



# HEALTH AND SAFETY PROGRAM (2018)

**SAFETY AND HEALTH PROGRAM TABLE OF CONTENTS**

**COMPANY SAFETY POLICY LETTER**

**PURPOSE**

**WORK PLACE DRUG TESTING PROGRAM**

**SECTION ONE**

**ALLOCATION OF HEALTH AND SAFETY RESPONSIBILITIES**

**SECTION TWO**

**KEY AREAS OF RESPONSIBILITY**

**SECTION THREE**

**KEY ITEMS FOR INSPECTION**

**SECTION FOUR**

**GENERAL HEALTH AND SAFETY RULES  
FOR CONSTRUCTION SITES**

**SECTION FIVE**

**DISCIPLINARY POLICY**

**SECTION SIX**

**CERTIFICATION OF EMPLOYEE**

## **COMPANY SAFETY POLICY LETTER**

It is our policy to provide a safe and healthy work environment for everyone. A safe environment does not occur by chance. It requires everyone's close attention and open communication between management and employees. Workers who notice hazards or other safety problems, or who believe that they need additional training, must notify their supervisors immediately. Supervisors and management must address the concerns of workers and make sure that any problems are fixed quickly.

Everyone is obligated to know and abide by the safety requirements and standards for their area or job. Through their own "pro-safety" attitudes and practices, supervisors must instill a positive attitude in workers. In return, employees must give training exercises and safety meetings the utmost attention and must follow all safety regulations. Compliance with safety policies is a condition of employment and must be taken very seriously. Failure to comply will result in disciplinary action, including termination of employment for serious or repeated violations.

**Nothing is more important to this company than your safety and that of your co-workers.** Do not think that safety and health are somehow at odds with productivity and quality. In fact, they go hand in hand. Studies have shown that the safer a workplace, the more productive its workers and the better its products. Conscientiously follow safety rules at all times. Do not take shortcuts. Do not endanger your own life and health or that of your co-workers. Be safe so that you can stay healthy and enjoy life to its fullest.

Bob Anderson  
President  
Desco Professional Builders Inc

May 30, 2018

## PURPOSE

Desco Professional Builders Inc is totally committed to employee safety and loss control.

It is our intention:

- that all employees work under the safest conditions possible; and
- that we provide information, training, and supervision to enable employees to perform their jobs safely.

Under the Occupational Safety and Health Act, construction industry employers must furnish each employee with a place of employment that is free from recognized hazards that are likely to cause death or serious injury. In addition, employers must comply with, and require all employees to comply with, specific standards and rules that apply to their operations. To accomplish this, employers must educate and train employees in the rules and regulations that apply to them.

The information in this General Health and Safety Plan for Construction states basic safety rules and procedures that are to be followed by all company employees. While this plan will help you recognize and avoid obvious hazards, it is merely intended to highlight some of the fundamentals of safety. The plan cannot possibly cover all situations or delve into great detail in any particular area of construction safety. Additional plans may be required for particular areas, such as asbestos control, assured equipment grounding, confined space entry, fire protection and prevention, hazard communication, hearing conservation, lock-out/tag-out, and respiratory protection, among others. When in doubt, consult your supervisor for guidance.

**This General Health and Safety Plan for Construction is designed to generally reflect company policy, but it is not intended to be a binding legal contract. Thus, this plan does not alter any employee's at-will status or grant any other legal rights to any employee.**

**LEFT BLANK ON PURPOSE**

## **SECTION ONE**

### **WORKPLACE DRUG TESTING PROGRAM**

Employees may be tested for drugs in a pre-employment physical examination, in subsequent physical examinations, and at random by a physician or clinic at the option of the company.

#### **1. Drug Testing of Prospective Employees**

Desco may require a prospective employee to submit to a urinalysis drug test as part of the application procedure:

- The applicant will be informed *in writing* at the time of application of the employer's intent to conduct such a drug test;
- The test will be conducted in accordance with the statutory procedures, which mandate the methodology for such tests; and
- The applicant will be given a copy of any positive drug test result.
- The results of any such test will be kept confidential and not disclosed by the employer or its employees to any person other than any such employee to whom such disclosure is necessary. Drug test results will be treated the same as employee medical records, kept separately from personnel records.
- Employee will sign a consent form for the drug testing which also authorizes the laboratory to release the results to the employer. *Example of Consent form and Authorization follows.*
- Note that individuals who were previously employed and who are applying for re-employment within twelve months of their termination are treated like current employees for purposes of drug testing, rather than as prospective employees. They will not be tested unless the requirement of reasonable suspicion is met, or unless they are covered by another law that requires testing.

#### **2. Drug Testing of Current Employees—Reasonable Suspicion**

- Connecticut law prohibits drug testing of current employees unless the employer has "reasonable suspicion" that the employee is under the influence of drugs or alcohol which adversely affects or could adversely affect such employee's job performance.
- "Reasonable suspicion" testing, also known as for cause drug testing, is performed when supervisors have evidence or reasonable cause to suspect an employee of drug use. Evidence is based upon direct observation, either by a supervisor or another employee. Specific reasons for reasonable suspicion testing include physical evidence of illicit substances, patterns of erratic or abnormal behavior, disorientation or confusion and an inability to complete routine tasks.

**DRUG TESTING POLICY DISCLOSURE AND CONSENT FORM POLICY**

All new employees will be hired subject to passing a drug test prior to the date of employment. Any applicant who tests positive for illegal use of drugs will not be hired.

Any applicant who refuses to submit to a drug test or who interferes with the test will not be hired.

An applicant who has received a tentative job commitment from Desco Professional Builders} will have the opportunity, prior to testing at the lab, to list all prescriptions and non-prescription drugs used and their purpose during the last 30 days. Applicants subject to testing must sign, prior to testing, an approved form consenting to the testing and consenting to the release of test results to the designated official.

**CONSENT FORM**

**AS AN APPLICANT FOR A POSITION OF EMPLOYMENT WITH Desco Professional Builders Inc, I HEREBY CONSENT TO A TEST FOR THE PRESENCE OF ILLEGALLY USED SUBSTANCES IN MY BODY. I UNDERSTAND THAT SHOULD THE PRESENCE OF ANY ILLEGALLY USED SUBSTANCE BE DETECTED AND CONFIRMED, I WILL NOT BE HIRED. I ALSO UNDERSTAND THAT SHOULD I REFUSE TO BE TESTED IN ACCORDANCE WITH THE ABOVE POLICY OR IF I INTERFERE WITH THE TEST, I WILL NOT BE HIRED.**

**I ALSO CONSENT TO THE RELEASE OF THESE TEST RESULTS TO A DESIGNATED COMPANY OFFICIAL, AND AGREE TO HOLD Desco Professional Builders Inc HARMLESS FROM ANY SUCH RELEASES PROVIDED FOR HEREBY.**

\_\_\_\_\_  
**PRINTED APPLICANT'S NAME**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

**Date:** \_\_\_\_\_



Authorization to Treat

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Company Desco Professional Builders Phone 860-870-7070

Contact Person Stacey Starkweather \_\_\_\_\_  
Signature of Company Rep.

Service:

Treatment for work-related injury or illness

Physical Exam

Drug Screening

Alcohol Screening

Pre-Placement

(NON-D.O.T.)

(NON-D.O.T.)

Public Service License

Pre-Employment

Reasonable suspicion

D.O.T.

Reasonable suspicion

Other Service (specify)

Other

\_\_\_\_\_ (D.O.T.)

(D.O.T.)

\_\_\_\_\_  Pre-Employment

Random program

\_\_\_\_\_  Random program

For cause / post acci

\_\_\_\_\_  For cause / post accident

**SOUTH WINDSOR CORPCARE**

2800 Tamarack Ave. Suite 001

South Windsor, CT 06074

(860) 647-4796 FAX (860) 646-3945

8:00 AM - 5:00 PM

MONDAY - FRIDAY

Open until 6 PM for Non-Injury

Care Services Monday-Thursday

\*\*\*\* After CorpCare Hours: for Injury Care Only \*\*\*\*  
(No Drug Screens or Physicals Performed)

MANCHESTER MEMORIAL HOSPITAL    ROCKVILLE GENERAL HOSPI

71 Haynes Street

31 Union Street

Manchester, CT 06040

Vernon, CT 06066

(860) 646-1222

(860) 872-5100

———— DIRECTIONS ON REVERSE ————

**LEFT BLANK ON PURPOSE**

## **SECTION TWO**

### **ALLOCATION OF HEALTH AND SAFETY RESPONSIBILITIES**

Our goals are to make the safety of employees the highest priority and to avoid any work-place accidents and injuries. To accomplish these goals, the duties and responsibilities of all personnel must be clearly defined. The roles of safety managers, project managers, supervisors, and others are set forth below. Note that many responsibilities for safety matters are intentionally designed to overlap. By having employees cross-check each other, the risk of injury from any hazard going undetected is minimized.

LOCAL OSHA REPRESENTATIVE REGION 1

Brian Sullivan

[Sullivan.Brian@dol.gov](mailto:Sullivan.Brian@dol.gov)

617-565-9860 P

617-565-9827 F

## Safety Officer:

- **Administration:** Administers all aspects of the General Health and Safety Plan.
- **Hazard Control:** Develops programs and technical guidance to identify and correct hazards.
- **Safety Training:** Assists managers and supervisors in safety training of employees.
- **Inspections:** Conducts inspections to identify and correct hazards.
- **Reports:** Completes written reports of inspections.
- **Safety Motivation:** Develops incentives and programs to motivate employees in health and safety matters.
- **Posters and Notices:** Properly posts and maintains the OSHA Form 300A, any state health and safety posters, emergency phone numbers, and other required notices.
- **Accident and “Near Miss” Recording:** Develops and maintains accident and “near miss” investigation and reporting procedures and systems to:
  - record reportable incidents consisting of fatalities, lost workday cases, and cases without lost workdays requiring medical treatment,
  - determine accident causes, and
  - keep management informed of findings.
- **Accident Reporting:** Reports accidents involving an occupational fatality or three or more hospitalized workers to OSHA within eight hours of occurrence.
- **Accident and Inspection Records:** Maintains permanent records associated with accidents, onsite inspections, and in-house audits (including those required for workers’ compensation).
- **Medical Records:** Maintains all medical records, evaluations, and exposure monitoring records for 30 years.
- **Training Records:** Maintains all training records for at least three years.

### **Project Manager / Superintendent / Foreman:**

- **Familiarity with Regulations:** Familiarizes himself or herself with health and safety regulations related to his or her areas of responsibility and oversees their enforcement.
- **Safety Oversight:** Oversees health and safety activities within area of responsibility.
- **First Aid/Medical Attention:** Ensures proper arrangements have been made for first aid and prompt medical attention in case of serious injury.
- **Personal Protective Equipment (PPE):** Ensures that needed PPE is available and properly used and maintained by employees.
- **Safety Training:** Instructs and trains all persons under his or her supervision in job health and safety requirements.
- **Regular Inspections:** Conducts frequent and regular health and safety inspections of the work area.
- **Problem Correction:** Directs correction of any unsafe conditions that are discovered or brought to his or her attention.
- **Weekly Safety Meetings:** Conducts weekly safety briefings with supervisors and workers.
- **Foremen Compliance:** Ensures that foremen understand and comply with safety requirements.
- **Accident and “Near Miss” Investigations:** Reviews all accidents and unsafe practices with foremen and workers involved and ensures that corrective action is taken immediately.
- **Subcontractor Compliance:** Requires subcontractors and their personnel to comply with health and safety regulations.
- **Onsite Records:** Maintains copies of applicable programs and OSHA forms onsite if necessary (for example, the Hazard Communication Plan, Material Safety Data Sheets, and OSHA 300 Injury Log if not quickly available from the central office).

## Supervisor / Foreman:

- **Familiarity with Regulations:** Familiarizes himself or herself with safety regulations within his or her area of responsibility and enforces these regulations.
- **Personal Protective Equipment (PPE):** Ensures that persons under his or her supervision use safety devices and proper PPE.
- **Safety Training:** Instructs and trains all persons within his or her area of responsibility in job health and safety requirements and hazard recognition and avoidance.
- **Employee Compliance:** Requires compliance by workers with applicable safety rules.
- **Weekly Safety Meetings:** Conducts weekly (more often if needed) safety briefings with all workers under his or her supervision.
- **Treatment for Injuries:** Ensures that injuries are treated promptly and reported properly.
- **Accident and “Near Miss” Investigations:** Investigates all accidents, “near misses,” and unsafe practices; obtains all pertinent data; and initiates necessary corrective action.
- **Regular Safety Inspections:** Conducts frequent and regular safety and health inspections to ensure that no unsafe conditions exist in his or her area of responsibility.
- **Reporting Problems to Upper Management:** Reports any needed corrective actions that are beyond his or her control to the project manager/superintendent/foreman.
  
- **MSDS**
  - Available upon request

## Employees:

- **Following Safety Rules:** Follow applicable safety rules and regulations at all times; refuse to take shortcuts.
- **Avoiding Unsafe Acts:** Never perform any tasks that appear to be risky or unsafe; report any such conditions or practices immediately.
- **Using PPE and Safety Devices:** Always wear PPE and use safety devices when needed.
- **Listening to Supervisors:** Listen to supervisors in charge of each operation who have been instructed to familiarize employees with safe operations and practices.
- **Avoiding Discipline or Discharge:** Be responsible for their performance and for following safety rules; failure to do so will lead to disciplinary action or discharge.
- **Take the OSHA 10 Class** at time of employment and recertifications every 3 years.

## **Subcontractors:**

In the construction industry, employees of many different subcontractors often work in the same general area under the direction of a single general contractor. Hazards created by one employer may easily pose a danger to employees who work for other employers. For example, even though a subcontractor commits a safety violation, a general contractor may be cited by OSHA as well. In addition, a subcontractor is responsible for protecting workers from hazards resulting from any OSHA violation as follows:

The subcontractor's own employees must not be threatened by hazards that are created by other contractors.

The actions of the subcontractor must not threaten the employees of any other contractors. The subcontractor must properly abate any hazard that it has (or assumes) the responsibility to correct.

Accordingly, subcontractors must comply with the following rules:

- **Compliance with Safety Standards:** Every subcontractor must comply with all state and federal safety and health standards.
- **Abating "Correctable" Hazards:** Subcontractors must immediately and effectively correct any hazards within their power to correct.
- **Reporting "Uncorrectable" Hazards:** Subcontractors that become aware of hazards that are not within their ability to correct or that threaten other workers must immediately notify the general contractor and any subcontractors whose employees may be endangered.

**LEFT BLANK ON PURPOSE**

## **SECTION THREE**

### **KEY AREAS OF RESPONSIBILITY**

The identification of hazards, reporting and recording of injuries, and training of employees are all especially critical for safety. The identification of hazards helps employees to prevent injuries and illnesses **before** they occur. The reporting and recording of injuries and illnesses is essential for regulatory compliance and workers' compensation purposes. In addition, accidents must be brought to management's attention so that causes may be investigated and similar mishaps may be avoided in the future.

Effective training is probably the most important responsibility of all. It is the key to injury prevention. Experience has shown that most injuries result from unsafe actions, not unsafe conditions. Unsafe actions can be eliminated only through the behavior of individual employees, which is dependent on their education and training.

## **Hazard Identification, Assessment, and Control**

Hazards must be identified, assessed, and controlled as follows:

- **Sharing Responsibility:** It is the responsibility of everyone (management, supervisors, and all employees) to notify others of possible hazards. In addition to the persons who perform formal scheduled inspections, employees need to always “have an eye out” for potential hazards and promptly notify their foreman, supervisor, etc., of any actual or potential problems?
- **Conducting Regular Inspections:** To identify hazards and unsafe practices before they cause an injury or accident, formal safety and health inspections must be conducted according to the following minimum timetables:
  - **Health and Safety Manager:** The health and safety manager will make monthly inspections of all fixed facilities and each project or jobsite and an annual review of the company’s health and safety plan.
  - **Project Superintendent:** The project superintendent will make a monthly inspection of his or her project (more often as different phases of construction may warrant).
  - **Foremen/Supervisors:** Foremen and supervisors will make weekly inspections of their areas of responsibility at the jobsite.
  - **Safety Technical Assistants/Insurance Company Representatives:** Safety technical assistants and insurance company representatives may assist in onsite consultations and inspections, as desired and requested.
- **Fixing Problems:** After completing jobsite or facility inspections, the person making the inspection will:
  - discuss findings with employees or other persons responsible for creating the condition and allow for their comments and suggestions,
  - discuss the situation with the job superintendent (if hazards are caused by subcontractors on the job), and then point out the problem to the owner, contractor, and other contractors involved,
  - ensure that problems and recommended corrections are brought to the attention of the proper supervisor or other person,
  - follow up to ensure that necessary changes and corrections were in fact made, and
  - provide a copy to the company safety manager of any checklist and statement of corrective actions taken or still required (if applicable).

## Reporting Job-Related Injuries and Illnesses

All job-related injuries and illnesses must be reported in accordance with the following rules:

- **Following Orientation Rules:** Information on reporting job-related accidents must be covered in full in the employee welcome and orientation class, which is scheduled shortly after each employee, is hired.
- **Reporting Immediately:** All on-the-job injuries and illnesses must be reported to a supervisor immediately—**no matter how minor they may appear!**
- **Cooperating in the Investigation:** Employees who are involved in accidents should give full details concerning the nature of their injuries, the cause, the time and date, and any other relevant information.
- **Securing Medical Treatment:** Employees should immediately secure any necessary medical treatment. Only designated supervisors and managers can authorize treatment.
- **Recording Information:** All accident reporting forms must be filled out. If first aid is applied onsite, the nature of the first aid, condition of the individual, and recommendation for further treatment must all be recorded.
- **Detecting Symptoms:** All employees should learn to detect early signs and symptoms of any illnesses or ailments to get proper treatment.
- **Avoiding Discipline or Discharge:** An employee who does not promptly or properly report accidents or illnesses in accordance with this policy may be disciplined or discharged.

### Recording Job-Related Injuries and Illnesses (OSHA 300 Log)

The OSHA Form 300 log will be maintained at the main office for all recordable occupational injuries and illnesses. The superintendent is responsible for making sure that the required injury information is forwarded to the main office for posting onto the master log within seven calendar days after the accident has occurred. The annual summary (Form 300A) must be posted at each jobsite by February 1 of the following year and remain in place until April 30 of that year.

## **Accident Reporting**

### **Objective**

Provide guidelines for the consistent and timely reporting of incidents and accidents, both internally and externally, and to comply with all applicable requirements.

### **Scope**

All Desco Professional Builders Inc employees.

### **References**

Federal, state, local, and insurance carrier suggestions.

### **Procedure**

The company shall develop appropriate procedures to comply with all known existing requirements.

- All accidents/injuries shall be reported to Desco Professional Builders Inc Management immediately.
- Recordable (serious) accidents shall be reported by telephone to Desco Professional Builders Inc management immediately.
- Prepare required accident reports and set up an injured worker medical file.
- Immediately implement the occupational injury management program (refer to section VII).

## **Record Keeping**

### **Objective**

To provide guidelines to Desco Professional Builders Inc Management and field staff for record keeping practices.

### **Scope**

All records mandated by federal, state, and local laws.

### **References**

Federal, state, and local standards, e.g., OSHA, ADA, EEOC, state labor codes, etc.

### **Responsibilities**

Management with clerical support will maintain the following records for the time duration required by state and federal statutes.

### **Procedures**

- The company shall maintain employee medical records for the term of employment for a minimum of 30 years.
- The company shall maintain employee exposure records for 30 years.
- The Safety Manager shall maintain Safety Council minutes for three years.
- Management shall maintain copies of job site inspections for three years.
- Management shall maintain a record of all training classes. A copy of the training record for each individual employee shall be kept in their personnel file and documented in TEMPNET for the term of his or her employment, or at least three years.
- The Human Resources Department, Safety Manager or Desco Professional Builders Inc Personnel shall maintain copies of the OSHA 300 log for five years.
- The OSHA 300 log for field employees assigned to each branch will be posted annually on the main bulletin board for 30 days beginning February 1 of the following year.
- The Safety Manager is responsible for maintaining an accident file for the injured employee, which shall include copies of:
  - Employer's First Report of Injury.
  - Employee's First Report of Injury (if state requires).
  - Documentation in "TEMPNET" that the employee's report of injury was completed within 24 hours of an injury.
  - Incident investigation report.
  - All other claim-supporting documentation.

## Incident Report Form

Employee Name	Social Security Number	Birth date (Auto Populate)
Address (Auto Populate)	City/State/Zip (Auto Populate)	Employee's Telephone Number (Auto Populate)
Trade—At Assignment (Auto Populate)	Date of Hire (Date of First Assignment) (Auto Populate)	Incident Reported By
Date of Incident	Time of Incident	Date Incident Was Reported To CLP
Customer Name	Work Order Number	Jobsite Address (Auto Populate)
Jobsite Contact Name and Phone Number (Auto Populate)	Site Supervisor at Time of Incident	Did the Site Supervisor Witness the Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Was Working: <input type="checkbox"/> Alone <input type="checkbox"/> With Other Desco Professional Builders Inc Employees <input type="checkbox"/> With Other Non Desco Professional Builders Inc Employees <input type="checkbox"/> Other, Explain		
List All DAL Employees Assigned to That Jobsite: (Auto Populate)		
Was the Employee Performing the Assigned Job Order Task at the Time of the Incident?		
Please Describe the Events as They Were Reported to You:  _____  _____		
Treating Physician/Clinic Name:		Telephone:
<input type="checkbox"/> Desco Professional Builders Inc Clinic Other, Explain	<input type="checkbox"/>	Date of Post incident Drug Screen: <input type="checkbox"/> Given Immediately <input type="checkbox"/> Given Later At DAL Clinic
Body Part(s) Injured (Please Be Specific: Left Wrist, Right Knee, etc.)		
Has the Employee Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the Employee Did Not Return to Work, Why Not?	
Does the Employee Have Work Restrictions? If Yes, What Are They? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Can You Accommodate the Restriction With Alternative Duty? If Yes, What Is it? If No, Why Not?

Yes  No

**Part II – Accident Investigation Report**

1.	Were there any hazardous site condition(s) that contributed to the incident (i.e., poor housekeeping)?
2.	Was there any property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.
3.	Was there an unsafe act that contributed to the incident (i.e., an unsafe foot placement)?
4.	Did another person on the site contribute to the incident?
5.	What is the possibility of reoccurrence? <input type="checkbox"/> Often <input type="checkbox"/> Seldom <input type="checkbox"/> Rarely If often, explain.
6.	Were there any hiring or placement decisions that may have affected the incident?
7.	Was the employee reprimanded or counseled/trained for safety violation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.
FORM BY:	DATE:

**Field Employee Statement of Facts**

PLEASE ANSWER THE QUESTIONS BELOW TO THE BEST OF YOUR ABILITY.  
THANK YOU.

Name:	Date of Incident:
How Did the Incident Occur?	What is the Nature of the Injury?
<b>LOCATION OF THE INCIDENT/COMPLAINT (Indicate body part(s) affected)</b> <input type="checkbox"/> Head <span style="margin-left: 300px;"><input type="checkbox"/> Back</span> <input type="checkbox"/> Face <span style="margin-left: 300px;"><input type="checkbox"/> Chest</span> <input type="checkbox"/> Ear <span style="margin-left: 20px;"><input type="checkbox"/> L <input type="checkbox"/> R</span> <span style="margin-left: 100px;"><input type="checkbox"/> Lungs <input type="checkbox"/> L <input type="checkbox"/> R</span> <input type="checkbox"/> Eye <span style="margin-left: 100px;"><input type="checkbox"/> L <input type="checkbox"/> R</span> <span style="margin-left: 100px;"><input type="checkbox"/> Abdomen</span> <input type="checkbox"/> Mouth <span style="margin-left: 300px;"><input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R</span> <input type="checkbox"/> Nose <span style="margin-left: 300px;"><input type="checkbox"/> Knee</span> <input type="checkbox"/> Neck <span style="margin-left: 300px;"><input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R</span> <input type="checkbox"/> Arm <span style="margin-left: 100px;"><input type="checkbox"/> L <input type="checkbox"/> R</span> <span style="margin-left: 100px;"><input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R</span> <input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R <span style="margin-left: 100px;"><input type="checkbox"/> Toe _____</span> <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R <span style="margin-left: 100px;"><input type="checkbox"/> Hip/Pelvis</span> <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R <span style="margin-left: 100px;"><input type="checkbox"/> Internal INCIDENT</span> <input type="checkbox"/> Hand <span style="margin-left: 100px;"><input type="checkbox"/> L <input type="checkbox"/> R</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other _____</span> <input type="checkbox"/> Finger _____	
Have You Sustained an Injury This Body Part Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Time Did the Incident Occur?	Was This Your Regular Job Duty at This Site?
What Type of Tools, Machinery, or Materials Were You Using?	If Working With Tools, Machinery, or Materials, Whom Did They Belong To?
What Type of Work Were You Doing When the Incident Occurred?	For How Long?
Who Did You First Report the Incident To?	At What Date and Time Did You Report the Incident?
At What Location on the Jobsite Did the Incident Occur (i.e., by the stairwell)?	
Were You Working With Other People <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="margin-left: 20px;">If Yes, Please List The Name(s).</span> Name: <span style="margin-left: 100px;">EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO</span> Name: <span style="margin-left: 100px;">EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO</span> Name: <span style="margin-left: 100px;">EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
Did You Tell Any of the Above About the Incident?	

In Your Opinion, How Could the Incident Have Been Avoided?

To the best of my knowledge, the above is an accurate and complete statement. I understand that falsifying information could be grounds for dismissal from Desco Professional Builders Inc.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## **Accident Investigation**

### **Objective**

To determine what went wrong in the workplace that resulted in an accident, or near miss, so that effective corrective action can be taken to prevent recurrence.

### **Scope**

All occupational incidents, illnesses, and near misses (those unplanned events that do not result in injury, financial loss, or property damage) shall be investigated.

### **References**

Quick Incident Reporting Guide

### **Responsibilities**

- Employees must immediately report all occupational incidents, illnesses, and near misses to Desco Professional Builders Inc.
- Employees will be asked to take a urinalysis drug screening immediately following the accident if an accident falls within the “reasonable suspicion” of drug/alcohol use policy.
- The OFFICE in which the incident, illness, or near miss occurred shall assure a complete and thorough accident investigation is conducted. Immediately report the injury to the Human Resources Department. This report shall be sent to the Human Resources Department for processing and follow-up.
- The Safety Manager will review reports and complete any needed investigation to assure completeness and accuracy and maintain a copy in a central accident file.
- management shall maintain a copy of any accident report in the employee’s personnel file.
- The field Safety Manager will coordinate with the branch staff in incident investigation as required.
- The Safety Manager needs to assure the proper notification of authorities per federal, state, and local regulations.\

### **Completing the Investigation Report**

Once the investigation process is complete and the facts are known, prepare the Desco Professional Builders Inc Incident Report.

## INJURY MANAGEMENT / RETURN TO WORK PROGRAM

### Injury Management

#### Introduction

The injury management program is a post injury procedure designed to ensure quality medical care, contain medical costs, reduce opportunities for litigation and return injured workers to full, gainful employment in the earliest possible time.

#### Management's Role

Contain Workers' Compensation Insurance costs and maintain a proactive role in the Safety and Health program, while focusing on the following resources:

- Educating our employees.
- Loss reporting.
- Utilization of medical providers.
- Return to work (RTW).
- Documentation.

The success of this program is dependent on a strong partnership between our management staff, employees, medical care providers, and insurance company.

#### Implementation

- **EDUCATING OUR EMPLOYEES:**

Fear and uncertainty are primary reasons for injured employees to delay reporting injuries and to seek assistance from attorneys. This may be due to concern over medical bills, lost income, or even the loss of employment. We will take whatever action is necessary to alleviate these fears, specifically:

- All injured workers will be provided with an explanation of the workers' compensation system and benefits it will provide.
- The staff and field workforce will be instructed in accident-reporting procedures.
- We will direct injured employees to our selected medical care providers if state law permits.
- Desco Professional Builders Inc recommended providers will have their names, telephone numbers, and addresses posted on bulletin boards and in appropriate publications.
- Of particular importance, all employees will be informed of our substance-abuse policy, fraudulent claim prevention, and alternative job duties and other aspects of returning to work.

- **LOSS REPORTING:**

- Ensure employees are aware of their responsibility to report all incidents and that they are properly trained on established reporting procedures of all incidents to the Desco Professional Builders Inc Staff immediately.

- The state-required First Report of Injury will be prepared and reported to the insurance company within **24 hours by fax or by telephone**. Follow state requirements for distribution of hard copies.
- **UTILIZATION OF MEDICAL PROVIDERS:**
  - We will use preferred provider organizations (PPOs), if available to us.
  - Whenever possible, we will encourage physicians treating our employees to visit the company to observe our operations to better understand the way we conduct our business.

### **RETURN TO WORK (RTW):**

To effectively manage the costs incurred as a result of work-related injuries, the following eight-point plan will be closely followed and monitored:

- 1. Ensure that initial treatment is provided.** Immediately following an injury, provide necessary first aid and send the employee to a medical provider as required. Document all details of the date and time of the injury, the type of first aid provided, and the name of the physician, clinic, or hospital where the employee received treatment.
- 2. Notify Claims.** Contact the carrier's Claim Office immediately following an injury, preferably by phone or fax.
- 3. Provide the job function evaluation form to the treating physician (refer to Exhibit A).**
- 4. This information shall include:**
  - A description of the employee's current job, with details on postures (standing, sitting, walking) and physical demands (lifting-weight and frequency, hours worked, tool usage, etc.).
  - A copy of the injury report describing how the injury occurred, if available.
  - A statement of our company's position on returning injured employees to work.
- 5. Attending physician's report (refer to Exhibit B).** It is critical to obtain the treating physician's response to any work restrictions our injured worker may have. If the doctor has the job-function evaluation as a guide, an informed response shall be obtainable.
- 6. Contact the employee.** Employee contact shall be made in person or by phone within 24 hours.
  - Reassure the employee of our company's commitment to his or her well-being.
  - Assess the employee's understanding of the treatment he or she received.
  - Ask if the employee has any specific questions about future plans, treatment, etc.

7. **Follow up with the physician.** Within 24 hours of initial treatment, obtain details regarding recommended additional treatment, return-to-work expectations and specific job restrictions. Discuss a specific timetable for the employee's return to work.
8. **Maintain contact with the employee, physician, and claims handler.** During the employee's absence from work, continue to monitor progress:
  - Contact the employee at least once every week to inquire about his or her recovery and express our concern for his or her return to good health.
  - Contact the physician periodically to discuss recovery progress and any changes in the timetable for the employee's return to work.
  - Keep claim handler informed about the employee's return-to-work status.
9. **Establish an injury management record (Refer to the Injury Management Checklist File Exhibit C).** For each case involving lost time and/or follow-up medical treatment, establish an injury management record. At a minimum, this record shall include:
  - A copy of the injury report.
  - Documentation of initial treatment.
  - Copies of medical bills.
  - A log of all phone conversations with the employee, physician, and claim representative.
  - Progress reports from the physician.

All activities regarding treatment and recovery shall be logged and documented whenever possible. Explain any progress toward return to work, and discuss this with our claims representative and the physician or other parties involved. Indicate the date the employee returned to work and in what capacity (full duty, part-time, limited physical activity, etc.).

- **DOCUMENTATION:**

See the following instructions on establishing and maintaining the Injury Management Checklist File.

## Job Function Evaluation

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

**I. Employee's Job Function** (provide a basic description of the job duties)

**CHECK ONE:** CURRENT JOB  ALTERNATIVE JOB

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

**II. Work Location:**

Indoors	<input type="checkbox"/>	Heated	<input type="checkbox"/>	Yes	Personal protective	<input type="checkbox"/>	Yes
Outside	<input type="checkbox"/>		<input type="checkbox"/>	No	equipment required?	<input type="checkbox"/>	No
Below Ground	<input type="checkbox"/>	\Temp.					
		extremes	<input type="checkbox"/>	Yes			
Elevated area	<input type="checkbox"/>		<input type="checkbox"/>	No			

Describe: \_\_\_\_\_  
 \_\_\_\_\_

**III. Work Postures.** Work is performed in which posture? Indicate frequency.

Standing	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Frequent	<input type="checkbox"/>	Infrequent	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Frequent	<input type="checkbox"/>	Infrequent	<input type="checkbox"/>
Walking	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Frequent	<input type="checkbox"/>	Infrequent	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Frequent	<input type="checkbox"/>	Infrequent	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Frequent	<input type="checkbox"/>	Infrequent	<input type="checkbox"/>
		6-8 Hrs./Day		2-6 Hrs./Day		0-2 Hrs./Day	

**IV. PHYSICAL DEMANDS**

**LIFTING**

_____	_____
Describe materials	Weight of materials
_____	_____
How frequently lifted	Position of lift

**CARRYING**

_____	_____	_____
Describe materials	Weight	Distance carried

**TOOL USAGE**

\_\_\_\_\_ Describe or list tools  
 \_\_\_\_\_ Forceful grip required?  Yes  No  
 \_\_\_\_\_ Frequency of usage

**WORK HOURS**

\_\_\_\_\_ Number and length of breaks or rest periods: \_\_\_\_\_

**MISC.**

Indicate any other special or unusual job demands: \_\_\_\_\_  
 \_\_\_\_\_

## Attending Physician's Report

Employer: \_\_\_\_\_ Claim #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Dear Doctor:

Please provide the following information related to this injury/illness. This will assist us in returning our employee to work. Our company has an extensive and comprehensive return-to-work program for the injured/ill employee.

- Employee may return to normal work duties at once.
- Employee may return with the following restrictions:

Hours/Day:  No restrictions  8 hours  6 hours  4 hours  other

Days/Week:  No restrictions  5 days  4 days  3 days  other

Lifting:  No restrictions  40 lbs.  30 lbs.  20 lbs.  10 lbs.  
 other \_\_\_\_\_.

Movement:  No restrictions  Limited stooping  Limited bending  
 Limited overhead reaching  Other

Other (please specify):

Length of restrictions: Resume regular duties after \_\_\_\_ days, **or** employee will be reevaluated on (date) \_\_\_\_\_.

- The employee is totally incapacitated at this time. Employee will be reevaluated on (date) \_\_\_\_\_.
- Notice to physician and employee:** This report must be returned to the employee's employer and the insurance claims Branch within 24 hours of this office visit.

I saw the patient on \_\_\_\_\_ (date) and have made the following diagnosis:

---

5. Comments: \_\_\_\_\_

---

---

Physician's signature

---

Date

**Exhibit C1**

<b>Injury Management Checklist</b>		
<b>WHEN AN EMPLOYEE HAS REPORTED AN INJURY OR ILLNESS THAT REQUIRES MEDICAL ATTENTION, THE FOLLOWING ACTIONS SHALL BE TAKEN:</b>		
<b>Activity:</b>		<b>Date/Time:</b>
<b>Initial medical treatment provided by:</b>		
• Name of physician: _____	• Phone _____	_____
<b>Notify claims:</b>		
• Phone: _____	• Fax _____	_____
<b>Provide information to the physician:</b>		
• Duties/tasks of injured employee. • Accommodations for return to work.	• Circumstances of injury occurrence.	_____
<b>Call the employee within 24 hours:</b>		
• Phone: _____ • Ask about treatment received.	• Express commitment to care and recovery. • Ask about special needs/concerns.	_____
<b>Follow up with physician within 24 hours:</b>		
• Discuss employee's job duties and options for accommodating his/her restrictions.	• Discuss timetable for employee's return to work.	_____
<b>After taking the initial actions listed above, the following activities shall be completed regularly and documented on the inside front coverage of this record:</b>		
• While the employee remains away from work, continue to monitor progress with the employee and physician at least every two weeks.	• Keep your claim handler informed regarding initial treatment and subsequent progress toward return to work.	

## Post-Accident Urinalysis Drug Screening

By my signature below, I \_\_\_\_\_ hereby acknowledge that I have read and understand the substance-abuse policy of Desco Professional Builders Inc, which outlines the company's policy regarding the use or possession of drugs and related items. I understand that the company post-accident testing and requires employees to submit urine specimens to be analyzed for the presence of drugs. I realize that the presence of a detectable trace of any unauthorized substance is grounds for disciplinary action and that this may include termination of my employment. I further realize that my cooperation is voluntary and that refusal to submit a specimen for testing is grounds for my termination.

I agree to cooperate and abide by this policy and understand that any failure to do so on my part is grounds for termination.

Employee Signature		Date

Signature of Desco Professional Builders Inc Staff or Witness		Date

## **Training**

The importance of training in injury prevention cannot be overemphasized. Most accidents and injuries occur because of unsafe actions. These usually occur because of inadequate training and poor judgment. Employees who ignore safety training are gambling with the life and health of themselves and their co-workers.

All employees must follow these rules for safety training:

- **Take OSHA 10 online course** at time of hire and complete recertifications every 3 years.
- **Orientation Training:** Before exposure to the work environment, attend orientation training, during which employees will receive information and literature covering the company's health and safety policies, rules, and procedures.
- **Particularized Training:** Receive training in the safety regulations that apply to each employee's particular job, including:
  - recognition, avoidance, and prevention of unsafe conditions,
  - areas and actions requiring personal protective equipment (PPE), and
  - proper use of PPE (respirators, goggles, etc.).
- **Regular Scheduling:** Attend ongoing safety training sessions on at least a Quarterly basis in order to:
  - get up to date on new equipment, procedures, and chemicals used in the workplace
  - In-Case-Of-Emergency training for: fire, burglary, earthquake, hurricane and tornado.
  - obtain refresher/remedial training in specific areas, and
  - meet annual requirements.
- **"Tailgate Meetings":** Participate in brief, informal "tailgate" meetings weekly to ensure safety.
- **Required Attendance:** Attend all scheduled safety training sessions as specified by supervisors to ensure that needed training is received in particular areas, such as:
  - confined space entry;
  - fall hazards and fall protection;
  - hazard communication (hazardous chemicals);
  - lock-out/tag-out procedures;
  - respirator care/use;
  - safe handling/use of flammables, poisons, or toxics; and
  - scaffold use and erection/dismantling.

Supervisors will be responsible for ensuring that employees are scheduled for and receive the individualized training they need (e.g., confined space entry, respirator use).

Training in specific areas (e.g., confined space entry, respirator use) must be documented in the employees' personnel records and/or in a master training record.

**Note:** Employers should review their training requirements to specify training time frames or schedules and attach them as an appendix to this plan. Training outlines/guidelines should also be developed to ensure all areas/items are covered in this training.

**LEFT BLANK ON PURPOSE**

## **SECTION FOUR**

### **KEY ITEMS FOR INSPECTION**

The following listing includes some basic items and categories for health and safety inspections for construction industry employers and employees. It is not intended to be all-inclusive or to deal with the unique hazards that are faced by each employer. Rather, the listing is intended only to provide a brief outline of some key areas to be surveyed and possibly developed into a checklist for use during inspection.

- First aid safety and health equipment
- Safety posters and signs required by occupational safety and workers' compensation laws
- Accident reporting records
- Effectiveness of training during worker orientation, "tailgate meetings," etc.
- Condition and use of hand and power equipment and tools
- Protective guards and devices, including their availability, use, and proper maintenance
- Maintenance of clean work areas free of tripping and slipping hazards
- Adequate lighting
- Sanitation, including potable water and clean toilets
- Noise hazards and necessary hearing protection
- Ventilation for gases, vapors, fumes, dusts
- Needed personal protective equipment (PPE) such as:
  - hard hats/head protection
  - respirators
  - fall protection equipment, including safety belts and lines
  - safety shoes
  - eye protection
  - gloves
  - other items
- Fire prevention and control, including the accessibility and condition of fire protection equipment
- Temporary buildings, trailers, sheds
- Open yard storage
- Storage of flammable and combustible liquids, including service and refueling areas for vehicles
- Condition and location of temporary heating devices
- Fall protection equipment including ensuring proper placement and usage
- Electrical system and devices including:
  - condition and use of cords
  - ground fault protection or assured grounding conductor protection
  - lock-out/tag-out procedures

- Guarding of openings including floors, walls, and railings
- Moving of materials including maintenance and condition of material handling equipment and elevators
- Condition and use of ladders
- Hazardous chemicals including the Hazard Communication Plan and Material Safety Data Sheets (MSDSs)
- Protective systems for excavations and trenches
- Scaffolds including safety railings and secured access
- Other items as appropriate

**Note:** In addition to this Key Items for Inspection List, employers should consult the Contractor's Weekly Safety Inspection Report at the end of this plan.

**LEFT BLANK ON PURPOSE**

## **SECTION FIVE**

### **GENERAL HEALTH AND SAFETY RULES** **FOR CONSTRUCTION SITES**

To be effective, a general health and safety plan must be understood and implemented by employees at every level of responsibility. The following lists are meant merely to briefly highlight some of the key safety regulations that apply to construction industry employers. **The following lists are not meant to be an exhaustive set of safety instructions.** A complete set would run thousands of pages and may be found in the OSHA Rules and Regulations for Construction (29 CFR 1926) and for General Industry (29 CFR 1910). Employees should also consult additional individual plans for specific topics, such as asbestos, confined space entry, fire protection, hazard communication, hearing conservation, lock-out/tag-out, and respiratory protection.

## Aerial Lifts

- **Types:** Types of aerial lifts include the following:
  - cherry pickers
  - extensible boom platforms
  - aerial ladders
  - articulating boom platforms
  - vertical towers
  - any combination of the above
- **Permitted Operators:** Only authorized and trained persons are allowed to operate aerial lifts.
- **Lift Controls:** Lift controls must be tested each day before use.
- **Safety Harnesses, Lanyards, and Belts:** Follow these rules:
  - Employees must wear harnesses when elevated in the aerial lift.
  - Lanyards must be attached to the anchor point provide inside the basket.
  - Employees must not belt off to adjacent poles, structures, or equipment while working from an aerial lift.
- **Basket Use:** Follow these rules:
  - Always stand firmly on the floor of the basket.
  - Do **not** sit or climb on the edge of the basket.
  - Do **not** use planks, ladders, or other devices for work position or additional working height.
- **Brakes and Outriggers:** Set brakes and use outriggers.
- **Movement Prohibited with Elevated Boom:** Do not move the aerial lift with the boom elevated and employees in the basket, unless the equipment is specifically designed for this use.

## Compressed Gas Cylinders

- **Content Markings:** Clearly indicate the contents on the outside of each cylinder.
- **Cylinder Transportation and Storage:** Follow these rules:
  - Always keep in an upright position.
  - **Never** leave lying on the ground or floor.
  - **Never** use as rollers or supports.
- **Cylinder Valves:** Follow these rules:
  - Protect with caps.
  - Close when not in use.
- **Leaking or Defective Cylinders:** Follow these rules:
  - Remove from service promptly.
  - Tag as inoperable.
  - Place in an open space removed from the work area.
- **Oxygen Cylinders and Fittings:** Keep away from oil or grease.
- **Hoisting Cylinders:** During this process, cylinders must:
  - be secured in a cradle, sling-board, or pallet, and
  - **not** be lifted from one vertical level to another with valve protection caps.

## Cranes

- **Competent Person:** A competent person must inspect all cranes before and during use to ensure they are in safe operating condition.
- **Monthly Certification Inspection and Record:** A monthly certification inspection is required for each crane. The record must include date, inspector signature, and crane identifier.
- **Annual Inspection for Hoisting Machinery:** Hoist machinery must be inspected by a competent person or by a government or private agency at least annually, and records must be maintained.
- **Swinging Loads:** Do **not** swing loads over the heads of workers.
- **Riding Prohibited:** Do **not** ride hooks, concrete buckets, or other material loads being suspended or moved by cranes.
- **Hand Signals:** Crane operators must follow the applicable ANSI standard for the type of crane in use.
- **Tag Lines:** Tag lines must be used to control loads and keep workers away.
- **50 kV Electrical Lines:** Keep loads, booms, and rigging at least 10 feet from energized electrical lines rated 50 kV or lower unless:
  - the lines are de-energized, or
  - applicable OSHA regulations are followed.
- **Note:** For electrical lines in excess of 50 kV, the required distance is 10 feet, plus 0.4 inches for each 1 kV over 50 kV, or twice the length of the line insulator, but never less than 10 feet.
- **Level Surfaces:** Cranes must always be:
  - operated on firm, level surfaces, or
  - stabilized through the use of mats or pads.
- **Note:** The stability and evenness of surfaces is especially important in cases of near-capacity lifts.

- **Protective Barricades:** Protective barricades must be used to block access to areas within the swing radius of the rear of the rotating superstructure of the crane to prevent employees from being struck or crushed.
- **Suspended Personnel Platforms:** If platforms are lifted with a crane, numerous additional requirements apply (see 29 CFR 1926.550(g) for specifics).
- **Inspection of Rigging Equipment:** Ripping equipment such as chains, slings, wire ropes, hooks, etc., must be inspected before use on each shift to ensure safety. Defective rigging and equipment must be removed from service immediately.
- **Prohibition Against Job or Shop Hooks:** Do not use job or shop hooks, including makeshift fasteners made from bolts, wire, etc.
- **Removal of Wire Rope from Service:** Wire rope must be removed from service if any of the following conditions apply:
  - one-third of the original diameter of outside individual wires is worn
  - the rope structure is distorted by kinking, crushing, bird caging, heat damage, or other damage
  - if there are six randomly distributed broken wires in one lay of running rope, or three broken wires in one strand or one lay of running rope
  - in standing ropes if more than two wires are broken in sections beyond the end connections in one lay of standing rope, or more than one wire is broken at an end connection

## Electrical

- **Live Electrical Parts:** Protect against accidental contact with live electrical parts by the use of cabinets, enclosures, location, or guarding. Ensure that cabinet covers are replaced.
- **Working Space:** Keep clear and accessible space around electric equipment and distribution boxes.
- **Circuit Breakers, Switch Boxes, Etc.:** Legibly mark circuit breakers, switch boxes, and the like to indicate their purpose.
- **Ground-Fault Circuit Interrupters:** Ground-fault circuit interrupters are required for all 120-volt, single-phase 15- and 20-ampere receptacle outlets on construction sites if the outlets are:
  - in use by employees, and
  - **not** part of the permanent wiring of the building or structure.
- **Note:** If the prime contractor has not provided this protection with GFCI receptacles at the temporary service drop, portable GFCI protection must be provided. An Assured Equipment Grounding Conductor Program may not be used instead of this GFCI protection. This GFCI protection requirement is in addition to any other requirements for electrical equipment grounding or double-insulated protection.
- **Extension Cords:** Extension cords must:
  - be of the three-wire (grounded) type,
  - be designed for hard or extra hard usage (Type S, ST, SO, STO, or SJ, SJO, SJT, SJTO),
  - be kept in good condition, along with strain relief devices/clamps, and not have ground prongs removed.
- **Lamp Bulbs:** If used in lamps for general illumination, bulbs must be protected against breakage.
- **Electrical Cords:** Do not use electrical cords to suspend temporary or portable lights unless designed for suspension and for hard or extra hard usage.

- **Proximity to Unguarded Circuits:** Employees will not work close enough to any electrical power circuit to make contact unless the circuit has been:
  - de-energized,
  - grounded, or
  - guarded by insulation.
  
- **Lock-Out/Tag-Out:** Equipment or circuits that are de-energized must be locked out and tagged out, and tags must plainly identify the equipment or circuits being worked on.
  
- **Assured Grounding Equipment Program:** An assured grounding equipment program is required if the circuits cannot be protected by a ground-fault circuit interrupter to provide employee electrical grounding protection. The program must include:
  - all cord sets, receptacles, and cord/plug connected equipment and tools,
  - a written program,
  - quarterly testing,
  - recording of each test by logging, color coding, etc., and
  - the designation of a competent person to run the program.

## Excavations and Trenches

- **Cave-in Protection:** Cave-in protection is required for:
  - any excavation or trench five feet or more in depth, and
  - any trench less than five feet in depth with potential for cave-in.
- Protection against cave-ins may be accomplished through shoring, sloping, benching, or the use of hydraulic shoring, trench shields, or trench boxes. Specific requirements of each system are dependent on the soil classification as determined by a competent person.
- **Required Inspection by “Competent Person:”** A competent person must inspect each excavation/trench:
  - daily before the start of work,
  - after every rainstorm or other hazard increasing the risk of a cave-in, and
  - as needed throughout the shift.
- **Means of Egress:** A means of egress must be provided in trenches four feet or more in depth so that no more than 25 feet of lateral travel is needed for any employee in the trench.
- **Spoil Piles/Equipment:** Piles of spoils and equipment must be kept at least two feet from the edge of the trench or excavation.

## Fire Prevention

- **Equipment Access, Inspection, and Maintenance:** Make sure that all firefighting equipment is:
  - accessible and easy to locate,
  - inspected periodically, and
  - kept in good operating condition, including an annual service check and monthly visual inspections for fire extinguishers.
- **Equipment Awareness:** All employees must know the location of firefighting equipment in the work area and have knowledge of its use and application.
- **Safety Can Usage:** Use only approved safety cans for handling or storing flammable liquids in quantities greater than one gallon. For less than one gallon, the original container may also be used.
- **Heat-Producing Equipment:** When heat-producing equipment is used:
  - keep the work area clear of all fire hazards and flammable materials,
  - do not use a salamander or other open-flame device in confined or enclosed structures without proper ventilation,
  - ensure that fire extinguishers are available,
  - vent heaters to the atmosphere, and
  - locate heaters an adequate distance from walls, ceilings, and floors.
- **Prohibition on LPG Storage:** Do not store liquefied petroleum gas (LPG) in buildings.

## General Workplace Safety Rules

- **Reporting Hazards and Injuries:** Promptly report all unsafe conditions, injuries, accidents, and “near misses” to your immediate supervisor.
- **Eye and Face Protection:** Eye and face protection is required if there is a danger from flying objects or particles (whenever there is grinding, chipping, burning and welding, etc.) or from hazardous chemical splashes.
- **Proper Dress:** Wear appropriate work clothes, gloves, and shoes or boots. **Do not** wear loose clothing and jewelry.
- **Safety Guards:** Operate machines or other equipment only if all guards and safety devices are in place and in proper operating condition.
- **Equipment Maintenance:** Keep all equipment in safe working condition. Never use defective tools or equipment. Report any defective tools or equipment to immediate supervisor!
- **Proper Use and Care of PPE:** Wear or use any personal protective equipment (PPE) when required. Properly care for all PPE.
- **Lock-Out/Tag-Out:** Perform lock-out/tag-out before maintaining, unjamming, or adjusting any machinery or equipment.
- **Aisle/Walkway Passage:** Do not leave materials in aisles, walkways, stairways, work areas, or roadways.
- **Housekeeping:** Practice good housekeeping at all times.
- **Required Training Before Use of Equipment:** Training on equipment is required before unsupervised operation.
- **Complete Compliance:** Comply with all governmental regulations and all company safety rules.

## Housekeeping

- **Critical Role of Housekeeping:** Recognize that housekeeping provides the foundation for a safe work environment by helping to prevent accidents and fires, and creates a positive attitude in the work area.
- **Material Storage:** Pile or store materials in a stable manner to prevent falling.
- **Removal of Debris:** Remove combustible scrap, debris, and garbage at frequent and regular intervals.
- **Safe Passage for Critical Areas:** Keep stairways, walkways, exit doors, and the area in front of electrical panels and firefighting equipment clear of materials, supplies, trash, and debris.

## Industrial Hygiene and Occupational Health

- **Toilet Facilities:** An adequate number of toilet facilities will be provided as required for the number of workers.
- **Potable Water:** An adequate supply of portable water will be provided; use of a common drinking cup is prohibited.
- **Provisions for Medical Attention:** Provisions will be made before beginning the project to ensure that:
  - prompt medical attention is available in case of serious injury (including provisions for transportation and communications), and
  - a person with a valid first aid certificate will be available to render first aid if no medical facility is “reasonably accessible” to the worksite (i.e., is no more than four minutes away for any life-threatening situation and no more than 15 minutes away for less-threatening situations).
- **Protection from Harmful Gases and Fumes:** Protection from harmful gases and fumes will be furnished through proper ventilation or personal respiratory equipment.
- **Demolition Work and Asbestos/Lead Exposure:** Demolition work will be assessed for lead and asbestos exposure, particularly if drywall, painted surfaces, or abrasive blasting or grinding is involved.
- **Fit Working Condition:** Employees must report each morning in fit condition to work and must not be intoxicated, hungover, or otherwise impaired because of personal habits.

## Ladders

- **Competent Person:** A competent person must identify any unsafe conditions with ladders through periodic inspection.
- **Structural Defects:** Ladders with structural defects must be immediately removed from service and repaired or replaced.
- **Unstable or Uneven Surfaces:** Straight ladders used on unstable, uneven, or wet surfaces must be tied off, held, or secured for stability.
- **Portable Ladder Side Rails:** The side rails of portable ladders must extend at least three feet above the upper landing that the ladder accesses.
- **Top Step of Stepladders:** Do **not** use the top step of a stepladder as a step.

## Miscellaneous

- **Protruding Reinforcing Steel:** Protruding reinforcing steel will be guarded to eliminate any impalement hazard for falling employees.
- **Enclosed Chutes:** Enclosed chutes are required if material, trash, and debris are dropped more than 20 feet outside the exterior walls of a building. The chute will have a substantial gate near the chute's discharge end and guardrails at the chute openings where workers drop material.
- **Equipment for Servicing Large Truck Wheels:** Large truck wheels may be serviced only by trained employees who use a cage or other restraining device, plus an air line assembly consisting of a clip-on chuck, gauge, and length of hose.
- **Forklift Operation:** Forklifts will be operated only by trained employees.
- **Radios:** The use of radios and I-Pods (MP3) players with or without headphones by any contractor is prohibited

## Motor Vehicles and Mechanized Equipment

- **Inspections:** Inspections are required for all vehicles and equipment at the beginning of each shift to ensure that they are in safe operating condition.
- **Unattended Equipment Next to Highway:** If left unattended at night in normal use, equipment next to a highway must have one of the following:
  - lights or reflectors, or
  - barricades with lights or reflectors.
- **Parking Brakes:** Parking breaks must be set when equipment is stopped or parked. In addition, the wheels must be chocked if equipment is on an incline.
- **Earth-Moving or Compaction Equipment:** Do not use earth-moving or compaction equipment with an obstructed rear view unless:
  - the vehicle has an audible reverse signal alarm, or
  - an observer says it is safe to back up.
- **Vehicle Condition:** Must comply with the following:
  - Horn, turn signals, service, parking, and emergency brake system must be fully operational.
  - Seats must be firmly secured for the number of persons carried and passengers must ride in seats.
  - Seat belts must be properly installed.
- **Windshields:** Windshields must be made of safety glass for all vehicles with cabs.
- **Material Handling Equipment:** All material handling equipment must be equipped with rollover protective structures.

### **Personal Protective and Related Equipment (PPE)**

- **Required PPE Usage:** Use personal protective equipment (PPE) on any job for which there is potential exposure to hazardous conditions. Equipment requirements will be reviewed by a supervisor or foreman.
- **Eye and Face Protection:** Wear goggles, face shields, helmets, etc., as needed for employee protection.
- **Hard Hats and Safety Shoes:** Wear hard hats and safety shoes at all times when needed.
- **Gloves, Aprons, and Boots:** Use gloves, aprons, and boots when necessary for protection against acids and other chemicals that could injure skin.
- **Respiratory Equipment:** Respiratory protection is often needed for protection against toxic and hazardous fumes and dusts. Proper equipment selection for a particular hazard must be verified by supervisors. Only MSHA/NIOSH-approved equipment may be used.
- **Hazardous Noises:** Hazardous noises will be reduced to a safe level through controlling exposure (the preferable method) or through the use of PPE.
- **Garments for Working on Jobsite:** Employees will wear a safety Hi-Viz garment while working on the jobsite (safety lime green or safety orange).
- **Garments for Flagmen:** Flagmen will wear a safety lime green reflecting garment while flagging (Class 2 or Class 3 based on the traffic).

## Safety Railings and Other Fall Protection

- **Six-Foot Threshold:** The general rule is that all open-sided floors and platforms six feet or more above the adjacent floor/ground level must be guarded by:
  - a standard railing (top and mid rail, toeboard if required),
  - a safety net system, or
  - a personal fall arrest system (harness, lanyard, and lifeline).
- **Note:** Scaffolds generally require fall protection for distances of 6 feet or more.
- **Breaks in Elevation:** A stairway or ladder will be provided at any point of access where there is a break in elevation of 19 inches or more.
- **Handrails or Stairrails:** Handrails or stairrails will guard all stairways that have four or more risers or that are greater than 30 inches in height.
- **Floor Hole or Opening:** A cover or a safety guardrail will be installed immediately if a floor hole or opening greater than two inches in its least dimension is created during work.
- **Safety Nets:** Safety nets will be required if:
  - workplaces are more than six feet above the ground, water, or other surfaces, and
  - the use of ladders, scaffolds, catch platforms, temporary floors, safety lines, or safety belts is impractical.
- **Adjustment of Lanyards:** Lanyards must be adjusted so that no employee can fall more than six feet. All tie-off points must be at least waist high.
- **Note:** This section provides a few very basic requirements concerning fall protection. Employers should review the Fall Protection Standard, 29 CFR 1926 Subpart M, for the many specific requirements applicable to fall protection.

## Scaffolds

- **Competent Person:** A competent person must:
  - supervise erecting, moving, dismantling, or altering of any scaffold, and
  - determine feasibility of fall protection for employees erecting or dismantling supported scaffolds. Fall protection will be provided if feasible and if it does not create a greater hazard.
- **Standard Guardrails:** Standard guardrails with top rails and midrails must be installed on all open sides and ends of scaffold platforms or work levels more than 10 feet above the ground, floor, or lower level.
- **Fall Protection for Scaffolds:** Either a personal fall arrest system or guardrail system is required to protect employees from falls of 6 feet or more. The following specific scaffold types require the following specific types of fall protection:
  - Boatswain chairs, catenary scaffolds, float scaffolds, needle beam scaffolds, and ladder jack scaffolds require a personal fall arrest system.
  - Single-point or two-point suspension scaffolds require **both** a personal fall arrest system and a guardrail system.
  - Crawling boards (chicken-ladders) require a personal fall arrest system, a guardrail system, or a  $\frac{3}{4}$ -inch-diameter grabline securely fastened beside each crawling board.
  - Self-contained adjustable scaffolds require a guardrail system if the platform is supported by a frame structure and both a personal fall arrest system and a guardrail system if the platform is supported by ropes.
- **Minimum 39-Inch Toprail and Fall Protection:** Require for guardrails, if the guardrail is the primary means of fall protection.
- **Standard Railings:** Require on all open sides and ends for all scaffolds 4 feet to 10 feet in height with a minimum horizontal dimension in any direction of less than 45 inches.
- **Full Platform Planking:** Full platform planking is required at all working levels. Planking must:
  - be laid tight with no more than 1 inch space between planks,
  - overlap at least 12 inches, and
  - extend over end supports 6 inches to 12 inches.

- **Front Platform Edges:** Front platform edges must be no more than 14 inches from the face of the work, except that plastering/lathing may be 18 inches.
- **Mobile Scaffold Height:** The height of a mobile scaffold may not exceed four times its minimum base dimension.
- **Prohibition on Overloading Scaffolds:** Scaffolds must **not** be loaded beyond their designed capacity.
- **Use of Scaffold Components:** Scaffold components must **not** be used as tie-offs or anchor points for fall protection devices.
- **Platforms Access:** Platforms located more than two feet above or below an access point require portable ladders, hook-on ladders, attachable ladders, integral prefabricated scaffold frames, walkways, or direct access from another scaffold or structure.
- **Cross-Braces:** Cross-braces must not be used as a means of access to scaffolds.
- **Scaffolds and Energized Lines:** Scaffolds that are erected, used, or moved and any conductive material on them must be kept at least:
  - three feet from insulated lines of less than 300 volts, and
  - 10 feet (plus additional specified distances depending on the power level) from any other insulated or uninsulated lines.

**Note:** This section provides only a few very basic requirements concerning scaffolds. Employers should review the Scaffold Protection Standard, 29 CFR 1926 Subpart L, for the many specific requirements applicable to scaffolds.

## Steel Erection

- **Notification of Steel Erector Regarding Load Support:** The controlling contractor (general or prime contractor) must notify the steel erector in writing **before steel erection begins** that the concrete and mortar are strong enough to safely support the load.
- **Notification of Steel Erector Regarding Anchor Rods (Anchor Bolts):** The controlling contractor must notify the steel erector in writing **before the erection of a column** if the anchor bolts have been repaired, replaced, or modified.
- **Access Road Drainage:** The controlling contractor must make sure that the access road for the steel erector is properly drained.
- **Graded Area:** The controlling contractor must make sure that a graded area is provided and maintained for materials storage and for safe operation of the steel erector's equipment.
- **Overhead Protection:** The controlling contractor must prohibit other construction activities below steel erection unless overhead protection has been provided.

**Note:** This section provides only a sketch of the general contractor's duties concerning steel erection. Steel erectors and others should review the Steel Erection Standard, 29 CFR 1926 Subpart R, for specific information on the many detailed requirements applicable to steel erection activities.

## Tools

- **Defective Tools:** Defective tools must be removed from service immediately.
- **Electrical Safety:** Power tools must be either grounded or double insulated.
- **Setting Down Power Tools:** Employees must turn tools off and stop their motion before setting them down.
- **Disconnecting Tools:** Tools must be disconnected before changing drills, blades, or bits or attempting repair or adjustment.
- **Attending to Tools:** Never leave a running tool unattended.
- **Guards for Saws:** Power saws, table saws, and radial arm saws must have operational blade guards installed and used.
- **Prohibition on Use of Unsafe or Defective Hand Tools:** Do not use unsafe or defective hand tools. Watch out for:
  - sprung jaws on wrenches,
  - mushroomed heads of chisels or punches,
  - cracked or broken handles of any tool, and
  - any other unsafe conditions.
- **Guards for Portable Abrasive Grinders:** Portable abrasive grinders must have guards that cover the upper and back portions of the abrasive wheel. Wheel speed ratings must never be less than the grinder RPM speed.
- **Compressed Air Pressure for Cleaning:** Reduce compressed air pressure to less than 30 psi and perform only with effective chip guarding and proper PPE.
- **Valves for Abrasive Blasting Nozzles:** Valves must be of the type that is held open manually.
- **Use of Powder-Actuated Tools:** Only trained employees will operate powder-actuated tools.
- **Compliance with OSHA and ANSI Standards for Employee Tools:** Any employee-furnished tools must meet all OSHA and ANSI requirements.

## Welding and Brazing

- **Combustible Materials:** Clear all combustible materials from the area around cutting or welding operations.
- **Welding Helmets and Goggles:** Wear helmets and goggles for eye protection and to prevent flash burns.
- **Eye Protection:** Wear eye protection to guard against slag while chipping, grinding, and dressing of welds.
- **Electrode Holders:** Use only electrode holders that are specifically designed for arc welding.
- **Full Insulation:** All parts subject to electrical current.
- **Electrical Current Capacity of Ground Return Cable:** Use ground return cables that have an electrical current capacity that equals or exceeds the maximum output capacity of the arc welding unit that they service.
- **Placement of Cables, Leads, Hoses, and Connections:** Place cables, leads, hoses, and connections so that they do not create fire or tripping hazards.

## **DISCIPLINARY POLICY**

Desco Professional Builders Inc. wants its employees to work in a positive, productive atmosphere. However, employees who violate safety rules must be disciplined in order to protect their own safety and the safety of their co-workers. Depending on the severity and frequency of a safety violation, an employee may be:

- immediately discharged;
- suspended; or
- given a written warning.

The following disciplinary guidelines classify violations according to their seriousness (Groups A, B, and C), and certain penalties are suggested for each group. Unsafe conduct by an employee may violate several provisions of the different groups. This list is intended to suggest examples of inappropriate behavior. It is not a comprehensive list of all safety violations for which an employee may be disciplined or discharged.

**The following disciplinary policies do not in any way bind the Company to follow a particular course of conduct. The Company in its sole discretion may change these policies at any time. In addition, nothing in the policies changes the at-will nature of employment with the Company. An employee may still be terminated with or without cause, with or without notice, at the option of either the Company or the employee, except as otherwise provided by law.**

### **Group A**

1. Deliberate violation of any security or safety rules.
2. Being intoxicated or under the influence of any controlled substances while at work.
3. Deliberate or reckless misconduct that endangers the life or safety of others.
4. Possession of alcohol or illegal drugs on Company premises.
5. Deliberate destruction of or damage to Company property.
6. Deliberate falsification of any documents related to safety matters.
7. Fighting or deliberately harmful contact with co-workers.

### **Group B**

1. Negligence that damages Company property.
2. Negligence that endangers the safety of others.
3. Unintentional safety violations that endanger the safety or health of others.
4. Failure to report conditions that one believes to be unsafe.
5. Smoking or eating in unauthorized areas.
6. Speeding or unsafe operation of a forklift or any other Company vehicle.
7. Driving a forklift or any other machinery without required approval.
8. Failure to properly record safety information for which one is responsible.
9. Improper refusal to obey a supervisor's safety instructions.
10. Any belligerent or antagonistic conduct toward co-workers, supervisors, or customers.

### **Group C**

1. Violation of personal protective equipment (PPE) policy that does not result in injury to oneself or others.
2. Poor housekeeping.
3. Failure to participate in group safety meetings.
4. Failure to properly and immediately report any accident or injury.
5. Failure to properly or immediately report any accident involving Company equipment.
6. Failure to perform inspections of tools or machinery.
7. Failure to report machine or tool deficiencies.
8. Failure to learn Company safety rules and regulations.

**DISCIPLINARY PENALTIES**

The following list provides a general guide for disciplinary actions for the above violations.

	<b>1st Offense</b>	<b>2nd Offense</b>	<b>3rd Offense</b>
<b>Group A</b>	Immediate discharge		
<b>Group B</b>	Warning or suspension	Discharge	
<b>Group C</b>	Warning	Warning or suspension	Discharge

### WRITTEN WARNINGS

Written warnings may help employees know where they stand and improve their performance. The Company attempts to issue written warnings that include the reasons for the supervisor's dissatisfaction. Warnings usually include a statement of the actions you need to take or results that need to be achieved to avoid further problems. **However, the written warnings do not legally obligate or bind the employer or alter the at-will nature of the employee's employment with the Company. An employee who has received a warning may still be terminated with or without cause, and with or without notice, at any time.**

Any employee who receives a written warning must immediately acknowledge receipt by signing the warning. An employee who disagrees with the written warning may discuss his or her reasons for doing so with the supervisor. It is generally best to inform the supervisor of any error at the time the warning is issued. In fact, there is a place on the form for the employee to do so. Any employee who believes that a supervisor has not responded fairly to the employee's comments may contact:

Bob Anderson  
Safety Officer  
Desco Professional Builders Inc.  
860-870-7070

**DISCIPLINARY NOTICE TO DESCO PROFESSIONAL BUILDERS INC EMPLOYEE**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project

\_\_\_ First Notice      \_\_\_ Second Notice

\_\_\_\_\_  
Days suspended (if applicable)

We believe that an employee wants to know if he or she is violating Company policy or failing to follow Company rules. This disciplinary notice is to provide you notice of a violation of Company policy. **However, the Company is not obligated to provide any warnings or to retain an employee once a warning has been given. All employees are employed at will. "At-will" employment means that an employee can be terminated with or without cause, with or without notice, at any time, at the option of either the Company or the employee.**

Your conduct is not in keeping with Company practices, standards, and policies for the following reasons: *(Indicate specific standards and policies with which the employee has failed to comply.)*

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

Suggestions for improvement:

---

---

---

---

---

Employee comments: (**Note:** An employee should state any disagreements with the warning in writing.)

---

---

---

---

---

Copy received by:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Safety Officer Signature

\_\_\_\_\_  
Date

Copy to employee files

**LEFT BLANK ON PURPOSE**

**SECTION SIX**

**EMPLOYEE ANNUAL SELF-EVALUATION**

I, \_\_\_\_\_ (employee):  
(print name)

1. Follows Safety Rules: Follows applicable safety rules and regulations at all times; refuse to take shortcuts. Yes No
2. Avoid Unsafe Acts: Never performs any tasks that appear to be risky or unsafe; reports any such conditions or practices immediately. Yes No
3. Use PPE and Safety Devices: Always wears PPE and use safety devices when needed. Yes No
4. Views the monthly Toolbox Talks at the job site. Yes No
5. Reviews the weekly safety meetings sent out by the company each month. Yes No
6. Reports any jobsite injuries or incidents in a timely manner. Yes No
7. Notes where the exits, evacuation routes, and emergency telephone numbers are prominently displayed at each job site. Yes No
8. Regularly maintains the jobsite to prevent hazardous breakdowns Yes No.
9. Demonstrates knowledge of the safety responsibilities of the job. Yes No
10. Actively pursue correction of any safety hazards and/or violations that he/she is aware of, especially within their area of responsibility. Yes No
11. Has OSHA 10 certification and re-certifies every 3 years. Yes No
12. Actively pursues correction of any safety hazards and/or violations that he/she is aware of, especially within their area of responsibility? Has been properly trained to safety protocols. Yes No

Date \_\_\_\_\_

Signed: \_\_\_\_\_

Review by: \_\_\_\_\_

Left blank on purpose

Certification of Employee

I have received a copy of the Desco Professional Builders Inc General Health and Safety Plan that outlines Company policies and employee responsibilities concerning safety, including disciplinary policies for violation of safety rules and regulations. I will familiarize myself with the General Health and Safety Plan and will comply with all of its provisions. I understand and agree that the Company has the right to change, amend, modify, or withdraw any provision of the General Health and Safety Plan without notifying me before the effective date of any amendment, modification, or withdrawal.

**I understand that the General Health and Safety Plan is not a contract of employment and the Company has the right to follow or deviate from the policies in the General Health and Safety Plan in the Company's sole and exclusive discretion. I also understand that the General Health and Safety Plan does not change the nature of my "at-will" employment with the Company. "At-will" employment means that I can be terminated with or without cause, with or without notice, at any time, at the option of either me or the Company.**

By my signature below, I agree to the terms of this Certification and also agree to follow the policies and procedures contained in the General Health and Safety Plan.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Desco Professional Builders Inc safety officer

\_\_\_\_\_  
date