

ACCIDENT PREVENTION PLAN

COMPANY NAME

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LOSS PREVENTION SERVICES

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COMPANY NAME

MANAGEMENT SAFETY POLICY STATEMENT

The President of **Company Name** is committed to providing a safe and healthful work environment for all our employees and others that may work, visit or enter our facilities.

It is my policy to manage and conduct operations and business in a manner that offers maximum protection to each and every employee and any other person that may be affected by our operations and business.

It is my absolute conviction that I have the responsibility for providing a safe and healthful work environment for our people and all others that may be affected as we conduct our business.

I will make every effort to provide a working environment that is free from any recognized or potential hazard.

I recognize that the success of our Accident Prevention Plan is contingent and dependent upon support from me and employees of **Company Name**.

I am committed to allocating and providing all the resources needed to promote and effectively implement all aspects of the company's safety program.

I will establish avenues to solicit and receive comments, information and assistance from employees about safety and health.

Company Name will comply with all federal, state, and local safety and health regulations.

I will set an example of commitment to safety and health at **Company Name**.

This policy applies to all employees and persons affected or associated in any way by the scope of **Company Name**.

Name, Title

COMPANY NAME

ALCOHOL AND CONTROLLED SUBSTANCES POLICY

Company Name has adopted an alcohol and controlled substances policy to ensure the safety and well-being of all employees. Company policy forbids the possession or consumption of alcoholic beverages and the possession or use of any controlled substance on the premises, or while on company business.

The definition of a “controlled substance” is any drug, narcotic, inhalant, hallucinogen, barbiturate, amphetamine, mixture, or compound not- prescribed by a licensed physician for the legitimate treatment of a specific employee’s medical condition.

Employees taking prescription drugs for an illness or other legitimate medical need must notify their direct supervisor in writing of the possible effects of the medication which may impair the individual’s physical or mental capabilities, and/or impair their ability to perform their job functions. The notification should also include the length of time expected to take the medication.

Users of controlled substances or alcoholic beverages present a serious danger, not only to themselves, but to all other employees with whom they work or come in contact. Lack of mental alertness, slow reactions, and other effects of alcohol and drugs lead to poor judgment and errors that place our workers and facilities in grave danger. Management cannot and will not allow the safety of our workers and facilities to be compromised.

Violation of any of the following rules may subject an employee to disciplinary action, including immediate termination:

1. No alcoholic beverages may be brought onto or consumed on **Company Name**’s property, or consumed while on company business or while operating a company vehicle or piece of equipment.
2. No controlled substance may be brought onto or used on **Company Name**’s property or used while on company business or while operating a company vehicle or piece of equipment.
3. Employees taking drugs prescribed by physician must advise management in writing of the possible effects of such medication which may impair their physical or mental capabilities and/or impair their ability to perform their job functions. This notification must include the length of time the employee is expected to take the medication. This written information must be given to management before the employee starts work. All medical information will be kept confidential, and any breach of privacy and confidentiality will be punished.
4. No employee may give, sell, or otherwise transfer any controlled substance or prescription drug to any other employee. To do so is in violation of federal law and the employees involved will be reported to law enforcement authorities immediately.

Once again, any violation of the above rules may lead to disciplinary action, including immediate dismissal.

Name, Title.

COMPANY NAME

EMPLOYEE SAFETY INVOLVEMENT & RESPONSIBILITIES

Employee Commitment and Responsibilities

The president of **Company Name** recognizes the success of any company wide endeavor is largely dependent upon all employees. This company recognizes the value of each employee's involvement to realize the goals we have set for ourselves.

All employees are encouraged and expected to become involved in all aspects of **Company Name**'s Accident Prevention Program.

All employees are expected to utilize established avenues to solicit and receive comments, information and assistance where safety and health is concerned.

All employees are expected to perform their job duties in a manner that is safe for themselves, as well as those around them.

All employees are required to abide by all safety and health policies, procedures, and rules established by this company.

All employees of this company will adhere to the safety and health regulations established by federal, state and local agencies.

All employees are expected and required to adhere to all aspects of **Company Name**'s Accident Prevention Plan. This is not optional. Your continued employment is contingent upon your recognizing and abiding by the safety and health policies, procedures and rules established in this plan.

Employee Involvement

The president of **Company Name** encourages employee involvement in each part of our company's Accident Prevention Plan. We solicit this involvement by giving each employee an opportunity to participate and be responsible for implementation of the safety program for their respective areas.

Departmental Safety Meetings

The president of **Company Name** will ensure that all employees meet on a regular basis to discuss safety and health issues or concerns and increase employee awareness of our company's Accident Prevention Plan. Regular meetings will keep the program active in the minds of the employees, and offer an avenue for employees to voice concerns regarding workplace safety and health.

Meeting minutes and attendance records will be kept on file. Minutes will include all safety items and procedures discussed as well as the date and time of the meeting.

Reporting of Hazards & Unsafe Conditions

As a condition and requirement of employment, all employees are required to report hazards and unsafe conditions in the workplace to supervision. They will take prompt and appropriate action to determine if a hazard exists. If it is determined that a hazard does exist, immediate attention for correction, or interim protective measures will be taken. Whether or not a hazard is identified, the reporting employee will be notified of the corrective action taken or the procedures used to conclude that no hazard existed. If practical, this information will be shared with all facility employees.

Reporting of Accidents/Incidents and “Near Misses”

All employees will immediately notify supervision of any accident, incident or that results in any type of injury or property damage, no matter how minor. Employees will also immediately report any “near miss” that could have resulted in injury or property damage.

Disciplinary Policy

The president of **Company Name** has developed a disciplinary policy that applies to all employees. The disciplinary policy will be a tool to help enforce the rules and procedures specified in our company’s Accident Prevention Plan. This is imperative to ensure a safe and healthful working environment is maintained.

Verbal Warnings

The president may issue verbal warnings to employees that commit minor infractions or violations of the safety rules or safe work practices. Continued violations or verbal warnings will lead to more stringent action.

Written Warnings

The president may issue written warnings for the following:

1. Repeated minor safety rule violations or procedures
2. Single serious violations of a rule or procedure that could have potentially resulted in injury to themselves or another employee or could have caused property damage
3. Activities that could potentially result in injury or property damage.

Disciplinary Leave

The president of **Company Name** may institute disciplinary leave for the above reasons and the following:

1. A single serious violation of a rule or procedure that results in injury to an employee or property damage
2. Repeated violations or nonconformance to safety rules or procedures.

Termination

The president of **Company Name** may terminate the employment of any employee for repeated serious violations of the above circumstances.

Name, Title

COMPANY NAME

RETURN TO WORK POLICY STATEMENT

Company Name is committed to providing a safe and healthy workplace for its employees. The prevention of injuries and illnesses is our primary objective. In the event an employee is injured on the job, the president has implemented a Return to Work Process. This process will provide the injured employee with immediate appropriate medical attention and will attempt to provide opportunities to return the employee to safe, productive work as soon as medically possible. The ultimate goal is to return the employee to his or her original job. If the injured employee is unable to perform the tasks of the regular job, the Return to Work Process will attempt to provide alternate productive work that meets the injured employee's capabilities. The support and participation of management and all employees are essential for the success of the Return to Work Process for **Company Name**.

Name/Title: _____

COMPANY NAME

SAFE WORK RULES

General Safety Rules For All Employees

1. Report any accident that results in personal injury or property damage, no matter how minor, to your supervisor. Get medical attention immediately if necessary. Failure to comply with this rule could delay the correction of the situation, which caused the injury.
2. The possession or use of alcoholic beverages on company property is prohibited. No worker will report for duty, or perform duties, while under the influence of intoxicants.
3. The use of narcotics or tranquilizers by employees during working hours is prohibited unless under the supervision of a physician and knowledge of your supervisor.
4. Do not remove, displace, damage, destroy or carry off any safety device, safeguard, notice, or warning.
5. Do not engage in fighting, horseplay, or distraction of fellow employees.
6. Do not attempt to lift anything that may be too heavy or bulky for your physical capacity. If in doubt, get help.
7. Good housekeeping will be maintained in all work areas. Clean up waste materials promptly and completely after a job is completed.
8. Observe all traffic rules and regulations when driving.
9. Do not operate a piece of equipment unless you have been instructed in its use.
10. Never use a box, bucket, chair, shelf, etc., as a ladder. Use only approved step-stools or ladders.
11. Observe and obey all safety signs and procedures in any area you are assigned to work in.
12. Report all damaged or faulty equipment to your supervisor unless you are authorized to make repairs.
13. Unauthorized persons will not make electrical or mechanical repairs or adjustments on equipment.
14. Do not hang articles from building fire sprinkler system or insulated steam or water lines.
15. Do not block or obstruct an aisle, passageway, hallway, stairway, escape way, or exit. Do not use these areas for storage.
16. Do not block access to electrical panels.
17. Do not block or cover fire extinguishers, fire alarms, or sprinkler heads.
18. Approach doors slowly and open them with caution; someone may be on the other side.
19. Fire doors must not be blocked open or locked in such a way that they cannot be opened in the exit direction.
20. If you are uncertain how to perform your job safely, ask your supervisor for instructions.

21. Do not run power cords, computer cables, or telephone wires across walkways creating a tripping hazard.
22. Do not use extension cords as a substitute for permanent electrical wiring. The only exception to this are "fused" multi-outlet strips which are "UL listed." If extension cords are necessary for short-term use, use only heavy-duty cords.
23. Report unsafe conditions or behavior to your supervisor or a member of management.
24. Wipe up all spilled liquids immediately, to prevent falls on polished floors. Place some type of warning marker near wet spots until dry.
25. Do not remove labels from chemical containers unless the containers are empty and have been thoroughly cleaned. Clean, empty containers may be used for other materials if proper new labels are affixed.
26. Clean machine parts using only approved solvents and parts-washing baths specifically designed for such use. Use with adequate ventilation. Dispose of waste solvents through the safety office.

Office Safety Rules

1. Flammable chemicals, such as duplicating fluid, typewriter cleaner, gasoline or paint thinner will not be used as a skin cleansing agent.
2. Electrical or mechanical equipment which is defective shall not be used. Report all such equipment to your supervisor.
3. Select shoes that provide comfort, support, and proper balance.
4. Close a drawer to a filing cabinet as soon as you are through with it and before opening another. Use the handle for opening and closing drawers. Do not open more than one of the top drawers at the same time. Heavier materials will be kept in the lower drawers of filing cabinets.
5. Keep fingers away from staple release mechanism when closing the stapler after filling.
6. Keep fingers away from the cutting edge of paper cutters. Lock the paper cutter handle in the closed position when cutter is not in use.
7. Store sharp knives, pencils, letter openers, thumb tacks, and scissors in separate boxes or compartments. If possible, knives will be protected by inserting the blade into an eraser or sheath.
8. Be sure to obtain prompt first aid for paper cuts or other wounds which penetrate through the skin.
9. Do not use electric cords which are frayed or defective. Power cords will be attached directly to the wall or floor outlet whenever possible.
10. Extension cords must not be used to connect permanent electrical equipment. The only exception to this are "fused" multi-outlet strips which are "UL listed."

Safe Lifting Rules

1. When a large or heavy load must be moved to another location, the route over which the object will be moved will be inspected first to make sure that there are no obstructions or spills

that could cause slipping or tripping injuries. If the path is not clear, a different route will be taken.

2. The object to be moved will be inspected to determine how it should be grasped or if there are any sharp edges, slivers, or other things that could cause injury. If it is wet or greasy, it should be wiped dry so it will not slip. If the object is too heavy or bulky to be handled by one person, help will be sought.
3. When lifting, use the following techniques:
 - ☞ ☞ Spread feet comfortably apart; one alongside, and one behind the object.
 - ☞ ☞ Keep the back straight, nearly vertical if possible.
 - ☞ ☞ Keep elbows and arms in, and hold the object close to your body.
 - ☞ ☞ Grasp the object securely.
 - ☞ ☞ Tuck your chin in.
 - ☞ ☞ Keep body weight directly over feet.
 - ☞ ☞ Lift smoothly by straightening your legs.
 - ☞ ☞ Reverse the procedures when lowering an object.
 - ☞ ☞ When changing direction while carrying an object, never twist. Turn the entire body, including the feet.
4. Seek assistance when necessary. Use mechanical lifting devices such as handcarts, dollies, forklift, etc. as necessary.
5. When carrying loads with other workers, always give adequate warning of any action on your part, such as dropping your end of the load. Keep in step, this makes the load easier to handle.

Fire Protection and Prevention

1. Fire extinguishers are to be mounted, clearly visible, and unblocked for immediate access.
2. Fire extinguishers shall not be removed from their assigned stations.
3. Report the use of any fire extinguisher to a supervisor.
4. Do not return a fire extinguisher to its holder if it has been used or the seal has been broken.
5. Employees are to know how to properly operate fire extinguishers.
6. When welding or cutting, suitable precautions shall be taken to ensure that smoldering metal or sparks do not cause a fire.
7. No person shall smoke or use open flames:
 - ☞ ☞ Where flammable or combustible solvents, liquids, or other flammable materials are stored, transported, handled, or used
 - ☞ ☞ Where flammable or combustible compressed gases are stored, transported, handled, or used
 - ☞ ☞ Where "NO SMOKING" signs are posted

Vehicle Safety Rules

1. A valid State Drivers license with the appropriate vehicle classification shall be required of any **Company Name** employee prior to operating any **Company Name** equipment.

2. In the event your driver's license is suspended, or revoked by the State, notify the supervisor immediately and DO NOT operate any **Company Name** vehicles until your license has been reinstated. Failure to adhere to rules 1 & 2 are grounds for immediate dismissal.
3. No tailgating. The driver will maintain at least a two second following distant from the vehicle in front of them. This distance will be increased as necessary during inclement weather or slippery road conditions.
4. Employees will not jump on or off vehicles in motion.
5. Driving a vehicle under influence of alcohol or any controlled substance will not be tolerated.
6. Drivers will determine that brakes are in good operating condition before using vehicles.
7. Drivers will check windshield wipers, horn, tires and lights frequently and report all defects promptly.
8. All speed limits will be observed. Speed will be reduced under poor driving conditions such as snow, rain, road repairs, etc.
9. Turn the vehicle's engine off when refueling. No smoking is permitted while refueling.
10. When entering or leaving any building enclosure or alley where vision is obstructed, a complete stop will be made and the driver proceed with caution.
11. Extreme caution will be exercised when backing a vehicle to avoid injury to persons and property. Check the area behind the vehicle prior to getting inside. Look over your shoulder while backing slowly with your foot over the brake pedal.
12. Use the parking brake when parking on any non-level surface.
13. Seat belts and shoulder harnesses will be worn **at all times** by both drivers and passengers when the vehicle is in motion.
14. Employees are not permitted to stand in the back of moving vehicles or to sit on the sides of moving pickups.

Forklift Safety Rules

1. Only authorized, trained personnel shall operate lift trucks.
2. Before start of shift, a visual inspection must be made to ensure that horn, lights, brakes, tires, gas supply, hydraulic lines, etc. are in safe working condition. Employees shall not operate an unsafe forklift at any time.
3. Fill fuel tanks out of doors while engine is off.
4. Do not exceed the safe load capacity of a forklift at any time. Do not counterweight a forklift to increase lifting capacity.
5. Operators shall drive with both hands on the steering wheel. Horseplay is prohibited. Do not drive with wet or greasy hands.
6. No person shall ride as a passenger on a forklift or on the load being carried.
7. A forklift will not be used to elevate a platform or pallet with persons on it, except work platforms especially designed for this purpose. Work platforms must have standard guard rails, and must be securely fastened to the forks.
8. No person shall stand or walk under elevated forks.
9. Operators will avoid making jerky starts, quick turns, or sudden stops. The operator will not use reverse as a brake.

10. Forklifts will be driven on the right side of the road or aisle-way.
11. Operators shall cross railroad tracks diagonally whenever possible.
12. Forklifts shall be operated at a safe speed with due regard for traffic and conditions. Maximum speed limits: inside buildings, 5 mph; outside buildings in work areas, 7 mph; on roads, 10 mph.
13. Slow down on wet and slippery surfaces and at cross aisles or locations where vision is obstructed.
14. Operators entering a building or nearing a blind corner shall make their approach at reduced speed. Sound horn and proceed carefully.
15. Standard arm signals will be used at all times.
16. Operators shall give pedestrians the right-of-way at all times.
17. Operators shall not drive toward any person who is in front of a fixed object or wall.
18. Operators shall not overtake and pass another forklift traveling in the same direction, at intersections, blind spots, or hazardous locations.
19. Operators will not put their fingers, arms, or legs between the uprights of the mast, or beyond the contour of the forklift.
20. When the forklift is not carrying a load, the operator shall travel with the forks as low as possible (maximum of 3 inches on paved surfaces). When carrying a load, it will be carried as low as possible (consistent with safe operation, 2 to 6 inches above the surface.)
21. Forks will always be placed under the load as far as possible. Do not lift a load with one fork.
22. No load will be moved unless it is absolutely safe and secure.
23. The operator's view will not be obstructed by the load. In the event of a high load, the forklift will be driven backward.
24. Operators shall look in the direction of travel.
25. The forks will not be operated while the forklift is traveling.
26. On a downgrade, the load shall be last, and the forks raised only enough to clear the surface.
27. On an upgrade, the load shall be first, and the forks raised only enough to clear the surface.
28. Use extra care when handling long lengths of bar stock, pipe, or other materials.
29. Avoid sharp or fast end-swing.
30. Compressed gas cylinders shall be moved only in special pallets designed for this purpose.
31. When unloading trucks or trailers, the brakes on the vehicle will be set (locked) and the wheels chocked.
32. Forklifts must be safely parked when not in use. The controls shall be neutralized, power shut off, brakes set, key removed, and the forks left in a down position flat on the surface, and not obstructing walkways or aisles.
33. A forklift shall not be left on an incline unless it is safely parked and the wheels blocked.

Ladder Safety Rules

1. Inspect ladders prior to EVERY use.
2. Tag ladders with structural defects with "Do Not Use" sign and withdraw from service.
3. Carry ladders parallel to the ground.
4. Tie ladders down securely when transporting.
5. Maintain ladders free of oil, grease, and other hazards.

6. Do not load ladder beyond its maximum intended load.
7. Use only for the purpose for which the ladder was designed (refer to manufacturer's labeling and recommendations).
8. Barricade pedestrian traffic areas in vicinity of ladder, and lock, barricade, or guard doorways in which a ladder is placed.
9. Keep area around the top and bottom of ladder clear.
10. Do not move, shift, or extend ladder while occupied. NEVER "WALK" A LADDER.
11. Use only non-conductive side rails around live electrical equipment.
12. Do not use top or top step for standing/stepping.
13. Do not stand on cross bracing.
14. Always face the ladder when ascending or descending.
15. Always maintain 3 points of contact with the ladder (2 feet/1 hand or 2 hands/1 foot will be in contact with ladder at all times).
16. Carry tools in pouches around waist; use a rope to raise or lower large items such as tool boxes or materials.
17. Do not overextend sideways. Use the belt buckle rule: keep your belt buckle positioned between the side rails at all times, which will maintain your center of gravity.
18. Never allow more than one worker on the ladder at a time.
19. Wear protective clothing and rubber-soled shoes.

Company Name employees are expected to abide by these safety rules as well as other safety rules, policies, and procedures outlined in the company's safety manual. Compliance is a condition of employment. Violations will result in disciplinary action up to and including immediate termination.

Name, Title

COMPANY NAME

HAZARD COMMUNICATION PROGRAM

1. **General Information:** In order to comply with 29 CFR 1910.1200 and the Texas Hazard Communication Act of 1985, the following written Hazard Communication (HazCom) Program has been established for **Company Name**. The written program will be available in the main office.
2. **Container Labeling:**
 - a. Managers of **Company Name** will verify that all containers received for use will:
 - (1) Be clearly labeled as to the contents
 - (2) Note the appropriate hazard warning
 - (3) Ensure the material is included on the list of hazardous materials maintained with this HazCom Program
 - b. Managers will further ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with the "central stores" generic labels which have a block for identity and blocks for the hazard warning.
 - c. Managers will also review the company labeling system every six months and update as required.
3. **Material Safety Data Sheets (MSDSs)**
 - a. Managers will be responsible for obtaining and maintaining the MSDSs for the company.
 - b. Managers will also-review incoming MSDSs for new and significant health/safety information and ensure any new information is passed on to the affected employees.
 - c. Copies of MSDSs for all hazardous materials to which employees of this company may be exposed will be kept in the main office and on the site where the chemical is used by the employee, along with this HazCom Program and readily available to all employees.

4. Employee Training and Information

a. The **Manager** is responsible for the employee training program. Prior to starting work, each new employee of **Company Name** will attend a health and safety orientation containing the following information:

- (1) An overview of the requirements contained in the Texas Communication Act of 1985
- (2) Hazardous materials present in their workplace operations
- (3) Location and availability of our written HazCom Program
- (4) Physical and health effects of the hazardous materials
- (5) Methods and observation techniques used to determine the presence or release of hazardous materials in the work area
- (6) How to lessen or prevent exposure to these hazardous materials through use of controls/work practices and personal protective equipment
- (7) Steps the company has taken to lessen or prevent exposure to these hazardous materials
- (8) How to read labels and review MSDSs to obtain appropriate hazard information
- (9) Location of the MSDS file and the hazardous materials list

b. After attending the training class, each employee will sign a form verifying their understanding of the training and the company's rules, procedures and policies regarding Hazardous materials.

Name, Title

COMPANY NAME



LIST OF HAZARDOUS MATERIALS

The following is a list of all known hazardous materials used by employees of **Company Name**. Further information on each noted hazardous material may be obtained by reviewing Material Safety Data Sheets located in the office.

**TRADE NAME
NUMBER OR ID**

HAZARDOUS MATERIAL

COMPANY NAME

ACCIDENT ANALYSIS COMPONENT

The **president** or the designated representative will review and analyze all incident investigation reports, hazard records, safety inspection reports, OSHA 300 log and any other documentation pertaining to the safety and health program. This review will be conducted at least once a year during the month of **January** for the previous calendar year. The review will focus on hazard and injury analysis and recognition of developing trends.

Trend analysis will identify recurring accidents and near miss incidents resulting in or potentially involving injury, illness and/or property damage. The analysis will also recognize repeatedly identified hazards/violations needing corrective action to establish what program component is failing that allows the hazard to exist.

The **president** will enact effective corrective actions to address trends identified. 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 taken will be followed by management until the causal factor has been eliminated or controlled.

Employee training records will be reviewed during the analysis to ensure an adequate and effective training program is maintained. Employees will be interviewed from time to time to establish retention of training and determine when information should be supported or repeated.

The attached Accident and Hazard Analysis Review form will be used for this analysis.

COMPANY NAME

ACCIDENT AND HAZARD ANALYSIS REVIEW

Date: _____

1. Review of all incident investigation reports and OSHA 300 log entries revealed: _____

2. Review of all safety inspection reports and hazard reports revealed: _____

3. Review of employee training records revealed: _____

4. Recommended corrective action and completion dates for trends identified:

Name, Title

COMPANY NAME

SAFETY RECORDKEEPING COMPONENT

The president of **Company Name** believes the only valid means of reviewing and identifying trends and deficiencies in a safety program is through an effective recordkeeping program. The recordkeeping element is also essential in tracking the performance of duties and responsibilities under the program.

This company is committed to implementing and maintaining an active, up to date recordkeeping program.

Injury and Illness Data

The **president** of **Company Name** will maintain records of all work related injuries and illnesses to employees.

The following records and forms are applicable to work related injuries and illnesses.

- ~~☒~~ OSHA 300 Log of Recordable Injuries and Illnesses
- ~~☒~~ Incident Investigation Reports
- ~~☒~~ Insurance reports of injury

The OSHA 300 Log of Recordable Injuries and Illnesses and Incident Investigation Reports will be maintained by management in the office files. The information contained in or entered on these records will be maintained current within **six working days** of a recordable accident.

The completed OSHA 300 Log will be posted for employees to review no later than **February 1**, for the previous calendar year and remain available for review for a period of not less than 3 months.

All data pertaining to injuries or illnesses not requiring medical treatment or were otherwise not recordable on the OSHA 300 Log will be investigated using the Texas Mutual's Incident Investigation Record. This will include first aid treatment of any kind.

All injury and illness documentation will be reviewed once a year during the month of **January** for the previous calendar year by management to analyze occurrences, identify developing trends and plan courses of corrective actions. These records will be maintained a minimum of five years in the office files.

Safety & Health Surveys & Inspection Program

The **president** of **Company Name** will maintain and review records of all safety audits and inspections that are conducted within or that affect the company, employees or facilities.

Applicable forms and records:

- ?? Facility Safety Inspection Checklist
- ?? Texas Mutual Insurance Company Survey Findings

Reports generated as a result of comprehensive surveys conducted by outside professional agencies will receive immediate attention and consideration. All hazards identified and recommendations submitted will be acted upon in a timely manner. All methods of addressing the issues contained in the reports will be documented in writing and a copy maintained with the inspection checklist or survey report. This documentation will also show the date corrections were made or actions taken. These reports and all associated documentation will be maintained for record and periodic review in the office files for a period of at least 12 months. The president will ensure corrective actions are taken for all identified hazards and deficiencies noted.

Company Name's Facility Safety Inspection Checklist will be used to conduct and document the **semi-annual** self-inspections. The checklist will include the name of the person performing the evaluation and the date the inspection takes place. The checklist will be reviewed by a member of management upon completion. All discrepancies identified during the inspections will be evaluated as soon as possible. The checklist will be reviewed and evaluated on a regular basis to ensure current applicability. This review will be performed throughout the workplace with input from employees. The checklist will be retained along with other applicable data for review. The list will be developed with the assistance of professionals providing comprehensive surveys (insurance field safety representatives, local fire inspectors, etc.). The hazards and recommendations noted in the surveys will be given consideration for addition to the checklist. Employees will be responsible for requisitioning and assisting in the correction process.

The formal Accident Prevention Plan components will be reviewed by management during the month of **January** for the previous calendar year to identify insufficiencies or component failure. Each will be audited individually with the findings documented and recorded. This documentation will be used to identify adverse trends in program element deficiencies to track improvement modifications. This documentation will be maintained for review for at least 12 months in the office files.

Safety or Other Related Meetings

The **President** will maintain accurate records of all proceedings associated with the safety and health program of **Company Name**. These records will include the name of the briefer, date, list of attendees, details of the topics discussed and action or corrective measures suggested, recommended or taken. The purpose of this documentation is to ensure that decisions affecting the safety and health program of

Company Name are carried out, implemented and results are tracked. Minutes of these meetings will be maintained by the owners in the office files for a period of at least 12 months.

Training Records

The **president** of **Company Name** will document and maintain records of all safety and health related training.

All safety and health related training provided to employees of **Company Name** will be documented. This documentation will be maintained as proof attendance and reviewed to assist in determining the need for additional or repeated training for employees on an individual basis. Records and documentation of training will include the presenters name, date of training, topic or subject, legible identification of the attendee and attendees' signature. The person providing the training is responsible for generating the documentation. The training record will become part of the employees' permanent file and will be maintained by the owners in the office files.

Accident Investigation

The **president** of **Company Name** will ensure proper records and documentation of all accident and incident investigation activities are maintained and reviewed. Forms and records applicable include:

- ~~Incident Investigation Reports and supporting data~~
- ~~OSHA 300 Log of Recordable Injuries and Illnesses~~
- ~~Insurance reports of injury~~
- ~~Records of corrective action or preventative measures implemented.~~

All accidents and near miss incidents resulting in injury or illness to persons or property of any magnitude, or the potential for either, will be investigated and documented. All items on the Incident Investigation Record form will be addressed in detail as soon as possible following the accident/incident. The information acquired will be used and reviewed by management and effected employees to establish all contributing factors and causes. From the investigation, a plan of corrective action will be established to prevent recurrence. The plan of corrective action and implementation will be documented and reviewed by **the president**.

Completed Incident Investigation Reports and supporting data will be maintained by the president in the office files for a period of at least 5 years.

COMPANY NAME

SAFETY & HEALTH EDUCATION TRAINING COMPONENT

The president of **Company Name** is committed to providing safety and health related orientation and training to all employees of the company.

The **president** will develop, implement and maintain an aggressive safety and health orientation and training program. The program's purpose is to educate and familiarize employees with safety and health procedures, rules and work practices. The **president** will encourage and require involvement and participation of all employees. Furthermore, management will support the orientation and training program with allocations in funding, resources and time to develop and implement this program.

Training Program Development

The training subjects and materials are developed utilizing industry and site specific criteria relating to identified and potential hazards, accident and incident data, and training required by federal regulations. The orientation and subsequent training sessions will include, but not necessarily be limited to the following:

- ??Company Safety Policy Statement
- ??Alcohol and Controlled Substances Policy
- ??Employee Safety Involvement and Responsibilities, to include disciplinary procedures and incident investigation and reporting requirements
- ??Safe Work Rules
- ??Hazard Communication Program

The training program shall be administered in two phases consisting of new employee orientation and **quarterly safety meetings/training**. Aside from the formal safety and health related training classes, employees will receive guidance and instruction on safe operating procedures of each assigned job or task.

Orientation

The orientation training will be administered to all new employees by a member of management prior to the initial work assignment and to employees assigned to new or different tasks or jobs. The orientation will consist of all required training programs as well as job and site specific safety and health information. All new employees will be given a tour of the facilities and an opportunity to pose questions to expedite the familiarization process. New employees will not be released to an individual job assignment until it has been determined by a member of management that the individual has retained the minimal

acceptable elements of the training provided and pertinent information to safely perform the assigned duties.

Ongoing Training

All employees are required to participate and become involved in the ongoing safety and health training program. The frequency, repetitiveness, and subject matter will be determined by training assessments and audits to be performed by a member of management at intervals that ensure demonstration of adequate training. The assessments and audits will, for the most part, be informal questions and observations of employees and work areas. At no time will an employee be approved to work at an **interval greater than 12 months** without retraining. All employees assigned to attend a training session must demonstrate competency and retention of the minimal acceptable information prior to returning to any job assignment. The president has the authority to assess training effectiveness and is responsible for enforcing implementation of criteria requirements of all training. Employees who miss a training session will be rescheduled to attend within **three working days** of their return to duty. Ongoing safety meetings/training will be conducted at **least quarterly during the months of April, July, October and January**.

Documentation

Any and all safety and health related training administered or provided by **Company Name** will be documented with the following minimum information:

- ~~☒~~ Date of training session
- ~~☒~~ Name of provider
- ~~☒~~ Subject matter
- ~~☒~~ Legible name of attendee(s)
- ~~☒~~ Signature or acknowledgment of attendance

All training records and documentation will become a permanent part of each employee record as well as a master record used to determine participation of all employees. Individual training records will be maintained for the **current year plus five more**. The attached New Employee Job Safety Orientation Record will be used to document new employees' acknowledgment and understanding of their initial job safety orientation. Also attached are an acknowledgment form showing the employee has received a copy of the company's Employee Safety & Health Handbook and the form to be used for quarterly safety meetings.

COMPANY NAME

NEW EMPLOYEE JOB SAFETY ORIENTATION RECORD

EMPLOYEE'S NAME: _____ DATE HIRED: _____

<u>SUBJECT</u>	<u>DATE TRAINED</u>	<u>INITIAL</u>
Company Safety Policy Statement	_____	_____
Alcohol and Controlled Substances Policy	_____	_____
Employee Safety Responsibilities	_____	_____
Hazards associated with the work areas	_____	_____
General and job specific safety rules	_____	_____
Emergency procedures	_____	_____
Personal protective equipment requirements	_____	_____
Hazard Communication training	_____	_____
Tour of facilities and company equipment	_____	_____
Return to Work Policy	_____	_____
Proper Lifting Techniques	_____	_____

I have been trained in each of the above subject areas and will comply with all the policies, procedures and rules set forth.

Employee's Signature

Supervisor

COMPANY NAME

EMPLOYEE ACKNOWLEDGMENT **Alcohol and Controlled Substances Policy**

I acknowledge that I have received a copy of the Alcohol and Controlled Substances Policy. I also acknowledge that the provisions of the Policy are part of the terms and conditions of my employment, and I agree to abide by them.

Date

Employee Social Security Number

Printed Name

Signature of Employee

COMPANY NAME

EMPLOYEE ACKNOWLEDGMENT Of Employee Safety and Health Handbook

I hereby acknowledge receiving, reading, and understanding **Company Name**'s Employee Safety & Health Handbook. I fully understand that compliance with the policies, procedures, and rules set forth are a condition of my employment, and I agree to abide by them. I further agree to perform my job in the safest manner possible to prevent injury to myself, my fellow workers, and the general public.

Date

Employee Social Security Number

Printed Name

Signature of Employee

Signature of Supervisor

COMPANY NAME



EMPLOYEE ACKNOWLEDGMENT Of Hazard Communication Training

I acknowledge that I have received training on **Company Name**'s Hazard Communication Program. I also acknowledge that the provisions of this program is part of the terms and conditions of my employment, and I agree to abide by them.

Date

Employee Social Security Number

Printed Name

Signature of Employee

COMPANY NAME

SAFETY MEETING MINUTES

Location: _____

Date: _____ Briefer/Trainer: _____

Topics Discussed:

Employee Comments:

Attendees' Printed Name

Attendees' Signature

COMPANY NAME

AUDIT/INSPECTION COMPONENT

The president of **Company Name** has implemented a program to identify, correct and control hazards on an ongoing basis. This program will utilize multiple resources to ensure effectiveness.

Safety and Health Self-inspections

The Manager or the designated representative will conduct **semi-annual** self-inspections of the facility during the months of **January** and **July** using the attached Facility Safety Inspection Checklist.

The checklist will be evaluated and updated with hazards that are identified during the inspections and other pertinent data as it is acquired. The contents of the checklist will be reviewed on a regular basis to ensure that they are current. The checklist will be a part of the permanent record of the inspections and will serve as confirmation of the audits. The checklist will indicate the name of the inspector, date of inspection, and any corrective action taken for identified hazards and deficiencies. The checklist will be reviewed and analyzed by management at least once a year during the month of **January** to identify any adverse trends during the previous calendar year.

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

The **president** will review the checklist and any other established documentation to ensure that a course of corrective action and time line has been established for eliminating each deficiency.

All open items will be carried over to the next months' checklist. Completed checklists and documentation related to corrective actions will be maintained in the office files for a period of at least 12 months. The attached checklist will be used to document the semi-annual facility safety inspections.

COMPANY NAME

FACILITY SAFETY INSPECTION CHECKLIST

Inspection Date: _____ Inspector: _____

YES

NO

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Are good housekeeping practices maintained with all areas clean and orderly? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are the floors of facilities free of badly broken and raised concrete, slippery spots, small curbs, and free of tripping hazards or improperly stored items? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are materials, products, tools and supplies properly and safely stored in their designated areas and in a neat and stable manner? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Are ladders free of defects and in good physical condition? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Are machines and equipment in safe operating condition with the necessary guards in place and adjusted as required? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Are all hand tools in good condition, free of slippery oils, grease, etc., and are the right tools for the job being used? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Are all required grounds provided on electrical equipment and extension cords, and are they free of frays, cuts or other damage? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Are electrical receptacles, control and switch panels in good condition, all openings covered, and all switches labeled indicating their function? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are all lights operable and adequate for all working locations? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Are safety goggles, chemical gloves and and other required personal protective equipment available, clean, free of defects, and are employees wearing them as required? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Are all flammable liquids in approved containers, labeled and stored in an approved locker or other authorized location? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Is a First Aid Kit provided, and is it stocked adequately? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Are fire extinguishers charged, mounted and immediately accessible? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

COMPANY NAME

TOOLS AND EQUIPMENT INSPECTION CHECKLIST

Inspection Date: _____ Inspector: _____

YES

NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Are all hand tools inspected to make sure they are in good working order? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are defective or worn tools replaced or marked for repair and removed from the truck? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all power tools equipped with three prong ground plugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all extension cords and power cords with frays and splices removed from service? | <input type="checkbox"/> | <input type="checkbox"/> |

VEHICLE INSPECTION CHECKLIST

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Are company vehicles kept clean and in good mechanical condition? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are truck beds, cabs and flat surfaces kept free of oily rags and clothing? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are loose objects in the vehicle bed secured prior to leaving? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Are all vehicles being inspected prior to use? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Are vehicles operated in a safe manner?
<input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6. Are employees equipped with current driver licenses for the type vehicle? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

ENSURE CORRECTIVE ACTION IS NOTED FOR EACH HAZARD IDENTIFIED

COMPANY NAME

ACCIDENT REPORTING/INVESTIGATION COMPONENT

Hazard Correction & Control

The president of **Company Name** is committed to and will correct or control all hazards identified through any of the avenues of recognition established. All identified hazards will receive a timely response.

Hazard Correction

Whenever possible and feasible, hazards identified with facilities and equipment will be corrected, eliminating the cause of the hazard at the source. This will include, but not be limited to the following:

- ?? Discontinuation or removal of hazardous chemicals, materials or substances from the workplace
- ?? Discontinuation from use or removal of hazardous equipment until replaced or repaired
- ?? Correction of any unsafe act or conditions in existence by servicing or training

Hazard Control

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

Engineering controls will include, but not be limited to the following:

- ?? Isolation of employee exposure to the hazard
- ?? Guarding or displacement of employee exposure to the hazard
- ?? Preventive maintenance and repair of machinery and equipment.

Administrative procedures will include, but not be limited to the following:

- ?? Written programs to establish administrative guidelines for safe work practices
- ?? Established and implemented work rules and procedures.

Work practices will include, but not be limited to the following:

- ?? Careful planning and performance of each assigned job, duty or task
- ?? Reduction in duration of exposure to hazards
- ?? Adherence to safety and health rules and procedures.

Personal protective equipment will be the control of last resort when all other means of eliminating the hazards have not provided adequate protection to the employee. When personal protective equipment is issued, the employee will be informed of the requirements, use and limitations of the equipment.

Accident Reporting and investigation

The **president** will investigate all work related accidents and near miss incidents involving employees or company property to develop preventive measures and implement corrective actions.

Employee Reporting

All employees are required to report any of the following to their immediate supervisor:

- ?? Accidents/incidents with injury/illness of any magnitude (including first aid related cases)
- ?? Accidents/incidents resulting in property or equipment damage of any magnitude
- ?? Any near miss incidents that could potentially have resulted in injury/illness or property damage

Employer Reporting

The **president** will report the following accidents to local, state and federal agencies as required:

- ?? For TWCC: Fatalities and accidents involving hospitalization of five (5) or more injuries will be reported within 24 hours
- ?? For OSHA: Fatalities and accidents involving hospitalization of three (3) or more injuries will be reported within eight hours.
- ?? Covered employers report to TWCC using form TWCC-1, Employer's First Report of Injury for Lost workday cases other than fatalities.
- ?? Non-covered employers report to TWCC using form TWCC-7, Non-Covered Employer's Report of Occupational Injury or Illness.
- ?? Nonfatal cases without lost workdays which result in transfer to other employment, require medical treatment other than first aid, involve loss of consciousness, or restriction of work motion will also be included on the OSHA 300 log. This category also includes any diagnosed occupational illnesses, which are reported to the employer but are not classified as fatalities or lost workday cases.

The OSHA Log 300 or an injury log will be maintained as the **Company Name**'s recordable injury log.

Accident/Incident Investigation

The **president** will be responsible for conducting investigations of accidents or incidents. Upon notification of an accident or near miss incident, they 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

Documentation

All activities and findings of the investigation will be documented and recorded for review on the Incident Investigation Report. The reports will be maintained in the office files for a period on no less than 5 years. The Incident Investigation Report will be used to document investigations and corrective actions.

COMPANY NAME

PROGRAM REVIEW & REVISION COMPONENT

The **president** will review and revise the components of **Company Name**'s Accident Prevention Plan at least once a year during the month of **January** for the previous calendar year for effectiveness and implementation. Special attention will be devoted to areas and criteria that demonstrate failure in a program component, introduction of new procedures, processes or equipment. Corrective measures will be taken as needed to reemphasize or restructure the Accident Prevention Plan to perform at optimum effectiveness.

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

Goals and Objectives

An effective Accident Prevention Plan will achieve the following goals:

- ?? Effective involvement of each and every employee of **Company Name**
- ?? Elimination of any and all hazards (current and potential) that expose or create risk of any nature
- ?? A reduction of all work related incidents resulting in injury or illness to any employee or other person associated with our operations or business
- ?? A reduction of all losses due to incidents resulting in injury or illness to any employee or other person or property damage from such incidents
- ?? An increased awareness of the overall safe operation of all facilities/equipment
- ?? An increase in employee morale from knowing their work environment is maintained as free as possible from any and all recognized hazards
- ?? Elimination of all work related injuries and illnesses, property damage and all associated losses.

Company Name's overall objectives toward the Accident Prevention Plan are:

- Implementation of an effective Accident Prevention Plan
- Commitment for ongoing support from management and employees
- Assigned responsibilities and accountabilities for the safety program
- Allocation of adequate resources to the safety program
- Establish lines of communication involving management and employees for safety and health concerns
- Effective records and documentation maintenance and review
- Completion of comprehensive surveys and periodic self-inspections

Establishment of effective measures for hazard identification, correction and control
Implementation of effective orientation and training programs
Initiation of regular program review and revision procedures.

The goals will be realized only if the objectives are carried out without hesitation or interruption, and every employee becomes interested in the safety program and its success.

The attached Accident Prevention Plan Review form will be used for the annual program review and revision. Documentation of the review will be maintained in the office files for a period of at least one year. Open items will be carried over to the next review form.

COMPANY NAME

REVIEW OF ACCIDENT PREVENTION PROGRAM

DATE: _____

(Enter Yes/No. If No, use attached sheets for comments and corrective actions.)

MANAGEMENT COMPONENT

Is Statement of Policy current and signed? _____

Are Employee/Supervisor rules and responsibilities assigned? _____

ACCIDENT ANALYSIS COMPONENT

Are the analyses documented? _____ Has safety program documentation been reviewed for completeness? _____

Have negative trends been addressed? _____ Is injury log (OSHA 300 or substitute) current? _____

Does insurance loss run information match in-house records? _____

RECORDKEEPING COMPONENT

Are procedures in place to ensure the following records are maintained? _____

? safety inspections ? safety meeting minutes ? required training ? analyses

? program reviews ? accident investigations ? OSHA 300 Logs

Are records maintained a minimum of five (5) years or as required by law?

EDUCATION AND TRAINING COMPONENT

Have all employees received orientation training? _____

Do all employees participate in regularly scheduled safety/training meetings? _____

Does management provide resources and participate in employee training to evidence support? _____

Have employees received and acknowledged the following required training? _____

? work area hazards ? emergency action plan ? back injury prevention ? fire extinguisher use

? equipment operation ? hazard communication ? material handling ? other required training

Have employees received instruction to report unsafe conditions, defective equipment and unsafe acts? _____

Have supervisors received instruction in accident investigation and hazard abatement? _____

Is documentation complete? _____

AUDIT/INSPECTION COMPONENT

Are scheduled inspections conducted by qualified personnel? _____

Do inspections include all facilities, vehicles, equipment, tools and personal protective equipment? _____

Are first aid supplies and fire suppression equipment included? _____ Are checklists utilized? _____

Are procedures in place to follow-up on correction of deficiencies? _____

ACCIDENT INVESTIGATION COMPONENT

Are responsibilities assigned for all phases of the accident investigation process? _____

Who completes the TWCC-I or accident report? _____

Are vehicular/equipment accidents investigated? _____ Are incidents/near misses also investigated? _____

Who ensures corrective actions are implemented and effective? _____

Have all involved employees received training in accident investigation techniques? _____

PERIODIC REVIEW AND REVISION COMPONENT

Is this review conducted at least annually? In what month(s)? _____

Are the results of this review shared with management/supervisors/employees? _____

Does the Accident Prevention Plan continue to address all company operations and employee activities? _____

CORRECTIVE ACTIONS

Are review deficiencies, proposed corrective actions and commitment dates described on attached sheet? _____

Reviewed by: _____

Date: _____

COMPANY NAME

REVIEW OF APP DEFICIENCIES/CORRECTIVE ACTIONS

DATE: _____

DEFICIENCY: _____

CORRECTIVE ACTION: _____

RESPONSIBLE PERSON: _____

COMMITMENT DATE: _____ COMPLETION DATE: _____

DEFICIENCY: _____

CORRECTIVE ACTION: _____

RESPONSIBLE PERSON: _____

COMMITMENT DATE: _____ COMPLETION DATE: _____

DEFICIENCY: _____

CORRECTIVE ACTION: _____

RESPONSIBLE PERSON: _____

COMMITMENT DATE: _____ COMPLETION DATE: _____

DEFICIENCY: _____

CORRECTIVE ACTION: _____

RESPONSIBLE PERSON: _____

COMMITMENT DATE: _____ COMPLETION DATE: _____

DEFICIENCY: _____

CORRECTIVE ACTION: _____

RESPONSIBLE PERSON: _____

COMMITMENT DATE: _____ COMPLETION DATE: _____

DEFICIENCY: _____

CORRECTIVE ACTION: _____

RESPONSIBLE PERSON: _____

COMMITMENT DATE: _____ COMPLETION DATE: _____
