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| **Test Name 1 LLC.**  Safety, Health and Environmental Manual |

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# Section One: Policies and Procedures

## Acknowledgement Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name)

Of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Company)

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

(Work Location)

I hereby acknowledge that I have received a copy of the Test Name 1 LLC.Safety Manual Handbook.

I understand that it is my responsibility to read and understand the policy and procedures contained in the handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Recipient’s Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

I have explained or answered any questions or concern that contractor or employee had after reviewing the Safety Manual Handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor’s Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

Please forward this form to the EHS Department

## Access to Medical Records

1. **Purpose**

The purpose of this policy is to provide employees and their designated representatives a right of access to their personal medical records and relevant exposure records.

1. **Employee Notification**

All employees shall be informed of their right to access medical and exposure records, the existence, location and availability of employee exposure and medical records maintained by or for the Company and the person responsible for maintaining and providing access to these.

* Initial notification should be covered in the new employee orientation. A copy of the bulletin board notification and/or copy of this standard can be used and should be documented.
* Annual notification can be made by posting a notice where the employees gather outlining the program.
* A copy (can be from OSHA website) of CFR 1910.1020 shall be maintained at each location and it shall be made available to employees for review.

1. **Access**

* The employee may access his/her records by making a request to the Human Resources Manager.
* A written request must be provided to the Human Resources representative to initiate access to these records.
* Employees, previous employees and designated representatives have the right to review and/or copy relevant Company exposure and medical records. There shall be no cost for this service.
* OSHA has the right to review and/or copy relevant exposure and medical records provided an access order is presented. The Access Order must be posted with a cover letter on an employee bulletin board and the affected employees must be informed.
* Access to an employee record shall be provided by the Company within 15 working days from receipt of the request. If the records cannot be provided within 15 working days, the employee or designated representative requesting the record shall be informed with the reason(s) for the delay and the earliest date when the record(s) can be made available.

1. **Transfer of Records**

Whenever an employer is ceasing to do business, the employer shall transfer all records subject to this section to the successor employer. The successor employer shall receive and maintain these records. Whenever an employer is ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the employer shall notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business.

1. **Recordkeeping**

The Human Resources Manager is responsible for maintaining and providing access to employees’ medical records. These records are kept separately from other employee records.

Employee exposure and medical records shall be maintained by the Company for the duration of employment plus at least thirty (30) years. The medical records of employees who have worked for less than (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.

These records shall include the following:

* Exposure Records
  + Environmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained.
  + Biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems (e.g., the level of a chemical in the blood, urine, breath, hair, fingernails, etc.) but not including results which assess the biological effect of a substance or agent or which assess an employee's use of alcohol or drugs.
  + Material safety data sheets indicating that the material may pose a hazard to human health. Material Safety Data Sheets. In the absence of an MSDA, a chemical inventory or any other record which reveals where and when used and the identity (e.g., chemical, common, or trade name) of a toxic substance or harmful physical agent.
* Medical Records - a record a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel, or technician, including:
  + Medical and employment questionnaires or histories (including job description and occupational exposures).
  + The results of medical examinations (pre-employment, pre-assignment, periodic, or episodic) and laboratory tests (including chest and other X-ray examinations taken for the purpose of establishing a base-line or detecting occupational illnesses and all biological monitoring not defined as an "employee exposure record").
  + Medical opinions, diagnoses, progress notes, recommendations, first aid records, Descriptions of treatments and prescriptions, and employee medical complaints.
* Analyses Using Exposure and/or Medical Records - a compilation of data or study based on information collected from individual employee exposure or medical records.

## Alcohol and Drug Policy

The purpose of this policy is to ensure a safe and productive work environment and to safeguard property of the company and its personnel.

Test Name 1 LLC. strictly prohibits the use, sale, transfer, or possession of alcohol, drugs, drug paraphernalia or controlled substances on any premises of the Company or worksites. Company vehicles, as well as private vehicles parked on the Company’s premises or worksites, including parking lots, are locations included within this prohibition.

Additionally, the Company strictly prohibits the presence of any person with any detectable amount of alcohol, drugs, or controlled substances present in his or her body on Company property. Any employee found in violation of this policy is subject to disciplinary action, including immediate discharge. Depending on the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any employee who violates this policy.

Any non-employee, including visitors, contractors, employees of contractors, consultants, etc., found in violation of the Company’s policy for a drug and alcohol free work environment, or suspected of having alcohol, drugs, or controlled substances present in his or her body, may be refused entry onto, or removed from, premises, or worksites, and denied future access. Furthermore, depending on the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any violator of the Company’s policy.

The Company will require all applicants for employment to submit to a urinalysis and/or blood test for drugs and/or alcohol as a precondition for employment. The Company may also require any employee to submit to urinalysis and/or blood test for drugs and/or alcohol in the following circumstances:

* Following an accident occurring within the course and scope of employment;
* Whenever there is reasonable suspicion to believe that an employee is using drugs or alcohol in violation of the Company’s policy;
* As part of periodic physical examinations; and,
* On a random selection basis and any other time deemed appropriate by the management of the Company, without prior announcement.

Failure to submit to the drug and/or alcohol test noted above will result in disciplinary action, up to and including termination.

## Environmental, Health & Safety Policy

Test Name 1 LLC.values the safety of people and the protection of the environment while conducting its business operations. With this in mind, accident prevention in all areas of our company’s business is of utmost importance. Test Name 1 LLC. recognizes its responsibility to provide a safe and healthful workplace. In turn, each employee of the company has a personal responsibility to conduct his or her job in a safe and environmentally sound manner. It is also the duty of each employee to report any perceived hazard, unsafe practice or conditions to his or her immediate supervisor. No employee is required to work at a job they know is not safe or healthful.

To provide and maintain safe working conditions for the safety of its employees, contractors and for the public Test Name 1 LLC. Environmental, Health and Safety policy is:

1. To comply with all applicable safety and health laws, regulations, practices, or procedures as set forth by governmental authorities and industry standards.
2. To require environmental, health and safety management participation at all levels of the Company.
3. To plan and carry out all phases of operations as part of our continuous improvement process and in a manner that will effectively reduce or eliminate the possibility of accidents that could injure personnel or harm the environment.
4. To conduct frequent inspections of job sites, materials, and equipment to find and eliminate unsafe working conditions or practices and to control health hazards. Inspections shall be made by a competent person.
5. To develop reasonable safety rules and practices and to effectively communicate these rules and practices and provide appropriate training to all employees. Each employee must be instructed in the recognition and avoidance of unsafe conditions and the regulations applicable to his work environment to control or eliminate any hazards or other exposure to illness or injury.
6. To provide leadership in safety and accident prevention by continuously improving safety performance and adhering to company and industry best and safe practices.
7. Ensure that only qualified employees by training or experience shall operate equipment and machinery.

## New Employee/Contractor Orientation

1. **Purpose**

To prevent occupational illness and injury by orienting new or contract employees to hazards present in the workplace and the necessary safety precautions.

1. **Responsibility**

The supervisor of a new hire is responsible for ensuring the new/contract employee completes the program.

1. **General**

* All newly hired personnel will be required to complete the New Employee or Contract Employee Safety Orientation as soon as possible after being hired.
* Ongoing training is provided according to the training matrix.
* Each new/contract employee, regardless of prior experience, shall have their job outlined and explained by the supervisor, or designated employee.
* Supervisors shall be responsible for the safety of their subordinates and the safe operation of equipment during normal operations and possible emergencies.
* Observation of the new employee’s work performance should be maintained until the applicable supervisor is satisfied that he or she can perform the duties and requirements in a safe and effective manner.
* The supervisor retains a completed copy of Appendix A and sends the originals to the Environmental, Health and Safety Department at the corporate office.
* All employees’ shall be trained in Stop Work Authority and shall be tested that they understand the Policy. This training shall be documented and kept in the employee’s personnel file.

Link to [NewEmployeeContractorOrientationForm](#NewEmployeeContractorOrientationForm) Appendix A

## Contractors

1. **Purpose**

To minimize injuries to Contractor personnel, property loss and equipment damage while working on behalf of company.

1. **General**

The company sets the minimum acceptable Contractor safety requirements in contractual documentation and in job specific hazard assessments. Visitors, contractors and subcontractors shall be informed of the facility emergency response procedures before they begin work or tour the facility.

Contractors are required to have an ongoing safety program. The program shall include at a minimum:

* Record keeping: Statistical data and analysis of accidents.
* Investigation of accidents: Policy of investigating accidents and implementing corrective measures.
* Training: An established training program which provides for the initial and continuing development of personnel in accordance with Company, OSHA, EPA and other regulatory requirements. Their workers will be trained to do their task(s) as would a regular employee. This training will be documented on the Safety Training Matrix.
* Job Planning: Appropriate procedures for the job(s) to be conducted.
* Safety Meetings: Regular safety meetings are conducted on the job.
* Appropriate regulatory required programs, records and licenses (e.g., code certified welders).

1. **Evaluation**

Prior to awarding the work, Test Name 1 LLC. may compare the Contractor’s Safety Program and performance with that of other companies performing similar work. As the job progresses, the Company may:

* Periodically review the Contractor’s safety performance.
* Periodically review the visibility and execution of the Contractor’s Safety Program.
* Provide guidance as appropriate.
* Conduct post-job safety performance review using the Contractor Post Job evaluation form in Appendix B.

1. **Contractor Requirements**

* Contractor will require their personnel to know and follow Company safety procedures.
* Contractors must track all man-hours and incidents associated with their activities on Company facilities.
* Contractor personnel will report to the Company Person-in-Charge immediately upon arrival at the location for the first time. They will be briefed on emergency procedures and safety, including personal protective equipment requirements.

1. **Work Procedures**

* Contractor personnel will be invited to attend regularly scheduled safety meetings, as appropriate. Contract personnel will attend any pre-job safety meetings or Job Safety Analysis concerning their work when requested.
* Contractor is responsible for its employees and the safe conduct of its work.
* Contractor shall cease operations and secure the work site at any time the contractor believes it unsafe to precede with the work [Stop Work].
* Contractor shall at all times conduct its work in a safe manner and with equipment meeting acceptable industry standards.
* Smoking is limited to designated smoking areas.
* Contractor personnel shall comply with informational (warning) signs relating to safety that are posted throughout Company facilities.
* Contractor is responsible for furnishing personnel who have been trained and are qualified to work in the geographical work area. Contractor is also responsible for assuring that each worker is familiar with and has read this program.

1. **Personal Protective Equipment**

* Personal protective equipment will be furnished by Contractor for Contractor personnel.
* Hearing protection will be worn by all personnel while in designated high noise areas.
* As a minimum, contractor personnel and visitors will wear safety glasses with side shields when they are in work locations where the potential for eye injury exists.
* Contractor personnel shall wear hard hats while outside offices unless an area has been specifically designated otherwise (e.g., welding shop.)
* Safety-toe foot wear meeting ANSI requirements will be worn by all contractor personnel while in the work area.
* Contract personnel shall be fully and appropriately clothed for the job and the weather.
* Gloves shall be worn when appropriate and as required by a workplace hazard assessment.
* Jewelry will not be worn in work areas.
* Fall protection devices will be worn when the potential fall distance exceeds six feet. The device shall be a Class III full body harness that meets ANSI requirements. The harness shall be equipped with a one piece shock absorbing lanyard with double locking snaps on each end.
* Retracting life lines that reduce free fall to two feet or less may also be used.
* In circumstances where respiratory protection may be required (e.g., paint and blast), respiratory protection shall be worn and properly maintained by contractor.

1. **Substance Abuse/Contraband Control**

All Contractor personnel are subject to the Company Substance Abuse / Contraband Control program while on Company premises. Any individual found in violation of the Company policy will be subject to removal from the premises. Violation of the policy by Contractor employees may also cause contract cancellation.

Link to[ContractorPostJobEvaluationForm](#ContractorPostJobEvaluationForm)Appendix B

## Visitors

1. **Purpose**

The purpose of this procedure is to ensure visitor safety on Companyproperty.

1. **Responsibility**

The safety of visitors on Company facilities or property is the responsibility of the facility supervisor. The individual(s) bringing visitors to these locations must coordinate their activities with the operating supervisor(s) prior to the trip.

1. **General**

Visitor safety briefings should include:

* Smoking Policy.
* Facility alarms and emergency evacuation procedures.
* Hazardous conditions and substances that may be encountered.
* Personal protective clothing and equipment requirements.
* Reporting of injuries/accidents policy.
* Visitors may not tour work locations unescorted unless prior approval has been obtained.

1. **Personal Protective Equipment**

As a minimum, visitors must wear hardhats, safety toe footwear and safety glasses in work areas.

## Safety Meetings

1. **Purpose**

To promote safe working conditions through regularly scheduled and effective management-employee safety meetings.

1. **Responsibilities**

The Site Manager shall:

* Coordinate the safety meeting and require all employees to attend.
* Maintain attendance check in sheets.
* Follow up on any corrective items or suggestions that come up in the meeting.

Safety Department shall:

* Provide materials for safety meetings.
* Present or provide others to present safety meetings as requested.
* Assist the Site Manager in completing corrective actions as appropriate.

1. **Pre Job Safety Meetings**

Supervisors shall lead meetings to discuss specific hazards as required before work that requires safety consideration starts.

Link to [SafetyMeetingsAttendanceForm](#SafetyMeetingsAttendanceForm) Appendix C

## Incident Investigation, Reporting and Recordkeeping

1. **Purpose**

The purpose of this procedure is to provide a systematic approach to investigating and reporting incidents involving personal injury or property damage.

1. **Reporting Procedure**

An incident report shall be completed for all incidents including first aid, medical treatment, lost time, fatalities, near miss, fire and explosion, vehicle accident, theft, and equipment damage. Individual responsibilities for reporting and investigation shall be pre-determined and assigned prior to incidents.

Written incident reports shall be prepared and include an incident report form and a detailed narrative statement concerning the events. The format of the narrative report may include an introduction, methodology, summary of the incident, investigation board member names, narrative of the event, findings and recommendations. Photographs, witness statements, drawings, etc. should be included.

Incidents involving a fatality or the hospitalization of three or more people must be verbally reported to OSHA within 8 hours of their discovery. Incidents must also be reported to the owner client and immediate supervisor as soon as possible or in a timely manner (within 24 hours of incident). A copy of the incident report shall be forwarded to the EHS department within 24 hours.

1. **Investigation Procedure**

While all incidents shall be investigated, the extent of such investigation shall reflect the seriousness of the incident utilizing a root cause analysis process or other similar method. All major incidents that cause or have the potential to cause fatalities, hospitalizations, and significant property damage shall undergo a root cause analysis. Investigations should begin immediately following the incident.

The following guidelines shall be used for all investigations:

* Proper equipment such as pens/paper, tape measures, rulers, cameras, audio recorder, PPE, marking devices, equipment manuals, etc. shall be provided to assist in conducting the investigation.
* Witness interviews and statements shall be collected as soon as possible following an incident.
* Witness interviews shall be conducted by trained interviewers in a private location. Interviews shall be conducted as a fact finding and not a fault finding mission. Only open-ended questions should be asked. The investigation may require follow-up witness interviews.
* Inspect the site immediately following the incident to identify any evidence. This may include a listing of people, equipment, and materials involved and a recording of environmental factors such as weather, illumination, temperature, noise, ventilation, and physical factors such as fatigue, age, and medical conditions.
* Evidence such as people, positions of equipment, parts, and papers shall be preserved, secured, and collected through notes, photographs, witness statements, flagging, and impoundment of documents and equipment.
* After all facts are gathered and analyzed causative and contributing factors of the incident should be identified.

1. **Corrective Actions**

Incident investigations shall result in corrective actions. Recommendations for corrective actions should be based on factors that have contributed to or have caused the incident. The incident report and changes to process shall be communicated to all employees.

1. **Training**

Personnel who conduct or participate in incident investigations shall be trained in their roles and responsibilities for incident response, incident awareness and incident investigation techniques. Training shall be provided initially and annually thereafter.

1. **Recordkeeping**

Records shall be retained for fatalities, injuries, and illnesses that is work-related, a new case and meets one or more of the general recording criteria.

Each recordable injury or illness shall be entered on an OSHA 300 Log and 301 Incident Report, or other equivalent form, within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.

The 300 log shall be signed by a company executive to certify that the log has been examined and that summary is correct and complete to the best of their knowledge.

A copy of the annual summary must be posted in each establishment in a conspicuous place or places where notices to employees are customarily posted. Ensure that the posted annual summary is not altered, defaced or covered by other material.

The annual summary must be posted no later than February 1st of the year following the year covered by the records and the posting kept in place until April 30th.

The OSHA 300 Log, the privacy case list (if one exists), the annual summary, and the OSHA 301 Incident Report forms must be retained for five (5) years following the end of the calendar year that these records cover.

## Stop Work Authority

1. **Purpose**

The purpose of this procedure is to establish authority and guidelines to stop work when employees believe that a situation exists that place them, their coworker(s), contracted personnel, or the public at risk or in danger.

1. **Responsibility**

The Supervisor Shall:

* Ensure no actions are taken as reprisal or retribution against individuals who raise safety concerns or stop an activity they believe is unsafe.
* Create a culture where Stop Work Authority is exercised freely.
* Resolve any issues that have resulted in an individual stopping an activity and provide feedback.

The Employee Shall:

* Initiate a Stop Work Intervention when warranted.
* Have the authority and obligation to stop any task or operation where concerns or questions regarding the control of HSE risk exist.
* Report to the supervisor in charge any activity or condition the employee believes is unsafe or for which they have initiated a Stop Work.

1. **Procedure**

When an unsafe condition is identified the Stop Work Intervention will be initiated, coordinated through the supervisor, and initiated in a positive manner.

* Stop work if an activity or condition is believed to be unsafe, could adversely affect the safe operation or cause damage to the facility, or to clarify work instructions or to propose additional controls.
* Notify supervision/management and affected personnel when you stop work or decline to perform an activity.
* Resolve any issues that have resulted in an employee stopping work or an activity. It is the desired outcome of any Stop Work Intervention that the identified safety concern(s) have been addressed to the satisfaction of all involved persons prior to the resumption of work. Most issues can be adequately resolved in a timely manner at the job site, occasionally additional investigation and corrective actions may be required to identify and address root causes.
* Once all issues have been resolved the work or stopped activity may resume. No work will resume until all stop work issues and concerns have been adequately addressed.

All Stop Work Interventions shall be documented for lessons learned and corrective measures to be put into place.

Stop Work reports shall be reviewed by supervision in order to measure participation, determine quality of interventions and follow-up, trend common issues, identify opportunities for improvement, and facilitate sharing of learning’s.

1. **Training**

Employees shall receive Stop Work Authority training before initial assignment. The training shall be documented including the employee name, the dates of training and subject.

# Section Two: Safety Requirements

Aerial LiftsPurposeThe purpose of this policy is to provide guidelines for the safe use of vehicle mounted aerial devices used to elevate personnel to jobsites above ground such as extensible boom platforms, aerial ladders, articulating boom platforms and vertical towers.Safe Work ProceduresOnly authorized persons shall operate an aerial lift.Lift controls shall be tested each day prior to use to determine that brakes and operating controls are in safe working condition. All equipment will have a working back-up alarm or a spotter will be used when backing.Employees shall always stand firmly on the floor of the basket, and shall not sit or climb on the edge of the basket or use planks, ladders, or other devices for a work position. An approved fall restraint system shall be worn when working from an aerial lift. The fall restraint system shall be attached to the boom or basket when working from an aerial lift. Belting off to an adjacent pole, structure, or equipment while working from an aerial lift is not permitted. Boom and basket load limits specified by the manufacturer shall not be exceeded. The brakes shall be set and outriggers, when used, shall be positioned on pads or a solid surface. Wheel chocks shall be installed before using an aerial lift on an incline. An aerial lift truck may not be moved when the boom is elevated in a working position with men in the basket, except for equipment which is specifically designed for this type of operation. Articulating boom and extensible boom platforms, primarily designed as personnel carriers, shall have both platform upper and lower controls. Upper controls shall be in or beside the platform within easy reach of the operator. Lower controls shall provide for overriding the upper controls. Controls shall be plainly marked as to their function. Lower level controls shall not be operated unless permission has been obtained from the employee in the lift, except in case of emergency. The insulated portion of an aerial lift shall not be altered in any manner that might reduce its insulating value. For lines rated 50 kV. or below, minimum clearance between the lines and any part of the equipment or load shall be at least 10 feet.Use outrigger pads when necessary to provide firm footing. Aerial lifts may be "field modified" for uses other than those intended by the manufacturer provided the modification has been certified in writing by the manufacturer or by any equivalent entity. Access to Medical RecordsPurposeThe purpose of this policy is to provide employees and their designated representatives a right of access to their personal medical records and relevant exposure records.Employee NotificationAll employees shall be informed of their right to access medical and exposure records, the existence, location and availability of employee exposure and medical records maintained by or for the Company and the person responsible for maintaining and providing access to these. Initial notification should be covered in the new employee orientation. A copy of the bulletin board notification and/or copy of this standard can be used and should be documented. Annual notification can be made by posting a notice where the employees gather outlining the program. A copy (can be from OSHA website) of CFR 1910.1020 shall be maintained at each location and it shall be made available to employees for review.Access The employee may access his/her records by making a request to the Human Resources Manager.A written request must be provided to the Human Resources representative to initiate access to these records. Employees, previous employees and designated representatives have the right to review and/or copy relevant Company exposure and medical records. There shall be no cost for this service. OSHA has the right to review and/or copy relevant exposure and medical records provided an access order is presented. The Access Order must be posted with a cover letter on an employee bulletin board and the affected employees must be informed. Access to an employee record shall be provided by the Company within 15 working days from receipt of the request. If the records cannot be provided within 15 working days, the employee or designated representative requesting the record shall be informed with the reason(s) for the delay and the earliest date when the record(s) can be made available.All personal identifiers such as name, address, social security number, payroll number or any other identifier will be removed from all records before access is granted.Transfer of RecordsWhenever an employer is ceasing to do business, the employer shall transfer all records subject to this section to the successor employer. The successor employer shall receive and maintain these records. Whenever an employer is ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the employer shall notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business.RecordkeepingThe Human Resources Manager is responsible for maintaining and providing access to employees’ medical records. These records are kept separately from other employee records.Employee exposure and medical records shall be maintained by the Company for the duration of employment plus at least thirty (30) years. The medical records of employees who have worked for less than (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment. These records shall include the following:Exposure RecordsEnvironmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained. Biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems (e.g., the level of a chemical in the blood, urine, breath, hair, fingernails, etc.) but not including results which assess the biological effect of a substance or agent or which assess an employee's use of alcohol or drugs.Material safety data sheets indicating that the material may pose a hazard to human health. Material Safety Data Sheets. In the absence of an MSDA, a chemical inventory or any other record which reveals where and when used and the identity (e.g., chemical, common, or trade name) of a toxic substance or harmful physical agent. Medical Records - a record a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel, or technician, including:Medical and employment questionnaires or histories (including job description and occupational exposures).The results of medical examinations (pre-employment, pre-assignment, periodic, or episodic) and laboratory tests (including chest and other X-ray examinations taken for the purpose of establishing a base-line or detecting occupational illnesses and all biological monitoring not defined as an "employee exposure record").Medical opinions, diagnoses, progress notes, recommendations, first aid records, Descriptions of treatments and prescriptions, and employee medical complaints.Analyses Using Exposure and/or Medical Records - a compilation of data or study based on information collected from individual employee exposure or medical records.

# Section Three: Forms

## Appendix A: New Employee/Contractor Orientation Form

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All new employee’s must review all items listed below with a supervisor and must sign this form to verify their understanding. The following information was provided and or explained and understood by the person receiving it.

Employee Reviewer Initials Initials

1. Review HS&E Mission Statement \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

2. General HS&E requirements including designated \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

smoking areas, high noise areas, housekeeping,

jewelry, cell phones, etc. (Review

Basic Shop Rules posted in all shops)

3. Location of MSDS books, HS&E Manuals \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

4. Drugs, alcohol and weapons not allowed \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

5. Proper PPE \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

6. Adequate “department / position specific” safety \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

orientation

7. Location of any emergency equipment – fire \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

extinguishers, first aid boxes, etc.

8. Safety meetings explained \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

9. Explanation of how / where to receive HS&E \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

information (bulletin boards, training material,

safety meetings)

10. Reporting requirements for Incidents – All injuries \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

and incidents reported, who to report them to, etc.

11. Environmental awareness and waste management \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

procedures

12. Identify Mentor, Safety representative & HS&E \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Committee

13. Location of hazardous chemicals \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

14. Emergency preparedness, emergency exits, etc. \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

15. Stop Work Authority \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Employee Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix B: Contractor Post Job Evaluation

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| General | | | | | | | | | | | |
| *Evaluation Date:* | | *Evaluator Name:* | | | *Evaluator Title:* | | | | | | *Phone*: |
| *Contractor Company Name:* | | | *Contractor Director/Manager:* | | | | | | | *Contractor Site Supervisor:* | |
| *Project Name:* | | | *Contract Number:* | | | | | | | *Task Evaluated:* | |
| *Have you shared this evaluation with your contractor : Yes  No* | | | | | | | | | | | |
| # | Activity Description | | | Yes | | | No | N/A | Comments | | |
| 1 | Did the contractor take steps to reduce the risks and/or mitigate the potential impacts of his/her work? (JSA, JHA, etc.) | | |  | | |  |  |  | | |
| 2 | Did the Contractor's JSA adequately identify job safety and environment hazards? | | |  | | |  |  |  | | |
| 3 | Did the Contractor's JSA process identify each job step? | | |  | | |  |  |  | | |
| 4 | Did the contractor implement a work site inspection program for safety and environmental concerns? | | |  | | |  |  |  | | |
| 5 | Was there a behavior based safety observation in place? (crews knowledgeable about process, did regular observations, etc.) | | |  | | |  |  |  | | |
| 6 | Was Stop Work Authority used properly? Was it discussed and the issues resolved? If no, explain in the comments section. | | |  | | |  |  |  | | |
| 7 | Was there participation by contractor employees and management in meetings, in discussing and resolving HSE concerns, safety talks, etc.? | | |  | | |  |  |  | | |
| 8 | Did the contractor's employees have required training certifications (excavation, Operator Qualification, crane operator, welder, etc.)? | | |  | | |  |  |  | | |
| 9 | Did the contractor assure appropriate PPE, safety and spill clean-up equipment was available, used by workers, and properly maintained? | | |  | | |  |  |  | | |
| 10 | Did the contractor implement their HSE program components at the work site? (Lock Out Tag Out, Fall Hazard, Excavation, Confined Space, Hot Work, etc.) | | |  | | |  |  |  | | |
| 11 | Did the contractor follow our HSE program components when applicable? | | |  | | |  |  |  | | |
| 12 | Did the contractor comply with Safe Work Permits? | | |  | | |  |  |  | | |
| 13 | Were safety and environmental incidents and near misses reported and investigated properly? | | |  | | |  |  |  | | |
| 14 | Did the contractor have emergency response plans in place and implemented at the work site (plans posted, emergency numbers posted, drills held, etc.)? | | |  | | |  |  |  | | |
| 15 | Were SSE's identified? | | |  | | |  |  |  | | |
| 16 | Were mentors assigned to each SSE? | | |  | | |  |  |  | | |
| 17 | Was the worksite left clean after job was completed? | | |  | | |  |  |  | | |
| 18 | Was contractor's equipment maintained and suitable to perform the work assigned (PM, pre use inspections, etc)? | | |  | | |  |  |  | | |
| 19 | Did the contractor manage the project with quality workmanship? Did they estimate costs accurately, schedule work to meet time lines, provide sufficient manpower, maintain quality control, provide a good finished product, etc.? | | |  | | |  |  |  | | |
| *General Comments:* | | | | | | | | | | | |
| Recommendation | | | | | | | | | | | |
| *Recommend for re-hire* | | | | | | *Yes* | | | | | |
| *Recommend for re-hire with established plan to improve* | | | | | | *Yes* | | | | | |
| *Recommend for re-hire only after in depth evaluation* | | | | | | *Yes* | | | | | |
| *Do not recommend for re-hire* | | | | | | *Yes* | | | | | |
| *Recommendation Comments:* | | | | | | | | | | | |

## Appendix C: Safety Meetings Attendance Form

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOPIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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## Appendix D: Hepatitis B Vaccine Declination

**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 me; however, I decline the 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 cost to me.**

**If I choose to have a vaccination to Hepatitis B I will contact Human Resources to arrange for the vaccination.**

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

**NAME DATE**

## Appendix E: Job Safety Analysis (JSA)

|  |  |
| --- | --- |
| *Date:* | *Job:* |
| *Department:* | *Location:* |
| *Supervisor:* | *Participants:* |

|  |  |  |
| --- | --- | --- |
| *Basic Job Steps:* | *Potential Hazards:* | *Recommended Controls:* |
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