assigned to the project for location and segregation requirements. **James M. Barb Construction Inc.** will also provide a number of smaller trash containers for daily task clean up or general trash use, however for those trades creating a larger amount of waste over a shorter span of time will be required to supply/ provide waste bins or containers of their own, respective to their scope of work, and at their own cost.

**REMEMBER: Consider safety throughout the day. Consider what can be done, as an individual, to make work areas safer for everyone.**

**6.9 - Equipment and materials stored** at heights or levels above “ground level” must be at least 6 feet from the edge of the floor. They must also be out of major walking paths or work areas where they may pose an obstruction to an emergency exit. All materials at these heights or levels shall be secured to prevent accidental dislodging to the level below. All materials on “ground level” or outside the building shall be stored in a safe and secure manner, out of walking/ driving paths or work areas at all times. NO materials stored shall be stored at a stacked height of more than 6 feet, and all flammable materials shall be appropriately marked, segregated, and secured away from vehicles/ equipment and buildings.

**6.10 - Company owned vehicles and/ or equipment** are the only vehicles allowed to park on the site premises (within site fencing and/or permitted construction property boundaries). Unless otherwise advised by the **James M. Barb Construction Inc.** superintendent or supervisor on site, or the project dictates other such requirements, NO general employee vehicles will be allowed to park within the site boundaries for any length of time or purpose other than to load or off-load materials and/or tools. All company owned vehicles and equipment shall be parked away from the building as often as possible, out of main walking or driving paths, and shall never block a building or site access point unless an alternate means of egress has been established. All general employees will be required to park in designated site staff parking areas that will be decided on and established by the **James M. Barb Construction Inc.** superintendent or supervisor on site. **NOTE**: All company owned or personal belongings/ property, regardless of parking location, is the sole and express responsibility of the vehicle owner. Vehicle/ property damage and/ or theft prevention is the vehicle owner’s responsibility, and at NO time will **James M. Barb Construction Inc.** be held liable for damage to vehicles parked outside of designated safe parking areas, and/or theft of the vehicle or property within regardless of parked location. **NOTE**: If a vehicle is blocking a point of egress, work or walking path, or general work or materials handling area, **James M. Barb Construction Inc.** on site staff will attempt to contact the owner one and only one time to move their vehicle. If the owner is not able to be contacted, or has been contacted and no action has been taken after an allotted amount of time, **James M. Barb Construction Inc.**’s on site superintendent or supervisor reserve the right to tow the vehicle at the owners expense. (This also applies to company owned vehicles.) **NOTE**: ALL company owned or rented vehicles or equipment shall have a fire extinguisher mounted on board or inside the vehicle at all times, and shall never be fueled on site near flammable materials.

**6.11 - Site speed limit and traffic safety laws** apply to all personnel on the project equally, and apply to both regular vehicles as well as heavy/ mobilized equipment. Established speed limit on a **James M. Barb Construction Inc.** project is **5mph**. Any heavy/ mobilized equipment in general transport or transporting materials, to and from the project and are doing so outside project permitted boundaries, shall have a vehicle or employee escort at all times. These escorts shall be trained in proper traffic safety and employ all necessary signage/ flagging, lighting, PPE, etc. when participating in these types of procedures. Large or oversized loads being transported around the project, while within site boundaries, shall also have an escort to ensure clear path and safety of those employees or work areas within the path of transportation. NO horseplay while operating equipment will be tolerated. NO passengers shall ride on (standing/ sitting/ or otherwise) a piece of equipment or vehicle that does not have a designated passenger seat with its own safety devices.

**6.12 - Smoking** on all **James M. Barb Construction Inc.** projects is restricted to designated areas only, and may be strictly prohibited at all times depending on other site specific requirements. Smoking inside buildings, restroom facilities, temporary office or storage trailers, and/ or near flammable materials is strictly prohibited at all times. A designated smoking area will be established by the **James M. Barb Construction Inc.** superintendent or supervisor on site.

**6.13 - Receiving and storage of materials** shall be planned with the **James M. Barb Construction Inc.** superintendent or supervisor on site, 48 hours in advance whenever possible, with no less than a 24 hour notice. All materials being received are the sole and express responsibility of the subcontractor or employee that placed the original order, and shall be on site whenever possible to receive ordered materials directly. In the instance that the originator of the order is not available and coordination has been made with **James M. Barb Construction Inc.** staff on site to receive materials on their behalf; at no time will **James M. Barb Construction Inc.** be responsible for missing, damaged, incorrect, or unprotected materials being received on behalf of the subcontractor or employee. Furthermore, short or long term storage shall be coordinated with the **James M. Barb Construction Inc.** superintendent or supervisor on site to ensure materials are stored in a safe area. Once placed in the designated area the protection, security, and cleanliness of this area are the sole and express responsibility of the subcontractor who owns the material until it has been installed in its final designed or engineered location. NOTE: Depending on project location, **James M. Barb Construction Inc.** may add overall site security measures to ensure overall safety and security of the project site and all materials and/or equipment within its boundaries. This will be on an “as needed” basis only.

**6.14 – Use of cell phones and or electronic devices** will be restricted to only those employees designated by each subcontractor as “supervisory”. All other employees shall leave all portable game or music players in their vehicles at all times. Those designated “supervisory” people will be allowed to have their cell phones for business use only or in the event of emergencies.

**6.15 - EQUIPMENT MAINTENANCE PROGRAM**

Superintendents will be responsible for monitoring the condition of company owned or rented equipment maintenance.  The condition of company owned or rented equipment shall be recorded and records maintained until the completion of the project. Daily, pre-use inspections shall be performed and documented by any and all employees who will be operating a piece of equipment. ALL operators of heavy, mobilized or specialty equipment shall be trained in the safe and proper operation of that equipment and training records shall be on site for immediate use or referral.

**6.16 - BULLETIN BOARDS**

Bulletin boards should accommodate the following material, and be accessible to all employees:

**1**. Copy of Safety and Health Protection on the Job (OSHA Poster)

**2**. Emergency numbers of fire department, ambulance, hospital and clinics

**3**. State Worker's Compensation Act Poster

**4**. Safety Posters & Job Safety Rules

**5**. Location of Safety Programs (GHS, Confined Space Entry, etc.)

**6**. Location and time of “All Hands Safety Meetings”

**7**. Any site specific critical hazards.

**6.17 - ANALYSIS**

**A**. The **Safety Manager**, or an employee designated, will review and analyze all records and documentation pertaining to the safety and health programs to each respective project. Ultimately, the responsibility for ensuring the analysis is performed is that of the Safety Manager.

**B**. This review will be conducted on a ***Quarterly Basis***, each ***March, June, September, and December of each calendar year***. It will focus on hazard analysis and recognition of developing trends.

**C**. Trend analysis will identify recurring accidents and near miss incidents resulting in, or having the potential to involving, injury, illness, and/or property damage. The analysis will also recognize repeat hazards/violations needing corrective action to establish what program component needs to be addressed or corrected.

**D**. **Supervisors** will provide information and make recommendations for corrective measures, for trends developing in their area. **Employees** will be made aware of developing trends and hazard exposures as they are recognized. Trends of accidents or hazard recurrences will be a focal point for corrective action and employee training as needed. Corrective measures will be followed by the Safety Manager or the employee designated, until the causing factor(s) has been eliminated or controlled.

**E**. Employee training records will also be reviewed on a regular basis to ensure an adequate and effective training program is maintained.

**7.0 - FIRST AID & MEDICAL SERVICES**

**7.1 - Policy Statement** - It is **James M. Barb Construction Inc.’**s Policy to assure that a job is as safe as possible. All employees working on a **James M. Barb Construction Inc.** project are required to report all injuries immediately, no matter how minor, to their direct supervisor as well as the **James M. Barb Construction Inc.** superintendent/ supervisor on site and the **James M. Barb Construction Inc.** Safety Manager.

**7.2 - Facilities** – **James M. Barb Construction Inc.** does not provide medical facilities/ coverage beyond first aid support and/ or supplies on the jobsites that have access to public emergency medical response within 3-5 minutes. When jobsites are outside of this limitation, **James M. Barb Construction Inc.** will ensure that a sufficient number of trained first aid responders are on site, and appropriate additional equipment and/ or supplies are available for use by the trained first responders. **James M. Barb Construction Inc.** will provide contact information and directions to the nearest emergency facility in the site office.

**Injury/Illness Reporting: All job-related injuries and illness must be reported to a supervisor immediately.** **FAILURE TO DO SO WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION AND MAY ALSO RESULT IN A DENIAL OF WORKERS COMPENSATION BENEFITS AND/OR LOSS OF PAYMENT.**

**7.3 - Fatalities and Multiple Hospitalizations:** 29 CFR 1904.39 requires that any work-related incident that results in one or more employees being hospitalized, amputations and/or loss of eye must be reported ORALLY within 24 hours, by telephone or in person to the nearest area office of the Occupational Safety and Health Administration (OSHA) 1-800-321-6742. (See Work Related Incident Form for OSHA SF #0044-03)

Notification(s) Shall Include:

Employer’s James M. Barb Construction Inc.

Location of Incident

Time of Incident

Number of fatalities or hospitalized employees

Contact Person

Phone Number

Brief Description of Incident

Within eight (8) hours after being notified of the death of an employee as a result of a work-related incident, must be reported to OSHA.

These incidents shall also be reported to the **James M. Barb Construction Inc.** Safety Manager immediately, who shall follow up within 24 hours of notice to perform an in person site or incident audit and investigation. The Safety Manager shall also advise other **James M. Barb Construction Inc.** management members as necessary for additional support with affected employee family support and medical services, media and public relations, and/ or other industry regulating agencies.

**NOTE: Upon these types of incidents the project site shall be shut down in its entirety until all affected employees have been treated, affected areas barricaded or safe guarded from further incident, investigations have been performed, witness statements taken, photographs of the incident area taken, and a complete site audit for other hazard areas has been performed and all hazards mitigated.**

**7.4 - Transportation** – NO injured or ill employee shall transport themselves to an emergency or treatment facility. All injured or ill employees shall report to their supervisor and be transported in person by that supervisor to the emergency or treatment facility. Use of suitable means of transporting for non-emergency injuries and/or illnesses to a treatment facility is acceptable only if the person is mobile and has a non-life threatening injury or illness. **If the person is not mobile, generally unresponsive, has more severe injuries or is experiencing a more severe illness, or the extent of severity is at all questionable emergency services shall be contacted immediately.**

**7.5 - Injury Management**

An employee who has sustained an on-the-job injury or illness (beyond first aid) may return to work only with a physician or physician's assistant written permission. Any work restrictions and limitations must be listed.

Employees with work restrictions due to casts, braces, etc., or who require crutches may not return to work unless permitted by special review of the individual's case.

Employees involved in incidents and/or significant near miss incidents will be required to undergo a drug test as soon as is reasonably possible following the incident.

**Medical Recordkeeping & Incident Reports** - The safety-related reports concerning occupational injury and/or illnesses shall be properly and timely executed and maintained. Immediately forward copies to the Safety Manager, and when or as the Safety Manager deems necessary the Safety Manger shall perform an investigation of their own in support of any initial investigations.

**OSHA 300 LOG** (Yearly Summary of Occupational Injury & Illness):

The Safety Manager or designee will update this log as required after each injury is

reported, and is to be posted on employee bulletin boards from February 1 through

April 30 of each year on each respective project site.

**Accident Injury Investigation Report** - The immediate supervisor of the employee completes this report within 4 hours of the incident. This report shall be filled out and filed with **James M. Barb Construction Inc.** for all injuries or property damage (internal to GM or by a subcontractor) within 8 hours and forward to the Safety Manager by end of business on the day of the injury. Copies shall be kept on file. **(NOTE: Photos shall be taken immediately and whenever possible for visual confirmation or reference.)**

**Employer's First Report of Injury** (Worker's Compensation Form) – This form will be conducted only by the Safety Manager or designee. Use this form to advise the insurance company of a Worker's Compensation claim. Complete this report, in detail, as soon as possible after an injury occurs. A copy shall be kept on file.

**Notice To Doctor/Release Form** - The attending physician must provide and complete this form. It must be returned to the superintendent before the individual returns to work.

**8.0 - EMERGENCY ACTION PLANNING & RESPONSE**

**8.1 – Plan Development** is mandatory and shall be conducted, coordinated, and controlled by the **James M. Barb Construction Inc.** project specific team assigned to each respective project. Consultation from the contracted owner, architectural firm, and surrounding emergency response facilities shall be conducted whenever possible. Plan development shall be completed and ready for implementation no later than two weeks after initial site mobilization.

**8.2 – Implementation** shall take place no later than two weeks after initial site mobilization, and shall be an ever evolving plan. Upon each subcontractors mobilization they shall be educated on the most current Emergency Action & Response Plan directly and only by **James M. Barb Construction Inc.** on site staff. Each subcontractor shall designate one supervisory employee as their main point of contact, who will be responsible for their respective trade or employees in case of an emergency, and/ or who may be required to participate in a portion of the response plan.

**8.3 – Areas of coverage shall include but not be limited to:**

Floor plans of each level posted at each main egress point, with Emergency Exit locations and directions of travel clearly marked.

An abbreviated copy of the emergency action plan with associated contact information shall also be posted at the main egress points to each level.

Satellite first aid cabinets, eye wash stations, fire extinguishers, or other first responder aids shall be clearly marked at each levels main egress point, and clearly visible from across a room.

Main site access points shall be clearly marked, and unblocked.

Define emergency pathways when or where necessary to ensure unobstructed path to exits.

Define procedures for alerting fellow workers as well as supervisory personnel.

Define assembly areas respective to exit points from the building or area, and have all employees remain in area until employee head counts have been received.

Employees shall immediately report any noted missing co-workers and their last known location. And at no time shall an employee re-enter the evacuated building or area for any reason and are required to wait for emergency response personnel to clear the area for re-entry.

Establish a response control team with various supervisors from a variety of subcontractors. This will ensure participation, knowledge, and overall response time in case of emergency.

Conduct period “mock” emergencies and evacuations for training purposes, and include local emergency/ first responders as often as possible.

1. **- FIRE PROTECTION & PREVENTION POLICY**

**9.1 - Fire Protection**

Prior to any task or work process which contains the potential for a direct or indirect source of excessively high heat, spark, or open flame, a “Hot Work Permit” shall be filled out and filed with the **James M. Barb Construction Inc.** superintendent or supervisor on site for review. This document shall be filled out and discussed with all employees who will be performing work within or in the immediate proximity of the task being performed. Permits should be filled out daily. Hot Work permit should be in duplicate with original kept with site superintendent and a copy at task location.

Maintain access to all available firefighting equipment at all times.

All firefighting equipment shall be conspicuously located.

Firefighting equipment shall be inspected weekly. Immediately replace defective equipment.

A portable fire extinguisher, rated not less than 2A, shall be available for each 3000 sq. feet of protected area. Note that local jurisdictions may require more coverage, OSHA is only a minimum standard. Example, NYC requires a 2A:20 BC extinguisher for every 1,500 sf. Maximum travel distance is 75 feet.

One or more portable fire extinguishers, rated not less than 2A, shall be provided on each floor of multiple-story buildings, with at least one fire extinguisher located adjacent to any stairway.

Fire extinguishers shall be of located throughout the project site in sufficient numbers no more than 100 feet from any general work area, and no more than 10 feet from a hot work task.

Check fire extinguishers monthly for signs of damage and/ or use, and replace as necessary.

Only use fire extinguishers listed or approved by a nationally recognized testing laboratory.

All portable fire extinguishers are subject to a maintenance check at least once a year, with the results tagged on each extinguisher.

Tag discharged fire extinguisher, remove from service, and replace.

Periodic Training will be provided regarding the general principles and hazards of portable fire extinguisher use.

All field employees are required to complete **James M. Barb Construction Inc.**'s training program on the general principles and hazards of portable fire extinguisher use.

**NOTE**: Employees are **not** required to fight fires. In case of eminent danger from a fire, follow the company "Emergency Evacuation Plan". **Call 911** or the appropriate emergency number and notify a supervisor immediately.

**PROHIBITED**: Unauthorized fires and open fires.

Store and handle gasoline, diesel fuel, kerosene, and flammable solvents in approved safety containers that are properly labeled, and always secure in an upright fashion out of walking or driving paths or work areas with high traffic.

A fire extinguisher, rated not less than 10B, shall be located within 10 feet of wherever more than 5 gallons of flammable or combustible liquids are stored, and within 50 feet of where the

liquids are used on the jobsite.

Reduce fire hazards through protective measures such as good housekeeping, spacing of temporary buildings, and proper storage and handling of flammable/combustible liquids.

Shut off vehicles and equipment before fueling.

All equipment fueling must be done at least 50 feet from buildings. An appropriate fire extinguisher will be available not less than 25 feet or more than 75 feet from fueling area (i.e. between 25 and 75 feet).

**9.2 - Fire Prevention**

Smoking is prohibited in high hazard areas. Appropriate signs will be posted to identify these areas.

A continuous and effective housekeeping program will be strictly adhered to at jobsites.

Parts of the program will include: A sufficient number of trash cans, including a labeled, self-closing, non-combustible can specifically for disposal of rags used with oil, grease, paint, etc., and a daily cleanup of materials, such as plastic sheeting, lumber, etc.

Do not allow trash, especially flammable or combustible items to accumulate.

Inspect cutting and/or welding areas before and after work commences. Remove flammable or combustibles from the area. Cover, remove or shield any electrical trays, motors, pumps, etc., and/or other equipment.

Barricade areas below all cutting and/or welding activities and post warning signs before starting. Control all sparks produced from cutting, welding or grinding at or as close to their point of origin as possible.

Shut off the main tank valves on all oxygen and acetylene torch set-ups, bleed and roll up the hoses, disconnect gauges, and cap bottles before leaving the jobsite.

Only approved temporary heaters will be used with portable fire protection provided.

Depending on Jurisdiction a fire guard may be required in the immediate area while hot work is taking place. NYC requires this. A portable fire extinguisher must also be in the immediate area.

**10.0 - Hazard Communications & GHS Program**

 This program follows the requirement set forth in OSHA 1910.1200 “Hazard Communication” and is consistent with the provisions of the United Nations Globally Harmonized System of Classification and Labeling of Chemicals (GHS) Revision 3. by providing information to subcontractors and **James M. Barb Construction Inc.** employees, concerning chemical products to which they may be exposed as follows:

**James M. Barb Construction Inc. will:**

* Maintain a list of all hazardous chemicals to be used in the workplace or jobsite, these chemicals will have corresponding SDS sheets wherever the chemical is present.
* Train employees on and make available Safety Data Sheets (SDS) for all chemicals used.
* Provide Hazard Communication and GHS training to employees.
* All subcontractors will be required to meet **James M. Barb Construction Inc.’**s Hazard Communication Program requirements.

**LISTING OF CHEMICAL PRODUCTS:**

* **James M. Barb Construction Inc.** shall maintain a list of all chemical products used in the execution of work. All subcontractors must give the **James M. Barb Construction Inc.** a copy of their chemical list before starting work.
* Potential health exposures and hazards related to a particular chemical must be evaluated prior to use and employees trained on the hazards, SDS sheets etc.
* All chemicals must be listed in a fashion that the SDS sheets correlate.
* **James M. Barb Construction Inc.** will obtain the SDS from all chemical suppliers, and keep a copy of the chemical list and the SDS on site readily available for all employees & subcontractors.

**Labels and Other Forms of Warning:**

* All chemical products brought on site shall be properly labeled by the manufacturer in English and any other languages needed. If labels are not provided they shall not be allowed on site. All chemical labels shall provide the following information:
	+ Product identifier
	+ Signal word
	+ Hazard statement(s)
	+ Pictogram(s)
	+ Precautionary statement(s)
	+ Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party.
* Signs or placards shall be posted in chemical storage areas to identify all materials and potential hazards.
* Secondary container labeling shall refer to OSHA 1910.1200 (f)

**HEALTH, SAFETY AND EMERGENCY PROCEDURES:**

**James M. Barb Construction Inc.** shall have a safety data sheet in the workplace for each hazardous chemical which they use. To ensure that required information is available and accessible during an emergency, such as a chemical spill, the following information shall be made available to employees, local, State or Federal authorities upon request:

**All SDS will contain the following and be in this specific format:**

* Section 1, Identification
* Section 2, Hazard(s) identification
* Section 3, Composition/information on ingredients
* Section 4, First-aid measures
* Section 5, Fire-fighting measures
* Section 6, Accidental release measures
* Section 7, Handling and storage
* Section 8, Exposure controls/personal protection
* Section 9, Physical and chemical properties
* Section 10, Stability and reactivity
* Section 11, Toxicological information
* Section 12, Ecological information
* Section 13, Disposal considerations
* Section 14, Transport information
* Section 15, Regulatory information
* Section 16, Other information, including date of preparation or last revision

**TRAINING:**

* No employee, subcontractor member may be exposed to or handle chemicals on a work site unless properly trained. Employees will be trained initially upon hire and then as needed when new chemicals are added or procedures change. Subcontractors will be informed of the precautionary measures prior to starting activity. Subcontractors, must notify **James M. Barb Construction Inc.** whenever there is a possibility of exposing other contractors to hazardous chemicals. The training will be done
* by **James M. Barb Construction Inc.** or an outside safety consultant. The training program will provide the following information:
* Requirements of the Hazard Communication Policy.
* Locations of all chemical products used during day-to-day operations.
* Locations where hazardous chemicals will be used.
* Location and availability of Safety Data Sheets (SDS) and chemical inventory list to include those of subcontractors.
* Interpretation of SDS data and what is required to be on an SDS and chemical labeling, physical and health hazards of the chemicals.
* Observation techniques to detect the presence of a chemical spill or accidental release into the work area as an SDS specifies.
* Methodologies to enable employees to protect themselves, such as work procedures, emergency procedures and personal protective equipment as the SDS specifies.
* Emergency response procedures.
* Health hazards of the chemicals
* Measures employees are to take to protect themselves from the chemicals.
* The details of the program.

**11.0 - PERSONAL PROTECTIVE EQUIPMENT**

**Supervisors, employees, and all visitors are required to wear PPE as it is required by**

**OSHA regulations and/ or this written Safety Program**. **The use of PPE shall be strictly enforced.**

1. **All employees** will fully comply with **James M. Barb Construction Inc.** Safety and Health Rules and State and Federal OSHA Standards.
2. **James M. Barb Construction Inc. Employees and site visitors** will be provided a hard hat, safety vest, gloves, safety glasses, and ear plugs upon hire. For internal employees, maintenance and general upkeep of these items are the responsibility of each employee. Replacements shall be provided on an as needed basis due to damage, loss, or task specific requirement. For visitors, all visitors are responsible for general maintenance and upkeep of these items while on site and in possession of them during their site visit. ALL visitors are required to return any provided PPE to the **James M. Barb Construction Inc.** site office prior to departure from the project site.
3. **Subcontractor employees** are to come and be prepared with all the necessary and appropriate PPE to enter the project site and perform the various tasks of their respective scope(s) of work. ALL subcontractor employee PPE shall be provided by, maintained, and reissued by that company which employs that employee. At no time will **James M. Barb Construction Inc.** be responsible for providing subcontractor employees with PPE to perform their contracted, day-to-day work.
4. **All employees and visitors** will be required to wear the appropriate footwear to enter the site. This footwear shall be a full coverage leather boot, with a solid rubberized and non-slip sole, upper ankle support, and of a sturdy durable nature. Where and as necessary it may be required for employees performing certain tasks to use specialty shoes that provide added protection such as electrical shock isolation, steel toes or composite toed boots. At no time will tennis, below ankle, open toed, dress/ casual, or high heeled shoes be acceptable forms of footwear.
5. **Hard hats** shall meet all applicable regulatory standards and requirements for use (per current OSHA, NIOSH, ANSI, ASTM standards). Hard hats shall be worn at all times, with exceptions being advised on an as needed basis through the **James M. Barb Construction Inc.** superintendent/ supervisor or Safety Manager only. They shall be in good visual and physical condition, with no serious or extremely damaging cracks or scratches. They should also be clean of any chemicals, solvents, glues or other acidic type liquids, foams or powders that may solidify on or eat through the surface. All internal support systems should be clean and in good working condition, providing the appropriate amount of suspension and adjustment. If at any time a hard hat has been dropped from extreme height, crushed or warped from excessive heat, has received severe damage or abuse of any kind, or has expired it’s date of use, it shall be replaced immediately. At no time will it be acceptable practice to wear bump caps, hard hats, helmets or other forms of head protection that do not meet all applicable standards for the construction industry. At no time will it be acceptable practice to wear a baseball cap or other type of cap under a hard hat that prevents the hard hat from properly fitting.
6. **Safety glasses and other forms of eye protection** shall meet all applicable regulatory standards and requirements for use (per current OSHA, NIOSH, ANSI, ASTM standards). Safety glasses shall be worn at all times, with exceptions being advised on an as needed basis through the **James M. Barb Construction Inc.** superintendent/ supervisor or Safety Manager only. They shall be in good visual and physical condition, with no serious scratching, hazing, cracking, penetrations, or general deformity. Glasses being worn shall consistently apply/ coincide to the environment in which the employee is working or task that is being performed (i.e. indoor/ low light = clear lens, outdoor/ bright light = dark lens, transitioning light = indoor/outdoor lens, welding = shield or goggles with appropriate level of tinted lens, prescription = reader/ slipover style lens or side shields). During certain job related tasks such as grinding, cutting, welding, use of compressed air, or those tasks which may produce flying particles and/ or debris, a full-face shield or hood shall be worn. All face shields or hoods shall also comply with all regulatory standards, be in good visual and physical condition, and be of the type that is mountable to the employee’s hard hat. At no time will it be acceptable for an employee to remove their hard hat to wear a face shield or welding helmet/ hood. At no time will personal accessory, sport, or other types of glasses be acceptable forms of eye protection if they do not meet all regulatory standards. In the case a standard approved stamp is not visible, written or documented proof of standard compliance shall be provided to the **James M. Barb Construction Inc.** superintendent/ supervisor and the Safety Manager for review and acceptance.
7. **Ear or hearing protection** shall meet all applicable regulatory standards and requirements for use (per current OSHA, NIOSH, ANSI, ASTM standards). It shall be worn on an as needed basis, and is mandatory when performing a task where excessively high noise levels will be present. All employees shall apply hearing protection to their respective task(s) per all applicable regulatory standards. They shall also be aware of their surroundings at all times and apply hearing protection where and as necessary to protect themselves and those working around them. **James M. Barb Construction Inc.** shall provide hearing conservation testing and remediation in compliance with all regulatory standards, within working environments or tasks in which excessively high noise levels will be present, or within project specific (owner or facility, supplied or required) standards. It is recommended that employees always carry a set of ear plugs with them throughout their working day.
8. **Gloves and hand protection** shall be worn on an as needed basis, and is mandatory when performing a task where handling of sharp, jagged, fragile/ breakable, or chemical material is necessary. All employees shall apply hand protection practices to their respective task(s) per all applicable regulatory standards. During welding or torch cutting procedures, structural/ non-structural metal or store front framing and/or fabrication, sheet or heavy metal fabrication, the handling of glass, or handling of hazardous chemicals glove use will be mandatory. All gloves in use shall comply with all applicable regulatory standards and requirements for their respective and intended use (per current OSHA, NIOSH, ANSI standards).
9. **Safety vests and hi-visibility clothing** shall be worn on an as needed basis, and is mandatory when performing a task where certain visibility of employees is required. All subcontractors and respective employees directly involved with tasks such as (but not limited to) excavation, dirt/ earth work, landscaping, concrete work, crane operation or hoisting of materials and/ or equipment, or general site traffic control, shall be required to

wear a safety vest or hi-visibility clothing at all times. All subcontractors and respective employees not directly associated with these types of tasks will be required to wear a safety vest or hi-visibility clothing on an as needed basis per the task they are performing; or as the **James M. Barb Construction Inc.** superintendent/ supervisor on site advises them to do so based on concerns of employee safety. At no time will clothing that does not meet all regulatory standards for hi-visibility (per current OSHA, NIOSH, ANSI ASTM standards) be acceptable; i.e. white, red, yellow, pink, blue, green or orange (generically colored) shirts that are not of a hi-visibility or reflective material. Note: Jackets or over shirts shall not cover the vest or hi-visibility clothing at any time. Vests and/or hi-visibility clothing shall be worn as the outermost layer and visible at all times.

**10**. **Respiratory protection** shall be worn on an as needed basis, or may be mandatory per the task the employee is performing. All dust, filtration, or respirator masks shall meet all applicable standards for type and use (per current OSHA, NIOSH, ANSI, ASTM standards). General dust and filtration masks shall be of one use and then disposed of. No dirty or clogged masks shall be used. All employees required to use half or full face respirators shall have completed a respirator use training and fit test, with associate documentation provided to the **James M. Barb Construction Inc.** superintendent/ supervisor on site. Employees are also required to be aware of their surrounds and recommended to use proper respiration protection when working around other activities which may cause respiratory concerns. The on-site **James M. Barb Construction Inc.** superintendent or supervisor may also require employees to use respiratory protection at any time if they so feel it is necessary for the protection of the employee, or the environment within the task being performed has warranted that respiratory protection is required.

**11**. **General employee appearance** shall be professional, clean, and appropriate for the work they will be performing. Types of clothing that will NOT be acceptable include (but are not limited to): shorts, tank tops, cut-off sleeve shirts, excessively baggy shirts or pants, racially/ sexually/ or verbally offensive or suggestive shirts, excessively torn/ cut/ soiled/ or tattered shirts or pants, hunting or camouflage shirts or pants, sweat/ warm up/ or other workout type, sports jerseys. All shirts that extend beyond the pocket shall be tucked in, and jewelry shall be removed whenever possible to avoid snagging by materials or caught in equipment or tools. Long hair will be tied back or covered.

**12**. **Personal electronics** shall be kept in the employees vehicle at all times. This includes but is not limited to all cell phones and wired or wireless devices to play music or games. Only designated personnel from each subcontractor will be allowed to keep their cell phones on them in an effort to ensure other multiple methods of contact between trades, subcontractor employees and their respective offices, and on site **James M. Barb Construction Inc.** staff. Employees designated by subcontractors shall be of management/ supervisory level or higher only, and shall be approved by the **James M. Barb Construction Inc.** superintendent/ supervisor on site.

**Note: Any employee that is observed working without the proper and required PPE will be immediately direct to stop work, and advised to retain the proper and required PPE prior to returning to work.**

**12.0 - Crane & Rigging Safety**

**ALL crane lifts will require 24 hour notice be given to the James M. Barb Construction Inc. superintendent or supervisor on site for proper planning and coordination. A “Crane Lift Plan” and copies of all operator, signalman, rigger and equipment certifications and inspections shall be filled out and filed with the James M. Barb Construction Inc. on site office prior to the start of any crane lifting procedure.**

**12.1 – Prior to Crane Lift Activities**

The crane and all its attached or attachable components shall be inspected on an annual basis and before each use. A copy of the annual inspection certification shall be provided along with the operator’s certification/ license to **James M. Barb Construction Inc.** prior to use.

All Crane operators must possess an NCCI crane operator’s license.

A competent person shall inspect all hoisting equipment before and during use, to make sure it is in safe operating condition.

A qualifies rigger will inspect all rigging, wire rope, slings, shackles, etc. before each use, and take damaged rigging and equipment out of service as necessary.

All wire rope, shackles, rings, master links and other rigging hardware must be capable of supporting at least five times the maximum intended load. All rotation resistant rope (slings) shall be capable of supporting at least ten times the maximum load. All slings and chains should have their capacity tags visible and legible.

Remove rigging equipment when not in use.

Do not secure wire rope by knots.

Eye splices made in wire rope will have at least 3 full tucks and will not be formed by wire rope clips or knots.

Wire rope, used in hoisting or lowering loads, shall be 1 continuous piece without knot or splice.

When used for splices, apply the U-bolt (cable clamp) so the "U" section is in contact with the dead end of the rope.

No less than 2 cable clamps will be used at each connection.

Rated capacities for rigging shall be per OSHA CFR 1926.251 H-1 through H-17.

Barricade all accessible areas within the swing radius of a rotating crane to prevent entry.

A fire extinguisher shall be available in cabs of hoisting equipment.

Minimum clearance between electrical lines under 50 kV and any part of the crane or load shall be at least 10 feet.

Minimum clearance between electrical lines over 50 kV and any part of the crane or load shall

be 10 feet plus 1 inch for each 1 kV, or twice the length of the line insulator.

Consider all overhead wires energized unless the utility company authorities indicate that it is

not, and it is visibly grounded.

The anti-two block devices, which prevent contact between the load block or headache ball and the boom tip or head pulley, shall be maintained in good working order.

The load line hoist drum shall have a system or device on the power train, other than the load hoist brake, which regulates the lowering rate of speed of the hoist mechanism (controlled load lowering).

Free fall of loads is prohibited.

Use taglines whenever possible when lifting or guiding loads.

Rated load capacities, recommended operating speeds, and special hazard warnings shall be conspicuously posted on all equipment.

Employees are **NEVER** allowed to ride, or pass under loads.

Use softeners whenever there is a possibility of damage to slings or wire rope.

ALL employees associated with a crane lift shall be properly trained in current crane lifting and rigging procedures, including hand signals and general communication.

ALL employees associated with a crane lift shall wear a safety vest or hi-visibility clothing and maintain as clear and direct site-line to the operator and load as possible at all times.

ALL employees working at elevated heights in association with a crane lift shall be use fall protection and prevention measures whenever it is required or possible.

Only ONE (1) employee shall be designated as the signalman at all times. Relays may be necessary to ensure proper communication back to the crane operator when loss of vision to the load occurs, however all communication should be constant and through a single, trained, source to the crane operator to ensure consistent, open and clear signaling or directions.

Wind speeds shall be monitored consistently throughout a lift. The crane operator and/ or **James M. Barb Construction Inc.** superintendent or supervisor on site shall call off or terminate a lift when winds speeds pose imminent danger to life and health. (BEST - Acceptable Range: Constant Wind Speed of or Below 5mph w/ Gusts to 10mph; GOOD - Acceptable Range: Constant Wind Speed Between 5 and 10mph w/ Gusts to 15mph; OK – Acceptable Range: Constant Wind Speed Between 10 and 15mph w/ Gusts between 20 and 25mph; POOR – Acceptable Range: Constant Wind Speed Between 15 and 20mph w/ Gusts between 25 and 30mph; HAZARDOUS – NOT ACCEPTABLE Range: Constant Wind Speed Between 20 and 30mph w/ Gusts Over 35mph.Refer to crane manufactures for additional safety precautions.

**13.0 - FALL PREVENTION & PROTECTION**

**Fall Protection Training will be provided to each employee that may be assigned to work more than 6 feet above the ground or next level below. Training will be completed before new employees are assigned to duties where fall hazards exist, and on an annual interval basis.**

**13.1 - Personal Fall Arrest System & Component Requirements**

**A Personal Fall Arrest System (PFAS)** consisting of a full Body harness, shock absorbing lanyard and anchor point, are mandatory for all work performed over 6 feet from the ground or next lower level not addressed by alternate means such guardrails, warning lines or a safety monitor system.

**Lifelines** when used, will be at least 5/8-inch nylon rope and capable of withstanding a tensile loading of 5000 pounds.

**Lanyards** should be of the two leg style whenever possible to ensure at least one secure tie-back connection point at all times. All lanyards shall be of the shock absorbing style with no more than a 6ft. fully extended length. All lanyards shall have large tie back hooks with safety guards/ clasps to ensure hooks cannot be accidentally open.

**Lifelines** and **lanyards** shall be secured above the point of operation to an anchorage or structural member capable of supporting a minimum dead weight of at least 5000 pounds or 2 times the maximum intended load.

**Body harnesses**, **lanyards** and **lifelines** will be rigged to prevent a fall of no more than 6 feet from any portion of an upper level or roof. Slack and tension of lifelines will be adjusted and maintained at all times to prevent employees from traveling beyond the edge of the roofs when used as a fall restraint and/or prevent contact with any surface below.

When accessing the upper level or roof surface from a ladder, scaffold system or aerial lift, lanyards shall be attached to lifelines before stepping onto the upper level or roof surface.

Safety harnesses, lanyards lifelines and anchor points will be inspected daily, before use and maintained in good working condition. Equipment found to have defects must be immediately replaced. Field repair of fall protection equipment is strictly prohibited.

**13.2 - FALL PROTECTION PLAN**

**Purpose**: The purpose of this plan is to ensure that every employee who works for or under the authority of **James M. Barb Construction Inc.**, directly or indirectly, recognizes workplace fall hazards and takes the appropriate measures to address and protect themselves and others against those hazards.

**Open Hole Covers**: Secure temporary flooring against displacement. All unused openings in floors, temporary or permanent shall be completely planked over, guarded with guardrails, and clearly marked as a hole. Hole covers must be capable of withstanding 2 times their intended load.

**Guardrail Systems**: Guardrail systems shall comply with all regulatory standards at all times. Upon implementation of a guardrail system it shall have and maintain a hard physical connection with the flooring surface, be capable of withstanding (without failure) a 200 pound load within any outward or downward direction. It shall have a top rail at a height no less than 42 inches (plus or minus up to 3 inches to accommodate for unfinished slabs or flooring) from the floor surface it is mounted to, with a mid-rail at 21inches, and a toe board/ kick at the bottom to prevent materials from being displaced over any leading edge to a lower level. All connection point shall be nailed, bolted or screwed together metal or wire banding will not be acceptable. All surfaces shall be free and clear of potential hazards that would cause snagging, punchers or lacerations, at all times. NO guardrails shall be removed without appropriate warning or hazard signage being posted, adequate fall protection measures being implemented, and the **James M. Barb Construction Inc.** superintendent or supervisor on site being made aware of such an occurrence prior to the removal of the barrier or guardrail system.

**Warning Line Systems**: Shall be used on all roof or floor areas where a leading edge hazard exists. All warning lines shall be clearly marked, visible, and maintained at all times. All warning lines shall be established 10 feet from all leading edges, to a maximum of 6 feet as a specific work task may designate.

**Controlled Access Zones**: These zones shall be used when and where necessary in coordination with a high hazard task where general employee traffic shall be restricted or completely re-routed, and/ or where all work directly or indirectly associate with the task shall be restricted or temporarily stopped. These areas shall be pre-planned, coordinated with other affected trades, and approved by the **James M. Barb Construction Inc.** superintendent or supervisor on site at all times.

**13.3 - Enforcement**

ALL employees working in or associated with a task that poses a fall hazard shall wear the appropriate fall protection and adhere to all fall protection policies and procedures associated with that area or task, at all times.

Constant awareness of and respect for fall hazards and compliance with all safety rules are a condition of employment.

The **James M. Barb Construction Inc.** superintendents/ supervisors and/or management reserve the right to issue disciplinary warnings to employees of **James M. Barb Construction Inc.**, or other contract workers under their authority, up to and including termination, for failure to follow the guidelines of this program.

**13.4 - Changes to the Company Fall Protection Plan**

This plan will be reviewed and adjusted as necessary before the start of each project, and throughout the life of each project, to ensure that the planned procedures and controls to eliminate exposure to fall hazards are adequate and all associated employees are properly trained. Each fall protection plan shall be site specific, and task specific if so necessary or required.

 Any changes to this plan must be reviewed and approved by the Project Superintendent in charge of each respective project, and the **James M. Barb Construction Inc.** Safety Manager.

 A copy of this plan and any site-specific additions or changes will be available at all times at each **James M. Barb Construction Inc.** jobsite for immediate review and use.

Subcontractors associated with work scopes that require working at heights above 6 feet, such as roofing or steel erection contractors, shall provide a written Fall Protection Plan (specific to their scope of work) to **James M. Barb Construction Inc.** for review and approval prior to the start of work. NO work shall be performed on these types of tasks until **James M. Barb Construction Inc.** has given approval to do so upon review of the submitted plan. NOTE: These plans shall meet, at a minimum all current regulatory requirements established by OSHA, NIOSH, ANSI and/or any other regulatory entity. These plans shall also address site specific hazards, environments, and any additional site or area specific requirements.

Subcontractors not associated with work scopes that require working at heights above 6 feet on a consistent basis shall follow the requirements of this policy, all site specific additional policies and/ or procedures, and all other regulatory requirements.

Exceptions or modifications to this policy, a site specific plan, or any other stated regulation will be strictly prohibited. In the case a task or scope of work requires special planning, modification or deviation from this and other policies, the **James M. Barb Construction Inc.** superintendent or supervisor on site shall be contacted immediately for consultation. Upon completion of the initial review of the **James M. Barb Construction Inc.** superintendent or supervisor will then contact the Safety Manager for final review and approval of any changes to the base fall protection plan.

**13.5 – WOOD or METAL FRAME CONSTRUCTION**

**A. Installation of:**

**1**. Roof Trusses/Rafters

**2**. Exterior Wall Erection

**3**. Roof Sheathing

**4**. Floor Sheathing

**5**. Joist/Truss Activities

**B. Limited Access Zone**

**1**. Areas where any of the above listed work is being performed will be

 considered a **CONTROLLED ACCESS ZONE**.

**2**. With A Written Fall Protection Plan

**13.6 - Roof Truss & Rafter Installation**

These scopes of work or the tasks there in shall be pre planned at all times. Location or placement (in walk or driving paths, doorways or on uneven/ unstable surfaces), ability to secure in place, amount of use, and mobility requirements of all scaffolding, ladders, or work platforms to be used shall all be considered. When and where necessary it may be safer and more efficient to employ the use of mobilized equipment such as telescoping/ boom, scissor, or

other aerial lift equipment. NO job made ladders or work platforms may be used, only those specifically designed and engineered for that use will be acceptable. A Daily Pre Task Plan for these higher risk activities shall be filled out and discussed with all affected employees, and

then filed with the **James M. Barb Construction Inc.** superintendent or supervisor on site. NOTE: All work performed from a ladder at a height above of 8 feet requires the employee to use fall protection and follow all fall protection policies and procedures unless otherwise advised by the **James M. Barb Construction Inc.** superintendent or supervisor on site.

**13.7 - Rules for Beam & Truss/Rafter Erection Duties**

Workers shall have no other duties to perform during truss/rafter erection procedures.

Prior to beams or trusses/ rafters being lifted into place, fall protection tie-off/ anchor points or life lines systems shall be installed.

The first beam or trusses/rafters will be set from ladders leaning on side walls at points where the walls can support the weight of the ladder, the ladder can be secured in place, and workers will climb onto the top plate via a secured ladder.

Each employee shall attach fall protection devices immediately upon departure from the ladder.

The first beam or trusses/rafters will be braced and securely anchored as soon as possible.

All beams or trusses/rafters will be adequately braced before any worker can use the truss/rafter as a support.

Workers will remain on the top plate using the previously stabilized truss/rafter as a support while the next beam or truss/rafter is being maneuvered into place.

Workers will leave the secured beam or trusses/rafters only when it is necessary to secure another beam or truss/rafter, and shall use 100% tie-off practices at all times. Employees shall be able to maintain at least one tie-off point at all times from the moment they depart the ladder to the moment they return to the ladder to depart the elevated work area.

Workers responsible for detaching beams truss/rafters from cranes, bracing trusses/rafters at the peak, or securing truss/rafters to ridge beams, will use a safety harness, shock absorbing lanyard and lifeline at all times.

Only anchorage adequate to support at least 5000 pounds or two times the maximum intended load shall be used at all times in all locations.

Workers positioned at the peak or ridge will have no other duties to perform while these operations are under way.

If the use of a safety harness, lanyard and lifeline is not possible or feasible and may create a greater hazard, workers positioned at the peaks or in the webs of trusses or on top of the ridge

beam, will work from a stable position, either by positioning themselves in previously braced and secured trusses, sitting on a "ridge seat" or leaning into or reaching through a previously secured and anchored structural member.

Only trained workers will be allowed to work at the peak during roof truss or rafter installation.

Once beam or truss/rafter installation begins, workers not involved in that activity shall not stand or walk below or adjacent to the roof opening or exterior walls in any area where they could be struck by falling objects.

13.8 - Roof Sheathing or Decking Installation

Roof structures are unstable until sheathing or decking has been installed, therefore, workers cannot be protected from fall hazards by conventional fall protection systems until it can be determined that the roofing system can be used as an adequate anchorage point. NO workers shall be allowed to walk or work on sheathing or decking that has not been securely and permanently fastened in place.

**a**. At that time, workers must be protected by a personal fall arrest system, or guardrail barricades and appropriate hazard signage.

All workers must ensure that they have a secure footing before walking on the sheathing or decking, including cleaning shoes of mud or other slip hazards.

**a**. To minimize the time workers are exposed to fall hazards; materials must be staged to allow for the quickest installation of sheathing.

13.9 - Rules for Roof Sheathing or Decking Operations

Once roof sheathing or decking operations begin, workers not involved in that activity must not stand or walk below or adjacent to the roof opening or exterior walls in any area where they could be struck by falling objects.

The supervisor will determine the limits of this area, and designate it as a *limited access zone* before placement of the first piece of roof sheathing or decking.

The bottom or first row of roof sheathing or decking may be installed by standing in the truss webs if necessary.

For Wood Systems: After the bottom row of roof sheathing has been installed, a slide guard (minimum 4-inch high) shall be installed along the entire length of the roof and adequately secured to limit the uncontrolled slide of workers.

For Wood Systems: Additional slide guards must be installed to assist workers in retaining their footing during successive sheathing operations. Intervals should not exceed 13 feet.

For Metal Systems: After the first two rows, or a minimum of 10 feet of decking has been securely installed, employees may stand on the decking surface to continue installation.

For Metal Systems: Life lines and clean working/ walking surface shall be used throughout the decking process.

Upon completion of sheathing or decking or roofs or floors perimeter protection shall be installed immediately following and prior to any other work or trades having access to perform work in these areas.

When wet weather or strong winds, (above 40mph) are present, roof-sheathing or decking operations will be suspended unless personal fall arrest systems (safety harness, lanyards, lifelines and approved roof anchors) are used.

All roof openings over 2" x 2" must be covered to eliminate tripping and falling hazards.

Covers must be capable of withstanding twice the intended load and be adequately marked as a **"DANGER: HOLE COVER-DO NOT REMOVE**".

1. This requirement is TYPICAL for all roof and deck openings.

Only trained and authorized workers, shall and will be allowed to install roof sheathing or decking, and/ or perform work near leading edge hazards.

13.10 - Rules for the Erection of Exterior Walls on Elevated Surfaces

A warning line system, hard barricade, or guardrail system shall be located no less than 6 feet from the leading edge of the deck and clearly marking the danger zone, prior to any wall erection work beginning. All workers directly or indirectly associated with the task shall be made aware of the approaching unprotected edge, and the general work that will be performed.

Materials shall be conveniently stored away from leading edges, and out of leading edge work areas to minimize fall hazards or materials being displaced over the edge to a lower level.

Workers constructing exterior walls shall complete as much cutting of materials and other preparation as possible, at least 6 feet away from the leading edge of the deck and directly on the floor surface as possible.

A supervisor or other competent person will observe and monitor these operations to insure strict compliance. Any deviation from these policies, or any other regulating requirements, shall result in an immediate stoppage of work, with a full review of the activities being performed to follow, and the **James M. Barb Construction Inc.** superintendent/ supervisor on site or Safety Manager providing approval to restart work and move forward. In certain cases, employees deviating from these policies, and any pre planned safe practices, may result in immediate removal from the project and/or termination of employment.

**13.11 – GENERAL STEEL ERECTION**

**A - Scope: Connecting, Bolting, Welding, Fitting and Bolting Up**

Pneumatic hand tools shall be disconnected from the power source, and pressure in hose lines shall be released, before any adjustments or repairs are made.

Airline hose sections shall be tied together except when quick disconnect couplers are made.

Eye protection shall be provided and worn in accordance with the Personal Protective Equipment guidelines defined by this document, and/or all other regulating guidelines.

When bolts or drift pins are being knocked out, means shall be provided to keep them from falling to lower levels.

Impact wrenches shall be provided with a locking device for retaining the socket.

Welding shall not be done in the vicinity of combustible material unless precautions are taken to prevent fire in accordance to the Fire Prevention & Protection guidelines defined by this document, and/or all other regulating guidelines.

When bolts are knocked off, or backed out, means shall be provided to keep them from falling.

A safety wire shall be properly installed on the snap and on the handle of the pneumatic riveting hammer and shall be used at all times. The wire size shall not be less than No. 9 (B&S gauge), leaving the handle and annealed No. 14 on the snap, or equivalent.

Connections of the equipment used in plumbing up shall be properly secured.

The turnbuckles shall be secured to prevent unwinding while under stress.

Plumbing up guys’ related equipment should be placed so employees can get at the connection points.

Plumbing up guys shall be removed only under the supervision of a competent person.

Wood planking shall be of proper thickness to carry the working load, but shall be not less than 2 inches thick full sized undressed, exterior grade plywood, at least ¾ inch thick or equivalent material.

Metal decking of sufficient strength shall be laid tight and secured to prevent movement.

Planks shall overlap the bearing on each end by a minimum of 12 inches.

Wire mesh, exterior plywood, or equivalent, shall be used around columns where planks do not fit tightly.

Tag lines shall be used on all hoisted loads during structural steel erection.

Provisions shall be made to secure temporary flooring against displacement in accordance with the Open Hole Cover guidelines state within this document, and/or all other regulating guidelines.

All unused openings in floors, temporary or permanent shall be completely planked over or guarded with guardrails in accordance with the Open Hole Cover guidelines state within this document, and/or all other regulating guidelines.

Employees shall be provided with a personal fall arrest system in accordance with the Fall Prevention & Protection guidelines stated within this document, and/or all other regulating guidelines.

**B - Pre-Engineered Steel Building Erection**

Wherever feasible and possible, roof components will be assembled at ground level and lifted into place by hoisting equipment or a crane.

Aerial lifts will be used to elevate workers whenever possible.

When employees are required to utilize Personal Fall Arrest Systems, anchorage points must be made able to support at least 5000 pounds per worker or 2 times the maximum intended load.

Self-retracting lifelines that are set to limit a fall to 2 feet or less should be used when rolling out insulation from the roof level.

As the installation of metal roof progresses across the joists or purlins, the leading edge must be clearly marked or guarded when installation ceases for a substantial amount of time, to warn workers of the impending danger.

All roof openings will be protected with standard guardrails, safety nets, or covered, and clearly marked, **“HOLE-DO NOT REMOVE”.**

**C - Rules for Steel Erection Activities General Requirements**

Safety harness, shock absorbing lanyards, and lifelines or anchorage's, shall be used during all steel erection activities over 15 feet from the ground or lower deck.

Workers shall tie off 100% of the time. In no case shall bolting, welding, or plumbing of structural members be performed without the use of a Personal Fall Arrest System.

A safety railing of ½ inch cable (minimum 6400 lbs. tensile strength) or equivalent shall be installed around the perimeter, 42 inches above open sided floors, temporary decks, or temporary metal decked floors of tiered buildings, or other multiple-floored structures during steel erection. Cables shall remain until guardrails or permanent walls are installed.

Structural steel members, decking, joists and other materials shall not be stacked, loaded or stored on structural steel frame work unless the frame work has been securely bolted in place, or welded.

**14.0 - LADDER USE & SAFETY PROGRAM**

**14.1 - Training**

**James M. Barb Construction Inc.** will provide a training program for all internal employees using ladders before being assigned to tasks requiring ladder use. This training will be provided on an annual basis.

Training will enable each employee to recognize hazards related to ladders and give procedures that will minimize these hazards.

Employees shall be trained by a competent person in the following:

* The nature of ladder use fall hazards in the work area.
* The proper construction, use, placement, and care in handling of ladders.
* The maximum intended load-carrying capacities of ladders.
* Good work practices for safe ladder use and placement.

**14.2 - General**

All ladders, including job made ladders, will be capable of supporting at least 4 times the maximum intended load.

A competent person must inspect all ladders for visible defects regularly and after any occurrence that could affect safe use.

Inspect all ladders before use, store in safe locations, and maintain in good condition.

Ladders with defects must be marked "*Do Not Use*", set aside and replaced.

Never tie or fasten ladders together to provide longer sections unless specifically designed for such use.

Stepladders shall have a metal spreader or locking device to hold the front and back sections in an open position during use, as well as metal slide guides to hold the two sections together.

The surface of ladders will be coated or maintained to prevent injury from punctures or lacerations, slip/ falls, and to prevent snagging of clothing.

Identification or warning labels shall be placed only on the face of a side rail, and shall be visible at all times.

Keep ladders free of oil, grease and other slipping hazards.

Only use ladders for their designed purpose. When working on a ladder remember the belt buckle rule, never get your belt buckle outside of the rails or above the top of the ladder.

Use portable extension ladders at an angle where the horizontal distance from the top support to the foot of the ladder is 1/4 of the working length of the ladder. (Example: The base of a 20-ft. ladder should be 5 ft. from the structure.)

Wood, job-made ladders shall at no time be acceptable for use on any **James M. Barb Construction Inc.** project.

Portable ladder side rails must extend at least 3 feet above the upper landing surface when used to access an upper landing surface, and shall be secured at both the top and bottom.

If the length or designed use of the ladder is limited and adequate access to the work area or landing surface cannot be reached by safe means, the task shall be re-evaluated and other equipment shall be implemented when necessary to achieve safe and adequate access.

Only use ladders on stable, level surfaces and secured to prevent displacement.

Never use ladders on slippery surfaces unless secured at the top and bottom.

Secure ladders to prevent accidental displacement by work activities or traffic, or add barricades to keep activities or traffic away from the ladder.

Keep the area around the top and bottom of ladders clear.

Place the top of a portable extension ladder so that the two rails are supported equally.

Never move, shift, or extend a ladder while it is occupied.

Use ladders with non-conductive side rails where the employee or the ladder could contact exposed energized electrical equipment.

Never use, stand or sit on the top step.

Never use single-rail ladders.

The user shall face the ladder when ascending or descending. All workers shall use, at least one hand to grasp the ladder when moving up or down. (*3 points of contact*) And employees shall not carry objects or loads that could cause them to lose balance and fall, or general alter the 3 points of contact rule.

When performing work in New York if you need to use a ladder above 6 feet for more than 15 minutes, utilize a baker scaffold, scissor lift or personal hoist.

Ladders should be used according to this: Only 250 lbs. or greater will be used.



**15.0 SCAFFOLD MANAGEMENT**

**15.1 – Training**

**James M. Barb Construction Inc.** shall provide to all internal employees prior to the use of any type of scaffold for erection or general use purposes, proper training covering safe erection and use practices. This training shall be provided on an annual basis.

ALL employees internal to **James M. Barb Construction Inc.**, or those working for a subcontractor, while performing work on **James M. Barb Construction Inc.** projects shall be properly trained in the safe work practices respective to general use and/or erection of scaffolds depending on appropriate to the employee’s scope of work.

**15.2 - Definitions**

**Brace** - a rigid connection that holds one scaffold member in a fixed position with respect to another member, or to a building or structure.

**Cleats** - are a structural block used at the end of a platform to prevent the platform from slipping off its supports. Use cleats to provide footing on sloped surfaces.

**Equivalent** - means alternative designs, materials or methods to protect against a hazard which the employer can demonstrate will provide an equal or greater degree of safety for employees

than the methods, materials or designs specified in the standard.

**Fabricated Decking & Planking** - means manufactured platforms made of wood (including laminated wood and solid sawn wood planks), metal or other materials.

**Fabricated Frame Scaffold (tubular welded frame scaffold)** - is a scaffold consisting of a platform(s) supported on fabricated end frames with integral posts, horizontal bearers, and intermediate members.

**Ladder Stand** - a mobile, fixed size, self-supporting ladder consisting of a wide flat tread ladder in the form of stairs.

**Landing** - means a platform at the end of a flight of stairs.

**Large Area Scaffold** - means a pole scaffold, tube and coupler scaffold, systems scaffold, or fabricated frame scaffold erected over the work area. **Example**: a scaffold erected over the entire floor area of a room.

**Lower Levels** - means areas below the level where the employee is located and to which an employee can fall. Such areas include, but are not limited to, ground levels, floors, roofs, ramps, runways, excavations, pits, tanks, materials, water, and equipment.

**Maximum Intended Load** - means the total load of all persons, equipment, tools, materials, transmitted loads, and other loads reasonably anticipated to be applied to a scaffold or scaffold component at any one time.

**Open Sides & Ends** - means the edges of a platform that are more than 14 inches away, horizontally, from a sturdy, continuous, vertical surface (such as a building wall) or a sturdy, continuous horizontal surface (such as a floor), or a point of access. Exception: for plastering and lathing operations, the horizontal threshold distance is 18 inches.

**Outrigger** - means the structural member of a supported scaffold used to increase the base width of a scaffold in order to provide support for and increased stability of the scaffold.

**Platform** - a work surface elevated above lower levels. Construct platforms using individual wood planks, fabricated planks, fabricated decks, and fabricated platforms.

**Rated Load** - means manufacturer specified maximum load to be lifted by a hoist or to be applied to a scaffold or scaffold component.

**Stair Tower (scaffold stairway/tower)** - means a tower comprised of scaffold components that contains internal stairway units and rest platforms. Use towers to access scaffold platforms and other elevated points such as floors and roofs.

**Unstable Objects** - means items whose strength, configuration, or lack of stability may allow them to become dislocated and shift; therefore they may not properly support the loads imposed. Unstable objects do not constitute a safe base support for scaffolds, platforms, or employees. Examples include, but are not limited to, barrels, boxes, loose brick, and loose concrete blocks.

**Capacity -** Except as provided, each scaffold and scaffold component shall be capable of supporting, without failure, its own weight and at least 4 times the maximum intended load applied or transmitted to it.

**15.3 – Scaffold Erection, Inspection & General Use**

**All Scaffolding shall be erected under the supervision of a competent person, and all inspections shall be performed by a competent person prior to use each day. Scaffold erection, inspection, and use shall comply with this document and all other regulatory requirements at all times. Deviation from these or other policies and procedures shall result in immediate stoppage of work, disciplinary action up to and including termination of employment.**

**A – General**

Scaffold platforms over 10 feet from the ground or lower level, will be equipped with guardrails, mid-rails and toe-boards. Toe-boards will be required over any entrance no matter the height of the scaffold.

Guardrails will be at least 2 x 4 inches or equivalent and approximately 42 inches from the working platform.

Mid-rails will be no less than 2 x 4 inches or equivalent and evenly spaced between the guardrail and the toe-board, (Approximately 21 inches from the walking/working surface.)

Toe-boards will be a minimum of 3 ½ inches in height.

Scaffold platforms shall be constructed with no less than 2x10 inch full cut scaffold grade lumber, extend the entire width and length of the scaffold, with a minimum overlap at all joints or ends of 12 inches. (Fully Decked)

Assemble scaffolds on a secure and level footing and maintain level plumb. All assembly and disassembly processes shall be performed with fall protection policies and procedures in use as often as possible.

Maintain scaffold platforms free of slippery conditions and accumulation of excessive materials, tools and debris at all times.

For 36” wide scaffold over 26 feet in height, shall be securely braced or attached to the building at an interval or 4:1 not to exceed 20 feet horizontally and 30 feet vertically.

Use of ladders shall be implemented on all scaffolds for safe access to working platforms at all times. All ladders shall be secured at the top and bottom, and extend 3 feet past the accessible working platform at all times.

Climbing cross braces to access working platforms, shall be strictly prohibited.

Ladder rungs must be no less than 11 ½ inches wide horizontally and no more than 16 ¾ inches apart vertically.

The first rung of the ladder will not be more than 24" from the ground or floor surface the scaffold is on.

**B - Scaffold Framing & Platform Construction**

All scaffold, work platform systems, or temporary stairs shall be constructed on hard packed, level ground at all times, and out of walking or driving paths whenever possible.

Scaffold erection/ construction shall only be performed by qualified personnel trained in the proper safe work practices, general construction of, and inspection of the scaffold system being constructed or modified.

Each platform on all working levels of scaffolds shall be fully planked or decked between the front uprights and the guardrail supports as follows:

**a**. Install each platform unit so the space between adjacent units and the space between the platform and the uprights is no more than 1 inch wide. **Except,** where the subcontractor performing the work and/or assembling the scaffold, can demonstrate that a wider space is necessary (for example; to fit around uprights when side brackets are used to extend the width of the platform).

**b**. The requirement to provide full planking or decking also applies to platforms used solely as walkways, stairs, or during scaffold erection or dismantling.

Except as provided, each scaffold platform and walkway shall be at least 24 inches wide.

Where the area is too narrow for platforms and walkways to be at least 24 inches wide, platforms and walkways shall be as wide as feasible.

Employees on such platforms and walkways shall be protected from fall hazards by the use of guardrails and/or personal fall arrest systems.

The front edge of all platforms shall not be more than 12 inches (18 inches for plastering) from the face of the work, unless guardrail systems are erected along the front edge and/or personal fall arrest systems are used.

The ends of platforms unless cleated or otherwise restrained, shall extend over the centerline of its support at least 6 inches.

Each end of a platform 10 feet or less in length shall not extend over its support more than 12 inches. Exception: If the platform is designed and installed to support employees and materials without tipping, or has guardrails which block employee access to the cantilevered end.

On scaffolds where scaffold planks are abutted to create a long platform, each abutted end shall rest on a separate support surface. This provision does not preclude the use of common support members, such as "T" sections, to support abutting planks, or hook on platforms designed to rest on common supports.

On scaffolds where platforms are overlapping to create a long platform, the overlap shall occur

only over supports, and shall not be less than 12 inches unless the platforms are nailed together or otherwise restrained to prevent movement.

At points of a scaffold where the platform changes direction, (turning a corner), platforms resting on a bearer, at an angle other than a right angle, will be laid first. Platforms at right angles over the same bearer will be laid second, on top of the first platform.

Do not cover wood platforms with opaque finishes. Platform edges may be covered or marked for identification.

**a**. Platforms may be coated with wood preservatives, fire retardant finishes, and slip resistant finishes; however, the coating may not obscure the top or bottom wood surfaces.

Scaffold components by different manufacturers shall not be intermixed unless the components fit together without force and the user maintains the structural integrity of the scaffold.

Do not modify scaffold components by different manufacturers in order to intermix them unless a competent person determines the resulting scaffold is structurally sound.

Scaffold base must be on firm footings and use of adjustable screws for leveling are required.

Scaffold components made of dissimilar metals shall not be used together unless a competent person has determined that galvanic action will not reduce the strength of any component to a level below that required.

**C – General Access & Use**

Direct Access to or from another surface shall be used only when the scaffold is not more than 14 inches horizontally and not more than 24 inches vertically from the other surface.

Access to, or use of a scaffold system of any kind, for any purpose, or length of time by employees who have not been adequately trained to the safe use requirements stated within this document and/or any other regulatory requirements, shall be restricted and strictly prohibited.

Inspection tags shall always be applied appropriate to the current status of the scaffold system. When a red, “Danger”, “NO ACCESS”, etc. tag has been posted it shall provide a description warning of the hazards present. NO employees shall be allowed to access a scaffold system tagged in such a way with direct, authorized, approval from the inspector or owner of the equipment who has posted the tag.

Unauthorized use of a scaffold owned by another trade or subcontractor shall be strictly prohibited. Written authorization for use provided through a “Scaffold Owners Temporary Authorization of Use By Others” form has been completed and filed with the **James M. Barb Construction Inc.** superintendent or supervisor on site, shall be required for any trade or subcontractor that requires the use of a scaffold they do not “own”. As part of this authorization ALL employees for the non-owner subcontractor or trade that will be performing work from the scaffold shall be properly trained in the use of scaffolds, and a competent person shall be assigned to perform all pre-use inspections. Upon completion and review of this form, the **James M. Barb Construction Inc.** superintendent or supervisor on site will decided whether to release and approve the non-owner subcontractor and associated employees to proceed with work. Upon approval to proceed, the subcontractor that is the registered owner shall be released of all safe work practices such as pre-use inspections, maintenance, or employee training requirements.

**D - Scaffold Use**

NEVER load a scaffold or scaffold components over the maximum intended loads or rated capacities.

A competent person shall inspect scaffolds and scaffold components before and after each work shift, and after any occurrence that could affect structural integrity. Upon a completed inspection a tag shall be applied at the access point, reflecting the current status of the scaffold system and available of use.

Immediately replace or repair any part of a scaffold that is damaged or weakened.

Scaffolds shall not be erected, used, dismantled, altered, or moved near energized power lines, unless necessary for performance of work. Then *only after* the utility company or electrical system operator has been notified of the need to work closer and the lines have been de-energized, relocated, or protective coverings installed to prevent contact.

A competent, qualified person will erect, move, dismantle, or alter scaffolding.

Never work on scaffolds covered with snow, ice, or other slippery material except as necessary

for removal of such materials.

When hoisting or swinging loads onto or near scaffolds, use taglines to control the loads at all times and ensure a secured safe area below to protect against falling debris.

Never work on or from scaffolds in storms or high winds. Exception: When protected by a personal fall arrest system or wind screens certified by a competent person.

Never let debris accumulate on platforms.

Never use makeshift devices on top of scaffold platforms to increase the working height.

Ladders are acceptable to increase the working height of employees, only on large area scaffolds with the approval of a competent person.

Platforms shall not deflect more than 1/60 of the span when loaded. (2 inches for every 10 feet)

All tools and materials used or stored on the work platform area shall be secured against accident displacement to a lower level at all times.

**E - Fall Protection**

Adequate measures shall be taken for fall prevention and the appropriate type of fall protection shall be worn on all scaffolding that is more than 10 feet above the lower lever, during scaffold construction and dismantling, during high wind conditions, and whenever side rails are not in place.

**16.0 - BASIC HAND & POWER TOOL USE**

**16.1 – General Use & Inspection**

**Tools shall be used according to their designed purpose and at no time shall be used for other than that. Improper or provisional use of a tool for any other purpose than it’s designed use shall result in the immediate stoppage of work, employees removal from the project and possible termination of employment.**

**ALL** tools regardless of type or intended use shall be inspected for safe and proper operation, free of any broken or loose parts, prior to use. All tools found to have serious damage and may pose a hazard shall be removed from service immediately, tagged out of service, and set aside for the necessary repairs to be made.

**ALL** tools shall be stored in safe, secure locations when not in use throughout the working day and at the end of each day.  **NOTE**: **James M. Barb Construction Inc.** shall at no time be held liable for the loss, misuse/ damage, or maintenance of any tools or equipment not directly owned by **James M. Barb Construction Inc.**..

**ALL** tools provided or designed from the factory with safety shields or guards of any kind shall be used with such safety devices in place at all times. (**Exceptions** for removal or altered use shall be approved only by the **James M. Barb Construction Inc.** superintendent or supervisor on site, and only for task specific purposes.) Removal of these devices for any reason without proper authorization shall be strictly prohibited.

**NO** sporting knives shall be used on the site for any purpose and are strictly prohibited within the permitted project boundaries. **ONLY** box cutters, small pocket knives with a blade smaller than 2 inches, or multi tools shall be allowed on site or for general use at any time. (**Exceptions** shall be made **ONLY** for those trades which required the use of specialty knives and/ or knives with longer blades for the express and only purpose of having a direct functional use respective to the task being performed.)

**ALL** tools shall be maintained and repaired according to the manufacturers specification or requirements, and shall only be repaired by trained and certified technicians and/ or repair shops.

Specialty tools or tools that pose a higher hazard level, and require user specific training shall be conducted prior to the use of such tools. Employees found to be using these types of tools, for any reason without proper training and/or certifications shall be immediately stopped.

Powder actuated tools shall be handled with extreme care at all times, and **ONLY** those employees properly trained to use such tools shall be allowed to. All unused rounds shall be disposed of properly (according to manufacturer and/ or OSHA recommendations) or returned to a secure storage area away from all working or common areas and sources of high heat or open flame. Practices to avoid accidental discharge shall be implemented at all times.

Pneumatic or hydraulically actuated tools shall be handled with extreme care at all times, and **ONLY** those employees trained in proper use of such tools shall be allowed to use them. All fittings, hoses or other parts associated with these types of tools or supporting systems of, shall be in safe working condition at all times.

**ALL** electrically powered tools shall be in save working condition at all times, with no potential for electrical shock. All outer cases and/or cords shall be free from any cracks, cuts, tears, or other defects that may cause electrical shock.

Electrical cords themselves or those directly attached to a specific tool shall be in safe working condition at all times. Minimum requirement of 12 gauge. No nicks, cuts, or other breaks in the outer shell of the cord shall be left unprotected, and when inner wire cores are visible the cord shall be removed from service and properly repaired prior to being put into service again. At no time shall a cord have more than three defects in the outer core within a 6 foot section. If this occurs the cord shall be removed from service and repaired prior to being put in service again.

PPE associated with specific pieces or types of tools, as prescribed by the manufacturer, this document, and/ or all other regulating agencies, shall be implemented and worn at all times as necessary. (**NOTE**: At no time will **James M. Barb Construction Inc.** be held responsible to provide PPE to employees not directly employed by **James M. Barb Construction Inc.**.. All subcontractors are required to and shall provide their respective employees the necessary PPE to function safely in the respective position and/or scope of work.)

**17.0 - VEHICLE & EQUIPMENT USE**

**17.1 – Applicable Vehicles or Equipment (Company Owned or Rented)**

* **All regular, street driven, DOT approved highway, vehicles.**
* **Aerial Lifts**:
	+ Scissor
	+ Snorkel/ Boom
* **Earthmoving**:
* Skid Steer
	+ Backhoe
	+ Loader
	+ Grader
	+ Scraper
	+ Excavator
	+ Dump Trucks/ Material Haulers
	+ Trencher/ Trenching
* **Paving or Concrete**:
* Rollers
	+ Rolling Compactors
	+ Jumping Jack Compactors
	+ Mixers
	+ Finishers
	+ Planers
	+ Vibrators
* **Forklifts**:
	+ Reach
	+ All-Terrain
	+ Warehouse
	+ Straight Mast
	+ Truck/ Tail Back

**17.2 – General Operational Guidelines**

**ALL** company owned, rental vehicles or mobile equipment shall be registered and insured according to all state and federal government regulations at all times.

**ALL** employees who will be assigned to operating company owned or rented vehicles shall pass a background investigation to ensure a clean driving record, prior to being authorized to operate a vehicle or piece of equipment for any reason or length of time.

**James M. Barb Construction Inc.** will no longer tolerate texting or talking on a hand-held phone while operating a company vehicle or while using a company issued cell phone while operating a personal vehicle. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, reading or responding to e-mails and text messages.

**ALL** employees shall be trained and certified in the proper inspection and safe operation of the vehicle or piece of equipment they will be operating. Operator certifications shall be provided to the **James M. Barb Construction Inc.** superintendent or supervisor on site prior to the operation of a vehicle or piece of equipment.

**ALL** company owned, rental vehicles, and/ or mobile equipment shall be inspected prior to use. All vehicles or equipment shall be in good and proper, physical and/or mechanical, working condition as it was manufactured. All safety devices shall be in good and proper working condition, with any malfunctioning or defective devices noted and repaired prior to use. Vehicles or equipment with electrical, mechanical, hydraulic/ fluid, ROPS issues shall be removed from service immediately and all necessary repairs made prior to use.

**ALL** damage or operational issues that arise during use shall be immediately documented and reported to the supervisor in ownership of that vehicle or piece of equipment. It is the express and sole responsibility of the operator to report such issues immediately, address any repairs that need to be made, and remove the vehicle or piece of equipment from service if necessary.

**ALL** servicing or fueling of equipment shall be performed outside and away from the building whenever possible. If this is not achievable it is the responsibility of the vehicle or equipment owner and/or operator to safe guard the surrounding area as required by the regulations within this document and all other regulatory standards.

**ALL** company owned or rented pieces of equipment shall have a fire extinguisher on board during use at all times.

**ANY** employee observed operating a vehicle or piece of equipment without proper, accepted, training or certifications shall be immediately stopped and removed from the vehicle or piece of equipment. NOTE: Verification of training shall be provided to the **James M. Barb Construction Inc.** superintendent or supervisor on site prior to the start of work, and shall be available at any time upon inquiry during operation directly from the operator.

**ANY** employee observed operating a vehicle or piece of equipment in an improper or unsafe manner shall be immediately stopped and removed from the vehicle or piece of equipment.

**ALL** loads shall be lowered to the ground whenever possible, with no loads being left suspended for extended time periods without an operator present and in control at all times.

**ALL** loads shall be properly secured against accidental displacement to a lower level at all times.

Operators of equipment which are hoisting loads for any purpose shall remain at the controls of the equipment used for the hoisting activity at all times. **NO** operator shall be allowed to walk away from a suspended load.

When operating a vehicle or piece of equipment that provides a seat belt or other type of passive restraint system, these systems shall be used as designed by all operators at **ALL** times.

**NO passengers shall be allowed to ride on or in a vehicle or piece of equipment that does not have a factory installed passenger seat with additional passenger restraint systems**. For those vehicles or pieces of equipment that do provide such capabilities, there must be an appropriate amount of additional seating and restraint systems for the number of passengers present, and **ALL** passengers much apply proper designed use of the restraint systems provided.

**Deviation from any of the above “General Operational Guidelines” by ANY employee, without proper exception from the James M. Barb Construction Inc. superintendent/ supervisor on site or the Safety Manager, shall result in immediate disciplinary action up to and including termination of employment.**

**17.3 – Pre Use Inspection**

A complete inspection of the piece of equipment or vehicle to be used shall be performed, documented, and filed with the **James M. Barb Construction Inc.** site office, prior to the start of work or use of the equipment.

Refer to and ensure that all factory prescribed and scheduled maintenance and/or repairs are being performed and recorded.

Test vehicle or equipment controls before every use, and determine that controls are in safe working condition. Check for fluid leaks, any corroded or unsecured electrical connections, and ensure that all factory/ manufacturer installed safety devices are in place and in proper working condition.

All tools and/ or materials being used while a vehicle or piece of equipment is in use shall be secured from accidental displacement at all times.

All walking/ working surfaces of the aerial lifts shall remain clean and clear of all debris, trash, scraps, tools, or materials at all times.

Only authorized employees shall operate a company owned or rented vehicle or piece of equipment. (See record of operator qualification in the forms section).

Refer to the manufacturer's requirements for fall protection depending on the type of equipment in use.

Vehicle or equipment load and/ or reach limits shall be observed and strictly followed at all times.

All vehicle lights, back up alarms, forward or warning horns, parking brakes, windshields, tires, and all roll over protection systems (ROPS), shall be free from serious damage and/ or defect and shall be in proper operational condition at all times. Any defects or damage to these components shall be reported immediately and the vehicle or piece of equipment removed from service until appropriate repairs have been made. All damage or repairs made to these components shall be documented whenever possible.

**17.4 – Special Requirements for Aerial Lifts (Snorkel/ Boom or Scissor)**

Snorkel type lifts require a personal fall arrest system and 100% tie off at the provided anchor

point inside the basket, at ALL times.

ALL employees regardless of task involvement, assigned to work with or in/ on this type of lift shall be properly trained and certified prior to use.

All reach and/or load capacity limits shall be strictly followed at all times.

The lift shall not be used as a general or alternate means of relocating or transporting materials, and those materials that are to be used during a task shall be secured from accidental displacement at all times.

Careful consideration and planning shall be performed prior to the use of a snorkel type lift to ensure a clear travel path, work area, and necessary protection measures taken to protect surround areas depending on location of work to be performed and associated placement of the lift.

All ground surfaces shall be packed and flat whenever possible to ensure equipment stability. Traveling over extremely rough terrain, placement of the lift that blocks a means of egress without proper safeguards in place, and/ or placement of the lift for task specific purposes on extremely uneven or soft/ unpacked ground shall be strictly prohibited.

Aerial type lifts in general require that both feet be in contact with the floor of the basket. If this cannot be accomplished the employee shall implement the use of a personal fall arrest system and be anchored to an approved point either on the basket itself or overhead. At NO time will

it be acceptable practice to stand on or work from the railings of the basket, or any platform within the basket that was not specifically designed by the manufacture for that purpose.

**Employees may enter and exit the baskets on these types of lifts to an adjacent building or structure floor/ surface ONLY if they meet the following requirements:**

They must be protected by an approved personal fall arrest system and be tied off 100% of the

time when moving from the basket to the landing surface.

The manufacturer of the lift must certify that the lift is designed not to tip over should a worker

tie off to the guardrail system.

Employees shall always use the access gate to enter or exit the equipment. All gates or attached safety chains shall be closed while working in the basket.

**Do Not** exceed the boom and basket limits specified by the manufacturer.

Use correct hand signals when signaling cranes, boom trucks, etc.

**18.0 - EXCAVATION & TRENCHING**

**ALL excavations or trenching activities shall follow the requirements within this document and/or all other regulatory agencies to ensure that all employees involved with such tasks are applying safe work practices and working within a safe environment at all times. Deviation from these or other regulations shall be strictly prohibited, resulting in immediate disciplinary action up to and including termination of employment and/or contract.**

**NOTICE: Determination and location of all underground utility installations, such as sewer, telephone, fuel, electric, water lines, etc., which are expected during excavation work, shall be performed prior to the start of work. Each subcontractor which will be required to perform such work per their respective contractual scope, regardless of depth, shall be held expressly responsible for the determination and location of all UG utilities which may be located in their work area. At NO time shall James M. Barb Construction Inc. be held accountable for the determination or locating of such utilities when it does not directly apply to work being performed by James M. Barb Construction Inc. employees, nor will James M. Barb Construction Inc. be held liable for any lost time, materials or general cost associated with damaged UG utilities that were not properly spotted prior to the start of work. All subcontractors are responsible to contact the appropriate companies or owners, to ensure this requirement has been met prior to the start of work. Any work being performed without this requirement having been fulfilled shall be strictly prohibited.**

**NOTICE: Each respective subcontractor is directly responsible for provided their employees with the necessary PPE to perform this work at all times, per the requirements of this document and/or all other regulatory requirements. Each respective contractor is also directly responsible for providing the necessary shoring, barriers, or other trench and excavation protection necessary to provide their respective employees a safe working environment, per this document and/or all other regulatory requirements. Lastly each respective subcontractor shall be directly responsible for providing the proper safety training for their employees to work in such environments and apply safe work practices at all times. NOTE: James M. Barb Construction Inc. shall at NO time be held responsible or liable to provide the necessary training, equipment, PPE or other materials to perform such scopes of work, and shall at NO time be held accountable for any cost or time associated with them. James M. Barb Construction Inc. is expressly responsible for providing such things to their internal employees or scopes of work ONLY.**

Measure all trench and excavation depths from the base of the cavity to the top of the adjacent material (spoil, dirt, rock, etc.) pile.

For **ALL** excavations or trenches which will be at a depth of more than 4 feet, at a length of more than 10 feet, and at a width of more than 6 feet… Prior to any excavation or trenching activities starting an “Excavation & Trenching Permit” shall be filled out and filed with the **James M. Barb Construction Inc.** superintendent or supervisor on site. **NO** work shall be performed on these types of excavations or trenches until this document has been completed.

For **ALL** excavations or trenches which will be performed in high traffic areas (vehicle or pedestrian), within close/ immediate proximity to other tasks which may possess an imminent

danger, or where other various questionable hazardous conditions may be present, regardless or excavation or trench size… Prior to any excavation or trenching activities starting an “Excavation & Trenching Permit” shall be filled out and filed with the **James M. Barb Construction Inc.** superintendent or supervisor on site. **NO** work shall be performed on these types of excavations or trenches until this document has been completed.

**ALL** soil conditions shall be considered type ‘C’ (according to OSHA standard) and when at a depth of 4 feet or more shall be shored, sloped, or benched as necessary to prevent cave-in.

**ALL** excavations or trenches where these prevention measures are necessary/ required, sloping or benching shall be a minimum ratio of 2:1, and shoring systems shall meet all the applicable requirements set forth within this document and/or all other regulations, with metal shoring systems being used whenever possible.

**ALL** employees associated with this type of work shall be provided with and wear reflective/ high-visibility vests or clothing, hard hats, and safety glasses at **ALL** times. All PPE shall be provided directly from the subcontractor contracted to perform such work. (**Note: This rule applies to all personnel equally.** Equipment operators, full or part time supervisory staff, truck drivers, and all other employees associated with this type of work. **NO** exceptions shall be made based on length of time or specific purpose/ responsibility within the task.)

**ALL** trenching or excavations being performed where underground utilities may be present shall require that a spotter be assigned to assist the equipment operator in predetermining and locating underground utilities throughout the trenching or excavation dig process.

In trench excavations, 4 feet or more in depth, a means of egress shall be provided to workers within 25 feet of lateral travel.

Workers are **NEVER** permitted under loads handled by lifting or digging equipment. Operators shall remain in the cabs of equipment being loaded or unloaded, until the task being performed has been completed and suspended loads can or have been brought to the ground. At **NO** time shall it be acceptable for an operator to leave a suspended load.

If vehicle operators do not have a clear and direct view of the edge of the excavation, a warning system shall be used (such as barricades, mechanical signals or stop logs).

In excavations more than 4 feet deep where oxygen deficiency or a hazardous atmosphere exists or could be expected to exist, the atmosphere in the excavation shall be tested before employees enter.

Emergency rescue equipment, such as breathing apparatus, safety harness and line, basket stretcher, etc., shall be available and attended where hazardous atmospheric conditions exist or may reasonably be expected to develop.

Employees entering bell-bottom pier holes or similar deep and confined footing excavations shall wear a harness with a lifeline securely attached.

Employees shall not work in excavations where there is accumulated water, or where water is accumulating, unless adequate precautions are in place to protect the employee.

Provide support systems such as shoring, bracing or underpinning where excavation operations endanger the stability of adjoining buildings, walls or other structures.

Always provide a support system when sidewalks, pavements, etc. are undermined.

Provide adequate protection to protect employees from loose rock or soil.

Materials, equipment, and/ or spoils shall be kept at least 4 feet from the edge of excavations.

A competent person will make daily inspections of excavations, the adjacent areas and protective systems. Daily inspections of excavations, the adjacent areas, and protective systems shall be made by a competent person for evidence of a situation that could result in possible cave-ins, indications of failure of protective systems, hazardous atmospheres, or other hazardous conditions. An inspection shall be conducted by the competent person prior to the start of work and as needed throughout the shift. Inspections shall also be made after every rainstorm or other hazard increasing occurrence. These inspections are only required when employee exposure can be reasonably expected.

Provide walkways or bridges with standard guardrails where employees or equipment are required or permitted to cross over excavations.

Each employee in an excavation shall be protected from cave-ins by an adequate protective system, except excavations that are made entirely in stable rock, or less than 4 feet in depth and a competent person examines the ground and finds no indication of a potential cave-in.

Protective systems shall have the capacity to resist, without failure, all intended loads expected to be transmitted to the system.

Members of support systems shall be securely connected together to prevent sliding, falling, kick-outs or other predictable failure.

Removal of the support system shall slowly begin at, and progress from, the bottom of the excavation.

**NEVER** work on the face of sloped or benched excavation while other employees are working below, unless employees at the lower levels are adequately protected from falling, rolling or sliding material or equipment.

If the support system is designed to withstand a cave-in, and there are no indications, while the trench is open, of possible loss of soil from behind or below the bottom of the support system, excavation of material to a level no greater than 2 feet below the bottom of the support system is permitted.

A competent person will examine soil to determine type. Erect support systems, if necessary, according to type.

**19.0 - CONCRETE & MASONRY WORK**

**ALL employees associated with concrete or masonry activities shall be properly trained in the chemical hazards associated with this work.**

Concrete work shall be performed under strict compliance with this document and all other regulatory requirements. Applying caution to not just employee safety but environmental safety as well.

Employees performing this type of work shall wear all necessary PPE appropriate within the specific task being performed. Exceptions to PPE requirements shall be directed only from the **James M. Barb Construction Inc.** superintendent/ supervisor on site or the Safety Manager. Minimum required PPE shall include: Hard Hat, Safety Glass (appropriate to lighting conditions), Gloves (appropriate to the materials being handled), and a Safety Vest or other Hi-Visibility clothing. **NOTE:** This requirement applies to all personnel equally and there will be no exceptions based on time, intent, or purpose within the scope of work or task being performed. This includes all mixer truck drivers, pump truck operators, testers, or general supervisory personnel, etc.

Bar or post caps shall be installed on all pipes, stakes, rebar or other objects protruding a flat surface more than 2 inches at a diameter of less than 2 inches. **NOTE:** These caps shall be provided and maintained by the subcontractor performing the work throughout the life of the project or that respective scope of work which requires their use.

Work areas where high dust levels, excessive noise levels, hazardous breathing atmospheres, wet or unstable/ unfinished surfaces are present, shall all be safe guarded against general employee traffic exposure.

All joint or general material cutting shall be performing in a well-ventilated area using wet methods when necessary, as well as systems to supply circulated air when necessary. ALL cutting shall be performed with the use of a full face shield (that is mountable to the hard hat) that meets all ANSI and OSHA requirements.

Mixer trucks and/or pump trucks shall not at any time be allowed to enter or exit the site into or from public pathways with the pour shoot or pump lines extended. Travelling around the site, within the site boundaries shall be kept to a minimum at all times and drivers/ operators of such vehicles will be held directly responsible for any damage caused by a shoot or pump line that has not been adequately retracted.

ALL materials left from a pour shall be disposed up within the proper, supplied, waste bin. Any dumping of left over materials, cleaning of equipment, or general spillage of materials outside the intended pour area or approved disposal area shall be strictly prohibited. Cleanup for such occurrences shall be the sole and express responsibility of the subcontractor who has placed the order for the material as well as the company associated with the equipment or operator not in compliance.

Employees working at elevated heights suspended or working from a platform, shall be provided with adequate fall protection and associated training. **NOTE:** **James M. Barb Construction Inc.** at no time will be held responsible to provide such measures, these requirements shall fall directly and only on the subcontractor performing the work.

**20.0 - ELECTRICAL SAFETY**

**ALL 120 VOLT ELECTRICAL POWER SOURCES SHALL BE EQUIPPED WITH GROUND FAULT CIRCUIT INTERRUPTERS. (GFCI)**

**ALL TEMPORARY POWER SOURCES SHALL BE SET UP/ DESIGNED IN SUCH WAYS TO PROVIDE SAFE WORK PRACTICES AT ALL TIMES, MEETING ALL REQUIREMENTS SET FORTH WITHIN THIS DOCUMENT AND/OR ALL OTHER REGULATORY AGENCIES CONCERNING ELECTRICAL SAFETY.**

**ALL TEMPORARY POWER SYSTEMS SHALL BE CLEARLY MARKED/ LABLED AND SAFE GUARDED AS NECESSARY, AND SHALL APPLY ALL NECESSARY GROUNDING TO ACCOMMODATE ALL WORK LOADS THAT MAY BE EXPECTED TO DRAW FROM POWER FROM THESE SOURCES.**

All air hoses, extension cords, etc., shall be kept out of walkways and work areas, and be run overhead or along handrails whenever possible. When hoses, cords, etc. are run across roadways or through doorways, they must be bridged or buried and clearly marked as to their location.

All power tools or equipment in use shall apply the use of a GFCI when one is not already provided by other means, at all times.

The assured equipment grounding conductor program covers all cord sets, receptacles which are not a part of the permanent wiring of the building or structure, and equipment connected by cord and plug which are available for use or used by employees.

Electrical equipment noted in the assured equipment grounding conductor program must be visually inspected for damage or defects before each day’s use. Any damaged or defective equipment must not be used by the employee until repaired.

A continuity test to ensure that the equipment grounding conductor is electrically continuous will be conducted after any repairs, after damage is suspected to have occurred, and at 3-month intervals.

Designate completion of test by placing appropriate colored tape at male end of cords. (See job site assured grounding poster for quarterly color codes.)

Electrical equipment, tools and extension cords (minimum 12 gauge) shall be grounded properly either by double insulation or a third wire ground and three prong plug. Remove any damaged cords immediately and repair or discard.

Energized work shall only be performed by properly trained and authorized personnel. An “Energized Work Permit” completed and on file with the **James M. Barb Construction Inc.** superintendent or supervisor on site, and all necessary safe guards in place prior to the start of work.

When working with active or “live” systems, appropriate measures shall be taken at all times to isolate, lock out, and/or temporarily disable necessary components to ensure employee safety from shock or electrocution.

Insulated tools approved by associated industry regulations provided by such sources as ANSI, NIOSH or OSHA, shall be used at all times.

At NO time shall an employee assume a system or component of a system has been grounded, or temporarily disabled without following proper measures to ensure that amperage and/or voltage is not present.

All employees involved with electrical work shall be properly trained in the policies and procedures to be follow for each respective task.

Fire extinguishers shall be located within 10 feet of any active electrical power source, temporary or otherwise.

Lock Out Tag Out procedures implemented on any task or scope of work that requires such safe guarding, shall comply with all requirements within this document and/or all other regulatory requirements. NOTE: Where it is necessary to apply LOTO the **James M. Barb Construction Inc.** superintendent or supervisor on site shall be notified immediately and provided a completed “Requirement for LOTO” form respective to the work performed and component or system to be locked out.

Tools, mobile, or stationary equipment that require electrical repairs shall be repaired only by trained and qualified personnel.

Location of temporary power sources shall be carefully considered at all times. Outlets and or the supply lines to them shall be out of walk and working paths at all times. All components of temporary power systems shall be inspected daily with any damage being documented and reported back to the **James M. Barb Construction Inc.** superintendent or supervisor on site.

Flammable materials or fuels shall not be stored within 25 feet of any main electrical component or equipment at any time.

Electrical rooms, closets, or cabinets shall NOT be used as storage rooms for materials or equipment of any kind, for any length of time, other than during installation purposes directly associated with that room.

When temporary power systems must be provided but located outside the building, a hard barrier shall be provided at all times at a perimeter of no less than 10 feet. All lines supplying power to the inner structure shall be buried in hard pipe with clearly marked routing locations at all times.

Temporary power requirements and locations of installation shall be determined only by the **James M. Barb Construction Inc.** superintendent or supervisor on site.

Upon final power connections and application of permanent power, access to electrical equipment shall be restricted at all times, allowing access only to those trained and certified to perform work within live systems.

**21.0 - DEMOLITION PROCEDURES**

**21.1 - Preparatory Operations:**

Prior to starting Demolition Operations a survey shall be made by a competent person, of the structure to determine the condition of the framing, floors, and walls, and the unplanned possibility of collapse of any portion of the structure.

**a**. Any adjacent structure where employees may be exposed shall also be similarly checked.

**b**. A written survey shall be completed and be posted at the work site for review.

 Before any work can be performed in a building that has been damaged by fire, flood, explosion, or other disaster, the walls, and floors, shall be adequately braced or shored.

 All electric, gas, water, steam, sewer, and other service lines, shall be shut off, capped, locked out, tagged, or otherwise controlled outside the building line before demolition work is started.

**c**. Any utility company that is involved will be notified in advance. No material shall be dropped to any point lying outside the exterior walls of the structure unless the area is effectively protected and controlled for unauthorized entry.

 Chutes will be used whenever possible to remove material from elevated floors, and be constructed of materials adequate to eliminate failure due to impact of materials.

**d**. All chutes installed over 45 degrees from the horizontal, shall be entirely enclosed.

 The outlet end of all chutes shall be guarded or barricaded to prevent workers from entering the danger zone.

**e.** Enclosed chutes required for dropping debris greater than 20 feet through outside wall openings..

All access and egress from the building, and demolition site shall be established and maintained in a safe condition.

Adequate fire protection, medical response, and emergency plan procedures shall be implemented, before any demolition work begins.

A competent person shall be on site during all demolition operations.

**22.0 - RESPIRATORY PROTECTION PROGRAM**

**22.1 - Introduction**

It is the primary intention of **James M. Barb Construction Inc.** to provide our employees with a workplace free of hazards due to air contamination caused by dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors.

This is done in several ways:

* Control by engineering measures such as general and local ventilation.
* Enclosure or confinement of the work operation to prevent employee exposure.
* The selection and use of non-toxic or less toxic substitute materials.
* The use of respiratory protection for the employee if all efforts to eliminate the hazard are not successful.

**NOTE: James M. Barb Construction Inc. shall at NO time be held responsible for supplying proper respiratory protection to subcontracted employees specifically contracted to perform work where there are known hazards present as part of the process of work to be performed.**

**22.2 - Requirements**

Respiratory protection shall be provided when necessary to protect the health of the employee and shall be applicable and suitable for the purpose intended.

**James M. Barb Construction Inc.** shall be responsible for the establishment and maintenance of a respiratory protection program with employee input. The bottom line is to minimize the hazard to the employee program.

The employee shall use the provided respiratory protection in accordance with the instructions and training received.

The employee shall be free of facial hair, eyeglasses with temple bars that protrude through the sealing surface, and if wearing dentures, the dentures are to remain in the mouth. Partial dentures should be removed to prevent dislodging or swallowing.

Each respirator will have a snug airtight fit to prevent air contaminant seepage between the face and respirator.

**22.3 - Minimum Requirements for a Respirator Protection Policy**

Instruction and training in the proper selection of respirators.

Instruction and training proper use, maintenance and cleaning of respirators and their imitations.

When practical, employees will be assigned respirators for their exclusive use.

Respirators shall be regularly cleaned and disinfected. Those issued for the exclusive use of one worker should be cleaned daily after use or as often as necessary. Disinfect as necessary. Those used by more than one worker shall be thoroughly cleaned and disinfected after each use.

Respirators shall be stored in a convenient, clean and sanitary location, preferably in respirator storage bags.

Respirators used routinely shall be inspected during cleaning. Worn or deteriorated parts shall be replaced. Respirators for emergency use such as self-contained devices, shall be thoroughly inspected at least once a month and after each use.

Inspections of respirators and related equipment will be recorded on tags attached to the equipment.

Appropriate surveillance of work area conditions and degree of employee exposure or stress shall be maintained.

There shall be regular inspections and evaluations, including evaluations by employees, to determine the continued effectiveness of this program.

Employees will not be assigned to tasks requiring use of respirators unless it has been determined by completion of a medical survey (by the employee) that they are physically able to perform the work and use the equipment. The respirator user's medical status should be reviewed periodically (at least annually).

Employees will only use approved respirators designed for particular hazard according to standards established by competent authorities.

**22.4 - Selection of Respiratory Protection - Use the following as a guide to selection.**

Determining Factors - Various factors will determine the selection of respiratory protection. Employees should be aware that in some instances, more than one air contaminant may be present and may cause serious health consequences. Consider this when making your selection.

Identify the substances against which protection is necessary. Information to identify hazardous chemicals is in SDS's.

Know the hazards and the significant properties (chemical, toxic, ignitability, physical, etc.) of each air contaminant. This information is also on the SDS.

Determine:

* The method of exposure and levels of concentration for each air contaminant.
* The nature of the hazardous operation or process.
* The time that respiratory protection will be necessary.
* Location of the hazardous area in respect to a source of uncontaminated, breathable air.
* The physical health and limitations of the individual who will use respiratory protection.
* The functional and physical characteristics of the respiratory device.

Use only MSHA/NIOSH approved respiratory devices.

**22.5 - Types of Respiratory Protection**

There are many types of respiratory protection available and each has a specific intended use. Therefore, the type selected is critical.

**1**. **Chemical Cartridge Respirators**: Chemical cartridge respirators normally consist of a face piece connected directly to cartridge containers. Cartridges use various chemicals. Each chemical removes a specific contaminant. Chemical cartridge respirators are only for non-emergency situations. Do not use in atmospheres that are immediately hazardous to life. Do not use in atmospheres that have an oxygen deficiency of less than 19.5%.

Replacement of chemical cartridges depends on activity during use, concentration of air contaminants and the type of chemical cartridge being used (multi-purpose chemical cartridges generally do not last as long as single purpose chemical cartridges). Change cartridge immediately when user can taste or smell whatever is being filtered out.

Three important rules for chemical cartridge respirators:

* Do not use for exposure to contaminants that cannot be detected by odor.
* Do not use against contaminants in concentrations that irritate eyes.
* Do not use as protection against air contaminants that are not effectively controlled by chemical cartridges, regardless of concentration.

**2**. **Particulate Filter Respirator**: A particulate (mechanical) filter respirator is designed to give protection against particulate air contaminants, such as non-volatile dust, mists or metal fumes. When using this respirator, consider resistance to breathing caused by the filtering element, the fit of face piece, and the size of the particulate being filtered out.

This filter is spent when breathing becomes impaired. Change filter immediately. This respirator does not protect against oxygen deficiency, carbon monoxide, gases, or vapors.

Specific particulate filters are available for use with chemical cartridge respirators when contaminants require a multiple-purpose respirator.

**3**. **Airline Respirators**: The airline respirator is connected to a compressed air by a hose that delivers the breathable air to the user, continuously or intermittently, to meet breathing requirements. The face piece normally provides full-face (mouth, nose and eye) coverage, but is available in a half-face (mouth and nose) model.

The respirator must operate in positive pressure mode, and it must be fitted with its own independent emergency escape air cylinder.

**Caution**: Assure that the safe escape route does not exceed escape cylinder duration. Do not use the emergency escape air cylinder to enter an IDLH (Immediately Dangerous to Life and Health) atmosphere for any purpose.

Airline respirators should only be used in atmospheres where the air contaminants are not immediately harmful to life or from where the wearer can escape without the use of the respirator. This limitation is necessary because the air supply is solely dependent upon an outside source that is not readily available to the wearer.

Airline respirators must receive a minimum of 4-CFM (cubic feet per minute) at all times. DO NOT use compressed oxygen. Hood respirators must have a minimum of 6 CFM. The air must be at least Grade D, Grade E is preferable. The maximum distance of an airline from source of air to user is 300 feet. Make sure that all respirable air system piping, tubing, fittings and couplings are incompatible with non-respirable gas systems.

**NOTE**: Compressed air supplied by a mechanically produced source must conform to all standards and requirements concerning quality of breathable air. This is due to induction of carbon monoxide and other harmful gases that are internally produced in the compressor or are drawn from other outside sources.

There are three types of airline respirators:

* Constant Flow - used when there is an ample air supply.
* Demand airline - deliver airflow only during inhalation with exhalation to the atmosphere. Use only when compressed air cylinders are available.
* Pressure Demand Flow - used when the possible inward leakage around the face piece by the negative pressure during inhalation is unacceptable and when air consumption cannot be as high as constant flow respirators.

**22.6 - Cleaning, Maintenance and Storage of Respirators**

Respirators shall be regularly collected, cleaned and disinfected. Those that are issued for the exclusive use of one worker shall be cleaned after each day's use and more often if necessary, and disinfected at least once a week. Respirators used by more than one individual shall be cleaned and disinfected after each use.

The following is a guide for an effective cleaning program:

* Remove any filters, cartridges or canisters. Do not reuse if they no longer meet requirements.
* Wash face piece and breathing tubes or hoses in approved cleaner-disinfectant solution. Use a hand brush to remove dirt.

* Rinse completely in clean, warm water and air-dry in a clean area.
* Clean respirator parts/accessories as recommended by the manufacturer's specifications.
* Inspect valves, head-straps, face piece and other parts for damage and/or deterioration.
* Insert new filters, cartridges or canisters. Check seal to ensure seals are tight.
* Place in clean plastic bag or other approved storage container.
* Storage - Protect the respirator against dust, sunlight, heat, extreme cold, excessive moisture, damaging chemicals and to prevent the distortion of the face piece or valves.

**22.7 - Inspection of Respirators**

Inspect all respirators before and after each use. Inspect respirators that are kept ready for emergency use, before and after each use and at least monthly. Replace if it is not in satisfactory working condition.

**22.8 - Respirator inspection**

Inspection shall include checking the tightness of connections and the condition of the face piece, headbands, valves, connecting tube and canisters. Inspect rubber or elastic parts for pliability and signs of deterioration. Stretch and manipulate rubber or elastic parts with a massaging action to keep them pliable, flexible and to prevent hardening during storage.

**1. All respirators will be tagged with a record of inspection dates and findings.**

**2. *Frequent and regular inspections of work areas shall be made, and records of such inspections will be maintained. Records will include the results of the type and the concentration of air contaminants found.***

**22.9 - Training**

For safe use of any respirator, it is essential that the user complete training in its selection, use and maintenance. A competent person will train all employees using respirators. A minimum training procedure shall include at least the following:

* Instruction in the nature of the hazard (acute, chronic or both), and consequences if respirator is not used.
* Explanation of why engineering controls are not feasible, including recognition that every reasonable effort to reduce or eliminate the need for respirators is being done.
* A discussion of why this is the proper type of respirator for the particular purpose, and the respirator's capabilities and limitations.
* Instruction and training in the actual use of the respirator (especially a respirator designated for emergency use) and close and frequent supervision to assure that the protection continues to be properly used.
* Discussions and training to recognize and react with emergency situations.

The discussion and training as needed for special use. Training includes an opportunity to handle the respirator, have it fitted properly, test its face piece to face seal, wear it in normal air for a long familiarity period, and if possible, wear it in a test atmosphere.

**Attention** all Superintendents, Supervisors and Foreman - This Page MUST be copied and given to any employee who voluntarily wears disposable paper respirators where he or she is not exposed to contaminates above the permissible exposure level.

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

**1**. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

**2**. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

**3**. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

**23.0 CONFINED SPACE ENTRY PROCEDURES**

**23.1 -** **PURPOSE** - This policy establishes the company's minimum requirements for entering and working in a PERMIT REQUIRED confined space.

**23.2 - WARNING** - Entering a confined space is extremely dangerous. Many workers and their rescuers have died because confined space entry procedures were not followed.

YES

Space is large enough to Enter **and has**;

Limited or restricted entry or Exit **and is**;

Not designed for continuous occupancy

NO

Not a confined space

YES

Confined Space

Hazardous Atmosphere

Engulfment Hazard

Configuration Hazard

Any Other Recognized Serious Hazard

**Permit Required** Confined Space

NO

Non Permit Confined Space

or

or

or

**23.3 - MANDATORY PROCEDURES**

A **Permit System** is required for all confined spaces where a safe atmosphere cannot be maintained by mechanical ventilation alone. Consider all spaces **PERMIT REQUIRED CONFINED SPACES** until the pre-entry procedures demonstrate otherwise.

Supervisors will complete a Confined Space Pre-Entry Survey before work begins in confined spaces.

The required permit must be posted at the entrance to all confined spaces. It certifies that the hazards have been evaluated and that all necessary protective measures are in place to insure the safe and healthy work conditions for personnel in the area.

**Confined Space Entry Permit** forms are in the form section of this manual, only qualified persons will complete such forms.

Employees are strictly forbidden to enter a confined space where a permit is not posted or has expired. All permits require the signature of a responsible supervisor and/or the authorized atmospheric testing person and must be dated for the current workday.

**Atmospheric Testing** is required before anyone enters a confined space. A competent person will perform testing, from outside of the space, to establish oxygen content, flammability, and the concentration of toxic substances, in the confined space atmosphere. The results of these tests will determine the need for additional, constant or periodic monitoring.

Deliverall results from atmospheric testing to the responsible supervisor and post at the entrance to the confined space. Any changes in process, application, work practices or materials will immediately trigger a requirement to re-test the space and evaluate the necessity for changes in procedures.

**Medical Surveillance** is required on all workers before they receive approval to enter any confined space.

Medical surveillance will include evaluating a worker's ability to wear a respirator, maintain visual clarity, hear warnings, and perform duties in this confined space.

Respirator Fit Testing is required before employees enter a confined space. *For more information, refer to the company respiratory program.*

**Training** is required for all personnel before entering a confined space.

Training will include entry and exit procedures, respirator use, lockout-tag out procedures, safety equipment use, rescue procedures, the permit system, and all other specific work practices and procedures used in the confined space.

*Training to all other contractors should be conducted to advise of the hazards and NO entry made to rescue without proper training and safety equipment.*

*Rescue plan should be developed.*

**Labeling and Posting** is required for all entrances to confined spaces.

Labels include safety equipment, rescue equipment, and specific work practices.

Emergency procedures and telephone numbers will be conspicuously posted at or near the entrance to a confined space.

A **Lockout-Tag out** Procedure will be used whenever an employee puts any part of his/her body inside a confined space. At a minimum, the Lockout-Tag out procedure will include the following:

All workers will have their own locks and, except for authorized supervisors, the only key to each of their locks. The individual who places the lock is the only one, except for authorized supervisors, permitted to remove it.

All valves, pumps, compressors, serving lines, electric panels, energy sources, moving parts etc., related to the confined space, will be isolated, locked out and tagged, prior to atmospheric testing and entry.

Bleed, drain and clean out all serving lines. There must not be any pressure in the lines or the reservoirs leading to the confined space or the machines and equipment that service it. Blank off, disconnect or blind serving lines

Release and block all mechanisms under pressure or. Use blocking, and/or rigging to support machinery that could fall.

**Specific Work Practices** will be developed by a competent person for each confined space. Project supervisors will review the work practices and insure that they are adequate for the specific project.

Work practice plans will include all specifications for equipment, tools, and cleaning requirements for the confined space.

Entrance Attendants are required in all confined spaces where continuous atmospheric monitoring is required.

The company will keep written records on training, practice drills, inspections, tests, permits, and medical surveillance.

**24.0 - LOCK-OUT-TAG-OUT PROCEDURES**

**24.1 - Purpose** - This policy establishes the company's minimum requirements for the lockout and/or tag out of all energized machines and equipment prior to service, maintenance, or adjustment.

**24.2 - General** - Lockout-Tag out is the required method of isolating machines and equipment from their energy sources, such as, electrical, mechanical, hydraulic, steam and pneumatic or a combination of sources. These procedures have been implemented to prevent injuries from the unsuspected startup or movement of machine or equipment components.

**24.3 - Responsibility** - Instruction is provided for appropriate employees in the safety significance of the Lockout-Tag out procedure.

Only qualified, authorized employees will lockout machines and equipment.

Unauthorized employees are instructed in the purpose and use of this procedure.

Affected employees will be notified and components tagged when authorized personnel have locked out a machine or piece of equipment.

Locks and keys will be issued to authorized personnel only. Only use personalized locks that are clearly marked by a number system that identifies the authorized user.

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**Under no circumstances** may anyone other than the authorized individual that locked out the device, remove a lock. In case of emergency, contact an authorized supervisor who after verifying that all lockout-tag out system procedures for restoring machines or equipment to normal production operations have been followed may remove the lock.

**24.4 - Sequence of Lockout and/or Tag out Procedures**

Notify your supervisor and all affected employees that a lockout-tag out procedure is in effect.

Shut down the machine or equipment by the normal stopping procedure.

Move **all** switches, valves, levers etc. to the off position. Stored energy, such as springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) Must be dissipated or restrained by methods such as repositioning, blocking, or bleeding down.

Lock and tag out the machine or equipment’s main and/or auxiliary power source, in the off position. If necessary, use additional safety measures to ensure that all energy sources have been disconnected and all movement of components has been disabled

Ensure that all personnel are clear, and then turn the normal operating control(s) to the on position to verify that the energy sources have been isolated.

**Caution!** Return operating control(s) to the "OFF" position after the test.

Lockout is completed

Fill out an "out of service" tag including your name and the date. Attach the tag to the normal operating control, as a notice to other personnel.

Now you may service the machine or equipment.

**24.5 - Restoring to Normal Production Operations**

Remove all tools and service materials and clear the area. Ensure that all affected personnel are clear and aware of startup procedures.

Remove all locks and tags.

Activate all energy sources.

Slowly, move the normal control device to the on position, checking to make sure that the device is functioning properly.

If the device is operating properly, notify all affected personnel that the device in back in service.

If equipment malfunctions, it must be locked out before adjusting.

**24.6 - Basic rule** - All equipment shall be locked out and/or tagged out to protect against accidental or inadvertent operation or movement that would cause injury to personnel. Do not attempt to operate a switch, valve, or other energy-isolating device when it is locked or tagged out.

**Signature of Acknowledgement – Review & Compliance of James M. Barb Construction Inc. Safety Policies & Procedures**

I/we **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(employee or contractor), acknowledge receipt and review of the James M. Barb Construction Inc. Safety Policies & Procedures. I/we furthermore acknowledge and understand that these policies and procedures will be enforced throughout the life of the project, and unless otherwise advised or authorized by James M. Barb Construction Inc. project staff and/or the James M. Barb Construction Inc. Safety Manager I/we shall not deviate from these or any other safety regulations associated with the below named project. In that I/we also acknowledge the process of investigation and associated penalties that may be implemented in the case I/we deviate from these policies or procedures without proper advisement or authorization. As an employee/subcontractor working on the below named project, under the advisement of James M. Barb Construction Inc., I/we shall do my/our part to maintain a safe and clean working environment at all times and report any unsafe conditions to James M. Barb Construction Inc. administrative staff immediately.

**Project Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Representing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisors Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Safety Rep. Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Having completed **James M. Barb Construction Inc.**, new Employee Orientation program, I certify that I,

 Print Name

Initials

 **Safety**

\_\_\_\_\_ Received Safety Handbook

\_\_\_\_\_ Had a Verbal review of the Safety Handbook

\_\_\_\_\_ Completed and signed the Safety Handbook Acknowledgement Form

\_\_\_\_\_ Have been briefed on Emergency Procedures

\_\_\_\_\_ Have been briefed and provided with Personal Protective Equipment:

\_\_\_\_\_ Hard Hat

\_\_\_\_\_ Safety Glasses

\_\_\_\_\_ Safety Vest

\_\_\_\_\_ Ear Plugs

\_\_\_\_\_ Gloves

\_\_\_\_\_ Received Briefing on Hazard Communications Program (General Overview)

\_\_\_\_\_ I understand that I must report any work related injury to my supervisor immediately.

\_\_\_\_\_ Have been briefed on Disciplinary Procedures.

\_\_\_\_\_ Have been briefed on the James M. Barb Construction Inc.’s Safety Incentive Program.

\_\_\_\_\_ Have received Appendix D 1910.134.

 **Human Resources**

\_\_\_\_\_ Received Employee Handbook

\_\_\_\_\_ Had a verbal review of Employee Handbook

\_\_\_\_\_ Have been briefed on Drug Free Workplace Policy

\_\_\_\_\_ Have been briefed on Harassment Policy

\_\_\_\_\_ Have been briefed on Workplace Violence Prevention

\_\_\_\_\_ Signed Acknowledgement forms for:

\_\_\_\_\_ Employee Handbook

\_\_\_\_\_ Drug Free Workplace Policy

\_\_\_\_\_ Harassment Policy

\_\_\_\_\_ Workplace Violence Prevention

I acknowledge that my employer, James M. Barb Construction Inc., has the right to enforce the company general rules and safe work practices for my protection and the protection of my fellow workers, and I accept personal compliance and adherence to these requirements as a condition of my employment.

Signature Date

**DEMOLITION SURVEY**

(Post This Notice at the Work Site)

Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Survey Conducted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No

1. Is bracing or shoring required?

2. Have all utilities been terminated or locked out?

3. Has fire protection been established or provided?

4. Has waste disposal been scheduled?

5. Is an Emergency Evacuation Plan posted?

6. Are all exit routes clear and unobstructed?

7. Is the site fenced, barricaded, or marked with signs?

8. Are any workers in adjacent buildings exposed

to hazards?

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**James M. Barb Construction**

**JOB SITE EMERGENCY PROCEDURES**

Date Established or Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***EMERGENCY TELEPHONE NUMBERS:***

FIRE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMBULANCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOSPITAL (w/address & directions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

LOCAL CLINIC (w/address & directions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***IN CASE OF FIRE:***

1. call the fire department
2. exit the building using the evacuation route
3. go immediately to the assembly point

***EVACUATION ROUTE:***

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

***ASSEMBLY POINT(s)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IN CASE OF SERIOUS INJURY:***

1. immediately contact first aid trained personnel
2. call for medical assistance

Job site first aid trained personnel:

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

***IN CASE OF NATURAL DISASTER: (check those that apply)***

[ ]  Tornado: Seek inside shelter, preferably underground. Stay away from windows. If outside move away from the tornado’s path at a right angle, or lie flat in a ditch or ravine.

[ ]  Earthquake: Evacuate the building and go directly to the designated Assembly Point for instructions

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency Evacuation Plan**

**NOTICE THIS POLICY IS MANDATORY**

***General Emergency Response Procedures:***

* Alert fellow workers in the immediate hazard area.
* Alert site office personnel.
* Call 911 to summon local emergency units.
* Evacuate the building site in an orderly manner.
* Assemble in groups in the designated assembly area.
* Remain in the assembly area until a headcount is taken.
* Report any missing employees to emergency personnel immediately.

**Employees are strictly forbidden to re-enter an evacuated building site until emergency response personnel and an authorized supervisor give the all clear.**

Assembly Area:

***Supervisor Fire Instructions:*** Instruct workers to evacuate to the designated location. Insure that all workers have been evacuated from your area. Verify that 911 or emergency services have been called. Determine if the fire has been extinguished. If the fire is growing or there is thick smoke, evacuate any workers attempting to extinguish the fire. Go to the assembly area and take a head count. If anyone is missing notify emergency responders, do not let anyone back in the building to search.

## *In Case of Earthquake:*

If you are *inside* a buildingDrop under a desk or table, cover your head and hold on! Stay away from windows, heavy cabinets, bookcases or glass dividers. When the shaking stops, supervisors are to assess damage and available evacuation routes then begin an evacuation of the area to the designated gathering point, Supervisors must account for each employee in their work group as quickly as possible. First aid should be administered to injured personnel. Provide assistance in evacuation of injured employees. Do not attempt to move seriously injured persons unless they are in immediate danger of further injury. If a gas odor is in the building, notify a supervisor to turn off the gas at the main. Open windows. Do not re‑enter the building once evacuation is complete. Do not touch any downed power lines, or objects touched by power lines. Do not use the phone except for emergency use. If you are outside: Stand away from building, trees, telephone and electric lines.

***Key Staff Point of Contacts:***

**James M. Barb Construction Inc.** Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electrical Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mechanical Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pluming Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Framing Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sheet Rock Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Painting Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Low Voltage Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire Suppression Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flooring Supervisor:

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEEKLY SAFETY INSPECTION

A documented **Weekly** inspection of all facilities/equipment will be conducted by Superintendents AND **Monthly** by Project Managers in an effort to detect unsafe conditions and initiate corrective action(s) as soon as possible. It is the responsibility of the Safety Manager, to ensure compliance. The Safety Manager may delegate the inspection duties to an employee or specific supervisor, however, he has the overall responsibility to ensure the safety inspection is documented weekly/monthly and performed correctly.

Safety inspection information will be documented and made available to management for evaluation and initiation of corrective actions(s).

***Employees are responsible*** for inspecting their own work stations for possible hazards on a continuing basis. These inspections are not required to be documented, *unless unsafe conditions are found*. Hand and power tools are to be inspected prior to daily use, to identify any hazardous conditions, before having to be used. All hazards will be reported to the employee’s immediate supervisor.

A documented **Monthly** vehicle safety inspection, if vehicles are used now and/or contemplated to be used in the future, will be conducted each **Month** of all licensed, and operational company vehicles will be conducted to detect defective parts or areas in need of repair, replacement, revision or alteration.

Any and all vehicles to be operated will be inspected thoroughly by the driver, prior to operating it. If any vehicular repairs are warranted between documented inspections, the driver will initiate the repair procedures, in accordance with company policy. For any vehicles regulated by the Department of Transportation, those inspections and their timetables are to continue and to be adhered to, again, these inspections too, are to be documented and maintained on file for review, as necessary.

**Un-Safe Working Conditions Report**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_a.m. /p.m.

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

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Supervisor:

Description of Hazard:

Was another employee involved? Please describe:

Recommend Corrective Action:

Date of Abatement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

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

 Supervisor Approval

*Employees may remain anonymous.*

*Signature is NOT required*

**EMPLOYEE REPORT OF UNSAFE CONDITIONS**

EMPLOYEE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAZARD OR PROBLEM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

SUGGESTIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EMPLOYEE: COMPLETE AND GIVE TO SUPERVISOR

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

SUPERVISOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACTION TAKEN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ACTION TAKEN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR: COMPLETE AND GIVE TO MANAGER

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAZARD # \_\_\_\_\_\_\_\_\_\_\_

MANAGER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REVIEW - COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

\*TITLE

**REPORTED UNSAFE CONDITION FOLLOW-UP DOCUMENTATION**

(\* Assign Hazard #'s by year and date and sequential numbers Example 02-5-17-1 for first reported unsafe condition on January 5, 2017.)

HAZARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAZARD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

POSSIBLE INJURY OR ILLNESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EXPOSURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FREQUENCY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DURATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTERIM PROTECTION PROVIDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CORRECTIVE ACTION TAKEN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

REQUIRED TIME FOR CORRECTIVE ACTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETRAINING PROVIDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

FOLLOW-UP CHECK MADE ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY ADDITIONAL ACTION TAKEN?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 \*TITLE\*

**Safety Violation Verbal Warning Log**

## Employee Name:

## Violation:

##  \_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_

Reorientation Date: \_\_\_\_\_\_\_\_\_\_

 Supervisor:

Comments:

**Violation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:

Reorientation Date: \_\_\_\_\_\_\_\_\_\_

Supervisor:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Violation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:

Reorientation Date: \_\_\_\_\_\_\_\_\_\_

Supervisor:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Violation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date:\_\_\_ \_\_ Supervisor:

Reorientation Date: \_\_\_\_\_\_\_\_\_\_

Supervisor:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety Violation Written Warning Log**

Employee Name:

On this date, ( ) the above mentioned employee was observed (**Violation)**:

This written warning will serve as the **first** warning for a safety violation. If this employee is observed committing the violation for a third time, he/she will be terminated.

Date Employee Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature:

On this date, ( ) the above mentioned employee was observed (**Violation)**:

This written warning will serve as a **second** warning for a safety violation. If this employee is observed committing the violation for a third time, he/she will be terminated.

Date Employee Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature:

On this date, ( ) the above mentioned employee was observed (**Violation)**:

This written warning will serve as the **third** warning for a safety violation. This employee was observed committing the violation for a third time, he/she will be terminated.

Date Employee Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature:

**SAFETY VIOLATION**

**WARNING REPORT**

Employees receiving this report are hereby put on notice of a violation of our organization’s safety policies and procedures. Additional violation(s) of our safety policies and procedures may result in further discipline including possible termination of employment.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee’s Name |  |  |  |  |  |  |  | Date: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Employee No. |  |  |  |  | Department |  |  | Shift |  |
| Copy forwarded to: |  |  |  |  |  |  |  |  |  |  |
| * Employee Representative
 | * Employee
 | * Safety Trainer
 | * Other
 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF VIOLATION** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| * Failure to follow policies
 | * Failure to Lockout/Tag out
 | * Substandard housekeeping practices
 |
|  and procedures | * Unsafe operation of
 |  in work area |
| * Blocked exits, corridors
 |  machinery | * Inappropriate lifting methods
 |
|  Walkways or floors | * Unsafe operation of
 | * Failure to attend/complete safety
 |
| * Failure to follow SDS
 |  Company vehicle |  training or refresher |
|  Guidelines | * Reckless fire prevention
 | * Reckless behavior
 |
| * Failure to use required PPE
 |  practices | * Other
 |
| * Improper use of power
 | * Failure to follow company
 |  |  |  |  |
|  equipment |  guidelines |  |  |  |  |
| **SUPERVISOR’S/EMPLOYER’S STATEMENT** |  | **EMPLOYEE’S STATEMENT** |  |  |
| Date of violation |  | Time |  | AM/PM | I agree with Supervisor’s/Employer’s statement |
| Date Reported |  |  |  |  | * I disagree with Supervisor’s/Employer’s
 |
| Violation Site |  |  |  |  |  description of violation for these reasons: |
| Violation Description |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Employee’s signature: |  |  |  |
|  |  |  |  |  |  | Date: |  |  |  |
|  |  |  |  |
| **PREVIOUS WARNINGS** |  |  |  |
| Date | Oral/Written | Type of Violation | Issuing |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTION TO BE TAKEN** |  |  |  |  |  |
| * Warning
 | * Suspension
 | * Refresher training
 |  |
| * Dismissal
 | * Probation
 | * Other
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TIMETABLE FOR IMPROVEMENT** |  |  |  |
| * Immediate
 | * 30 Days
 | * 60 Days
 | * Other
 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONSEQUENCES** |  |  |  |  |
| Repeat violations will result in: | * Warning
 | * Suspension
 | * Dismissal
 | * Probation
 |
| * Other
 |  |  |  |  |  |

* ***I have read this Safety Violation Warning Notice and understand it.***
* ***Employee declined to sign this form.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date |  | Employee Acknowledgement of Receipt |  |  |
|  |  |  |  |  |
| Date |  | Supervisor/Manager Signature |  |  |

 |  |

**SAFETY VIOLATION WARNING REPORT**

**SUBCONTRACTOR**

Subcontractors receiving this report are hereby put on notice of a violation of our organization’s safety policies and procedures. Additional violation(s) of our safety policies and procedures may result in further discipline including possible termination of services.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Subcontractor’s Name |  |  |  |  |  |  |  | Date: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Employee Name |  |  |  |  | Department |  |  | Shift |  |
| Copy forwarded to: |  |  |  |  |  |  |  |  |  |  |
| * Site Safety Representative
 | * Subcontractor’s Rep
 | * Safety Trainer
 | * Other
 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF VIOLATION** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| * Failure to follow policies
 | * Failure to Lockout/Tag out
 | * Substandard housekeeping practices
 |
|  and procedures | * Unsafe operation of
 |  in work area |
| * Failure to follow traffic
 |  machinery | * Inappropriate tarping methods/area
 |
|  controls/speed limits | * Unsafe operation of
 | * Failure to attend/complete safety
 |
| * Failure to follow SDS
 |  Company vehicle |  training or refresher |
|  guidelines | * Reckless fire prevention
 | * Reckless behavior
 |
| * Failure to use required PPE
 |  practices | * Other
 |
| * Improper use of power
 | * Failure to follow company
 |  |  |  |  |
|  equipment |  guidelines |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTRACTOR’S STATEMENT** |  | **SUBCONTRACTOR’S STATEMENT** |  |  |
| Date of violation |  | Time |  | AM/PM | I agree with Contractor’s statement |
| Date Reported |  |  |  |  | * I disagree with Contractor’s description of
 |
| Violation Site |  |  |  |  |  violation for these reasons: |
| Violation Descript |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Subcontractor ‘signature: |  |  |  |
|  |  |  |  |  |  | Date: |  |  |  |
| **PREVIOUS WARNINGS** |  |  |  |
| Date | Oral/Written | Type of Violation | Issuing |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTION TO BE TAKEN** |  |  |  |  |  |
| * Warning
 | * Suspension
 | * Refresher training
 |  |
| * Dismissal
 | * Probation
 | * Other
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TIMETABLE FOR IMPROVEMENT** |  |  |  |
| * Immediate
 | * 30 Days
 | * 60 Days
 | * Other
 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONSEQUENCES** |  |  |  |  |
| Repeat violations will result in: | * Warning
 | * Suspension
 | * Dismissal
 | * Probation
 |
| * Other
 |  |  |  |  |  |

* ***I have read this Safety Violation Warning Notice and understand it.***
* ***Subcontractor declined to sign this form.***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Date |  | Subcontractor Acknowledgement of Receipt |  |  |
|  |  |  |  |  |

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contractor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCIDENT INVESTIGATION**

A documented investigation will be initiated as soon as practically possible (**immediately**) after each accident, including "near misses". This is performed, while the details surrounding the accident are still fresh in the minds of those involved.

All supervisory personnel will be trained in the proper manner to conduct an accident investigation. The attached form is one that may be used to documenting the occurrence of an accident or "near miss" and training supervisory personnel to properly investigate accidents. It is important to investigate all accidents, no matter how minor, regardless of the obvious severity.

The Project Superintendent of **James M. Barb Construction Inc.** has the responsibility, overall, to ensure an accident investigation has been conducted. The Project Superintendent may designate the accident investigation function to a supervisor or an employee, however he remains ultimately responsible for ensuring the overall investigation is carried out timely and properly.

Upon notification of an accident, or near miss incident, the Project Superintendent, or a supervisor, he/she specifically designates, will begin investigative proceedings to determine the following:

 \* How the accident or incident occurred.

 \* Special circumstances involved.

 \* Underlying, indirect, or associated causes.

 \* Corrective actions or preventive measures and controls.

These general steps should be followed by supervisors and others that may have the responsibility to investigate an incident, so as to assure a thorough & effective investigation:

 \* Understand the need for the investigation.

\* Prompt written investigation that identifies specific accident causes (what, how, and why it occurred).

 \* Take pictures, draw diagrams, get witness's statements.

 \* Document and analyze all facts.

 \* Develop & analyze conclusions.

\* Correct any situations or recommend corrective action, depending on your authority.

\* Follow through to make sure recommendations are completed and are effective.

\* Monitor corrective action at a later date to assure continued effectiveness of action taken.

 \* Discuss at next safety meeting/training, as appropriate.

**SUPERVISOR'S ACCIDENT INVESTIGATION TRAINING FORM**

An accident can be defined as any occurrence that interrupts or interferes with the orderly progress of the job and usually occurs suddenly and unexpectedly. Some accidents involve human injury. Accidents arise from a combination of unsafe acts and unsafe conditions.

The intent of an accident investigation, should be to, determine what basic condition, or act, caused the accident, so corrective measures can be taken to prevent reoccurrence, ***Not to Identify the Guilty Party***.

The person supervising the employee involved in an incident will conduct a comprehensive investigation. The Project Superintendent, or supervisor(s) he/she designate(s), are responsible for getting the most efficient use out of the equipment, material and people, and generally is the person management looks to solve operational problems such as unsafe acts or conditions.

An accident should be investigated as soon as possible, and at least, within the first 8 hours of the occurrence. The sooner the information is gathered, the more accurate the facts will be. In general, an incident should be reported as soon as it occurs and no later than before the end of that persons work shift, regardless of how minor, the incident may have been, or thought to have been.

The accident investigation should include the following:

🗸 Interview the employee involved (when possible) to evaluate the situation and

 potential liability.

🗸 Photograph the scene. Don't rely on memory.

🗸 Locate, interview and get statements from any witnesses.

🗸 Evaluate any evidence found at the scene and reconstruct events.

🗸 Have involved employee step through the sequence of events.

🗸 Do not disturb the accident scene until you are satisfied with the investigation.

🗸 Before leaving the scene, warn, protect and/or repair any exposure areas.

🗸 Involved employee should complete a written report before leaving for the day. Be sure the report is in sufficient detail.

🗸 Re-interview the involved employee if necessary.

🗸 Complete all documentation of the event.

Refer to the accident investigation form for documentation for incident information.

### Accident /Injury/ Illness Investigation Form

### Job Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **PART I – Injured Employee** |
| Employee: Phone #:( ) Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth: / / Sex: M/F Social Security#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Shift: [ ]  Day [ ]  Evening [ ]  Night Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART II – Medical Treatment**

(1) Was employee given First-Aid only? Yes [ ]  No [ ]  (4) Post accident drug test? Yes [ ]  No [ ]

(2) Sent for Offsite Medical Attention? Yes [ ]  No [ ]  (5) Was treatment refused? Yes [ ]  No [ ]

 (If yes, what date \_\_\_/\_\_\_/\_\_\_)

(3) Sent to: Clinic Yes [ ]  No [ ]

 Emergency Room Yes [ ]  No [ ]

 Employee’s Doctor Yes [ ]  No [ ]

Treatment Facility (Name & Phone) \_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Attach statement of all witnesses*

|  |
| --- |
| **PART III – Incident Description** |
| Date of Injury: / / Day of Week Time of Injury: : AM/PM |
| Location of Incident: |
| Date Reported / / Time Reported: Reported to: |
| Name of Witness Address Phone |
| (1) |
| (2) |
| Describe in detail what the injured employee was doing at the time of injury (what, how, why) |
|  |
|  |
|  |
| List all the PPE the employee was wearing: |

###### Part of body injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Left [ ]  Right [ ]  N/A [ ]

###### Type of injury:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Reaction to foreign substance, Puncture, Laceration, Contusion, Fracture, Amputation, Sprain/Sprain, Burn, Other)

|  |
| --- |
|  |
| What acts or conditions may have contributed to the incident? (Analyze all the facts concerned. Continue to ask the question **WHY**? Use the Possible Accident Causes on the back of this form to complete this section.) |
|  |
|  |
|  |
| What are **YOU** doing to make sure it doesn’t happen again? |
|  |
|  |

Investigated by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **PART IV - SUPERINTENDENT REVIEW** |
| Are you satisfied with your review of Part I-III that the accident has been thoroughly investigated? [ ]  Yes [ ]  No (If NO, return for a more detailed report.) |
|  |
| As a result of your review, have you identified any additional reasons why the accident occurred: [ ]  Yes [ ]  No If YES, list the reasons: |
|  |
|  |
|  |
|  |
|  |
| Corrective action(s) **you** are taking? |
|  |
|  |
| Who have you made responsible for corrections? |
|  |
| Signature of Superintendent Date: |
| **PART V – PROJECT MANAGER COMMENTS** |
|  |
|  |
|  |
|  |

As a result of the Investigation and my comments above, I am satisfied that the accident has been thoroughly investigated. Corrective actions will be personally followed up by me until complete.

Signature of Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSSIBLE ACCIDENT CAUSES**

|  |  |
| --- | --- |
| UNSAFE ACT - PERSONAL FACTORS | UNSAFE CONDITION |
| Making safety devices inoperable | Inadequate guards or protection |
| Failure to use guards provided | Defective tools or equipment |
| Using defective equipment | Unsafe condition of machine |
| Servicing equipment in motion | Congested work area |
| Failure to use proper tools or equipment | Poor housekeeping |
| Operating machinery or equipment at unsafe speed | Unsafe floors, ramps, stairways, platforms |
| Failure to use personal protective equipment | Improper material storage |
| Operating without authority | Inadequate warning system |
| Lack of skill or knowledge | Fire or explosion hazards |
| Unsafe loading or placing | Hazardous atmosphere: gases, dust, fumes, vapors |
| Improper lifting, lowering or carrying | Hazardous substances |
| Taking unsafe position | Inadequate ventilation |
| Unnecessary haste | Radiation exposures |
| Influence of alcohol or drugs | Excessive noise |
| Physical limitation or mental attitude | Inadequate lighting |
| Unaware of hazards |  |
| Unsafe act or other |  |

THE PURPOSE OF THIS INVESTIGATION FORM IS NOT TO PLACE FAULT OR BLAME. ITS PURPOSE IS TO INVESTIGATE ALL POSSIBLE CAUSES OF THE ACCIDENT TO TAKE NECESSARY CORRECTIVE ACTIONS AND CONTINUALLY IMPROVE PROJECT SAFETY.

**Witness Statement**

# Eyewitness to Injury

|  |
| --- |
| Date: Time: Job #: |
| Job Site Address: |
| Your Name: |
| Address: |
| Age: Date of Birth: |
| Employer: |
| Employer’s Address: |
| Title/Position: Length of Employment: |
| I [ ] DO [ ]  DONOT work with: (Injured name) |
| Please answer each question below as thoroughly as possible: |
| 1. Injured party’s immediate supervisor: |
| 2. Describe injured party’s job duties: |
|  |
|  |
|  |
|  |
| 3. Do you recall the injured party getting hurt? |
|  |
|  |
| 4. When did this happen? Date: Time: |
| 5. Where did this happen? (Be specific) |
|  |
|  |
|  |
| 6. Where were you when the incident occurred? |
|  |
|  |
|  |
| 7. Did you see the injured party get hurt? [ ]  Yes [ ]  No |
|  If yes, describe what you saw: |
|  |
|  |
|  |
|  |
| 8. What did you observe their injuries to be? |
|  |
|  |
| 9. What complaints did the injured party make at the time? |
|  |
|  |

|  |
| --- |
| 10. After the complaints were made, what happened to the injured party? |
|  (Example: referred to hospital, clinic) |
|  |
|  |
|  |
|  |
|  |
| 11. Have you seen the injured party since the accident occurred? [ ]  Yes [ ]  No |
|  If yes, what did you observe about their condition? |
|  |
|  |
|  |
| 12. Was a third party or object involved? (Machinery, another subcontract, or  |
|  tools) |
|  |
| 13. Did the injured party lose time from work? [ ]  Yes [ ]  No |
| 14. Has the injured party returned to work or are they still off?  |
|  [ ]  Off [ ]  Working If Working, give date they returned to work? |
| 15. Please list the names of any employee(s) who work with or near the injured  |
|  party who may have witnessed the incident: |
|  |
|  |
| 16. Are there any employee(s) who work with or near the injured party who might  |
|  have witnessed the accident? [ ]  Yes [ ]  No If Yes, please list. |
|  |
|  |
|  |
| 17. Do you know if the injured party ever made these complaints before? |
|  [ ]  Yes [ ]  No If Yes, give details: |
|  |
|  |
|  |
| 18. Do you know of any other previous injury to the injured party?  |
|  [ ]  Yes [ ]  No If Yes, give details. |
|  |
|  |
|  |
| 19. Does the injured party have any other employment to your knowledge?  |
|  [ ]  Yes [ ]  No If Yes, give details: |
|  |
|  |
|  |
| The facts stated in this statement are true to the best of my knowledge and belief. |
| Signature: |
| Date: |

**Witness Statement**

# Unwitnessed Injury

|  |
| --- |
| Date: Time: Job #: |
| Job Site Address: |
| Your Name: |
| Address: |
| Age: Date of Birth: |
| Employer: |
| Employer’s Address: |
| Title/Position: Length of Employment: |
| I [ ] DO [ ]  DO NOT work with:(Injured’s name) |
| Please answer each question below as thoroughly as possible: |
| 1. Injured party’s immediate supervisor: |
| 2. Describe injured party’s job duties: |
|  |
|  |
|  |
| 3. Are you aware of any complaints by injured party? [ ]  Yes [ ]  No |
|  If yes, please explain: |
|  |
|  |
| 4. How did you first learn of this complaint and from whom? (in person, fellow |
|  worker, relative, telephone) |
|  |
|  |
|  |
| 5. What were you told by the informant? |
|  |
|  |
|  |
| 6. Were any other complaints made? [ ]  Yes [ ]  No If Yes, give details: |
|  |
|  |
|  |
| 7. Have you seen the injured party since learning of the complaint? [ ]  Yes [ ]  No |
|  If yes, what did you observe about their condition: |
|  |
|  |
| 8. Did you report this to anyone in the company? [ ]  Yes [ ]  No |
|  If yes, please give name of person, date, and time: |
|  |

|  |
| --- |
| 9. Was a third party and/or an object involved (malfunctioning machine, off  |
|  premises, auto, etc.) [ ]  Yes [ ] No If yes, what was involved? |
|  |
|  |
|  |
| 10. Did the injured party lose time from work? [ ]  Yes [ ]  No If Yes, give lost time  |
|  start date: |
|  |
| 11. Has the injured party returned to work or are they still off?  |
|  [ ]  Off [ ]  Working If Working, give date returned to work: |
| 12. Do you know anyone else who may have witnessed the accident?  |
|  [ ]  Yes [ ]  No If Yes, give details: |
|  |
|   |
|  |
| 13. Do you know anyone else who knows of their complaints? [ ]  Yes [ ]  No |
|  If yes, please give name of person(s): |
|  |
|  |
|  |
| 14. Please list the names of any employee(s) who work with or near the injured  |
|  party who might have witnessed the incident: |
|  |
|  |
|  |
|  |
| 15. Do you know if the injured party has ever made these complaints before? |
|  [ ]  Yes [ ]  No If yes, give details: |
|  |
|  |
|  |
|  |
| 16. Do you know of any other previous injury to the injured party.  |
|  [ ]  Yes [ ]  No If yes, give details: |
|  |
|  |
| 17. Does the injured party have any other employment? [ ]  Yes [ ]  No |
|  If Yes, give details: |
|  |
| The facts stated in this statement are true to the best of my knowledge and belief. |
| Signature: |
| Date: |

**WEEKLY TOOL BOX SAFETY TALKS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| **Project Name:** |  |
|  |
| **Date:** |  | **Project Number** |  |
|  |
| **Topics:** |  |
|  |
| **Suggestions/Remarks** |  |
|  |

 |
| Persons Present: | Company | Persons Present: | Company |
| 1 |  | 21 |  |
| 2 |  | 22 |  |
| 3 |  | 23 |  |
| 4 |  | 24 |  |
| 5 |  | 25 |  |
| 6 |  | 26 |  |
| 7 |  | 27 |  |
| 8 |  | 28 |  |
| 9 |  | 29 |  |
| 10 |  | 30 |  |
| 11 |  | 31 |  |
| 12 |  | 32 |  |
| 13 |  | 33 |  |
| 14 |  | 34 |  |
| 15 |  | 35 |  |
| 16 |  | 36 |  |
| 17 |  | 37 |  |
| 17 |  | 38 |  |
| 19 |  | 39 |  |
| 20 |  | 40 |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weekly Safety Meeting Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Number:

Job Name/Location:

Topics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SDS Reviewed:

Print: Signature:

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

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

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

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

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

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

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

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

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

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

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

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

### Safety Meeting & Verification of Task Training Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer:

Topic of Task Training and Brief Description:

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

List Unsafe Conditions and Potential Hazards:

Other Requirements:

Signs/Barricades Yes No

Eye/Face Yes No

Lockout-Tag out Yes No

Hearing Yes No

Vessel Entry Yes No

Fall Yes No

Respirator Yes No

Other \_\_\_\_\_\_\_\_\_\_\_\_

List Procedures:

Permits Required:

List PPE Required:

I have received training on the task/equipment listed above, including training on the associated safety equipment and procedures.

Print Name Signatures of Employees Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

##### Daily Equipment Pre-Use Checklist

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checked By:

Equipment or Tool Checked:

Equipment ID #:

Please indicate OK if condition is per specifications, if not please indicate problem and report to supervisor immediately for repair. Do not use damaged equipment or tools.

 OK Note Any Defects

1. Brakes

2. Steering

3. Fluid levels and leaks

4. Horn & backup alarms

5. Warning & operation light

6. Tires

7. Oil pressure

8. Fan belt

9. Battery connection

10. Wires

11. Fire extinguisher

12. Exhaust system

13. Hydraulic system

14. Hoses

15. Load limits displayed

16. Clutch

17. Safety devises

 (seat belt, roll cage, guards)

18. Lube all grease fittings

19. Switches

20. Cracks in housing, handles,

 rungs or planks

21. Other

##### Chemical Hazard Communication Program

**Verification Log**

**James M. Barb Construction Inc.** has notified our Company of the location of their Chemical Hazard Communication Program, Chemical Lists and SDS. I acknowledge that **James M. Barb Construction Inc.** will allow us to access this information whenever we feel it necessary to protect our employees.

James M. Barb Construction Inc. Representative Date

James M. Barb Construction Inc. Representative Date

James M. Barb Construction Inc. Representative Date

James M. Barb Construction Inc. Representative Date

James M. Barb Construction Inc. Representative Date

James M. Barb Construction Inc. Representative Date

James M. Barb Construction Inc. Representative Date

James M. Barb Construction Inc. Representative Date

James M. Barb Construction Inc. Representative Date

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

##### Chemical Hazard Communication Checklist

Have we prepared a list of all the hazardous chemicals in

our workplace? Yes No

Are we prepared to update our hazardous chemical list? Yes No

Do we have an SDS for each hazardous chemical we use? Yes No

Have we developed a system to ensure that all incoming

hazardous chemicals are checked for proper labels and data

sheets? Yes No

Do we have procedures to ensure proper labeling or warning signs

for containers that hold hazardous chemicals? Yes No

Have our employees had Hazard Communication Standard

training? Yes No

Are our employees familiar with the chemicals we use and the

 hazards associated with them? Yes No

Have our employees been informed of the hazards associated with

performing non‑routine tasks? Yes No

Do our employees know how to detect the presence or release of

chemicals? Yes No

Are employees trained on proper work practices and PPE in relation

to the hazardous chemicals in their work area? Yes No

Does our training program provide information on appropriate first

aid, emergency procedures and the likely symptoms of

overexposure? Yes No

Does training include explanations of labels/warnings in each work

area? Yes No

Do employees know where to get SDS and how to use them? Yes No

Do we ensure that new employees are trained before beginning

work? Yes No

Have we developed a system to identify new hazardous chemicals

Before they are introduced into a work area? Yes No

Do we have a system for informing employees when we learn of

new hazards associated with a chemical we use? Yes No

Have the employees been advised of the enforcement procedures

for failure to follow established procedures? Yes No

# Confined Space Entry Permit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Space Name |  |  |  | Entry # |  |
| **Purpose of Entry** |  |  |  | **Permit Expires** |  |
| **Entry Date(s)** |  | **Entry Time(s)** |  | **Rescue Information** |  |
| **Attendant(s)** |  | **Entrant(s)** |  | **Phone #** |  |
| Hazard Identification | **Yes** | **No** | **Equipment (specify)** | **Required****Yes No** | **Check when provided** | **Hazard Controls (specify)** | Required**Yes No** | **Check when provided** |
| **Oxygen deficiency (less than 19.5% at sea level)** |  |  | **1. Respiratory Protection** |  |  |  | **1. Isolate the space** |  |  |  |
| **Flammable gases or vapors (greater than 10% of the lower flammable limit or greater than 23.5% oxygen at sea level)** |  |  | **2. Protective Clothing/Equipment** |  |  |  | **2. Lockout** |  |  |  |
| **Toxic gases or vapors (greater than the Permissible Exposure Limit)** |  |  | **3. Communication Equipment** |  |  |  | **3. Clean/Purge** |  |  |  |
| **Mechanical hazards** |  |  | **4. Rescue Equipment** |  |  |  | **4. Rescue Equipment** |  |  |  |
| **Electrical shock** |  |  | **5. Ventilation** |  |  |  | **5. Ventilation** |  |  |  |
| **Materials harmful to the skin** |  |  | **6. Electrical Equipment** |  |  |  | **6. Other** |  |  |  |
| **Engulfment** |  |  |  |  |  |  |  |  |  |  |
| **Configuration** |  |  |  |  |  |  |  |  |  |  |

## Air Monitoring Results Air Monitoring Equipment Used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Time AM **\_\_\_\_\_PM** |  | Time AM \_\_\_\_\_PM |  | Time AM **\_\_\_\_\_PM** |  | Time AM **\_\_\_\_\_PM** |  | Time AM **\_\_\_\_\_ PM** |  | Time AM **\_\_\_\_\_PM** |  | Time AM **\_\_\_\_\_PM** |
| **Oxygen level** |  Min | **19.5%** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Max** | **23.5%** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Flammability** |  | **10% LEL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **H2S** |  | **10 ppm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CO** |  | **25 ppm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SO2** |  | **2 ppm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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## Authorizing of entry supervisor Additional Instructions? Additional Permits?

### Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

 ***If yes, list on back If yes, list on back***

# Confined Space Entry Procedure Checklist

1. **Evaluate the job**

|  |  |  |
| --- | --- | --- |
| Identify the work to be performed | Initials | Date |
| Identify who will perform the work | Initials | Date |
| Determine when the work will be performed | Initials | Date |
| Determine the types of hazards associated with the space | Initials | Date |
| Prepare for entry by completing the confined space entry permit | Initials | Date |

1. **Brief the team/entry**

|  |  |  |
| --- | --- | --- |
| Review the permit requirements | Initials | Date |
| Verify the rescue methods to be used and procedures to be followed | Initials | Date |
| Confirm that rescue personnel are available | Initials | Date |
| Review the communication procedures to be used. | Initials | Date |

1. **Isolate the space**

|  |  |  |
| --- | --- | --- |
| Initiate the appropriate lockout and ragout | Initials | Date |
| Clean and/or purge the space | Initials | Date |
| Ventilate the space | Initials | Date |
| Verify atmospheric conditions according to permit | Initials | Date |

1. **Perform the work**
2. **Conclude the entry and debrief the team**

|  |  |  |
| --- | --- | --- |
| Exit the space and account for all entrants | Initials | Date |
| Cancel the permit | Initials | Date |
| Provide appropriate maintenance to equipment used | Initials | Date |
| Evaluate the entry for problems or any opportunities for improvement | Initials | Date |

### Confined Space Entry Training Record

#### Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name &**Social Security Number****(please print)** | Job Title**(please print)** | TrainingType | Employee**Signature** |
| Entrant | **Attendant** | AirMonitoring |
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**Signature of Trainer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANNUAL REVIEW FORM**

DATE OF REVIEW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW EXPOSURES IDENTIFIED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ACTION TAKEN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REVIEWED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OSHA Respirator Medical Evaluation Questionnaire (Mandatory). - 1910.134 App C**

T**o the employer:** Answers to questions in Section 1, and to question 9 in

Section 2 of Part A; do not require a medical examination.

 **To the employee:** Can you read (circle one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator

 (Please print)

1. Today's date: \_\_\_\_\_\_\_

2. Your name:

3. Your age (to nearest year):

4. Sex (circle one): Male/Female

5. Your height: \_\_\_\_\_\_\_\_\_\_ ft. \_\_\_\_\_\_\_\_\_\_ in. 6. Your weight: \_\_\_\_\_\_\_\_\_\_\_\_ lbs.

7. Your job title:

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):

9. The best time to phone you at this number:

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No

11. Check the type of respirator you will use (you can check more than one category):

a. \_\_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non- cartridge type only).

b. \_\_\_\_\_\_ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes No

If "yes," what type(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part A. Section 2**. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes No

2.. Have you ever had any of the following conditions?

Seizures (fits): Yes No

Trouble smelling odors: Yes No

Diabetes (sugar disease): Yes No

Claustrophobia (fear of closed-in places): Yes No

Allergic reactions that interfere with your

breathing: Yes No

3. Have you ever had any of the following pulmonary or lung problems?

Asbestosis: Yes No

Tuberculosis: Yes No

Asthma: Yes No

Chronic bronchitis: Yes No

Emphysema: Yes No

Pneumonia: Yes No

Silicosis: Yes No

Lung cancer: Yes No

Broken ribs: Yes No

Any chest injuries or surgeries: Yes No

Pneumothorax (collapsed lung): Yes No

Any other lung problem that you've been told about: Yes No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of breath: Yes No

Shortness of breath when walking fast on level

ground or walking up a slight hill or incline: Yes No

Shortness of breath when walking with other people

at an ordinary pace on level ground: Yes No

Have to stop for breath when walking at your own pace

on level ground: Yes No

Shortness of breath when washing or dressing

yourself: Yes No

Shortness of breath that interferes with your job: Yes No

Coughing that produces phlegm (thick sputum): Yes No

Coughing that wakes you early in the morning: Yes No

Coughing that occurs mostly when you are lying down: Yes No

Coughing up blood in the last month: Yes No

Wheezing: Yes No

Wheezing that interferes with your job: Yes No

Chest pain when you breathe deeply: Yes No

Any other symptoms that you think may be related to

lung problems: Yes No

 5. Have you ever had any of the following cardiovascular or heart problems?

Heart attack: Yes No

Stroke: Yes No

Angina: Yes No

High blood pressure: Yes No

Heart failure: Yes No

Swelling in your legs or feet (not caused by

walking): Yes No

Heart arrhythmia (heart beating irregularly): Yes No

Any other heart problem that you've been told about: Yes No

6. Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest: Yes No

Pain or tightness in your chest during physical

activity: Yes No

Pain or tightness in your chest that interferes

with your job: Yes No

In the past two years, have you noticed your heart

skipping or missing a beat: Yes No

Heartburn or indigestion that is not related to

eating: Yes No

Any other symptoms that you think may be related to

heart or circulation problems: Yes No

7. Do you currently take medication for any of the

following problems?

Heart trouble: Yes No

Blood pressure: Yes No

Seizures (fits): Yes No

Breathing or lung problems: Yes No

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

Eye irritation: Yes No

Skin allergies or rashes: Yes No

Anxiety: Yes No

General weakness or fatigue: Yes No

Any other problem that interferes with your use of

a respirator: Yes No

 9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

**Questions 10 to 15** below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes No

11. Do you currently have any of the following vision problems?

Wear contact lenses: Yes No

Wear glasses: Yes No

Color blind: Yes No

Other eye or vision problem Yes No

12. Have you ever had an injury to your ears,

including a broken ear drum: Yes No

13. Do you currently have any of the following

hearing problems?

Difficulty hearing: Yes No

Wear a hearing aid: Yes No

Other hearing or ear problem: Yes No

14. Have you ever had a back injury: Yes No

15. Do you currently have any of the following musculoskeletal problems?

Weakness in any of your arms, hands, legs, or feet: Yes No

Back pain: Yes No

Difficulty fully moving your arms and legs: Yes No

Pain or stiffness when you lean forward or backward

at the waist: Yes No

Difficulty fully moving your head up or down: Yes No

Difficulty fully moving your head side to side: Yes No

Difficulty bending at your knees: Yes No

Difficulty squatting to the ground: Yes No

Climbing a flight of stairs or a ladder carrying

more than 25 lbs.: Yes No

Other muscle or skeletal problems that interfere

with using a respirator: Yes No

**Part B** Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when

you're working under these conditions: Yes No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes No If "yes," name the chemicals if you know them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

Asbestos: Yes No

Beryllium: Yes No

Iron: Yes No

Tin: Yes No

Dusty environments: Yes No

Coal (for example, mining): Yes No

Silica (e.g., in sandblasting): Yes No

Aluminum: Yes No

Tungsten/cobalt (e.g., grinding or welding

this material): Yes No

Any other hazardous exposures: Yes No

If "yes," describe these exposures: \_\_\_\_\_\_\_\_\_\_\_\_

 4. List any second jobs or side businesses you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_\_\_\_\_\_\_\_

7. Have you been in the military services? Yes No

If "yes," were you exposed to biological or chemical agents

(in training or combat): Yes No

8. Have you ever worked on a HAZMAT team? Yes No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-

counter medications): Yes No

If "yes," name the medications if you know them:

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

10. Will you be using any of the following items with your respirator(s)?

HEPA Filters: Yes No

Canisters (for example, gas masks): Yes No

Cartridges: Yes No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

Escape only (no rescue): Yes No

Emergency rescue only: Yes No

Less than 5 hours per week: Yes No

Less than 2 hours per day: Yes No

2 to 4 hours per day: Yes No

Over 4 hours per day: Yes No

12. During the period you are using the respirator(s), is your work effort:

Light (less than 200 kcal per hour): Yes No

If "yes," how long does this period last during the average shift:\_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

Moderate (200 to 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift:\_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_\_mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

 Heavy (above 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift:\_\_\_\_\_\_\_hrs.\_\_\_\_\_\_mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

 13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes No

If "yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions

(temperature exceeding 77 deg. F): Yes No

15. Will you be working under humid conditions: Yes No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the **first** toxic substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of exposure per shift: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the **second** toxic substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_

Duration of exposure per shift: \_\_\_\_

Name of the **third** toxic substance:

\

Estimated maximum exposure level per shift:

Duration of exposure per shift:

The name of any other toxic substances that you'll be exposed to while using your

respirator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, and security):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Pre-Task Plan**

Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Pager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crew Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Scope Hazard Analysis**

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| --- | --- |
| 1. Does every crew member know how to use assigned tools and equipment? Yes No
 | 7. Is there any potential to impact existing Owner or Construction activity? Yes No |
| 1. Does this work require special training?

 Yes NoIf so, what? | 8. Have shop drawings, contract drawings, as-builts and submittals been reviewed? Yes No |
| 1. Do you need additional or special materials and tools to do the job? Yes No
 | 9. Do other subs need to be involved? Yes No If so, who? |
| 1. Is there adequate lighting and access?

 Yes No | 10. Does this task require any special permits/procedures and does the Superintendent have a copy? Yes No  |
| 1. Will weather affect the safety or quality of this work?

 Yes No | 11. Have all materials been ordered/delivered? Yes No |
| 1. Does this task require shutdown of systems or equipment? Yes No

 Are there any stored energies?  Ex: Steam, Gas, Electricity, etc. If yes, Lock Out/Tag Out is required.  Do you have proper permits?  Has Lock Out/Tag Out been performed? | 12. Does the crew understand the importance of Quality Control? Yes No |

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| Activities To Perform: |
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| Hazards/Injury Potential: |
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| Tools/PPE/Equipment: |
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| Controls/Plan: |
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**Hazards (Check All That Apply):**

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| --- | --- | --- |
| [ ]  Overhead Work | [ ]  Hot Work in Area | [ ]  Lifting-Strenuous Work |
| [ ]  EEW Work in Area | [ ]  Sharp or Protruding Work | [ ]  Confined Space |
| [ ]  Work on Scaffolding/Lifts | [ ]  Trip Hazard | [ ]  Trenching/Excavating |
| [ ]  Fork Lift | [ ]  Acids or Chemicals | [ ]  Congested Area |
| [ ]  Pressure Test in Area | [ ]  Other:  | [ ]  Other:  |

**PPE & Hazard Controls Needed for Tasks (Check All That Apply):**

|  |  |  |
| --- | --- | --- |
| [ ]  Hard Hat, Safety Glasses | [ ]  Respiratory Protection | [ ]  Welding Screens |
| [ ]  Hand Protection (Gloves) | [ ]  Cover Electrical w/Plastic | [ ]  Barricades With Signage |
| [ ]  Foot Protections | [ ]  Fall Protection | [ ]  Review MSDS |
| [ ]  Hearing Protection | [ ]  Acid Gear | [ ]  Fire Extinguishers |
| [ ]  Toe Guards | [ ]  Gas Detection | [ ]  Housekeeping |
| [ ]  Goggles | [ ]  Face Shield | [ ]  Shoring |

**Weather Conditions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Temperature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permits:**

Hot Work \_\_\_Yes \_\_\_No Confined Space \_\_\_Yes \_\_\_No

Energized Electrical Work \_\_\_Yes \_\_\_No Excavation \_\_\_Yes \_\_\_No

Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Shower Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Exit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand this Pre-Task Plan (Sign & Print Name):

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

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**James M. Barb Construction Inc.**

Safety Inspection Comment Form

List hazards and corrective action taken and provide person responsible for correction the hazard.

Sign and date and return to James M. Barb Construction Inc. office:

|  |  |  |  |
| --- | --- | --- | --- |
| NotedHazard | CorrectiveAction Taken | PersonResponsible | Date Completed |
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| --- | --- | --- | --- |
| SUPERINTENDENT |  | DATE |  |
| PROJECT MANAGER |  | DATE |  |