Health & Safety Manual

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Chapter 1

Introduction

(*Enter Company Name*) hereinafter referred to as "The Company" strives to provide the safest environment possible both for our employees and the people we serve. In order to uphold our goal of keeping our workplace safe and healthful for our staff we have implemented this safety policy.

Goals

All of our corporate goals are important but, above all else, maintaining our employees' well being is essential for The Company to exist. Eliminating accidents that may ultimately end in loss or restriction of work ability allows us to remain a productive corporation which, in turn, allows our employees to reap the benefits of our productivity.
Occupational injuries and illnesses are caused by a failure to recognize and eliminate hazards, or adhere to established work practices and procedures. (See Appendix Q for Hazard Surveillance Program Policy).
Occupational injuries and illnesses can be avoided and eliminated. Our most important objective should be for employees to follow and adhere to The Company procedures and work practices which promote the total elimination of accidents.
Accident prevention is a product of sound management, proper training, and acceptance by everyone, from the top down, that all injuries can be prevented. This can be achieved in part by delegating responsibility and accountability to all involved in this The Company's operation.

Benefits of achieving our goals are:

- Reduce the risk of injury or illness for our employees, by identifying and eliminating hazards throughout the Company.
- Reduce the number of worker compensation claims.
- Decrease the probability of not fulfilling a contract due to being down staff.
- Improve employee's willingness to work hard, knowing that they are cared about.
- Minimizing the loss of property and equipment.
- Elimination of potential fatalities or permanent disabilities.

Responsibilities

Safety Director

1. Establishing The Company safety goals and objectives.
2. Developing and implementing a written Safety and Health program.
3. Ensuring total commitment to the Safety and Health program.
4. Maintain a safety focused work environment-distribute safety messages, publications, or articles.
5. Keep all incident/accident reports and safety documentation on file.
6. Investigate and track all serious and/ or incidents/accidents to make any appropriate modifications that would need to be made to reduce the risk of the same incident/accident occurring again.
7. Becoming thoroughly familiar with OSHA regulations and local and state safety codes.

Management

1. Enforces the use of personal protective equipment and safety devices.
2. Maintains a safe environment for all employees.
3. Passes along any safety message or article distributed by the safety director.
4. Report all incident/accidents to the safety director in a timely manner.
5. Provides human resources with any possible worker compensation claims with accurate information in a timely manner.
6. Hold safety related trains for all employees.
7. Spending time with each person hired explaining the safety policies and the hazards of his/her particular work.
8. Ensuring that the initial orientation of "new hires" is carried out.
9. Never short-cutting safety expediency, nor allowing workers to do so.

The Employee

1. Observe all The Company safety practices.
2. Use proper personal protective equipment when needed.
3. Observe all safety messages.
4. Know were MSDS sheets are located.
5. Follow all driving safety policies.
6. Use proper lifting techniques.
7. Wear appropriate footwear to reduce the risk of trips or falls.
8. Report all work-related accidents to management promptly.
9. Knowing the location of first aid, fire fighting equipment, and other safety devices.
10. Attending any and all required safety and health meetings.
11. Not performing potentially hazardous tasks, or using any hazardous materials until properly trained, and following all safety procedures when performing those tasks.
12. STOPPING AND ASKING QUESTIONS IF EVER IN DOUBT ABOUT THE SAFETY OF ANY OPERATION.

Chapter 2

Safety and Health Orientation

Workplace safety and health orientation should begin on the first day of initial employment or job transfer. Each employee should have access to a copy of this safety manual, through his or her supervisor, for review and future reference.
All employees should be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required.

Job-Specific Training

- Supervisors should initially train employees on how to perform assigned job tasks safely.
- Supervisors should carefully review with each employee the specific safety rules, policies, and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors should give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors should observe employees performing the work. If necessary, the supervisor should provide a demonstration using safe work practices, or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees should receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors should review safe work practices with employees before permitting the performance of new, non-routine, or specialized procedures.

Periodic Retraining of Employees

All employees should be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual. Individual employees should be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices, or behaviors.

All new employees should be presented with the following information through a formal training or reviewing this manual with their supervisor. The objectives of the trainings are to expand the awareness of the employee to the real dangers in the workplace and how to avoid them. In addition, not only to inform the employees, but also to instruct them to develop safe work practices. The following topics should be presented at a minimum. Depending on the employee's job description some topics are not applicable.

1. Hazard Communication-(Separate Manual)
2. Location of first-aid kits.
3. Personal Protective Equipment.-(Separate Manual)
    - When to use
    - What is necessary
    - Proper care
4. Eye care
5. Foot protection
6. Hand protection
7. Lifting procedures
8. Hand and Power Tools
9. Preventing warehouse accidents
10. Vehicle safety-(Separate Manual)
11. Electrical safety
12. OSHA required Blood Bourne Pathogen exposure plan. -(Separate Manual)
13. Heat Stress
14. Office safety
15. How and when to report work-related injuries or accidents.
16. General safe workplace practices.

Training and Safety Orientation

In addition to trainings and orientations it is the responsibility of the safety director to email safety reminders and to include safety tips in the monthly newsletter. It then is the responsibility of each manager to pass the information along through either meetings or posting the messages.

All appointed employees of The Company shall attend and participate in the monthly meetings. The monthly meeting shall include problems that have arisen or that are anticipated along with any other safety and health topics. Such topics that shall be reviewed include:

1. Reviewing accidents, injuries, property losses, and "near misses".
2. Evaluating accidents, injuries, property losses, and "near misses" for trends and similar causes to initiate corrective actions.

Chapter 3

Accident Investigation Procedures

An accident investigation should be performed by the supervisor at the location where the accident occurred. The safety director is responsible for seeing that the accident investigation reports (see appendix G) are being filled out completely, and that the recommendations are being addressed. Supervisors should investigate all accidents, injuries, and occupational diseases using the following investigation procedures:

- Implement temporary control measures to prevent any further injuries to employees.
- Review the equipment, operations, and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the accident investigation report.
- Provide recommendations for corrective actions.
- Indicate the need for additional or remedial safety training.

Accident investigation reports should be submitted to the safety director within 24 hours of the accident.

Chapter 4

Recordkeeping Procedures

The corporate safety director should control and maintain all employee accident and injury records. Records are maintained for a minimum of three (3) years and include:

- Accident Investigation Reports see appendix G;
- Employee Injury Report, see appendix H and
- Employee First Injury of Report, and
- Log & Summary of Occupational Injuries and Illnesses 300 form.

Chapter 5

Chemical Hazards in the Workplace -*Osha Standard 29 CFR Part 1910.1200*

The Hazard Communication Standard sometimes called the "Right to Know" law states that employers must establish a program to inform employees of the hazards associated with the materials in their workplace. The purpose of the law is to provide a safer workplace. Training consists of the following:

- Types of Chemicals
- Terminology
- Routes of Entry
- Labeling
- Safety Data Sheets (SDS)
- Protective Measures
- Personal Protective Equipment
- Chemical Storage
- Leaks and Spills
- First Aid and Emergency Procedures

In order to comply with OSHA's Hazard Communication Standard, a written Hazard Communication Program has been developed.

All departments are included in this program. This written Hazard Communication Program will be available in the The Company's Lead Administrator's office and at each pool location for review by any interested employee.

Proper Chemical Handling

Protect yourself from the thousands of PREVENTABLE injuries that occur each year from handling pool chemicals. Hazardous substances are capable of being safely handled day-after day though proper training.

A number of the pool chemicals, especially those exhibiting oxidation properties, can potentially be highly reactive and capable of generating high temperatures, as well as releasing toxic vapors if improperly handled or stored. Reactivity may be triggered by water wetting the chemical, or by the inadvertent mixing of a pool chemical swith an incompatible material. Some pool chemicals are self-reactive over time, even without moisture addition or mixing with other materials. The products of this decomposition may include chlorine gas which may cause the corrosion of piping and other metal equipment in poorly ventilated areas. These chemicals are packaged in "breathable" containers to avoid pressure buildup while in storage. A partial listing of pool chemicals includes sodium bicarbonate, sodium hypochlorite, calcium hypochlorite, and certain ammonium, brominated, and muriatic acid. Pool chemicals involved in fire or toxic vapor release are likely to include those that add chlorine or a chlorine ion to the pool water for bacterial control. Chemicals that release chlorine are among the group of chemicals that are classified as oxidizers. These pool oxidizer chemicals include calcium hypochlorite, and sodium hypochlorite. Other pool chemicals are used to control the growth of algae or fungus, to adjust the acidity or alkalinity (pH control), and to clarify pool water.

BEFORE YOU USE POOL CHEMICALS

- Have you taken our OSHA Chemical Handling Training?? If you are handling chemicals it is a must!!
- Ask for help if you are unsure of any specific task!!!!
- Read entire product label or Safety Data Sheet (SDS) before using.
- Dress for safety by wearing appropriate Personal Protective Equipment (Safety goggles, gloves, apron, respirator…if needed)
- Read chemical product label before each use
- Never guess the identity of unlabeled chemicals. If a chemical is unlabeled, **DO NOT USE IT.**

Using Pool Chemicals Safely

- Never Mix
    - Chlorine products with acid; this could create toxic gases
    - Different pool chemicals (for example, different types of chlorine products) with each other or with any other substance
    - **DO NOT** pre-dissolve solid pool chemicals or dilute liquid pool chemicals before use.
    - If product label directs pre-dissolving, add pool chemical to water; **NEVER** add water to pool chemical because violent **(POTENTIALLY EXPLOSIVE)** reaction can occur.
    - Dedicate equipment- such as scoops, buckets, and their lids to one pool chemical. **DO NOT** use this equipment for any other chemical. Label the equipment to indicate which chemical to use with.
    - Use only dry equipment such as scoops when handling chemicals.
    - Close containers properly after each use.
    - Wash hands after working with pool chemicals.

Chemical Storage Area Safety

As you learned earlier if pool chemicals are not properly handled or stored then they can become very hazardous. The purpose of this section is to provide guidance associated with routine tasks for storing pool chemicals.

- Store pool chemicals below 95°F/35°C and in conditions recommended by the manufacturer (for example, low humidity and out of direct sunlight).
- Protect stored pool chemicals from getting wet.
    - Do not store containers of any pool chemical directly on the floor.
    - Store pool chemicals away from doors and windows.
    - Cover opened containers with waterproof material.
    - Check the chemical storage area regularly for any evidence of water entry and report any identified problems immediately.
        - Potential routes of water entry include roofs, ceilings, windows (particularly if they are open or broken), doors, walls, wall/floor joints, water pipes/hoses, sprinkler systems, and drains (particularly if they are faulty or clogged).

Chapter 6

Pump Room Safety

Please see State Bathing Codes for specific regulations for the appropriate state.

- Always enter the pump room wearing shoes with rubber soles.
- Always wear personal protective equipment; safety glasses, gloves, apron, and dust mask.
- There should be adequate drainage.
- Never mix chemicals
- Never add water to chemicals. Add chemicals to water slowly.
- Never lean over the hair and lint strainer.
- Always watch your step. Don not trip on piping.
- Always report any leaks to your supervisor.
- Always smell for any gases when entering. If so, leave the pump room and contact your supervisor immediately.
- The door should remain locked at all times when someone is not inside.

Chapter 7

Bloodborne Pathogen Exposure Control Plan-

OSHA Standard 29 CFR Part 1910.1030: ***Occupational Exposure to Bloodborne Pathogens***

In accordance of the Occupational Safety and Health Administration Standard 29 CFR 1910.1030 entitled Occupational Exposure to Bloodborne Pathogens, this exposure Control Plan is written and should be implemented by the Company as outlined in this document.
Acquired Immune Deficiency Syndrome (AIDS), hepatitis B, and hepatitis C demand serious concern among workers who have the possibility of being exposed to blood or certain other body fluids that contain bloodborne pathogens. Bloodborne pathogens are organisms such as viruses and bacteria carried in human blood. These organisms can cause illness by directly entering the blood stream of an individual. Potentially infectious human body fluids include blood, semen, vaginal secretions, urine, feces, vomit, saliva, and any body fluids containing or suspected of containing blood. (See Appendixes G-H).

The Company is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA stand 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens”.
The ECP is key to assisting our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. Our ECP includes:

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including
    - Universal precautions
    - Engineering and work practice controls
    - Personal Protective Equipment
3. Hepatitis B vaccination
4. Post-exposure evaluation and follow-up
5. Communication of hazards to employees
6. Record keeping
7. Procedures for evaluating circumstances surrounding exposure incidents

Training

All employees who are reasonably anticipated to have occupational exposure to bloodborne pathogens should receive training conducted by the person appointed by each office manager. Trainings will be conducted via a webinar or in person with written materials. The training should be based on the epidemiology of bloodborne pathogen diseases. OSHA Fact Sheets located in the Appendixes I-L sections should be used to inform employees of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training should cover, at a minimum, the following items:

1. A copy of the COMPANY Blood borne Pathogen Exposure Control Plan.
2. Epidemiology and symptoms of bloodborne pathogens.
3. Modes of transmissions.
4. Methods to recognize exposure tasks and other activities that may involve exposure to blood.
5. PPE-types, use, location, removal, handling, decontamination, and disposal.
6. Labels and/or color-coding.

7. Hepatitis B Vaccine
8. Emergency procedures for blood and other potentially infectious materials.
9. Exposure incident procedures.
10. Post-exposure evaluation and follow-up.

Training sessions shall afford employees ample opportunity for discussion and the answering of questions by a knowledgeable trainer.

The training shall include opportunities for supervised practice with personal protective equipment and other equipment which is designed to reduce the likelihood for exposure and which will be used in the employee's work.

Program Administration *1910.1030(c) (1) (iii) 1910.1030(c)(1)(iv)*

The safety director should be responsible for implementation of the ECP. The safety director should also maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Employee Exposure Determination *1910.1030(c) (2)*

Those employees who have been determined to have occupational exposure are all of the lifeguards, supervisors, assistant regional managers, pool managers, and regionals. The tasks that create a potential for exposure are giving first aid, CPR, cleaning up spills, and handling or disposing of sharps.

Note: Seasonal lifeguards are covered by the bloodborne pathogen standards with slight modifications. Please see the Hepatitis B vaccination section of the plan.

Methods of Implementation and Control *1910.1030(d)*

1. **Universal Precautions -**All employees should utilize universal precautions. (Universal precautions are an approach to infection control. Treating all human bodily fluids as if they were infectious for HIV, HBV, or and other bloodborne pathogens. A body fluid includes the following: blood, vaginal secretions, vomit, sputum, semen, urine, and feces).
    - Avoid direct skin contact with body fluids whenever possible.
    - Treat all blood and body fluids as contaminated.
    - Proper hand washing requires the use of soap, with vigorous scrubbing for approximately 30 seconds.
    - Wear gloves when touching blood or body fluids of another individual or a contaminated area.
    - Use a mouth barrier when performing rescue breathing or CPR.
    - Spills of blood or bodily fluids should be treated with a 1:10 dilution of chlorine bleach and water.
    - Never recap, bend, or break needles. (THE COMPANY anticipates that handling needles would never occur. However, if it did this is the appropriate procedure to follow).

2. Exposure Control *1910.1030(c)*

- The COMPANY Bloodborne Pathogen Standard covers the employees who have been determined to have occupational exposure. The lifeguards should receive an explanation of this ECP during their initial training session. It should also be reviewed in any refresher trainings. A copy of the plan should always be made available to the lifeguard. The office administrators should have copies of the ECP available for distribution.
- The safety director should be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

3. Engineering Controls and Work Practices. *1910.1030(d)(2)*

- Engineering controls and work practice controls should be used to prevent or minimize exposure to bloodborne pathogens.
- THE COMPANY prohibits eating, drinking, smoking, application of cosmetics, and handling of contact lenses in areas where there is reasonable likelihood of occupational exposure.
- Employees are required to wash their hands as soon as possible after removing protective clothing.
- If working surfaces such as floors, sinks, furniture, etc. become contaminated with blood or other infectious materials they shall be cleaned and disinfected using a premixed solution. (1:10 dilution of chlorine bleach and water).
- Any glass that is broken should not be picked up directly by the hands.
- Needles or sharps should never be bent or recapped. When disposing of needles or sharps always use a red color puncture resistant bag. (THE COMPANY anticipates that handling needles would never occur. However, if it did this is the appropriate procedure to follow).

4. Personal Protective Equipment (PPE) *1910.1030(d)(3)*

- Personal protective equipment is specialized clothing or equipment worn by an employee for protection against a hazard (blood or bodily fluids).
- PPE is provided to all employees at no cost to them. PPE is located at each pool and at each office.

- The types of PPE accessible to THE COMPANY employees are as follows:
    1. Disposable gloves
    2. Utility gloves
    3. Masks
    4. Aprons
    5. One way valve pocket masks
- All employees using PPE should observe the following rules:
    1. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
    2. Remove protective equipment before leaving the area.
    3. Place used protective equipment in appropriately designated areas.
    4. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or bodily fluids, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, or if their ability to function as a barrier is compromised.
    5. Never reuse disposable gloves.
    6. Utility gloves can be decontaminated and cleaned for further use, only if they are not cracked, torn, or punctured.
    7. Wear appropriate face and eye protection when splashes of blood or body fluids pose a hazard to the eye, nose, or mouth.

    8. It is required that all lifeguards wear a hip pack containing a pocket mask and disposable gloves.

5. Labels *1910.1030(g)(1)*

- The following labeling methods are used at our sites:
  1. Red biohazard bags.
- Management at each office is responsible for ensuring that all red bags are used as required and are available at each site.

6. Hepatitis B Vaccination *1910.1030(f) (2)*

- The person appointed by the executive of each office should provide information on hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. The hepatitis B vaccination should be made available at no cost within 10 days of initial assignment of employees who have occupational exposure to blood or other potentially infectious materials (See appendix M) unless:
    1. The employee has previously received the series.
    2. Antibody testing reveals that the employee is immune.
    3. Medical reasons prevent taking the vaccination.
    4. The employee chooses not to participate.
- For those employees who have occupational exposure to blood or other potentially infectious materials that are seasonable employees, should be offered the vaccination. However, if any of the inoculations in the series is scheduled after their employment has ended, they should not be covered.
- However, if an employee declines the vaccination, the employee should sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of denial should be kept at the office they are employed with. (Please see appendix N).
- *OSHA amended its original ruling. It is de minimis violation if employees who would be "reasonably anticipated" to come into contact with blood or other potentially infectious materials but whose contact with blood or above mentioned materials would only occur as a collateral duty to their routine work are not offered the hepatitis B vaccination until after they give first aid involving the above mentioned substances as long as proper reporting procedures are followed.*

Vaccination Option for Employers:

An employer may elect to postpone the administration of the hepatitis B vaccine if the following conditions exist:

- The primary job assignment of such designated first aid providers is not the rendering of first aid.
- Any first aid rendered by such persons is rendered <u>only as a collateral duty</u> responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
- Full training and personal protective equipment shall be provided to these employees.
- Provision for a reporting procedure that ensures that <u>all</u> first aid incidents involving the presence of blood or OPIM will be reported to the employer before the end of the work shift during which the first aid incident occurred.

- The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including the time and date.
- Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.
- In the event of a bonafide exposure incident, the portion of the standard relating to post-exposure evaluation and follow-up would apply.

7. Reporting Procedures

- All first aid incidents involving exposure are reported to the supervisor or regional before the end of the work shift.
- All first aid providers' names are given.
- The circumstances surrounding the incident are required including date, time, and exposure determination.
- All first aid providers who were exposed should be offered full vaccination ASAP, but no later than 24 hours after the incident.

8. Post-Exposure Evaluation and Follow-Up *1910.1030(f)(3)*

- An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- Employees who experience an exposure incident should immediately report it to their supervisor.
- A post-exposure incident should be completed immediately. (Please see appendix O*).* The employee should be offered a confidential medical evaluation and follow-up, including the following element: The follow up will include:
  - Documentation of the route of exposure and the circumstances related the incident.
  - If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
  - Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
  - The employee will be offered the option of having their own blood collected for testing of their HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
  - However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.
  - The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service in consultation with a licensed physician treating the exposed employee.
  - The employee will be given appropriate, confidential counseling concerning precautions to take during the period after the exposure incident. Counseling on risk reduction and the risks and benefits of HIV testing in accordance with state law. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
  - The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: Sabraya Ghale, Safety Director

9. Administration of Post-Exposure Evaluation and Follow-Up

- The executive of each office should ensure that the Exposure Incident Checklist is available and being utilized.
- The executive of each office ensures that health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's Bloodborne Pathogens Standard.
- The executive of each offices ensures that the health care professional evaluating an employee after an exposure incident receives the following:
  1. a description of the employee's job duties relevant to the exposure incident
  2. route(s) of exposure
  3. circumstances of exposure
  4. if available, results of the source individual's blood test
  5. relevant employee medical records, including vaccination status.

- The lead administrator of each office shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. The written opinion should include only the following information:
    1. The employee has been informed of the results of the evaluation.
    2. The employee has been told about any medical conditions resulting from the exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

Interaction with Health Care Professionals

An employer shall ensure that the health care professional who is responsible for the hepatitis B vaccination is provided with a copy of these rules and appendices. A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1) When the employee is sent to obtain the Hepatitis B vaccine.
2) Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their written opinions to:

1) Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;
2) A statement that the employee has been informed of the results of the evaluation, and;
3) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note: The written opinion to the employer is not to reference any personal medical information.)
4) Any limitations on the employee's use of personal protective clothing or equipment.

10. Recordkeeping *1910.1030(h)*

- Medical records are kept on employees with occupational exposure. The records contain the following…
    1. The name and social security number.
    2. Copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by *1910.1030(f)(2).*
    3. A copy of all results of examinations, medical testing, and follow-up procedures as required by *1910.1030(f) (3).*
    4. The employer's copy of the healthcare professional's written opinion as required by *1910.1030(f) (5).*
    5. A copy of the information provided to the healthcare professional as required by *1910.1030(f) (4) (ii) [B], [C], & [D].*
- The employee's medical records are kept confidential as required by *1910.1030(h) (1).*
- The records are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- Records are kept for at least the duration of employment plus 30 years in accordance of *CFR1910.1020.*
- All training sessions records include the following…
    1. The dates of the training.
    2. The contents of the training.
    3. The names and qualifications of the trainer.
    4. The names and titles of the persons taking the training.
- Training records are kept for at least 3 years.

Reviewed: Sabraya Ghale
February 2014

Chapter 9

Machinery, Tools, & Personal Protection

General Safety

Only trained employees may utilize machinery, tools, or equipment. The equipment should meet the Company safety requirements outlined in the safety manual. All personal protective clothing and equipment should be of safe design and construction for the work to be performed. Only those items of protective clothing and equipment that meet National Institute of Occupational Safety and Health (NIOSH) or American National Standards Institute (ANSI) standards should be procured or accepted for use. Selecting the appropriate machinery, tools, or equipment for a particular job is extremely important. Also, the manufacture's directions and safety tips should be applied when using any type of equipment.

Personal Protective Equipment

Osha Standard 29 CFR 1910-132

See Appendix P for Personal Protective Equipment Policy

Hand and Power Tools-*OSHA Standard 1926.301*

Employees should use the proper tools suitable to the job being done; only safe tools in good repair may be kept or used on the premises of the job. Using the proper tool is essential. The following guidelines apply to all tools, equipment and their operation.

Hand Tools-

- When using saw blades, knives, or other tools, you should direct the tools away from aisle areas and other employees working in close proximity.
- Knifes and scissors should be sharp.
- Cracked saw blades should be discarded.
- Impact tools such as drift pins, wedges, and chisels should be kept free of mushroomed heads.
- The woodened handles of tools should not be splintered and should be securely fastened.
- Wrenches should not be used when jaws are sprung to the point that slippage occurs.
- Iron or steel hand tools may produce sparks that can be an ignition source around flammable substances. Spark-resistant tools made of non-ferrous materials should be used where this hazard exists.

Power Tools-

- All power tools should be insulated and properly grounded with three conductor type cords and ground plug.
- Extension cords that are frayed, worn or with missing ground prongs should not be used.
- Extension cords should have sufficient capacity for the portable power electric tool to be used.
- Never carry a tool by the cord or hose.
- Never yank the cord or the hose to disconnect it from the receptacle.
- All power cords should be three-conductor type with proper ground plug (UL approved) enclosed in common rubber waterproof sheaths.
- Disconnect tools when not using them, before servicing and cleaning them, and when changing accessories such as blades, bits, and cutters.
- Keep all people not involved with the work at a safe distance from the work area.
- Secure work with clamps or a vise, freeing both hands to operate the tool.
- Avoid accidental starting. Do not hold fingers on the switch button while carrying a plugged-in tool.
- Maintain tools with care; keep them sharp and clean for best performance.
- Follow instructions in the user's manual for lubrication and changing accessories.
- Be sure to keep good footing and maintain good balance when operating power tools.
- Wear proper apparel for the task. Loose clothing, ties, or jewelry can become caught in moving parts.
- Remove all damaged portable electric tools from use and tag them, "Do not use."
- Exposed moving parts of power tools need to be safeguarded. Belts, gears, pulleys, sprockets, spindles, drums, flywheels, chains, or other reciprocating, rotating, or moving parts of equipment should be guarded.
- The safety guards should never be removed when a tool is being used. Portable circular saws having a blade greater than 2 inches in diameter should be equipped at all times with guards.
- An upper guard should cover the entire blade of the saw.
- A retractable lower guard should cover the teeth of the saw, except where it makes contact with the work material. The lower guard should automatically return to the covering position when the tool is withdrawn from the work material.
- Drills, tappers, fastener drivers; horizontal, verticle, and angle grinders with wheels more than 2 inches in diameter; disc sanders with discs greater than 2 inches; belt sanders; reciprocating saws; saber saws, scroll saws, and jigsaws with blade shanks greater than ¼ inch wide; and other similar tools should be equipped with a constant-pressure switch or control

that shuts off the power when the press is released. They should also be equipped with a "lock-on" control, if it allows the worker to also shut off the control in a single motion using the same finger or fingers.

- Disc sanders with discs 2 inches or less in diameter; grinders with wheels 2 inches or less in diameter; platen sanders, routers, planers, laminate trimmers, nibblers, shears, and scroll saws; and jigsaws, saber and scroll saws with blade shanks a nominal ¼ inch or less in diameter should be equipped with either positive "on-off" control switch, a constant pressure switch, or a "lock-on" control. It is recommended that the constant-pressure control switch be regarded as the preferred device.
- Other hand-held power tools such as circular saws having a blade diameter greater than 2 inches, chain saws, and percussion tools with no means of holding accessories securely should be equipped with a constant-pressure switch.

Electric Tools-*OSHA Standard 1926.302 (a)*

- Should have a three-wire cord with a ground and be plugged into a grounded receptacle, be double insulated, or be powered by a low voltage isolation transformer.
- If an adapter is used to accommodate a two-hole receptacle, the adapter wire should be attached to a known ground. The third prong should never be removed from the plug.
- Gloves and appropriate footwear should be used.
- Electric tools should be stored in a dry place when not in use.
- They may not be used in a damp or wet location, unless they are approved for that purpose.
- Ensure that cords from electric tools do not present a tripping hazard.

Portable Abrasive Wheel Tools-*OSHA Standard 1926.303*

- Abrasive wheel tools should be equipped with guards that: cover the spindle end, nut, and flange projections; maintain proper alignment with the wheel; and do not exceed the strength of the fastening.
- Allow the tool to come up to operating speed prior to grinding or cutting.
- No one should ever stand in the plane of the rotation of the wheel as it accelerates to full operating speed.
- Portable grinding tools need to be equipped with safety guards.
- While using a powered grinder always use eye or face protection, turn off the power when not in use, and never clamp a hand-held grinder in a vise.

Pneumatic Tools-*OSHA Standard 1926.302(b)*

- The tools should be securely fastened to the air hose.
- A short wire or positive locking device attaching the air hose to the tool should also be used.
- If an air hose is more than ½ inch in diameter, a safety excess flow valve should be installed at the source of the air supply to reduce pressure in case of hose failure.

Pneumatic Tools-*OSHA Standard 1926.302(b)*

- A safety clip or retainer should be installed to prevent attachments such as chisels, on a chipping hammer from being ejected during tool operation.
- Pneumatic tools that shoot nails, rivets, staples, or similar fasteners and operate at pressures more than 100 pounds per square inch, should be equipped with a special device to keep fasteners from being ejected, unless the muzzle is pressed against the work surface.
- Airless spray guns that atomize paints and fluids at pressures of 1,000 pounds or more per square inch should be equipped with automatic or visible manual safety devices that should prevent pulling the trigger until the safety device is manually released.
- Eye protection is required.
- Screens should also be set up to protect nearby workers from being struck by flying fragments around chippers, riveting guns, staplers, or air drills.
- Never point compressed air guns at anyone.
- A chip guard should be used when compressed air is used for cleaning.
- When using a jackhammer should wear safety glasses and safety shoes.
- Hearing protection is required when using pneumatic tools, such as jackhammers.

Compressed Air Use-*OSHA Standard 1926.306*

- When momentarily not in use the gun should be laid in such a position that the tool cannot fly out if the pressure is unexpectedly released.
- When not in use all tools should be removed from the gun.
- When disconnecting a compressed air tool from the airline, care should be taken to first shut off the pressure and then to operate the tool to exhaust the pressure remaining in the hose.
- Tools using quick release coupling may be detached without shutting off the pressure.
- Compressed air hose or guns should not be pointed at or brought into contact with the body of any person.

Liquid Fuel Tools-

- Gas and fuel should be handled, transported, or stored in approved flammable liquid containers.
- Before refilling a fuel-powered tool tank, the user should shut down the engine and allow it to cool to prevent accidental ignition of hazardous vapors.
- Effective ventilation and/or proper respirators should be utilized when using a fuel-powered tool inside a closed area.
- Fire extinguishers should be available in the area.

Hydraulic Power Tools-*OSHA Standard 1926.305*

- The fluid used in hydraulic power tools should be an approved fire-resistant fluid and should retain its operating characteristics at the most extreme temperatures to which it should be exposed.
- The hydraulic fluid used for the insulated sections of derrick trucks, aerial lifts, and hydraulic tools that are used on or around energized lines are the exception. The fluid is of the insulating type.
- All jacks-including lever and ratchet jacks, screw jacks, and hydraulic jacks should have a stop indicator, and the stop limit should not be exceeded.
- The manufacturer's load limit should be permanently marked in a prominent place on the jack, and the load limit should not be exceeded.
- A jack should never be used to support a lifted load.
- Fluids used in derrick trucks, aerial lifts, and hydraulic tools that are used around energized lines should be of the insulating type.
- The manufacturer's recommended safe operating pressure for hoses, valves, pipes, filters, and other fittings should not be exceeded.
- All jacks should have a stop indicator, and the stop limit should not be exceeded.

Insulation and Electrical Work-

- Handles of tools such as pliers, screwdrivers and similar tools may be covered with insulation for improvement of grip or to avoid unexpected short circuits.
- Portable ground fault circuit interrupters should be used when a permanent gfci is not present.
- Screwdrivers having metal shanks extending through the handles should not be used for electrical work.
- Metallic tapes or metallic rules should not be used near electrical equipment.

Tool Storage-

- Tools with sharp edges should be covered or stored in such a way as to guard against cutting hazards.
- Tools temporarily stored or laid aside on the job should be placed so as not to create a stumbling, falling or similar hazard.
- Tools may not be left on ladders or in traffic areas.
- Tools should be stored to keep them in good condition.

Ladders-*OSHA Standard 1926.1053*

Always inspect ladders carefully before each use. Never use a ladder that seems to be unsafe.

Step Ladders

- All stepladders should be opened fully so that the spreaders lock themselves in the open position.
- Tools and materials should be removed from the top and pail shelf before the worker descends. Nothing should ever be left on a ladder.
- The ladder should be placed on a firm, level base from which to work.
- The ladder should be placed so that the work can be done without leaning or stretching past the side rails.

Straight, Extension & Fixed Ladders

- When inspecting the base of a straight ladder the base should be at a distance from the vertical wall equal to one fourth the working length of the ladder.
- When using a straight ladder, the highest level one may work from is the third rung from the top.
- Straight ladders should always be placed so that the tops of the two rails are against a solid support. They should be lashed, preferably at top and bottom, to prevent movement. If it is not possible to lash the ladder in position, a helper should hold the ladder firmly.
- Extension ladders should be raised and lowered with care. The length of an extension ladder determines the number of personnel required for raising and lowering. Generally, it is permissible for one employee to raise or lower extension ladders up to 28 feet in length. Two employees are generally required for ladders 29 feet and up to 40 feet.
- When inspecting a straight ladder make sure the rails and rungs are not cracked, split or broken. Check the extension locks and pulley.
- When raising a ladder with two people, lay the ladder on the ground with one person standing at the foot. The second person should raise the opposite end and "walk it up" to the vertical position. Then, braced securely by both people, the ladder may be extended and placed in position for use. To lower the ladder, reverse the procedure, raising the top first to clear the hooks.

- Keep hands and fingers in the clear at all times to avoid crushing.
- Always face the ladder while ascending or descending it.
- Never carry materials or tools while climbing or descending a ladder except in an appropriate tool pouch.
- Always be certain that shoes are free of mud and grease to prevent falls.

Chapter 10

Construction Guidelines

Osha Standard 29 CFR-Safety and Health Regulations for Construction

Training and Education

Besides the standard training, any employee working in construction should also be trained in the recognition of hazards-be able to look at an operation and identify unsafe acts and conditions. A list of typical hazards employees should be able to recognize may include:

- Fall Hazards-Falls from- floors, ladders (straight and step), tripping, trenches, stairs, chairs.
- Electrical Hazards- damaged cords, outlets, overloads, metal boxes, overhead high grounding, switches, ground fault circuit interrupters (GFCI).
- Housekeeping Issues- exits, walkways, floors, trash, storage of materials (hazardous and non-hazardous), protruding nails, etc.
- Fire Hazards- oily-dirty rags, combustibles, exits blocked.
- Trips/Slips-stairs, un-even flooring, electrical cords, icy walkways
- Health Hazards-loss of hearing, eye injury due to flying objects, etc.

Material Storage -*OSHA Standard 1926.250*

- All materials stored in tiers shall be stacked, racked, blocked, interlocked, or otherwise secured to prevent sliding, falling, or collapse.
- Aisles and passageways shall be kept clear to provide for the free and safe movement of material handling equipment or employees.
- Non-compatible materials shall be segregated in storage.
- Bagged materials shall be stacked by stepping back the layers and cross-keying the bags at least every 10 bags high.
- Materials shall not be stored on scaffolds or runways in excess of supplies needed for immediate operations.
- Storage areas shall be kept free from accumulation of materials that constitute hazards from tripping, fire, explosion, or pest harborage.

Fire Protection and Prevention

Only approved containers and portable tanks shall be used for storage and handling of flammable and combustible liquids. Approved safety cans or Department of Transportation approved containers shall be used for the handling and use of flammable liquids in quantities of 5 gallons or less, except that this shall not apply to those flammable liquid materials which are extremely hard to pour, which may be used and handled in original shipping containers. For quantities of one gallon or less, the original container may be used for storage, use and handling of flammable liquids.

Demolition

Proper Use of a Jackhammer

Before using the Jackhammer

- Read the operator's instruction manual before using the tool.
- Be sure electric models with a three-wire system are properly grounded, to reduce the risk of fire and electric shock. This is not necessary for double insulated models. Use a ground fault interrupter (GFI) for maximum safety protection.
- Be sure the extension cord for electric models is a size large enough for the distance from the receptacle to tool.
- On engine-driven, air models always fill the gas tank outdoors with the engine turned off and cool. Never handle fuel while smoking or in the presence of sparks or open flame. Allow the engine to cool briefly if you need to refuel during the operation.
- **Always wear proper protective equipment. Safety glasses or shield, safety helmet, hearing protection, safety shoes, breathing protection, sturdy long pants, and long-sleeved shirt are essential.**

Operating the Jackhammer

- Always disconnect the electric power or air supply before inserting or removing tools.
- Be sure all tools are properly locked into the unit before operating.
- Keep all bystanders, children, and pets out of the work area.
- Allow the tool to do the work by using a grip light enough to maintain control.
- Prevent back injuries by using your leg muscles to lift the machine into operating position.

- Take rest breaks as needed.
- If stopping work for a short period of time or for the day, unplug the electricity or stop the compressor.

(Take note-According to the most recent statistics from the National Institute on Occupational Health and Safety (NIOSH), approximately 20 million workers are exposed to hazardous noise on the job and an additional nine million are at risk for hearing loss from other agents such as solvents and metals. According to OSHA's permissible noise exposures table, the higher the decibel level, the shorter the acceptable duration of exposure per day. For example, the operator of a jackhammer (100 dB) may spend no more than two hours per day exposed to that noise level.)

- Know the machine that you are operating. Read and review the operator's manual. Get familiar with the controls before working with the backhoe or loader.
- Know the area where you are operating. Locate ditches, stumps, debris, and undercut banks and avoid these hazards by keeping a safe distance.

Excavation and Trenching Safety-*OSHA Standard 1926.650*

Prior to Excavation or Trenching

- All underground utilities should be clearly marked to identify potentially hazardous situations prior to starting work requiring excavation.
- Remove, support, or safeguard all surface encumbrances located at the site that may create a hazard to employees.
- At each site there should be a "competent" person whenever employees are digging or in the excavation. A "competent" person means someone capable of identifying existing and predictable hazards in the surroundings, or working conditions that are unsanitary, hazardous, or dangerous to employees. The competent person has authorization to take prompt corrective measures to eliminate any unsafe condition.

Material and Equipment-

- Trench shoring and trench jacks shall be on the site before any excavation begins when the expected depth should exceed four feet or where unstable soil is expected. In addition, a radio equipped truck or portable radio shall be on site at all times when work is in progress.

Protection of Employees-

- No one shall enter excavations of four feet or more in depth without having shoring in place or the banks cut to a safe angle. (Refer to OSHA Standard 1926.652). No one shall enter excavations of less than four feet without shoring or proper angle of repose unless authorized by a competent person.
- Excavations less than four feet in depth may not require this degree of protection if examination of the ground by a competent person provides no indication of a potential cave in. Workers should wear hard hats at the site when work is in progress. Provide a stairway, ladder, or ramp or other safe means of egress in trench excavations that are four feet or more in depth. The travel distance to the ladder should be no more than 25 feet of lateral travel for employees. The ladder should extend three feet above the edge of the trench.

Inspections-

A competent person should make daily inspections of excavations, the adjacent areas, and protective systems for evidence of possible cave-ins, indications of protective systems failure, hazardous atmospheres, or other hazardous conditions. The competent person should conduct an inspection…

- Prior to the start of work and as needed throughout the shift.
- After every rainstorm or other hazard increasing occurrence.
- As dictated by the activity taking place in the trench.
- When tensions, cracks, sloughing, under cutting, water seepage, bulging at the bottom or other similar circumstances occur.
- When there is any change in the size, location, or placement of the soil pile.
- When there is any indication of change or movement in adjacent structures.
- Where the competent person finds evidence of a situation that could result in a possible cave-in, indications of failure of protective systems, hazardous atmosphere, or other hazardous conditions, remove exposed employees from the hazardous area until safety measures are in place.
- Underground utility installations (such as electrical, phone, gas, sewage, water, and fuel lines) in the area have been identified.
- While an excavation is open, underground utility lines are protected, supported, or removed if necessary.
- Tools, material, and equipment are kept at least two feet from the edge. If not, they are kept in place by retaining devices.

Underground Hazards-

- Workers are not permitted underneath a load handled by lifting or digging equipment.
- No workers are permitted above others on sloped/benched faces unless those below are protected from falling material.
- No excavation is done below the level of the base or footing of any foundation or retaining wall unless the structure is supported.
-

Trenching

- Never enter an unprotected trench.
- Always use a protective system for trenches five feet deep or greater.

Protective Systems-

- Sloping to protect workers by cutting back the trench wall at an angle inclined away from the excavation not steeper than a height/depth ratio of one and one-half, according to the sloping requirements for the type of soil. (see chart below)
- Shoring to protect workers by installing supports to prevent soil movement for trenches that do not exceed 20 feet in depth.
- Shielding to protect workers by using trench boxes or other types of supports to prevent soil cave-ins.
- Always provide a way to exit a trench-such as a ladder, stairway, or ramp-no more than 25 feet of lateral travel for employees in a trench 4 feet or more deep.
- Keep spoils at least two feet back from the edge of trench.
- Make sure trenches are inspected by a competent person prior to entry and after any hazard-increasing event such as a rainstorm, vibrations, or excessive surcharge loads.

Protective Systems-

Soil Type	Height/Depth Ratio	Slope Angle(degrees)
Stable rock (granite or sandstone)	Vertical	90
Type A (clay)	¾:1	53
Type B (gravel, silt)	1:1	45
Type C (sand)	1 ½:1	34
Type A (short-term) (for a maximum excavation depth of 12ft.)	½:1	63

Source: OSHA Technical Manual, Section V, Chap. 2, Excavations: Hazard Recognition in Trenching and Shoring (Jan. 1999)

Chapter 11

Fall Protection-*OSHA Standard 1926.501*

If anyone is exposed to a fall hazard of 6 feet or more above a lower level shall be protected from falling by the use of guardrail systems, safety net systems, or personal fall arrest systems. When employees would be exposed to a fall hazard would most likely be at the edge of a swimming pool not yet filled with water. Under these conditions fall arrest protection would be used. A personal fall arrest system consists of a full-body harness, lanyard, and anchor point or a full-body harness, lanyard, lifeline, anchor point, and deceleration/grabbing device.

OSHA Standard 1926.502

All fall protection equipment shall meet or exceed appropriate American National Standards Institute (ANSI) standards.

- Body Harness-Only full-body harnesses shall be used. The use of a body belt is prohibited.
- Connecting Device-Shock-absorbing lanyards and lifelines
    1. Lanyards and lifelines shall have a minimum breaking strength of 5,000 pounds.
    2. Lanyards shall not exceed six feet in length.
    3. Safety lanyards shall be a minimum of ½ inches thick nylon or equivalent, with a maximum length to provide for a fall of no greater than six (6) feet.
    4. Personal fall arrest systems shall limit the maximum arresting forces to 1800 pounds with a full body harness.
    5. Lifelines shall be protected against cutting and abrasions.
    6. The attachment point of the body harness should be located in the center of the wearer's back near shoulder level, or above the wearer's head.
    7. Hardware should be drop forged, pressed or formed steel, or made of materials equivalent in strength.
    8. When vertical lifelines (droplines) are used, no more than one employee may be attached to any one lifeline.
    9. Full body harness systems should be inspected prior to each use for mildew, wear damage, and other deterioration and defective components removed from service if their function or strength has been adversely affected.

Chapter 12

Lifting Techniques

The Company is committed to helping reduce back injuries at work by emphasizing good lifting techniques.

How to Lift Properly

- Assume a stable stance and check for firm footing before lifting. The feet should be kept apart with on foot positioned in front of the other, toes pointed out.
- Knees should be bent; don't bend at the waist.
- Don't lift more than you are capable of safely lifting. Use dollies, hand trucks or other material handling devices when appropriate to lift heavy, bulky or awkward items.
- Tighten stomach muscles. Abdominal muscles support your spine when you lift, offsetting the force of the load.
- Lift with your legs.
- Keep the load close. Do not hold the load away from your body. The closer it is to your spine, the less force it exerts on your back.
- Keep your back upright. Whether lifting or putting down the load, do not add the weight of your body to the load. Avoid twisting the torso while lifting.
- If back supports or lifting supports are worn when performing lifting tasks, wearers should be aware that the back support should only serve as a reminder to lift properly, using proper lifting techniques. It should not be used to lift beyond what the person is normally able to lift safely without it.

How to Avoid Lifting Injuries

- Know your strength-Get the assistance of a second person whenever needed.
- Plan ahead-Find a place to put what you are carrying.
- Be sure your footing is secure.
- Use arm and leg muscles-Keep your back straight and the load close to your body.
- Grasp object firmly-Hold it so that your fingers won't be pinched if the load should shift.
- Be sure you can see-Have plenty of light and be able to look over the load.
- Set object down using arm and leg muscles-Rest one corner first so hands don't get caught underneath.

Chapter 13

Office Safety

Many mishaps in offices stem from the fact that these areas are frequently considered non-hazardous areas and therefore safety is often not emphasized.

General Safety Tips

- Come to work rested-Fatigue is a frequent factor in mishaps.
- Think about safety and follow safety rules.
- No practical jokes.
- Know your emergency procedures-Fire, first aid, & emergency numbers.

Preventing Mishaps Caused by Falling

- Keep the floor clean.
- Use aisles-Avoid taking short cuts between desk when wastebaskets, phone and extension cords or other objects are located there.
- Keep file and desk drawers closed when unattended.
- Watch your step-Do not read while walking, nor obstruct your vision with tall loads. Report burned out lights promptly.
- Wipe up wet spots.
- Foot protection-Wear shoes that protect from cuts, crushing, liquids or slipping. In offices, lower heels are less fatiguing.
- Keep chairs solidly on the floor-Do not tilt back in chairs.

Preventing Filing and Storage Accidents

- Avoid overloading top drawers-Too much weight near the front of a drawer can cause overbalancing.
- Close one drawer before opening another.
- Do not struggle with stuck drawers or doors-That's an easy way to cause back injury or bring everything down on you-if stuck, get assistance and have it repaired.
- Don't stand on chairs, boxes, or other unstable objects.

Preventing Machine Accidents

- Read instructions before using a machine you do not know how to operate.
- Be alert for electrical hazards.
- Check machine position before use-Typewriters, fax machines, and photocopiers should be firmly on the working surface.
- Keep liquids away from electrical machines, keyboards, or cords.

Preventing Supply Room Accidents

- Good housekeeping.
- Carefully label chemicals and flammables and keep them in approved containers.
- Dispose of shipping and packing materials-Loose debris can cause falls and is a fire hazard.
- Heavy objects should be stored on lower shelves and materials stacked neatly.
- Use ladders-Do not use chairs or shelves for support.

Preventing Cuts and Punctures

- Cut away from your hand or body when using utility knives and other cutting instruments.
- Store sharp or pointed objects separately in a drawer.
- Sweep up broken glass. Glass splinters can be picked up with a damp towel.
- A guard should be provided for paper cutters.

Preventing Electrical Hazards

- Equipment should be properly grounded to prevent shock injuries.
- A sufficient number of outlets should prevent circuit overloading.
- Do not use poorly maintained or non-approved equipment.
- Cords should not be dragged over nails, hooks, or other sharp objects.
- Three prong plugs provide protection from shock.
- Receptacles should be installed and electric equipment maintained so that no live parts are exposed.
- Heaters should be equipped with approved automatic cut-off devices to prevent fire if the unit is accidentally turned over.
- Machines should be disconnected before cleaning or adjusting.

Fire Prevention

- All employees should know where fire extinguishers are located and how to use them.

Video Display Terminals-A video display terminal (VDT) is a component of a computer system. A VDT is a television-like screen. An operator types information on a keyboard and the computer displays the information on the VDT.

VDT Health and Comfort Issues-The Federal Food and Drug Administration (FDA) regulates the manufacture of video display terminals. A radiological control group with in the FDA conducts studies and surveys to ensure that terminals sold to the public meet all safety standards for radiation levels. VDT operators may report muscular-skeletal discomfort in the neck, shoulders, back, arm, and hands. They also may report visual discomfort.

Corrective Actions

- Maintain good posture-To prevent neck and back strain, keep your spine and head upright, and sit well back into your chair.
- Correct hand and wrist placement-Shoulder muscles can become tense when arms and hands are held too high. Hold arms comfortably at your side, with your upper arm and forearm at about a right angle. Wrists should be in line with the forearm; wrist problems can develop if they are bent at extreme angles.
- Use of hand, wrist or arm supports-These have proven useful in reducing or relieving physical stresses in certain working environments.
- Good eye care-Focusing at close range for long periods of time can sometimes cause blurred vision or eye soreness. To lessen the strain on eye muscles, keep your VDT screen at least 18-28 inches from your eyes.
- Good lighting-More lighting is not better when it comes to VDT work. Less lighting is required when working with lit characters on a VDT screen. High levels of lighting contribute to screen glare and reflection-and-thus, to eyestrain and discomfort. Indirect lighting is the best light for VDT work.
- Properly designed chair.
- Periodic breaks-Scheduled breaks following long periods of uninterrupted terminal work are most helpful when they include stretching, moving of hands, fingers, arms and wrists in a variety of other positions and gentle rubbing of hand and arm muscles.
- Positioning of work-To help prevent slouching in your neck, angle your work material up toward vertical, so you do not have to lean over your desk.

Chapter 14

Personal Safety

There are several risks that are related with working outside in extreme temperatures. Employees who are exposed to heat are faced with potential health risks. It is the responsibility of the employer to educate employees on what the risks are and how to avoid them.

1. **Dehydration-**When the body does not have as much water and fluids as it should.
   Preventive Measures-
   - Drink plenty of water.
   - Avoid drinks with caffeine.
2. **Heat-Relative Illnesses-** A person with symptoms including headache , nausea, and fatigue after exposure to heat probably has some measure of a heat-related illness.
   - **Heat exhaustion:** A warning that the body is getting too hot. The person may be thirsty, giddy, weak, uncoordinated, nauseous, and sweating profusely. The body temperature is usually normal and the pulse is normal or raised. The skin is cold and clammy. Although heat exhaustion often is caused by the body's loss of water and salt, salt supplements should only be taken with advice from a doctor.
   - **Heat stroke:** A core body temperature that rises above 104°F (40°C) accompanied by hot, dry skin and central nervous system abnormalities such as delirium, convulsions, or coma. Irrespective of type, heat stroke can be LIFE-THREATENING! Immediate medical attention is essential when problems first begin. Symptoms may include confusion, combativeness, bizarre behavior, faintness, staggering, strong rAPEId pulse, dry flushed skin, lack of sweating, possible delirium or coma.

     Preventative Measures-
     - Dress appropriately-wear a hat, sunglasses, etc.
     - Drink plenty of water throughout the day.
     - Avoid drinks with caffeine.
     - Eat well-balanced meals before each shift and during breaks.

3. **Damage to the skin and eyes-** Sunlight has a profound effect on the skin causing premature skin aging, skin cancer, and a host of skin changes.
   Preventative Measures-
   - Use waterproof skin and lip protection sunscreen.
   - Wear hat with wide brim to protect the face, neck, and ears.
   - Wear sunglasses with UVA protection.
   - Wear light-colored, light-weight clothing.
4. **Skin Irritations-**Common around aquatic environments due to the moist environment.
   - **Athlete's foot**- skin fungal infection. Typical symptoms include scaling and peeling in the toe webs.
   - **Skin eczema**- skin disorder categorized by scaly and itching rashes.
   - **Ring worm**- skin infection caused by a fungus. Characterized by ring-shaped, scaly, itching patches
   - **Swimmer's ear-** inflammation, irritation, or infection of the outer ear.
   - **Reactions to handling pool chemicals-See Chapter 5.**
     Preventative Measures-
     - Wear sandals.
     - Keep the facility clean.
     - Dry the skin thoroughly after exposure to moisture.

Appendix A

Initial after review:
____Manager/Supervisor

Return to: Safety Director

INCIDENT INVESTIGATION REPORT

This form must be filled out by the employee's supervisor immediately following an accident and must include the employee's injury report.

Name: _____ Sex: ____ DOB: _____

Incident Location: _____

Occupation/Job Title: _____ Length of Employment: _____

Date of Accident: _____ Time: _____A.M. / P.M. Witnesses: _____

Supervisor at Time of Accident: _____ Do you anticipate lost time? _____

Was First Aid administered? _____YES ____NO If Yes, by whom? _____

Was injured sent to: Back to Work Clinic Personal Physician Hospital Home
(Circle)

Transportation: Company Vehicle Own Car Ambulance
(Circle)

Name of Clinic/Hospital: _____ Name of Physician: _____

Accompanied by Whom: _____

Nature and extent of injury: _____
_____

Exact location of accident: _____
What was employee doing (job)? _____
_____

What object or substance directly caused the injury *(Wgt, Size, and Description)*? _____
_____

Describe in detail how the accident occurred *(Include accident type, body part injured, nature of injury, etc.)*? _____
_____
_____

ACCIDENT TYPE

____ Overexertion
____ Slip or Trip
____ Fall From Elevation
____ Caught In, On, or Between
____ Bodily Reaction *(Reflex Actions)*
____ Contact With Toxic Substance
____ Cumulative Trauma *(Repetitive Motion)*
____ Struck By or Against
____ Rubbed or Abraded
____ Stress
____ Contact With Temp. Extremes
____ Contact With Energy Source *(Electrical, Pneumatic)*
____ Hazardous Environments *(Confined Space, etc.)*
_____Other_____

BODY PART INJURED

___Head ___ Forehead
___Eye(s) ___ Ears ___ L ___ R
___Mouth___ Cheek(s) __L __ R
___Nose ___ Tooth
___Neck
___Upper Body
___Shoulder(s) ___ L ___ R
___Arm ___ L ___ R __ Upper ___Fore
___Hand ___ L ___ R
___Fingers ___ L ___ R ___ Thumb
___Abdomen____ back
___Hip(s) ___ L ___ R
___Thigh ___ L ___ R
___Lower Leg ___ L ___ R
___Foot ___ L ___ R
___Toe(s)

UNSAFE CONDITIONS

Check the unsafe conditions or acts which directly contributed to this accident

_____Inadequately guarded
_____Unguarded
_____Inadequate help
_____Improperly piled, placed or secured
____Defective tool, equipment/material
____Unsafe construction, design or arrangement
____Congested area
____Poor Ergonomic Design
_____No unsafe condition
_____Improper illumination
_____Improper ventilation
_____Improper dress
_____Poor housekeeping

UNSAFE ACTS

_____Adjusting, oiling, cleansing machinery in motion
_____Failure to use personal protective equipment
_____Using defective equipment, materials, tools
_____Using equipment, materials, tools unsafely
_____Failure to report or check condition of equipment
_____Inattention to footing or surroundings
_____Making safety devices inoperative
_____Forcing equipment unnecessarily
_____Other_____
_____Failure to give warning
_____Horseplay
_____Failure to obtain help
_____Unsafe lifting or carrying
_____Unsafe loading, placing or mixing
_____Taking unsafe position
_____Using improper equipment
_____Operating without authority
_____No unsafe act

If an unsafe act contributed to the accident, is disciplinary action being taken *(Willful act)*?
_____Yes _____No

If Yes, what action is being taken, if No, why not?

What have you done, or do you recommend, to prevent a similar accident from occurring?_____

Supervisor's Signature: _____ Date: _____

Safety Director's Signature: _____ Date: _____

Appendix B

Employee First Report of Injury
(For Reporting Work-Related Injuries and Illnesses)

Employee must complete this Incident Report when they sustain a work-related injury or illness and return to their supervisor or local office within 24 hrs of injury.

EMPLOYEE

Employee Name (Please Print)		Date Hired		
Birth Date	Gender	Social Security #		
Home Street Address		City, State, Zip Code		
Home Phone		Cell or Alternate Phone Number/Email		
Occupation/Job Title	Employment Status (Full/Part Time/Seasonal)	Days Worked per Week	Hrs Worked per Day	Salary/Per Hour
Supervisor Name (Please Print)		Supervisor Phone		

INCIDENT	Date of incident	Time of incident	Time began work	Date incident reported?	To whom did you report it?

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material you were using. Be specific.

What happened? Tell us how the injury occurred.

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore."

What object or substance directly harmed the employee?

Location (Address, City, State, Zip, County where accident or illness occurred)

What type of treatment was provided?	Were you hospitalized overnight as an in-patient? ___Yes ___No	If treatment was given away from the worksite, where was it given/who provided care? (Facility/Hospital name, Address, City, State, Zip, Phone/ Name of person who provided care, Phone)

How do you think this type of incident can be prevented?

Time began work	Did you miss work time beyond normal shift? ___Yes ___No	Expected return to work date (if missing work, doctor's note is needed.)
Witnesses? ___Yes ___No	If yes, Witness #1 (Name & Phone)	Witness #2 (Name & Phone)

Is this a new injury? ___Yes ___No	If no, please describe the original injury:	Date orig. injury

By signing this form, the employee certifies that the information the he/she has provided is true to the best of the their knowledge.	Employee Signature	Date Signed

What are bloodborne pathogens?

Bloodborne pathogens are infectious materials in blood that can cause disease in humans, including hepatitis B and C and human immunodeficiency virus, or HIV. Workers exposed to these pathogens risk serious illness or death.

What protections does OSHA's Bloodborne Pathogen standard provide?

The full text of OSHA's Bloodborne Pathogens standard, published in Title 29 of the Code of Federal Regulations 1910.1030, details what employers should do to protect workers whose jobs put them at a reasonable risk of coming into contact with blood and other potentially infectious materials. The standard requires employers to do the following:

▪ Establish an exposure control plan. This is a written plan to eliminate or minimize employee exposures. Employers should update the plan annually to reflect technological changes that should help eliminate or reduce exposure to bloodborne pathogens. In the plan, employers should document annually that they have considered and implemented safer medical devices, if feasible, and that they have solicited input from frontline workers in identifying, evaluating, and selecting engineering controls.

■ Use engineering controls. These are devices that isolate or remove the bloodborne pathogen hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps-injury protection and needleless systems.

■ Enforce work practice controls. These are practices that reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for hand washing, sharps disposing, lab specimen packaging, laundry handling, and contaminated material cleaning.

■ Provide personal protective equipment such as gloves, gowns, and masks. Employers should clean, repair, and replace this equipment as needed.

■ Make available Hepatitis B vaccinations to all employees with occupational exposure to bloodborne pathogens within 10 days of assignment.

■ Provide post-exposure follow up to any worker who experiences an exposure incident, at no cost to the worker. This includes conducting laboratory tests; providing confidential medical evaluation, identifying, and testing the source individual, if feasible; testing the exposed employee's blood, if the worker consents; performing post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. All diagnoses should remain confidential.

■ Use labels and signs to communicate hazards.
The standard requires warning labels affixed to containers of regulated waste, refrigerators and freezers, and other containers used to store or transplant blood or other potentially infectious materials. Facilities may use red bags or containers instead of labels. Employers also should post signs to identify restricted areas.

■ Provide information and training to employees. Employers should ensure that their workers receive regular training that covers the dangers of bloodborne pathogens, preventive practices, and post-exposure procedures. Employers should offer this training on initial assignment, then at least annually. In addition, laboratory and production facility workers should receive specialized initial training.

■ Maintain employee medical and training records. The employer also should maintain a Sharps Injury Log unless classified as an exempt industry under OSHA's standard on Recording and Reporting Occupational Injuries and Illnesses.

How can I get more information?

OSHA's website provides more in-depth information about bloodborne pathogens on the Bloodborne Pathogens webpage at www.osha.gov/SLTC/bloodbornepathogens and U.S. Department of Labor Occupational Safety and Health Administration 2002

WHAT IS HBV?

Hepatitis B virus (HBV) is a potentially life-threatening bloodborne pathogen. Centers for Disease Control estimates there are approximately 280,000 HBV infections each year in the U.S. .Approximately 8,700 health care workers each year contract hepatitis B, and about 200 should die as a result. In addition, some who contract HBV should become carriers, passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer. HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection. Employers should provide engineering controls; workers should use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against hepatitis B is vaccination.

WHO NEEDS VACCINATION?

The new OSHA standard covering bloodborne pathogens requires employers to offer the three-injection vaccination series free to all employees who are exposed to blood or other potentially infectious material as part of their job duties. This includes health care workers, emergency responders, morticians, first-aid personnel, law enforcement officers, correctional facilities staff, launderers, as well as others. The vaccination should be offered within 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be "reasonably anticipated." The requirements for vaccinations of those already on the job take effect July 6, 1992.

WHAT DOES VACCINATION INVOLVE?

The hepatitis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine The second injection should be given one month after the first, and the third injection six months after the initial dose. More than 90 percent of those vaccinated should develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screening a condition of receiving vaccination nor are employers required to provide prescreening. Each employee should receive counseling from a health care professional when vaccination is offered. This discussion should help an employee determine whether inoculation is necessary.

WHAT IF I DECLINE VACCINATION?

Workers who decide to decline vaccination should complete a declination form. Employers should keep these forms on file so that they know the vaccination status of everyone who is exposed to blood. At any time after a worker initially declines to receive the vaccine, he or she may opt to take it.

WHAT IF I AM EXPOSED BUT HAVE NOT YET BEEN VACCINATED?

If a worker experiences an exposure incident. such as a needlestick or a blood splash in the eye, he or she should receive confidential medical evaluation from a licensed health care professional with appropriate follow-up. To the extent possible by law, the employer is to determine the source individual for HBV as well as human immunodeficiency virus (HIV) infectivity. The worker's blood should also be screened if he or she agrees. The health care professional is to follow the guidelines of the U.S. Public Health Service in providing treatment. This would include hepatitis B vaccination. The health care professional should give a written opinion on whether or not vaccination is recommended and whether the employee received it. Only this information is reported to the employer. Employee medical records should remain confidential. HIV or HBV status should NOT be reported to the employer.

This is one of a series of fact sheets that discusses various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3101, 200 Constitution Avenue~ N. W., Washington DC 20210 and from OSHA regional offices.

Hepatitis A Fact Sheet

Hepatitis A is caused by a virus

The hepatitis A virus causes an infection of the liver. The virus is passed in a person's feces (stool).

Anyone can get hepatitis A if they haven't had it before (unless they have been vaccinated)

People can get it from another child or adult who has hepatitis A, or by eating food contaminated by someone who has the hepatitis A virus. Raw or undercooked shellfish that come from contaminated waters can also be a source. The symptoms start about 4 weeks after infection (with a range of 2 to 6 weeks).

Symptoms to look for:

- Yellow skin and eyes (jaundice)
- Brown, tea-colored urine
- Diarrhea or light-colored stool
- Fever
- Loss of appetite
- Stomach pain
- Nausea
- Fatigue (tired)

Not everyone gets sick from hepatitis A

About half of the adults who catch hepatitis A get sick, and usually feel ill for about 2 weeks (sometimes longer). Only a few children get sick when they catch hepatitis A. But all people who catch the virus can spread it to others. The virus is in the feces for about 3 weeks (from about 2 weeks before to 1 week after the illness starts).

Handwashing can stop the spread of hepatitis A

Wash hands carefully with soap and water

- After using the toilet
- After changing diapers
- Before touching food
- Before eating

Vaccine and Immune Globulin (IG) are ways to prevent getting hepatitis A

Vaccination is the best way to protect against hepatitis A before you get exposed. Get vaccinated if you travel overseas to or live in areas with high rates of hepatitis A, use street drugs, have chronic liver disease or a clotting factor disorder, may be exposed at work, or if you are a man and have sex with other men. Vaccination should protect you for the rest of your life. If you have been in close contact with someone infected with hepatitis A, a shot called "IG" (immune globulin) can help stop you from getting hepatitis A if given early enough. IG should only protect you from getting hepatitis A for a few months.

See your doctor or call the health department

If you or people in your family have these symptoms, if you have been in close contact with someone who has hepatitis A, or if you want to get hepatitis A vaccine, call your doctor or your local health department.

Hepatitis B Fact Sheet

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV)

The virus is in blood and other body fluids

The virus is in blood, semen, menstrual blood, and other body fluids of a person with hepatitis B. Five to 10% of adults and about 90% of babies who catch hepatitis B should go on to "carry" or keep the virus for the rest of their lives. "Hepatitis B carriers" can pass the virus on to others (See Hepatitis B Carrier Fact Sheet).

Hepatitis B virus is spread by exposure to blood and body fluids

The virus can be spread during sex, by sharing needles, by getting stuck with a hepatitis B contaminated needle, or by getting blood or other infected body fluids in the mouth or eyes, or onto broken skin. The virus can also be passed from mother to baby, usually at the time of birth. The virus is not spread by shaking hands, hugging, or sharing food or drink.

Some people are at higher risk of hepatitis B:

- Intravenous drug users who share needles
- Health care workers, emergency workers, laboratory workers, and others who have contact with blood and body fluids.
- People who live with a hepatitis B carrier
- Anyone who has many sex partners
- People who live or work in institutions for the mentally retarded.
- Babies born to mothers who have the virus.
- People who have hemophilia or who are on kidney dialysis.
- People born in Asia, the Caribbean, South America, Africa, the Pacific Islands and their children, as well as Alaskan natives

Most children and about half of all adults who get hepatitis B never feel sick at all
For these people, it takes a blood test to tell if they have the virus. The blood test may not show the infection until 2 to 6 months after contact with the virus. Carriers are at risk of liver problems later in life, like liver cancer or cirrhosis (scarring of the liver).

Symptoms to look for:

- Feeling tired
- Loss of appetite
- Fever
- Stomach pain
- Nausea and vomiting
- Yellow skin and eyes (jaundice)
- Dark-colored urine, light stool

Limited treatment is available for hepatitis B

People who are sick with hepatitis B need rest, fluids, proper diet, and to avoid alcohol and some medicines. Certain carriers may need medications such as interferon. Ask your doctor for further information.

You can prevent hepatitis B

Avoid exposure: Use latex condoms (rubbers) when you have sex; don't share needles; don't share personal care items like toothbrushes, razor blades, or nail clippers; avoid exposure to blood and body fluids at work.

Get vaccinated: If you are in close contact with someone with the virus (sex partner, mother-baby contact, sharing needles, living in the same house with a carrier), or if you work in contact with blood, ask about getting three shots of hepatitis B vaccine to protect yourself. Babies born to mothers with the virus should get the vaccine and a shot called HBIG (hepatitis B immune globulin). Routine hepatitis B vaccination of all infants is now recommended.

Tell health and dental providers and don't donate blood. People who are sick with hepatitis B or who are carriers should tell their doctors, dentists, and people they have sex with or share needles with. And remember, don't donate blood if you have, or ever had hepatitis B, even if you never felt sick.

Maryland Department of Health & Mental Hygiene ◆ Epidemiology & Disease Control Program May, 2002

Hepatitis C Fact Sheet

Hepatitis C is an infection of the liver caused by the hepatitis C virus (HCV). HCV is in blood, semen, other body fluids, and tissues of persons infected by HCV.

Most of HCV-infected persons (75 to 85%) carry the virus for the rest of their lives; such persons can spread the virus for many years. Up to 20% of patients with chronic HCV develop cirrhosis (scarring of the liver) or liver cancer, some as late as 20 years after HCV infection. In severe cases, liver transplantation is the only treatment.

Symptoms to look for in acute HCV infection:

- Yellowing of the skin and eyes (jaundice)
- Feeling tired
- Stomach pain
- Loss of appetite
- Nausea and vomiting

Many persons have no symptoms of HCV infection. If a person is exposed to HCV, symptoms may appear about 6 to 8 weeks later, but this time period can vary among individuals. Some persons find out they are infected after lab tests are done (for example, after giving blood).

HCV is spread mainly by exposure to blood and blood products. Persons at high risk of being exposed to HCV include:

- Users of illegal injecting drugs
- Recipients of blood transfusions, plasma, organs, and other tissues
- Babies born to infected mothers
- Persons treated with long-term hemodialysis
- Persons with multiple sexual partners

Certain groups of persons should be tested for hepatitis C virus infection

- Persons notified that they received blood from an HCV positive donor
- Persons who received transfusions or solid organs prior to July 1992
- Persons who received clotting factor concentrates prior to 1987
- Chronic hemodialysis patients
- Persons who ever injected illegal drugs, even if many years ago
- Health care and public safety workers after exposure to HCV-positive blood
- Children born to HCV-positive women

A doctor should decide what tests are needed. Routine testing is not recommended for the general public, health care/emergency medical/public safety workers, pregnant women, or household (non-sexual) contacts of HCV infected persons.

Treatment is available for some people with HCV

Two drugs, interferon and ribavirin, can be used to treat HCV. The treatment is effective in 10-40% of persons. Doctors should help decide who should be treated and can explain how to protect the liver, for example, by not drinking alcohol and avoiding certain medicines.

Prevent hepatitis C by avoiding exposure and practicing good hygiene

Injecting drug users should not share needles or works with others. The use of latex condoms may decrease the risk of catching or passing HCV through sex.

Persons with hepatitis C should get vaccination against hepatitis A and hepatitis B.

AIDS and HIV Fact Sheet

AIDS is caused by a virus called HIV (Human Immunodeficiency Virus)

When a person is infected with HIV, the virus infects and can kill certain cells in the immune system called T-helper cells. HIV can kill these cells, and then a person can develop other serious diseases.

People at highest risk of AIDS and HIV infection are:

- People who share needles
- Men who have sex with other men
- Babies born to mothers who have HIV infection
- People who received blood transfusions or blood products before 1985
- Anyone who has sex with anyone who has or is at risk for AIDS or HIV infection

HIV is in blood and other body fluids

The virus is in the blood, semen, menstrual blood, vaginal secretions, and breast milk of HIV infected persons. The virus can be there even if the person has no symptoms of HIV-infection or AIDS. People who are infected with HIV should carry (and be able to pass on) the virus for the rest of their lives.

HIV is spread by exposure to HIV infected blood and HIV infected body fluids

HIV can be spread during sex, by sharing needles to inject drugs, or from mother to baby (before or during birth, or by breast feeding). HIV is rarely spread by getting stuck by a used needle, or by getting blood or other infected body fluids onto a mouth, eyes, or broken skin. The virus is not spread by casual contact like living in the same household, or working with a person who carries HIV.

Certain symptoms and conditions may be associated with HIV/AIDS

These symptoms and conditions may include: fever, weight loss, swollen lymph glands in the neck, under arms or groin, white patches in the mouth (thrush), certain cancers (Kaposi's sarcoma, certain lymphomas, certain invasive cervical cancers), and infections (*Pneumocystis* pneumonia, certain types of meningitis, toxoplasmosis, TB, etc.).

A blood test may tell if you have HIV infection or AIDS

You can get a HIV blood test at your doctor's office or at Counseling and Testing Sites throughout Maryland. Call your local health department or the AIDS Hotline (1-800-638-6252) for information.

There is treatment for people with HIV infection and AIDS

Many drugs are available to treat the infections and cancers associated with AIDS. There are also drugs available for people with HIV infection that can help prevent them from getting sicker.

HIV and AIDS are preventable

- Abstaining from sex, monogamy (having sex with one uninfected partner who only has sex with you),and use of barrier protection (condoms) are the most protective prevention strategies.
- People who use injection drugs should try to quit. Otherwise, never share needles.
- People with HIV or AIDS should discuss their HIV status with their doctors and dentists, and inform their sex and needle sharing partners.
- Women who are pregnant or planning a pregnancy are encouraged to talk with their doctor about getting tested for HIV. If a mother is known to be infected with HIV, there is treatment to decrease the chance that her baby should become infected.
- Practices called Universal Precautions and Standard Precautions, such as the use of gloves, goggles, gowns, etc., are used by health care practitioners for prevention of transmission of any communicable disease including HIV.

Free education and literature are available from 410-799-1940.

Maryland Department of Health & Mental Hygiene ◆ Epidemiology & Disease Control Program May, 2002

Appendix I

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (*Employee Name*) _____ Date: _____

Appendix J

Blood borne Pathogen
Exposure Incident Report

EMPLOYEE	
Employee Name (Please Print)	
Home Street Address	Phone
City, State, Zip Code	Occupation/Job Title
HBV vaccination series completed ___Yes ___No	
Supervisor Name (Please Print)	Supervisor Phone

Source Information (source of exposure)	
Name (Please Print)	
Home Street Address	
City, State, Zip Code	Phone

INCIDENT		
Location of incident.		
Description of the task(s) the employee was performing when the exposure occurred.		
Was the employee wearing Personal Protective Equipment? ___Yes ___No	If yes, what equipment was being worn?	
Did the PPE Fail? ___Yes ___No	If yes, explain how.	
What body fluid(s) was the employee exposed to (blood or other potentially infectious materials?)		
Estimate the size of the area on the employee's body that was exposed.	For how long?	
Did a foreign body (needle, nail, auto part, etc) penetrate his or her body? ___Yes ___No	If yes, what was the object?	Where did it penetrate the body?

I understand that all information pertaining to this incident is to remain confidential
I have made the decision **TO OBTAIN/NOT TO OBTAIN** (circle one) a medical evaluation regarding this exposure.

I have been advised that it is my responsibility to obtain a medical evaluation **within 24-hours** of this exposure and I may obtain this evaluation from the recommended health care provider or a provider of my choice.
By signing this form, the employee certifies that the information the employee has provided is true to the best of the employee's knowledge.

Employee Signature_____ Date Signed_____

Appendix K

Personal Protective Equipment (PPE)

(*Enter Company Name*) hereinafter referred to as "The Company" concerned about the protection of its employees from occupational injuries and illnesses. All employees of The Company have and assume the responsibility of working safely. The objective of this program is to:

- Provide safety standards specifically designed to cover Personal Protective Equipment (PPE).
- Ensure that each employee is trained and made aware of the safety procedures which are associated with Personal Protective Equipment (PPE).

The Company (here after called THE COMPANY) knows that safe employees and improved employee morale are but a couple of the many benefits of working safely and having an effective safety program. Personal Protective Equipment (here after called PPE) is one tool THE COMPANY uses in their effort to eliminate on the job injuries and illnesses.

Our standards require that PPE be used by employees whenever workplace hazards are discovered that could damage any part of the body. In addition, THE COMPANY requires all employees to wear PPE, such as but not limited to, safety glasses, face shields, safety shoes, hearing protection (ear plugs/ear muffs), gloves, etc. as required by their job duties. PPE is to be used as a tool to eliminate and/or reduce the hazards employees face in their daily job duties.

> **NOTE:** PPE is not to be used and will not be used as a substitute for safe work practices, machine guards, or other controls designed by equipment manufacturers or other engineering sources. PPE is to be used in conjunction with these controls to increase employee protection.

This program serves as a reinforcement of THE COMPANY commitment to the safety and health of its employees. Again, PPE is a tool, which when used correctly, reduces the hazards employees face on the job.

Conduct a Hazard Assessment

You are required to conduct a hazard assessment of each job site to determine if hazards are present or likely to be present which require the use of PPE. Help us out, you have to work on these job sites! If hazards or the likelihood of hazards are found, you must do the following:

- Use the PPE that will protect you from the hazards identified.
- Communicate the information found to other employees that will be affected by the hazards.
- Make certain selected PPE properly fits

Pre-job briefings provide good opportunities to perform the needed personal protective equipment (PPE) hazard assessment, which should also be done whenever there are significant changes to or problems with the work to be done. It is the responsibility of all departments to certify that hazard assessments are being properly performed.

Selection of PPE

Once the hazards of a workplace have been identified, the Safety Program Manager will determine if the hazards can first be eliminated or reduced by methods other than PPE, i.e., methods that do not rely on employee behavior, such as engineering controls.

If such methods are not adequate or feasible, the Safety Program Manager will determine the suitability of the PPE presently available, and as necessary, will select new or additional equipment that ensures a level of protection greater than the minimum required to protect our employees from the hazards. Care will be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards will be recommended for purchase.

All personal protective clothing and equipment will be of safe design and construction for the work to be performed and will be maintained in a sanitary and reliable condition. Only those items of protective clothing and equipment that meet NIOSH or ANSI (American National Standards Institute) standards will be procured or accepted for use. Newly purchased PPE must conform to the updated ANSI standards that have been incorporated into the PPE regulations as follows:

- Eye and Face Protection ANSI Z87.1-1989
- Head Protection ANSI Z89.1-1986
- Foot Protection ANSI Z41.1-1991
- Hand Protection (There are no ANSI standards for gloves; however, selection must be based on the performance characteristics of the glove in relation to the tasks to be performed.)

Use and Maintenance

PPE is not to be used for purposes other than its intended use. For example, do not use a hard-hat as a hammer or a fall-protection harness as a tow-rope. Employees must inspect each piece of equipment to make sure it is free of cracks, broken components or damaged components *before and after each use*. Store PPE in safe locations so that the PPE will not be damaged when it is not in use. PPE used properly, maintained properly, stored properly, and taken out of service when its useful life has expired will be more beneficial to the wearer.

Eye and Face Protection- Regulatory requirements are contained in 29 CFR 1910.133

On any THE COMPANY job site when employees are exposed to any eye and/or face hazard **ALL EMPLOYEES MUST BE WEARING EYE AND/OR FACE PROTECTION**

Employees exposed to any eye or face hazards such as, flying particles, liquid chemicals, putties, caulking, acids or other caustic liquids, along with injurious light radiation (such as Welding arcs) are required to wear the appropriate eye and face protection. The specific work place hazard determines what type of protective equipment shall be worn.

Description and Use of Eye/Face Protectors

a) **Safety Glasses.** Safety eyeglasses (spectacles) are made with safety frames, tempered glass or plastic lenses, temple and side shields. Safety glasses provide eye protection from moderate impact and particles encountered in job tasks such as grinding, scaling, woodworking, etc. Safety glasses are also available in prescription form for those persons who need corrective glasses.

b) **Safety Goggles.** Vinyl framed goggles of soft pliable body design provides adequate eye protection from many hazards such as hazardous chemicals. These goggles are available with clear or tinted lenses, and perforated, port vented or non-vented frames. Safety goggles provide superior protection to spectacles and may be worn in combination with spectacles or corrective lenses to insure protection along with proper vision.

c) **Face Shields.** These normally consist of adjustable headgear and face shield of tinted/transparent acetate or polycarbonate materials. Face shields are available in various sizes, tensile strength, impact/heat resistance and injurious radiation filtering capacity. Face shields will be used in operations when the entire face needs protection and should be worn to protect eyes and face against flying particles, metal sparks, and chemical/biological splash. Face shields must always be worn over safety glasses or goggles. They must never be worn alone.

The following Eye and Face Protection Chart describes some hazards that might be encountered and the proper protective equipment to be used. If unsure of the proper protection, ask a supervisor or safety specialist.

Appendix K

Table 1
Eye and Face Protection Selection Chart

Source	Assessment of Hazard	Protection
IMPACT -- Chipping, grinding machining, masonry work, woodworking, sawing, drilling, chiseling, powered fastening, riveting, and sanding	Flying fragments, objects, large chips, particles sand, dirt, etc	Spectacles with side protection, goggles, face shields. See notes (1), (3), (5), (6), (10). For severe exposure, use face shield.
CHEMICALS -- Acid and chemicals handling, degreasing plating	Splash	Goggles, eyecup and cover types. For severe exposure, use face shield. See notes (3), (9).
	Irritating mists	Special-purpose goggles.
DUST -- Woodworking, buffing, general dusty conditions	Nuisance dust	Goggles, eyecup and cover types. See note (8).

Notes to Eye and Face Protection Selection Chart:

(1) Care should be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards should be provided. Protective devices do not provide unlimited protection.
(3) Face shields should only be worn over primary eye protection (spectacles or goggles).
(5) As required by the standard, persons whose vision requires the use of prescription (Rx) lenses must wear either protective devices fitted with prescription (Rx) lenses or protective devices designed to be worn over regular prescription (Rx) eyewear.
(6) Wearers of contact lenses must also wear appropriate eye and face protection devices in a hazardous environment. It should be recognized that dusty and/or chemical environments may represent an additional hazard to contact lens wearers.
(8) Atmospheric conditions and the restricted ventilation of the protector can cause lenses to fog. Frequent cleansing may be necessary.
(9) Ventilation should be adequate, but well protected from splash entry. Eye and face protection should be designed and used so that it provides both adequate ventilation and protects the wearer from splash entry.

(Table 2 - 1 is adapted from the OSHA General Industry Standard for PPE -- 29 CFR 1910.133.)

If flying objects are present, such as saw dust and/or wood particles, eye wear with side protection is required to be used.

Employees who wear prescription lenses while engaged in operations that may present an eye hazard are to wear eye protection designed to fit over their prescription glasses without disturbing the proper positioning of their prescription lenses or the over-sized protective lenses. Prescription glasses with approved safety lenses, frames, and non-removable side shields may be used as well. The employee is to decide which eye protection tool they would rather use. The employee may consult their registered optometrist for help in selecting such prescription safety glasses.

Each piece of eye and face protective equipment is required by OSHA to:

- Have the manufacturers identity clearly marked.
- Be reasonably comfortable.
- Fit properly.
- Be durable.
- Be capable of being cleaned and disinfected.
- Be easily cleaned and disinfected.
- Be in good condition.

Head Protection-Regulatory requirement are contained in 29 CFR 1910.135

Employees are to wear the proper head protection where there is a potential hazard of falling objects, where overhead work is being performed, or when heavy-equipment operations are being performed in the immediate work area. In other words, if you are working around anything that can fall on your head, hit you in the head, or come loose and knock you in the head you MUST wear a hard-hat. On any THE COMPANY job site on which people are working from scaffolding, or there is heavy equipment operation being performed, ALL EMPLOYEES MUST BE WEARING HARD-HATS.

Primarily, hard-hats are to be worn to protect employees against impact, falling, and/or flying objects, and to provide some protection against electrical hazards.

The shell, or hard part of a hard-hat, must be stamped with the manufacturer's name, something along the lines of "ANSI Z-89.1-1969" and the class specification of the hard-hat.

- Class A hard-hats are general duty hard-hats offering limited voltage protection.
  Unless instructed otherwise by Construction Supervisor Class A hard-hats are to be worn on all THE COMPANY construction sites.

- Class B hard-hats are to be used when there is an exposure to high voltage. Such as installing electric utility lines.

- Class C hard-hats are not to be worn on any THE COMPANY job site.

Foot Protection--Regulatory requirement are contained in 29 CFR 1910.136

Employees shall wear protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such employee's feet are exposed to electrical hazards

Safety footwear with impact protection is required to be worn in work areas where carrying or handling materials such as packages, objects, parts or heavy tools, which could be dropped, and for other activities where objects might fall onto the feet. Safety footwear with compression protection is required for work activities involving skid trucks (manual material handling carts), around heavy pipes, or other activities in which materials or equipment could potentially roll over an employee's feet. Safety footwear with puncture protection is required to prevent foot injuries from occurring where sharp objects such as nails, wire, tacks, screws, large staples, scrap metal, etc., could be stepped on by employees.

Minimum Footwear Requirements

Employees exposed to foot hazards shall wear sturdy shoes (firm toe and uppers). In work areas containing foot hazards, sandals, moccasins, open-toe shoes or shoes with canvas uppers shall NOT be worn. Shoes with spiked or similar type heels shall not be worn into areas where floor grating is located.

The following is a list of the types of foot hazards that might be encountered in the work place along with some recommended protective footwear.

HAZARD: falling and rolling objects, cuts and punctures
PROTECTION: steel-toe safety shoes; add-on devices: metatarsal guards, metal foot guards, puncture-proof inserts, shin guards

HAZARD: chemicals, solvents
PROTECTION: footwear with synthetic stitching, and made of rubber, vinyl or plastic

HAZARD: electric current
PROTECTION: shoes or boots with rubber soles, and heels, no metal parts and insulated steel toes

HAZARD: extreme cold
PROTECTION: shoes or boots with moisture- or oil-resistant insulation, and that can repel water (if this is a problem); insulated socks

HAZARD: slips and skids (from wet, oily shoes with wooden soles or cleated, surfaces)
PROTECTION: non-slip rubber or neoprene soles; non-skid sandals that slip over shoes; strap-on cleats for icy surfaces

HAZARD: wetness
PROTECTION: lined rubber shoes or boots; rubbers or shoes of silicone-treated leather

HAZARD: static electricity
PROTECTION: shoes or boots with heels and soles of cork or leather

The most important factor in footwear selection is proper fit. Use the following guidelines to ensure proper fit.

- Ensure the shoe fits the foot's arch from heel to ball, which helps provide appropriate toe room.
- Check for quality materials and construction.
- Make sure there is sufficient foot clearance at the steel toe.
- Use the fitting process to determine correct size, remembering to measure both feet.
- Walk in the shoe and make sure it fits comfortably and adjusts to the foot, with little "break-in" time needed.

All footwear requires routine inspection for cuts, holes, tears, cracks, worn soles and other damage that could compromise the footwear's protective qualities. Outsoles should be kept free of stones, tacks, nails and other debris. Footwear should be cleaned according to the manufacturer's instructions.

Hand Protection- Regulatory requirement are contained in 29 CFR 1910.138

When there is a chance that an employee could receive splinters, cuts, abrasions, exposures to high and low temperatures, exposures to chemicals, and exposures to vibration, hand protection will be made available to employees of THE COMPANY. If a task or job site offers hazards that may cause hand injuries protective gloving will be mandatory. Selection of the hand protection will be based on the tasks to be performed, the conditions present, the duration of use and the hazards and potential hazards that are present.

The following Sections describe some hazards that might be encountered and the proper protective equipment to be used.

1. Chemical Hazards

Acids and bases (corrosives) will cause chemical burns on contact with the skin. Solvents, cleaning compounds and insulating fluids can irritate the skin, causing rashes, blistering and, in some cases, skin eruption. Some chemicals can be absorbed through the skin, causing effects in other parts of the body. Whenever handling any chemicals, hand protection should be used in combination with work practices to keep skin contact down to a minimum. As different gloves provide different degrees of protection against specific chemicals, the type of glove used must be based upon the glove material and the chemical exposure.

2. Protection Against Temperature Extremes

Some operations place employee hands and arms near hot environments or require them to handle hot materials, such as handling hot appliances. These exposures have the potential for burning the skin. Leather gloves may be worn in some of these situations to protect against these hazards. Alternatively, calcium silicate woven gloves (insulated gloves) may be used to provide protection. Extremely cold (cryogenic) materials such as dry ice also cause burns on exposed skin, and require the use of hand protection.

3. Protection Against Impact and Cuts

Manual handling of materials provides ample opportunity for hands to be cut, abraded, pinched and struck. Gloves used should provide protection against the hazards. For tasks requiring the use of cutting tools or handling of materials with sharp edges, cut resistant gloves (Kevlar) or heavy leather work gloves will provide a good level of protection. **However, when operating moving machinery such as drills, saws, grinders or other rotating and moving equipment, gloves SHOULD NOT be worn, as the equipment could catch the glove and pull the employee's hand into the hazardous areas.**

The following is a guide to the most common types of protective work gloves and the types of hazards they can guard against:

Hazard	Type of Glove	
Contact with biological or chemicals other than oils, solvents, corrosives or toxic material	Impervious disposable gloves: Disposable gloves, usually made of lightweight rubber, latex, or nitrile can help guard against mild irritants.	
Contact with oils, solvents, corrosives, or toxic material	Chemical-resistant utility gloves: Chemical resistant gloves may be made of rubber, nitrile, neoprene, polyvinyl alcohol, or vinyl, etc. These gloves protect hands from corrosives, oils, and solvents. When selecting chemical resistant gloves, be sure to consult the manufacturers' recommendations, especially if the gloved hand will be immersed in the chemical.	
Laceration	Cut-resistant material (e.g. Kevlar™): Metal mesh gloves are used to protect hands from accidental cuts and scratches. Persons working with cutting tools, scapels, scissors, or other sharp instruments use them most commonly.	
Abrasion, cut, or puncture	Canvas or leather work gloves: (1) Fabric gloves are made of cotton or fabric blends and are generally used to improve grip when handling slippery objects. They also help insulate hands from mild heat or cold. (2) Leather gloves are used to guard against injuries from sparks or against rough surfaces. They are also used in combination with an insulated liner when working with electricity.	
Contact with hot or cold objects	Welders', aluminized, insulated, cryo, and freezer gloves are a few of the types of gloves used to insulate hands from intense heat or cold.	

Hearing Protection-Regulatory requirement are contained in 29 CFR 1910.95
High Noise Levels Damage Hearing

Exposure to high noise levels may cause damage to the ear, resulting in temporary or permanent hearing loss. To reduce the potential for hearing loss, all employees whose noise exposure equals or exceeds an eight hour time-weighted average (TWA) of 90 decibels (dBA), ear protective devices shall be provided and used.

All employees who work in close proximity to or operate power saws, power actuated nail guns, and jack hammers are required to use the appropriate hearing protection. Hearing protection will also be used whenever the site supervisor deems it necessary. The use and care of hearing protection will be in compliance with OSHA standard 29 CFR 1926.52, Occupational noise exposure.

Respiratory Protection -Regulatory requirement are contained in 29 CFR 1910.134

Engineering controls, substitution using a less hazardous product, and administrative controls will be attempted in an effort to eliminate or safely minimize respiratory protection. If these safety controls do not effectively reduce respiratory exposures to permissible OSHA levels, then personal protective will be required as needed to properly protect employees from respiratory exposures.

Employees who elects to voluntarily use a respirator, including a dust mask, will be provided with a copy of our Written Voluntary Respirator Protection Program, along with OSHA's Appendix D, either in English or Spanish, prior to the employee's first voluntary use of a respirator after the Effective Date of this Program.

[Company] will provide a medical evaluation for each employee who elects to voluntarily use a respirator (other than a dust mask) prior to the employee's first use of a respirator after the Effective Date of this Program. The purpose of the medical evaluation is to determine the employee's ability to use a respirator.

Protective Clothing-Regulatory requirement are contained in 29 CFR 1910.120

Each affected employee shall wear approved protective clothing when exposed to conditions where skin absorption of a hazardous substance could occur. All protective clothing that is non-disposable shall be properly cleaned and disinfected after each use. Disposable equipment shall be properly discarded. Regular inspections shall be made for tears or rips, seam discontinuities or pin holes. Immediately dispose of any defective clothing.

Selection and Fit

THE COMPANY personnel should follow this procedure when selecting PPE:

- Become familiar with the potential hazards, the type of equipment to be used and the personnel whom will be doing the job. What can happen when this job/task is performed?
- Select the protective equipment and PPE that will offer a greater level of protection than the minimum protection required.
- Train employees proper usage, maintenance and storage of selected PPE.

After the PPE has been selected, make certain that the equipment provides a comfortable fit. This will assure continued use of the equipment.

NOTE: All employees supplying their own equipment, PPE or otherwise, must have the equipment approved by Direct Supervisor or other authorized Company personnel. All equipment used on THE COMPANY job sites must be in good condition and properly maintained. Defective and damaged equipment will not be permitted.

Training

THE COMPANY will train each employee how to use the required PPE. PPE training will include the following:

- When PPE is to be worn.
- What PPE is to be worn?
- How to properly put on, take off, wear, and adjust PPE.
- The limitations of PPE.
- How to properly care for, maintain, and dispose of PPE. The useful life of each piece of PPE will be explained as well.

After training, each employee is to demonstrate an understanding of the training and ability to use PPE properly before performing work while wearing the appropriate PPE. If there are any questions as to an employee's understanding of the training requirements, retaining is to be conducted. Retraining will also be conducted when different or new types of PPE are to be used.

Refresher training courses are to be held each year.

Please see the PPE Training Checklist and Training Guide on the following pages.

Enforcement

An employee that fails to wear required personal protective equipment (as stated in this policy) could be subject to a one day suspension without pay. A repeat offense may result in further disciplinary action up to and including termination.

Conclusion

No one is more responsible for your safety and health than you are! These programs along with our other safety materials are tools you use to work safely so that you may return home to your families at the end of each day.

PPE Training Checklist

I have been trained and understand the following PPE requirements:

	Initials
1. When PPE is necessary	_____
2. What PPE is necessary	_____
3. How to adjust, and wear PPE	_____
4. Limitations of PPE	_____
5. Proper care, maintenance, and disposal of PPE	_____

I may require retraining when the following occurs:

1. My workplace changes and this training is out of date. _____
2. New or different types of PPE are to be used. _____
3. I have been observed misusing or not using the required PPE. _____

NOTE: All employees are required to be trained how to properly put on, take off, maintain and use PPE.

Trainer's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

(Company Name)

Respirator Program for Voluntary Use

I. SCOPE AND APPLICATION

- This Respirator Program for Voluntary Use ("this Program") applies to all employees who voluntarily elect to use a respirator. It applies to both respirators supplied by [Company] or brought in by an employee.

II. RESPONSIBILITIES

- Management shall be responsible for implementing and enforcing the requirements of this Program.

- All employees who voluntarily use a respirator shall follow the requirements of this Program.

III. PROCEDURES

A. OSHA Appendix D

- Each employee who elects to voluntarily use a respirator, including a dust mask, will be provided with a copy of OSHA's Appendix D, either in English or Spanish, (which are attached hereto as Exhibit A) prior to the employee's first voluntary use of a respirator after the Effective Date of this Program.

- Management will be responsible for recording and maintaining records which identify each employee who has elected to voluntarily use a respirator and the date on which the employee was provided a copy of Appendix D.

B. Medical Evaluations

- [Company] will provide a medical evaluation for each employee who elects to voluntarily use a respirator (other than a dust mask) prior to the employee's first use of a respirator after the Effective Date of this Program. The purpose of the medical evaluation is to determine the employee's ability to use a respirator.

- The medical evaluation shall be performed by a physician or other licensed health care professional (collectively or individually referred to hereinafter as "PLHCP") using the OSHA medical questionnaire ("Medical Questionnaire") attached hereto as Exhibit B.

- [Company] will provide a follow-up medical examination provided for any employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of the Medical Questionnaire or whose medical examination demonstrates the need for a follow-up medical examination. The follow-up medical examination shall include

any medical tests, consultations or diagnostic procedures that the PLHCP deems necessary to make a final determination.

- [Company] shall obtain and maintain a copy of a completed and signed Medical Questionnaire for each employee who elects to voluntarily use a respirator other than a dust mask.

- All completed Medical Questionnaires shall be maintained by the [Company] and be accessible in accordance with 29 CFR 1910.1020.

C. Respirator Cleaning, Storage and Maintenance

- Any respirator that is voluntarily used by an employee, other than a dust mask, shall be cleaned and disinfected as often as necessary in accordance with Respirator Cleaning Procedures, attached hereto as Exhibit C so that the respirator is maintained in a sanitary condition.

- All respirators, other than dust masks, shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and shall be packed or stored to prevent deformation of the face piece and exhalation valve.

- Any respirator that is found to be defective shall not be used by an employee and must be discarded and replaced or repaired before any further voluntary usage.

- Any respirator repair or adjustment must be made only by an appropriately trained individual in accordance with the manufacturer's recommendations and specifications and using only the manufacturer's NIOSH-approved parts.

IV. EFFECTIVE DATE

- This Respirator Program for Voluntary Use is effective as of March 27, 2014 (Effective Date).

Appendix D - Mandatory Information for Employees Using Respirators on a Voluntary Basis

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, of 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.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

I acknowledge that I received and read the foregoing information.

Signature:	
Name:	
Date:	

Apéndice D - para la sección 1910.134 (Mandatorio) Información Para los Empleados Que Usan los Respiradores Cuando No lo Exige el Reglamento o Norma

Los respiradores son uno de los medios de protección adecuados contra los distintos productos químicos cuando se han seleccionado y utilizado adecuadamente. Se fomenta el uso del respirador para el bienestar y protección del empleado, aun cuando la concentración de los productos químicos esten por debajo de los valores límites de exposición establecidos. Sin embargo, el respirador puede causarle daño si no se mantiene limpio o se usa incorrectamente. Algunas veces los empleados usan los respiradores para evitar ser expuestos a los diferentes productos químicos, aunque estos no excedan los valores límites establecidos por los reglamentos de la Administración de Seguridad y Salud Ocupacional (OSHA). Si su patrono provee los respiradores para uso voluntario, o sí usted provee su propio respirador, necesita tomar ciertas precauciones para que se asegure que no corre riesgos cuando use el respirador.

Usted debe hacer lo siguiente:

1. Lea y haga caso a las instrucciones que provee el fabricante en el uso, mantenimiento, limpieza y cuidado, y las advertencias en cuanto a las limitaciones de los respiradores.

2. Escoja respiradores certificados contra los contaminantes que le interesa. La Institución Nacional para la Seguridad y Salud Ocupacional (NIOSH) del Departamento de Salud y Servicios Humanos de los Estados Unidos de América, son los que certifican los respiradores. Una etiqueta o certificado de exposición debe aparecer en el respirador o en el empaque del respirador. Este debe decirle para que químicos fue hecho y cuanto le va a protejer.

3. No use su respirador en átmosferas que contienen contaminantes para los cuales no fue diseñado porque no le va a proteger. Por ejemplo, si un respirador es diseñado para filtrar partículas de polvo no le va a proteger contra gases, vapores o partículas solidas de vaho (mal olor) o humo.

4. No pierda de vista su respirador para que así no use el respirador de otra persona por equivocación.

I acknowledge that I received and read the foregoing information.

Signature:	
Name:	
Date:	

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To 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-facepiece 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?
   a. Seizures (fits): Yes/No
   b. Diabetes (sugar disease): Yes/No
   c. Allergic reactions that interfere with your breathing: Yes/No
   d. Claustrophobia (fear of closed-in places): Yes/No
   e. Trouble smelling odors: Yes/No

3. Have you ever had any of the following pulmonary or lung problems?
   a. Asbestosis: Yes/No
   b. Asthma: Yes/No
   c. Chronic bronchitis: Yes/No
   d. Emphysema: Yes/No
   e. Pneumonia: Yes/No
   f. Tuberculosis: Yes/No
   g. Silicosis: Yes/No
   h. Pneumothorax (collapsed lung): Yes/No
   i. Lung cancer: Yes/No
   j. Broken ribs: Yes/No
   k. Any chest injuries or surgeries: Yes/No
   l. 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?
   a. Shortness of breath: Yes/No
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
   c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
   d. Have to stop for breath when walking at your own pace on level ground: Yes/No
   e. Shortness of breath when washing or dressing yourself: Yes/No
   f. Shortness of breath that interferes with your job: Yes/No
   g. Coughing that produces phlegm (thick sputum): Yes/No
   h. Coughing that wakes you early in the morning: Yes/No
   i. Coughing that occurs mostly when you are lying down: Yes/No
   j. Coughing up blood in the last month: Yes/No
   k. Wheezing: Yes/No
   l. Wheezing that interferes with your job: Yes/No
   m. Chest pain when you breathe deeply: Yes/No
   n. 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?
    a. Heart attack: Yes/No
    b. Stroke: Yes/No
    c. Angina: Yes/No
    d. Heart failure: Yes/No
    e. Swelling in your legs or feet (not caused by walking): Yes/No
    f. Heart arrhythmia (heart beating irregularly): Yes/No
    g. High blood pressure: Yes/No
    h. 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?
    a. Frequent pain or tightness in your chest: Yes/No
    b. Pain or tightness in your chest during physical activity: Yes/No
    c. Pain or tightness in your chest that interferes with your job: Yes/No
    d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
    e. Heartburn or indigestion that is not related to eating: Yes/ No
    f. 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?
    a. Breathing or lung problems: Yes/No
    b. Heart trouble: Yes/No
    c. Blood pressure: Yes/No
    d. Seizures (fits): 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.)
    a. Eye irritation: Yes/No
    b. Skin allergies or rashes: Yes/No
    c. Anxiety: Yes/No
    d. General weakness or fatigue: Yes/No
    e. 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-facepiece 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?
    a. Wear contact lenses: Yes/No
    b. Wear glasses: Yes/No
    c. Color blind: Yes/No
    d. Any other eye or vision problem: Yes/No

12. Have you ever had an injury to your ears, including a broken eardrum: Yes/No

13. Do you currently have any of the following hearing problems?
    a. Difficulty hearing: Yes/No
    b. Wear a hearing aid: Yes/No
    c. Any 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?
    a. Weakness in any of your arms, hands, legs, or feet: Yes/No
    b. Back pain: Yes/No
    c. Difficulty fully moving your arms and legs: Yes/No
    d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
    e. Difficulty fully moving your head up or down: Yes/No
    f. Difficulty fully moving your head side to side: Yes/No
    g. Difficulty bending at your knees: Yes/No
    h. Difficulty squatting to the ground: Yes/No
    i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
    j. Any other muscle or skeletal problem that interferes 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:
    a. Asbestos: Yes/No
    b. Silica (e.g., in sandblasting): Yes/No
    c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
    d. Beryllium: Yes/No
    e. Aluminum: Yes/No
    f. Coal (for example, mining): Yes/No
    g. Iron: Yes/No
    h. Tin: Yes/No
    i. Dusty environments: Yes/No
    j. 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 (either 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)?
    a. HEPA Filters: Yes/No
    b. Canisters (for example, gas masks): Yes/No
    c. 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)?:
    a. Escape only (no rescue): Yes/No
    b. Emergency rescue only: Yes/No
    c. Less than 5 hours per week: Yes/No
    d. Less than 2 hours per day: Yes/No
    e. 2 to 4 hours per day: Yes/No
    f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:
    a. 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.

    b. 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.

c. 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, security):_____

Apéndice C: Cuestionario de Evaluación Médico obligado por la OSHA
(La agencia de seguridad y salud ocupacional)
Parte 29 CFR 1910.134 Mandatorio para Proteccion del Sistema Respiratorio
Marque con un circulo para indicar sus respuestas a cada pregunta.
Para el empleado: Puede usted leer (circule uno): Sí o No
Su patrón debe dejarlo responder estas preguntas durante horas de trabajo o en un tiempo y lugar que sea
conveniente para usted. Para mantener este cuestionario confidencial, su patrón o supervisor no debe ver o
revisar sus respuestas. Su patrón debe informarle a quien dar o enviar este cuestionario para ser revisado
por un
profesional de sanidad con licencia autorizado por el estado.
Parte A. Sección 1. (Mandatorio). La siguiente información debe de ser proveida por cada empleado que
ha
sido seleccionado para usar cualquier tipo de respirador (escriba claro por favor).
1. Fecha :_____
2. Nombre:_____
3.
Edad:_____
4. Su sexo (circule uno) Masculino o Femenino
5. Altura: _____pies _____pulgadas
6. Peso: _____libras
7. Su ocupación, título o tipo de trabajo:
_____
8. Número de teléfono al donde pueda ser llamado por un profesional de sanidad con licencia que revisara este cuestionario (incluya
elárea):_____
9. Indique la hora mas conveniente para llamarle a este
numero:_____
10. ¿Le ha informado su patrón como comunicarse con el profesional de sanidad con licencia que va a revisar este cuestionario (circule una respuesta)? . . . . . Sí o No
11. Anote el tipo de equipo protector respíratorio que va utilizar (puede anotar mas de una categoría)
a._____ Respirador disponible de clase N, R, o P (por ejemplo: respirador de filtro mécanico, respirador sin cartucho)
b._____ Otros tipos (respirador con cartucho químico, máscara con cartucho químico, máscara con manguera con soplador (PAPR),máscara con manguera sin soplador (SAR), aparato respiratorio autónomos
(SCBA)).
12. ¿Ha usado algun tipo de respirador ? . . . . . Sí o No
Si ha usado equipo protector respíratorio, que tipo(s) ha utilizado:
_____
_____

Parte A. Seccion 2. (Mandatorio): Preguntas del 1 al 9 deben ser contestadas por cada empleado que fue seleccionado a usar cualquier tipo de respirador. Marque con un circulo para indicar sus repuestas.

1. ¿Corrientemente fuma tabaco, o ha fumado tabaco durante el ultimo mes? . . . . Sí o No

2. ¿Ha tenido algunas de las siguientes condiciones medicas?

a. Convulsiones : . . . . Sí o No
b. Diabetes (azucar en la sangre): . . . . Sí o No
c. Reacciones alergicas que no lo deja respirar: . . . . Sí o No
d. Claustrofobia (miedo de estar en espacios cerrados): . . . . Sí o No
e. Dificultad oliendo excepto cuando ha cogido un resfriado: . . . . .Sí o No

3. ¿Ha tenido algunas de los siguientes problemas pulmonares?

a. Asbestosis: . . . . Sí o No
b. Asma: . . . . Sí o No
c. Bronquitis cronica: . . . . Sí o No
d. Emfisema: . . . . Sí o No
e. Pulmonía: . . . . Sí o No
f. Tuberculosis: . . . . Sí o No
g. Silicosis: . . . . Sí o No
h. Neumotorax (pulmon colapsado): . . . . Sí o No
i. Cáncer en los pulmones: . . . . Sí o No
j. Costillas quebradas: . . . . Sí o No
k. Injuria o cirujía en el pecho: . . . . Sí o No
l. Algun otro problema de los pulmones que le ha dicho su medico: . . . . Sí o No

4. ¿Corrientemente tiene alguno de los siguientes síntomas o enfermedades en sus pulmones?

a. Respiración dificultosa . . . . Sí o No
b. Respiración dificultosa cuando camina rapido sobre terreno plano o subiendo una colina: Sí o No
c. Respiración dificultosa cuando camina normalmente con otras personas sobre terreno plano: Sí o No
d. Cuando camina normalmente en terreno plano se encuentra corto de resuello? . Sí o No
e. Respiración dificultosa cuando se esta bañando o vistiendo: . . . . Sí o No
f. Respiración dificultosa que lo impede trabajar: . . . . Sí o No
g. Tos con flema: . . . . Sí o No
h. Tos que lo despierta temprano en la mañana: . . . . Sí o No
i. Tos que occure cuando esta acostado: . . . . Sí o No
j. Ha tosido sangre en el ultimo mes: . . . . Sí o No
k. Silbar o respirar con mucha dificultad: . . . . Sí o No
l. Silbar que lo impede trabajar: . . . . Sí o No
m. Dolor del pecho cuando respira profundamente: . . . . Sí o No
n. Otros símtomas que crea usted estar relacionados a los pulmones: . . . . Sí o No

5. ¿Ha tenido algunos de los siguientes problemas con el corazón?

a. Ataque cardiaco: . . . . Sí o No
b. Ataque cerebrovascular: . . . . Sí o No
c. Dolor en el pecho: . . . . Sí o No
d. Falla de corazón: . . . . Sí o No
e. Hinchazón en las piernas o pies (que no sea por caminar): . . . . Sí o No
f. Latidos irregulares del corazón: . . . . Sí o No

g. Alta presión: . . . . . Sí o No
h. Algun otro problema cardio-vascular o cardiaco: . . . . . Sí o No

6. ¿Ha tenido algunos de los siguientes síntomas causados por su corazón?
a. Dolor de pecho frecuente o pecho apretado: . . . . . Sí o No
b. Dolor o pecho apretado durante actividad fisica: . . . . . Sí o No

c. Dolor o pecho apretado que no lo deja trabajar normalmente: . . . . . Sí o No
d. En los ultimos dos años ha notado que su corazón late irregularmente: . . . . . Sí o No
e. Dolor en el pecho o indigestion que no es relacionado a la comida: . . . . . Sí o No
f. Algunos otros síntomas que usted piensa ser causado por problemas de su corazón o de su circulation. . . . . Sí o No
7. ¿Esta tomando medicina por algunso de los siguientes problemas?
a. Respiración dificultosa: . . . . . Sí o No
b. Problemas del corazón: . . . . . Sí o No
c. Alta presión : . . . . . Sí o No
d. Convulsiones: . . . . . Sí o No
8. ¿Le ha causado alguno de los siguientes problemas usando el respirador? (si no ha usado un respirador, deje esta pregunta en blanco__ y continue con pregunta 9).
a. Irritación de los ojos: . . . . . Sí o No
b. Alergias del cutis o sarpullido: . . . . . Sí o No
c. Ansiedad que ocurre solamente cuando usa el respirado: . . . . . Sí o No
d. Debilidad, falta de vigor o fatiga desacostumbrada: . . . . . Sí o No
e. Algun otro problema que le impida utilizar su respirador: . . . . . Sí o No
9. ¿Le gustaria hablar con el profesional de sanidad con licencia autorizado por el estado que revisara este cuestionario sobre sus respuestas? . . . . . Sí o No
Las preguntas del 10 al 15 deben ser contestadas por los empleados seleccionados para usar una máscara con cartucho químico o aparato respiratorio autónomo (SCBA). Los empleados que usan otro tipo de respirador no tienen que contestar estas preguntas.
10. ¿Ha perdido la vista en cualquiera de sus ojos (temporalmente o permanente):.Sí o No
11. ¿Corrientemente tiene algunos de los siguientes problemas con su vista?
a. Usa lentes de contacto: . . . . . Sí o No
b. Usa lentes: . . . . . Sí o No
c. Daltoniano (dificultad distinguiendo colores): . . . . . Sí o No
d. Tiene algún problema con sus ojos o su vista: . . . . . Sí o No
12. ¿Ha tenido daño en sus oidos incluyendo rotura del tímpano: . . . . . Sí o No
13. ¿Corrientemente tiene uno de las siguientes problemas para oir?
a. Dificultad oyendo: . . . . . Sí o No
b. Usa un aparato para oir: . . . . . Sí o No
c. Tiene algun otro problema con sus oidos o dificultad escuchando: . . . . . Sí o No
14. ¿Se ha dañado o lastimado su espalda? . . . . . Sí o No
15. ¿Tiene uno de los siguientes problemas de su aparato muscular or eskeleto?
a. Debilidad en sus brazos, manos, piernas o pies : . . . . . Sí o No
b. Dolor de espalda: . . . . . Sí o No
c. Dificultad para mover sus brazos y piernas completamente: . . . . . Sí o No
d. Dolor o engarrotamiento cuando se inclina para adelante o para atras: . . . . . Sí o No
e. Dificultad para mover su cabeza para arriba o para abajo completamente: . . . . Sí o No

f. Dificultad para mover su cabeza de lado a lado: . . . . . Sí o No
g. Dificultad para agacharse doblando sus rodillas: . . . . . Sí o No
h. Dificultad para agacharse hasta tocar el piso: . . . . Sí o No
i. Dificultad subiendo escaleras cargando mas de 25 libras: . . . . . Sí o No
j. Alguno problema muscular o con sus huesos que le evite usar un respirador. . .. Sí o No
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Parte B - Las siguientes preguntas pueden ser agregadas al cuestionario a discrecion del profesional de sanidad con licencia autorizado por el estado.

1. ¿Esta trabajando en las alturas arriba de 5,000 pies o en sitios que tienen menos oxígeno de lo normal? . . . . Sí o No
Si la respuesta es "Sí", se ha sentido mareado, o ha tenido dificultad respirando, palpitaciones, o cualquier otro síntoma que usted no tiene cuando no esta trabajando bajo estas condiciones: . . . . . Sí o No
2. ¿En el trabajo o en su casa, ha estado expuesto a solventes o contaminantes peligrosos en el aire (por ejemplo, humos, neblina o polvos) o ha tenido contacto del cutis con químicas peligrosas? . . . . . Sí o No
Escriba las químicas y productos con las que ha estado expuesto, si sabe cuales son:_____
3. ¿Ha trabajado con los siguientes materiales o las condiciones anotadas abajo?:
a. Asbestos: . . . . . Sí o No
b. Sílice (Limpiar mediante un chorro de arena): . . . . . Sí o No
c. Tungsteno/Cobalto (pulverizar o soldadura): . . . . . Sí o No
d. Berilio: . . . . . Sí o No
e. Aluminio: . . . . . Sí o No
f. Carbón de piedra (minando): . . . . . Sí o No
g. Hierro: . . . . . Sí o No
h. Estaño: . . . . . Sí o No
i. Ambiente polvoriento: . . . . . Sí o No
j. Otra exposicion peligrosa: . . . . . Sí o No
Describa las exposiciones peligrosas:

_____
_____

4. ¿Tiene usted otro trabajo o un negocio aparte de este?

_____
_____

5. Apunte su previos trabajos:

_____

6. Apunte sus pasatiempos:

_____
_____

7. ¿Tiene servicio militar? . . . . Sí o No
Si la respuesta es "Sí", ha estado expuesto a agentes químicos o biologicos durante entrenamiento o combate: . . . . . Sí o No
8. ¿Alguna vez ha trabajado en un equipo de HAZMAT (equipo respondedor a incidentes de materiales peligosos con emergencia)? . . . . . Sí o No
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9. ¿Esta tomando alguna medicina que no haya mencionado en este cuestionario (incluyendo remedios caseros o medicinas que compra sin receta)? . . . . . Sí o No

Si la respuesta es “Sí”, cuales son_____

10. ¿Va a usar algunas de las siguientes partes con su respirador?

a. filtros HEPA (filtro de alta eficiencia que remueve partículas tóxicas en la atmósfera): . . . . . Sí o No

b. Canastillo (por ejemplo, máscara para gas): . . . . . Sí o No

c. Cartuchos: . . . . . Sí o No

11. ¿Cuántas veces espera usar un respirador?

a. Para salir de peligro solamente (no rescates): . . . . . Sí o No

b. Recates de emergencia solamente: . . . . . Sí o No

c. Menos de 5 horas por semana: . . . . . Sí o No

d. Menos de 2 horas por día: . . . . . Sí o No

e. 2 a 4 horas por día: . . . . . Sí o No

f. Mas de 4 horas por día: . . . . . Sí o No

12. ¿Durante el tiempo de usar el respirador, su trabajo es...?

a. **Ligero** (menos de 200 kcal por hora): . . . . . Sí o No

Si la respuesta es “sí”, cuanto tiempo dura la obra _____horas _____minutos

Ejemplos de trabajos ligeros: estar sentado escribiendo, escribiendo a máquina, diseñando, trabajando la línea de montaje, o estar parado gobernando un taladro o máquinas:

b. **Moderado** (200-350 kcal por hora): . . . . . Sí o No

Si la respuesta es “sí”cuanto tiempo dura en promedio por jornada

_____horas_____minutos

Ejemplos de trabajos moderados : sentado clavando o archivando; manejando un camión o autobús en trafico pesado; estar de pie taladrando, clavando, trabajando la línea de montaje, o transferiendo una carga (de 35 libras) a la altura de la cintura; caminando sobre tierra plana a 2 millas por hora o bajando a 3 millas por hora; empujando una carretilla con una carga pesada (de 100 libras) sobre terreno plano.

c. **Pesado** (mas de 350 kcal por hora): . . . . . Sí o No

Si la respuesta es “sí”cuanto tiempo dura en promedio por jornada

_____horas_____minutos

Ejemplos de trabajos pesados: levantando cargas pesadas (mas de 50 libras) desde el piso hasta la altura de la cintura o los hombros; trabajando cargando o descargando; transpalear; estar de pie trabajando de albañil o demenuzando moldes; subiendo a 2 millas por hora; subiendo la escalera con una carga pesada (mas de 50 libras).

13. ¿Va a estar usando ropa o equipo protectivo cuando use el respirador? . . . . Sí o No

Si la respuesta es “sí” describa que va a estar

usando_____

_____

14. ¿Va a estar trabajando en condiciones calurosas (temperatura mas de 77 grados F)? .. Sí o No

15. ¿Va a estar trabajando en condiciones humedas? . . . . . Sí o No

16. Describa el tipo de trabajo que va a estar usted haciendo cuando use el respirador.

_____

17. Describa cualquier situacion especial o peligrosa que pueda encontrar cuando este usando el respirador (por ejemplo, espacios encerrados, gases que lo puedan matar, etc.)

_____

18. Provea la siguiente informacion si la sabe, por cada sustancia tóxica que usted va a estar expuesto cuando este usando el respirador(s): Nombre de la primera sustanciatóxica_____
Maximo nivel de exposición por jornada de trabajo_____
Tiempo de exposición por jornada_____
Nombre de la segunda sustancia tóxica_____
Maximo nivel de exposición por jornada de trabajo_____
Tiempo de exposición por jornada_____
Nombre de la tercera sustancia tóxica_____
Máximo nivel de exposición por jornada de trabajo_____
Tiempo de exposición por jornada_____
El nombre de cualquier sustancia tóxica que usted va a estar expuesto cuando este usted usando elrespirador_____
_____

19. Describa alguna responsabilidad especial que usted va a tener cuando usted este usado el respirador(s) que pueda afectar la seguridad o la vida de otros (por ejemplo, rescate, seguridad).

_____

Candidate Respirator Medical Evaluation Instructions

This procedure provides the instructions for completing our respirator medical evaluation screening. You are being evaluated to see if you meet the medical requirements for usage of respirators. It is important for candidates to provide complete and honest information. Your safety and health relies on the accuracy of this information.

You will need the following information before starting the questionnaire:

- Your name and contact information.
- The last 4 digits of your social security number.
- The type of respirator(s) that you will be using.
- The length and frequency of expected respirator usage.
- The type of protective equipment required.
- The intensity of the work to be performed.
- The maximum temperature and humidity you will be exposed to.
- Your personal medical history.

Medical Evaluation Questionnaire Procedure

1. Go to the website: http://www.vestmed.com/affordablesafetytraining.
2. Enter "**mymeq227**" as the user name.
3. Enter "**pool9789**" as the password. Click "Sign In."
4. Start the Respirator MEQ. For Spanish, click on "En Español" on the left side.
5. Enter your name and contact information. It is important that this information is correct.
6. Enter you email address. This is where the results of your questionnaire will be sent.
7. Select your Appropriate Branch Office from the "Select Company" dropdown menu.
8. Complete the rest of the questionnaire. Most of the "Work Environment" questions will be set to standard conditions. If they do not match your work environment, update them with the accurate information. If you are unsure of expected work conditions, talk to your supervisor.
9. Review for accuracy. When finished, click "Submit MEQ".

After you click the submit button, the questionnaire will be evaluated and results given. Results will also be emailed to the address that you entered. If you get a note to contact the physician, call the number provided.

Respirator Cleaning Procedures

These procedures are general in nature and alternative cleaning recommendations provided by the manufacturer of the respirators may be used, provided such procedures are as effective as those listed herein.

I. Procedures for Cleaning Respirators

A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure- demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

B. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

C. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain.

D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or,

2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 deg. C (110 deg. F); or,

3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

E. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

F. Components should be hand-dried with a clean lint-free cloth or air-dried.

G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.

H. Test the respirator to ensure that all components work properly.

Power Industrial Truck Training Program

Purpose and Background

(Enter Company Name), hereinafter referred to as "Company" has developed this program to ensure a safe work environment and to protect the health and safety of staff who operate or maintain powered industrial trucks (PIT). The Occupational Safety and Health Administration (OSHA) per 29 CFR 1910.178 states in part, only trained and authorized operators shall be permitted to operate a PIT.

Scope

The powered industrial truck program applies to all COMPANYs that operate and/or maintain specialized industrial trucks powered by electric motors or internal combustion engines.

Policy

All powered industrial trucks (PITs) shall be operated and maintained in accordance with this program.

Authority and Responsibility

Safety Director is responsible for:

1. Reviewing the PIT program to assure compliance;
2. Coordinating and providing training of affected employees; and
3. Maintaining training records of all operators.

Supervisors are responsible for:

1. Ensuring employees attend training and operate PITs in a safe manner;
2. Ensuring all equipment is in proper working condition;
3. Assuring operators perform appropriate pre-operation safety inspections and complete log books prior to operating equipment;
4. Scheduling maintenance by outside contractors;
5. Inspecting daily log books on a monthly basis; and
6. Maintaining required documentation.

Employees are responsible for complying with this program.

General Requirements

General requirements for PITs are as follows:

1. Only trained and authorized operators shall be permitted to operate a PIT;
2. The employee is responsible for ensuring the safe operation of the PIT;
3. Modifications and additions that affect capacity and the safe operation of the PIT shall not be performed by COMPANY employees without the manufacturer's prior written approval. Capacity, operation, and maintenance instruction plates, tags, or decals shall be modified accordingly;
4. If the PIT is equipped with front-end attachments other than factory installed attachments, the PIT shall be marked to identify the attachments and show the approximate weight of the truck and attachment combination at maximum elevation with load laterally centered;
5. Nameplates and markings shall be in place and maintained in a legible condition;
6. Company Driver's will conduct an assessment of the areas in which powered industrial trucks are used within their departments to determine if specialty designed equipment may be required. Use OSHA Standard 29 CFR 1910.178(c) for reference to determine areas which may be designated hazardous locations.
7. All PIT's approved for fire safety purposes must bear a label or other identifying mark indicating approval by the testing laboratory; and
8. Any PIT not in safe operating condition shall be removed from service. All repairs shall be made by authorized personnel. No PIT shall be put back into service until all repairs have been made.

Pre-Operation Safety Inspection

Prior to operating a PIT, the employee shall perform a pre-operation safety inspection using the appropriate Daily Inspection Checklist (Appendix A) provided at facilities that operate PITs and as follows:

1. This inspection shall be made at least daily;
2. The inspection shall identify any conditions that could affect the safe operation of the PIT;
3. If any unsafe condition(s) exist, the PIT shall be removed from service and tagged "Out of Service" until the proper repairs or concerns are addressed;
4. Upon an operator discovering any concerns, immediately notify the supervisor so he or she can notify the person responsible for the repairs; and
5. Only outside contractors qualified to repair PITs shall perform all repairs and adjustments.

Fuel Handling and Storage

The handling and storage of liquid fuels such as gasoline shall be in accordance with the National Fire Protection Association (NFPA) Flammable and Combustible Liquids Code (NFPA 30).

The handling and storage of liquefied petroleum gas fuel shall be in accordance with the Storage and Handling of Liquefied Petroleum Gases Code (NFPA 58).

The following procedures shall be followed:

1. Battery charging installations shall be located in areas designated for that purpose;
2. When refueling or recharging the batteries of a PIT, the operator shall ensure that the PIT is shut-off and the parking brake is engaged;
3. Facilities shall be provided for flushing and neutralizing spilled electrolyte and for protecting charging apparatus from damage by trucks;
4. Refueling and recharging shall be completed in areas that are designated and well ventilated;
5. Personal protective equipment (approved face shield, goggles, gloves) shall be worn during all refueling and battery recharging operations;
6. For battery charging areas; an emergency eyewash/shower station shall be present in the area;
7. Smoking shall be prohibited in refueling and recharging areas. Fuel vapors and gases, which can escape from the battery and fuel vents, are extremely flammable;
8. Check the level on the battery monthly; and
9. When charging batteries, acid shall be poured into water; water shall not be poured into acid.

Workplace Hazards

Many hazards exist in the workplace that are easily detectable if a survey of the area is conducted. These hazards include, but are not limited to, the following:

1. Overhead obstructions such as fire protection sprinkler piping, ventilation ducts, lighting fixtures, power lines. If the load being moved is carried too high or the PIT mast is raised too high, damage can occur to the overhead obstruction and possibly cause injury to the operator or people in the immediate area;
2. Co-workers or pedestrians traveling to and from certain areas within the facility;
3. Poor housekeeping such as debris left on the floor and wet floors;
4. Poor condition of the floor surface such as uneven concrete, potholes and cracks;
5. Poor visibility around corners. The operator's view from a PIT can be blocked or obstructed by the load. If there is not a clear view, drive in reverse or have a co-worker, "spotter", direct you;
6. Operating a PIT in a confined area with poor ventilation can allow the PIT exhaust gases to accumulate. This creates a hazard not only for the forklift operator, but also for others within the area or building. Safety Director shall be contacted to determine air quality if concerns should arise;
7. For individuals who wear eyeglasses, entering a warm atmosphere from a cold atmosphere (driving into a building from the outside) will cause eyeglasses steam up reducing vision; and
8. Driving too fast for the conditions of the area. When operating a PIT, always remain alert and cautious.

Note the existing and potential hazards and conditions that do or could exist in the work environment. Whenever a hazard is discovered which requires action such as housekeeping, poor floor condition or poor ventilation, immediately notify the supervisor to ensure the proper procedures are followed to address the hazards.

Operating Procedures

When operating a PIT, always travel with the forks approximately four inches from the ground so they clear any uneven surfaces. Always survey the area ahead and to the sides when traveling. Always travel in reverse or use a "spotter" when the load being carried obstructs the view.

Some factors that could cause the PIT to tip over:

1. Overloads;
2. Unstable loads;
3. Load not centered on forks;
4. Traveling with the load raised;
5. Sudden stops and starts;
6. Making sharp turns; and
7. Traveling across a ramp or incline.

Safety Practices

The following safety practices shall be adhered to at all times:

1. Wear seatbelts whenever the PIT is equipped with them;
2. Keep all body parts inside the driver's compartment;
3. Drive at appropriate speeds;
4. Do not carry passengers on the PIT;
5. No person shall be permitted to stand or pass under elevated portions of any PIT, whether loaded or empty;
6. All PIT operators working on platforms that are six feet above a lower level shall wear appropriate fall protection devices;
7. When traveling behind other PITs or vehicles, always maintain at least three forklift lengths from the vehicle or PIT ahead, and maintain control of the PIT at all times;
8. Slowly approach ramps and inclines straight, not at an angle;
9. Never turn the PIT while on a ramp or incline;
10. When parking a PIT and prior to dismounting or leaving the unit, shut-off the power. The operator shall never leave a running PIT unattended;
11. When the PIT is left unattended, the load shall be fully lowered, controls shall be neutralized, power shut off, brakes set and wheels blocked if PIT is parked on an incline;
12. Never park a PIT in front of any fire protection equipment, emergency exits, or in a manner that would obstruct a person from exiting the area;
13. If at any time during operation a PIT is found to be in need of repair, defective, or in any way unsafe, it shall be immediately removed from service. The department supervisor shall be notified so he or she can notify the person responsible for the repairs; and
14. Refueling and recharging areas equipped with emergency eyewash stations shall be inspected on a weekly basis.

Training

Company employees and outside contractor employees designated to operate a powered industrial truck shall be required to participate in and successfully complete a PIT training program approved by the Safety Director to ensure the operator is competent to operate a PIT safely before assuming their responsibilities.

The supervisor shall ensure that each powered industrial truck operator is competent to operate a powered industrial truck safely.

Prior to permitting an employee to operate a powered industrial truck (except for training purposes), the supervisor shall ensure that each operator has successfully completed the COMPANY Truck Operator required training and has a valid Operator Certification Card.

All operator training and evaluation shall be conducted by persons who have the knowledge, training, and experience to train powered industrial truck operators and evaluate their competence.

Training consists of a combination of formal instruction and practical training.

Trainees may operate a powered industrial truck only:

- Under the direct supervision of persons who have the knowledge, training, and experience to train operators and evaluate their competence; and
- Where such operation does not endanger the trainee or other employees.

Curriculum
The curriculum of the training program shall, at a minimum, address the following topics:

1. Pre-Operation Safety Inspection;
2. Workplace Hazards;
3. Safe Driving and Operating Procedures;
4. Loading-Carrying-Unloading of Materials; and
5. Operation and Safety Driving Practical and Testing (Appendix B)

Refresher Training
Employees shall be required to participate in refresher training at least once every three years. Refresher training shall consist of practical exercises performed by the trainee, and evaluation of the operator's performance in the workplace.

Retraining
Retraining in the safe use of PIT may be necessary if certain conditions occur. The classroom and hands-on retraining may be deemed necessary when it has been documented that the operator has been observed to operate the PIT in an unsafe and/or inappropriate manner, involved in an accident or near miss incident, is assigned to drive a different type of PIT, or a condition in the workplace changes in a manner that could affect safe operation of the PIT as directed by this policy and according to OSHA regulations. If an employee has been involved in any of the examples listed above, use of any PIT by the employee may be restricted until retraining has been completed.

Appendix A

Daily Powered Industrial Truck Checklist

This checklist must be completed by a Forklift Operator on a daily basis.
Check off all acceptable items applicable to the Powered Industrial Truck under evaluation. Place an "R" in the applicable space if repair is needed and provide details in the "comments" section. If a serious safety hazard is identified, notify the area Supervisor and tag the unit with a "DO NOT OPERATE" tag. The Powered Industrial Truck shall be taken out of service until repairs are completed.

WEEK BEGINNING _____ MODEL _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
DAMAGE Bent, dented, or broken parts							
LEAKS Drive unit, brakes, hydraulics							
TIRES & WHEELS Drive wheels, load wheels, casters							
FORKS In place, properly secured							
CHAINS, CABLES & HOSES In place							
HOUR METER Operating							
BATTERY Water level, vent caps in place, cleanliness							
BATTERY CONNECTOR Cracked, burnt, tight fitting							
GUARDS Overhead, load backrest, battery retainer							
SAFETY DEVICES Flashing lights, indicator lights, safety shield, operator harness, warning labels, backup alarms etc. in condition as equipped							
HORN Sounds							
STEERING No binding, no excessive play							
TRAVEL CONTROLS All speed ranges, forward & reverse, no unusual noise							
HYDRAULIC CONTROLS Raise & lower, tilt forward & rearward, reach in & out, side shift right & left, etc., no unusual noise							
BRAKES Stop truck within required distance, work smoothly, brake override functions							
PARKING BRAKE Seat, hand, foot							
BATTERY CHARGE Discharge meter in full green or 75% charge after raising forks							
POWER DISCONNECT Cuts off all electric power							
ATTACHMENTS Function properly, no unusual noise							
LIMIT SWITCHES Travel limit, lift limit, tilt limit, etc.							
OPERATOR INSPECTION INITIALS							

Description of item(s) needing repair or adjustment

_____
_____
_____
_____

Appendix B

Performance Test for Forklift Operators

EMPLOYEE:_____ DATE:_____ TIME:_____

1. Shows familiarity with truck controls.
2. Gave proper signals when turning.
3. Slowed down at intersections.
4. Sounded horn at intersections.
5. Obeyed signs.
6. Kept a clear view of direction of travel.
7. Turned corners correctly- was aware of rear end swing.
8. Yielded to pedestrians.
9. Drove under control and within proper traffic aisles.
10 .Approached load properly.
11. Lifted load properly.
12. Maneuvered properly.
13. Traveled with load at proper height.
14. Lowered load smoothly/slowly.
15. Stops smoothly/completely.
16. Load balanced properly.
17. Forks under load all the way.
18. Carried parts/stock in approved containers.
19. Checked bridgeplates/ramps.
20. Did place loads within marked area.
21. Did stack loads evenly and neatly.
22. Did drive backward when required.
23. Did check load weights.
24. Did place forks on the floor when parked, controls neutralized, brake on set, power off.
25. Followed proper instructions for maintenance checked both at beginning and end.

Total Rating: _____ Evaluator: _____

Health and Safety Manual

I have read and understand the Health and Safety Manual policies and procedures (www.guardforlife.com) and agree to abide by them. I understand that any violation of the above policies is reason for disciplinary action up to and including termination.

Employees Name (PRINT)	Employee Signature

Date