

GILES CHEMICAL CORPORATION		
COMPANY PROCEDURE		
Standard Operating Procedure	Page : 1 of 6	Revision : Date : 3/30/06
Author: Carl Mooney	Title: Safety Incident Report Procedure - Employees	

Safety: Follow all area safety rules. At all times wear the required PPE

Purpose or Objective: The following procedure has been prepared to be used as a guide for reporting accidents.

Procedure:

All accidents and injuries (no matter how minor) must be reported to the respective Manager and the responsible Manager to the Giles Chemical Corporation's Safety Manager.

Prompt and complete information is extremely valuable and will assist in the investigation of the incident.

Employee Responsibilities:

- Employees are required to report accidents and incidents to their Supervisor no matter how minor (The contact list is attached for off hours reporting)
- Seek appropriate medical attention – dial 911 if necessary – caring for the injured employee is your first concern. Employees with minor injuries should be taken to Urgent Care at Haywood Regional Medical Center, Clyde, NC. More severely injured employees should be transported by EMS as they deem necessary. Injured employees with serious burns, head trauma, suspected broken bones, complaints of back pain or strain must be sent for Medical treatment.
- Immediately correct Hazard or quarantine area if possible
- Assist the Manager by providing the necessary information to complete workman's comp incident report form and the incident investigation if the injury is a Medical Treatment Case (MTC). Second, the information gathered in the incident report may also help the treating physician determine what areas were injured.

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***GILES-COMMERCE STREET
EMERGENCY PHONE NUMBERS
AND
WORKERS COMP INJURY GUIDELINES***

EMERGENCIES ONLY: 911

OCCUPATIONAL HEALTH - URGENT CARE: 452-8354
HOURS: MONDAY THRU SATURDAY 8:00 A.M. ---- 8:00 P.M.
SUNDAY 1:00 P.M. ---- 5:00 P.M.

HAYWOOD REGIONAL MEDICAL EMERGENCY ROOM: 452-8110

Plant Manager: 828-627-0575 or 828-508-4377
Safety Manager: 828-452-4996 or 828-400-3729
Process Engineer: 828-734-5220

ALL INJURIES ARE TO BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR. REPORT THEM EVEN IF YOU DON'T THINK YOU NEED TO BE MEDICAL TREATMENT.

UNLESS THERE IS A NEED FOR 911 SERVICES ALL EMPLOYEES SHOULD BE SEEN BY OCCUPATIONAL HEALTH SERVICES - URGENT CARE UNLESS THEY ARE CLOSED. CONTACT YOUR SAFETY MANAGER IN ADVANCE. IN THE EVENT OF AN EMERGENCY (911), CONTACT SAFETY MANAGER IMMEDIATELY AFTER CALLING FOR AMBULANCE.

IN THE EVENT THAT YOUR INJURY RENDERS YOU UNABLE TO WORK YOU WILL BE PAID FOR THE ENTIRE SHIFT ON THE DAY YOU ARE INJURED. THE CLAIM WILL THEN BE TURNED OVER TO OUR WORKERS COMP CLAIM REPRESENTATIVE AT THE TRAVELERS. PLEASE BE AWARE THAT THEY DO NOT PAY FOR DAYS MISSED FROM WORK DUE TO INJURY UNTIL YOU HAVE MISSED 7 DAYS OF WORK, THEY PAY ON THE EIGHTH DAY. IF YOU ARE OUT MORE THAN 21 DAYS WORKERS COMP INSURANCE WILL GO BACK AND PAY FOR THE FIRST SEVEN DAYS OF DISABILITY.

SUPERVISORS MUST REPORT ALL INJURIES IMMEDIATELY TO HR THEN ASSIST THE SAFETY MANAGER IN COMPLETING A WORKERS COMP ACCIDENT REPORT FOR EACH INJURY AND TURN IN TO HR. HR OR SAFETY, IN MY ABSENCE, WILL CALL THE TRAVELERS AT 1-800-832-7839 TO MAKE THE FIRST REPORT OF INJURY. IF YOU DO NOT HAVE ALL THE INFORMATION TO COMPLETE THE FORM (I.E. HIRE DATE, RATE OF PAY, ETC) YOU MUST STILL MAKE AN INITIAL REPORT.

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***ANY DEATH OR IN-PATIENT HOSPITALIZATION OF THREE OR MORE WORKERS MUST
BE REPORTED TO OSHA WITHIN EIGHT HOURS!!!! DIAL 1-800-522-6762

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***GILES - REPACK
EMERGENCY PHONE NUMBERS
AND
WORKERS COMP INJURY GUIDELINES***

EMERGENCIES ONLY: DIAL 911

***OCCUPATIONAL HEALTH - URGENT CARE: 452-8354
HOURS: MONDAY THRU SATURDAY 8:00 A.M. ---- 8:00 P.M.
SUNDAY 1:00 P.M. ---- 5:00 P.M.***

HAYWOOD REGIONAL MEDICAL EMERGENCY ROOM: 452-8110

<i>Repack Manager</i>	<i>828-400-8797</i>
<i>Repack Marketing Manager</i>	<i>828-926-9534 OR 484-883-8942</i>
<i>Safety Manager</i>	<i>828-452-4996 OR 400-3729</i>
<i>Main Plant Manager</i>	<i>828-627-0575 OR 508-4377</i>

ALL INJURIES ARE TO BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR. REPORT THEM EVEN IF YOU DON'T THINK YOU NEED TO BE TREATED.

UNLESS THERE IS A NEED FOR 911 SERVICES ALL EMPLOYEES SHOULD BE SEEN BY OCCUPATIONAL HEALTH SERVICES - URGENT CARE UNLESS THEY ARE CLOSED. CONTACT SAFETY MANAGER IN ADVANCE. IN THE EVENT OF AN EMERGENCY (911), CONTACT SAFETY MANAGER AND HR IMMEDIATELY AFTER CALLING FOR AMBULANCE.

IN THE EVENT THAT YOUR INJURY RENDERS YOU UNABLE TO WORK YOU WILL BE PAID FOR THE ENTIRE SHIFT ON THE DAY YOU ARE INJURED. THE CLAIM WILL THEN BE TURNED OVER TO OUR WORKERS COMP CLAIM REPRESENTATIVE AT THE TRAVELERS. PLEASE BE AWARE THAT THEY DO NOT PAY FOR DAYS MISSED FROM WORK DUE TO INJURY UNTIL YOU HAVE MISSED 7 DAYS OF WORK, THEY PAY ON THE EIGHTH DAY. IF YOU ARE OUT MORE THAN 21 DAYS WORKERS COMP INSURANCE WILL GO BACK AND PAY FOR THE FIRST SEVEN DAYS OF DISABILITY.

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TRAINING DOCUMENTATION

	EMPLOYEE	TITLE	SIGNATURE	DATE
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