

RUSSELL HINTON CO.

Injury Illness Prevention Plan

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Review and Approval:

This Injury and Illness Prevention Plan is hereby approved by:

A handwritten signature in blue ink, appearing to read "Jordan Satrap", is written over a horizontal line.

Jordan Satrap
President

Date: March 30, 2018

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1. Introduction

Russell Hinton Company is committed to providing a safe worksite to all Employees, Subcontractors, Clients, and any person visiting its worksites. This Injury, Illness and Prevention Program (IIPP) outlines key Russell Hinton policies for providing a safe workplace including guidelines to promote and maintain safety. It is Russell Hinton Co.'s intent to have all employees, subcontractors and any person at the worksite comply with this IIPP and all Federal, State, local, and client safety and health regulations.

This IIPP along with many other safety resources are available on line at www.russellhintonsafety.com. All the forms included in this IIPP or in the Russell Hinton Code of Safe Practices are available for download.

Russell Hinton and each Subcontractor, is required to comply with the requirements and intent of the California Code of Regulations, Title 8, Sections 3203 (8CCR 3203 & 1509) in the implementation of all facets of occupational safety and health and including all additions and revision to date, as well as all Federal, State and Local requirements and Russell Hinton's or another employer's IIPP. Everyone is required to comply with these rules and regulations.

2. Responsibility

1. President

Jordan Satrap is the company's President and serves as the Corporate Safety Officer. He is responsible for the safety of all employees. He holds his managers accountable for their safety responsibilities. He will ensure his management team adheres to and complies with all Federal, State and other regulatory agencies.

As Safety Officer, he will delegate specific safety responsibilities to effectively implement the Safety Program

2. Safety Director

The Safety Director is appointed by the Safety Officer and is to implement the IIPP and Code of Safe Practices. He will work with the Superintendents and Foreman to ensure a safe work area for Employees, Subcontractors, Clients and/or any person visiting the worksite. While working with the employees, he will ensure they are accountable for the safety of themselves and their work areas.

3. Safety Consultants

The Safety Officer shall appoint one or more Safety Consultants (including Loss Control Representatives from Insurance Brokers or Carriers) and assign their responsibilities. The Consultant shall be available for incident investigations and disciplinary actions. The Consultant shall make regular inspections of jobsites and provide written reports of findings and recommendations. The Consultant shall serve on the Safety Committee. The Consultant shall be responsible for evaluating the Safety Program on an ongoing basis and recommending changes as needed to address concerns or legal and client requirements.

4. Foremen

All Foremen are responsible for assuring that all Employees are operating safely and that they are aware of the hazards associated with the Employee's daily duties. Foremen managing projects perform safety tasks as assigned in this IIPP or by their Superintendent.

5. Superintendents

Superintendents shall work in conjunction with the Safety Director and others to provide a safe working environment and open communications to relay safety concerns. Superintendents shall hold the employees accountable for safe practices at work sites. Each Superintendent shall be a member of the Safety Committee.

Superintendents shall hold the Foremen and other employees accountable for safe practices at work sites. They shall be responsible for the safety disciplinary process. Superintendents will issue safety citations and supervise disciplinary actions taken by Foremen. Superintendents review all Safety Citations immediately with the Safety Director and Safety Consultant and discuss them with the Safety Committee.

6. Contract Managers

Contract Managers shall cooperate with Superintendents and Foremen. They shall supply safety tools, equipment and service as needed. Contract Managers may be assigned by the Safety Director to implement portions of this IIPP.

7. Employees

All employees have direct responsibility for their own safety. Employees must plan for safety, recognize hazards or unsafe acts, and eliminate them. Employees must comply with this IIPP, with the Code of Safe Practices, and with requirements from our clients or government agencies.

We expect and encourage our employees to communicate about safety. Report any accident to your supervisor immediately. **Prompt reporting is a condition of continued employment.**

Inform your supervisor of any hazards, concerns or ideas that will improve safety. It is never a problem to remind anyone of his or her safety responsibilities. **Your communications about safety are highly encouraged and are protected from any discipline or retaliation.**

8. Safety Committee

Each Safety Committee member will maintain communication with field employees to ensure the safety issues of the workers are heard. They will review and discuss past and present safety issues and investigate accidents and incidents. They will find ways to prevent the reoccurrence of the accidents / incidents.

3. Compliance

Russell Hinton has established policies and programs to be compliant with California's Occupational Safety and Health Administration. The written policies and programs are designed to give guidance to Management and Employees to ensure the safety of all.

Jobsites will be audited regularly to ensure safe work practices are being followed. During the audit, any worker found to be deficient in their safety work performance will be counseled in the proper methods. Workers who are found to be working in an exceptionally safe manner will be recognized.

A. Discipline Policy

Russell Hinton expects all employees to work together to create a safe work place. Whenever an employee violates this IIPP or the Code of Safe Practices, Supervisors must notify that employee. Supervisors must tell the employee what he or she is doing wrong and be sure the behavior is corrected. Supervisors can document the violation with a Safety Improvement Notice

Safety Improvement Notices are intended to help employees, not to punish them. We want these notices to help us take care of one another. However, when violations of Safety requirements are repeated, flagrant or serious, Supervisors must discipline as well as notify the offending employee. Employees who violate any safety policies are subject to consequences that may include the loss of their job. To maintain safety under the tight schedules and rapid pace of our projects, Russell Hinton Company may not always be able to use progressive discipline.

1) Consequences:

- Minor or First Violations:

The minimum response to safety violations is verbal notice and instruction by a supervisor. Document notifications in the Foreman's Log, in the employee's file, or with a Safety Improvement Notice. (Sample below)

- Serious or Second Violations:

The minimum consequence for repeat or more serious violations is a written Safety Improvement Notice. Depending on the severity and circumstances of the violation, further consequences may include probation, time off without pay, required training, or other penalties including loss of employment.

- Flagrant or Multiple Violations:

A third violation usually causes termination of employment, as may single instances of extremely serious violations including:

- Intentionally not disclosing any injury to company supervisors.
- Intentionally harming other persons or damaging property.
- Intentionally disregarding direct instructions from supervisors except for questioning the safety of the instruction.
- Intentional disregard of safe practices about which the Employees has been specifically notified.

All written warnings, Safety Improvement Notices or Terminations are kept in the employee's personnel file.

2) <u>Safety Improvement Notices from Foremen</u>
When an employee violates a safety policy, first make sure that unsafe actions or conditions are stopped or corrected.
Discuss the safety issues with the employee. Be sure he or she understands the policy and how to follow it.
On the Safety Improvement Notice (Sample below), fill out the names, date and time and complete a description of the safety issues and concerns how to correct and prevent them.
Decide on the appropriate consequences. For serious issues or for penalties that require loss of time, consult with Safety Officer.
Inform the employee of the consequences and complete the consequence section of the form.
Have the employee sign the form. <ul style="list-style-type: none"><li data-bbox="370 919 1258 989">➤ The employee is only signing for receipt of the form, not admitting any responsibility.
Copies go to the employee, the job files and the Safety Director.

SAFETY IMPROVEMENT NOTICE

Employee Name: _____

Date: _____

Job Location:

Job #

<input type="checkbox"/> Employee not wearing required PPE	<input type="checkbox"/> Employee performing unsafe work practice – Describe:
<input type="checkbox"/> Equipment/Tool guard or other safety feature removed or compromised	<input type="checkbox"/> Flagrant disregard of RHC Safety Program
<input type="checkbox"/> Operating equipment not certified, inspected, or in unsafe condition	<input type="checkbox"/> Employee performing job duties not trained or authorized to do
<input type="checkbox"/> Other reason for safety violation	<input type="checkbox"/>

DETAILS of VIOLATION (refer to specific RHC Safety Codes if applicable):

DISCIPLINARY ACTION TAKEN:

- Minor or 1st Violation – Employee verbally warned and/or violation form issued.**
- Serious or 2nd Violation – An Improvement form issued and employee may be given a suspension and/ or probation**
- Flagrant or repeated Violation – A violation form issued and disciplinary action - Employee may be terminated.**
- Other**

SPECIFIC DISCIPLINE – NOTES:

EMPLOYEE COMMENTS:

Employee Signature
Signature for receipt

Person Issuing Violation Signature

Sample Safety Improvement Notice

4. Communications

Russell Hinton recognizes that open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. Russell Hinton encourages all employees to communicate about safety. All safety related communications are protected. No employee shall be disciplined, retaliated against, or otherwise be penalized for safety communications.

The following system of communications is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable and consists of one or more of the following items:

- New Hire Orientation including a discussion of safety and health policies and procedures. (See Training Section of this IIPP)
- Review of our IIPP Program (See Training Section of this IIPP)
- Workplace safety and health training programs for specific hazards as they are encountered or planned for (See Hazard Assessment and Control Section of this IIPP)
- Regularly scheduled toolbox meetings, occurring bi-weekly at a minimum (See procedure below)
- Pre-Task planning and inspection procedures (See Hazard Assessment and Control Section of this IIPP)
- Effective verbal communication of safety and health concerns between workers and superintendents.
- Posted safety information, including OSHA 300, Safety Committee Meeting Minutes and Safety Notices
- A Safety Suggestion Box is available in the office to allow anonymous suggestions.
- Employees may also communicate in writing or email either anonymously or not with any Manager or Superintendent.

A. Tool Box Safety Meetings

The Safety Director provides a weekly Safety Topic form with the paycheck for each employee. Use this Topic as the basis for your weekly Tailgate Safety Meeting.

- Employees Working Alone:

1) <u>Tailgate Meeting Outline for Employees Working Alone</u>
Review the weekly topic carefully.
If any other RH employees are on site, discuss the Topic with them.
Sign the weekly topic form and return it to the office.

- Jobsites with a Foreman and other employees:

2) <u>Foreman's Tailgate Meeting Outline</u>
Discuss the scheduled Topic that all employees receive with their paychecks, or discuss a specific safety situation on your job.
Hold the meeting wherever the employees report for work,
Make your meeting brief, 15 to 20 minutes.
Review the Daily Pre-Task Plan and Inspection form for the week.
Discuss any accidents, jobsite problems or safety procedures needed.
Ask everyone for comments or questions. Encourage participation.
Respond to employee suggestions or questions. If you cannot answer for the Company, write the question on the "Tailgate Meeting Report Form" and note that a response is needed.

3) <u>Tailgate Meeting Reports</u>
At the end of the meeting, have each employee sign the Tool Box Meeting Report Form
Remind the employees that they can communicate directly with Safety Officer or other managers in the office by mail, telephone or email.
Send the report to the office with timecards.
Legally, each employee <u>must</u> attend a Safety Meeting at least every other week.

WEEKLY TOOL BOX MEETING

Date: _____ **Presented By:** _____

Note & discuss uncorrected hazards or exposures:

Training Topic:

(Or attach copy of outline)

Discussion / Questions:

First Meeting Each Month Inspect: First Aid Kits

ATTENDANCE

Name

Signature

Sample Tool Box Meeting Report Form

B. Safety Committee

The safety committee continuously reviews and improves Russell Hinton's safety programs and performance. Members are charged with communicating with both field workers and management to be sure all safety concerns are addressed. Safety Committee responsibilities include:

- Review and discuss past and present safety issues and investigate accidents and incidents.
- Identify and implement ways to prevent the reoccurrence of the accidents / incidents.
- Track the corrections of identified hazards.
- Track the completion of Pre-Job Hazard Assessment steps
- Evaluate the safety performance of Russell Hinton Foremen.

The Safety Committee shall consist of the President, the Safety Director, the Superintendents and Consultants, and others as appointed by the Safety Director.

The Safety Committee shall meet quarterly. The Safety Director is responsible for meeting, agendas and minutes. Minutes shall be distributed to the Safety Committee and all Foremen.

5. Hazard Assessment and inspections

Russell Hinton expects all employees to be aware of conditions in their workplace, to recognize safety hazards, and to eliminate hazards before continuing their work.

The procedures for identifying and planning to control hazards include:

Daily job site inspection

Daily pre-task planning

Pre-job Hazard Assessment

Non-periodic Hazard assessments which includes

- When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace
- When new or previously unidentified hazards are recognized
- When occupational injuries and illnesses occur
- When we undertake new tasks the safety of which has not been assessed.

A. Daily Jobsite Inspections and Planning

1) Small Crews

Job Foremen or Lead Worker inspect projects daily to identify any exposures or changed conditions that affect our employees' safety. Use the Daily Pre-Task Plan and Inspection form (sample below) to guide your inspection and to document any hazards. Plan your work for the day to eliminate our exposure to these hazards. Note your plan on the Daily Pre-Task Plan and Inspection Form. If you are not able to control any hazard right away, then note the problem found on your Daily Pre-Task form and check with your Superintendent before proceeding. (See Correcting Hazards procedure in Section 6.)

2) Large Crews - Planning

Foremen working on large projects conduct a planning meeting each morning. Each crew meets together with their Foreman and completes the Daily Pre-Task Plan for the work to be done that day.

A single form can be used each day for a week. If conditions change, add information to blank rows on the form. Each employee initials the form every day. The Foreman sends the completed forms to the office each week.

B. Conducting the Daily PTP Meeting

Hold the meeting the first thing each morning. Each crew gathers at their gang-box or work location.

Line out the work planned for the day and the workers' assignments.

Review potential safety hazards listed on the Form. Be sure to add any job specific hazards that are not listed.

As you identify potential hazards, consider how to correct the hazard. Use the most effective method of correction possible:

ELIMINATE: Eliminate the risk by completely removing the hazard.
No danger of injury remains.

B. Conducting the Daily PTP Meeting

SUBSTITUTE: Use less dangerous methods or materials.
The level of danger or likelihood of injury can be significantly reduced.

ENGINEERING CONTROL: Contain the hazard with, barriers, guards or ventilation.
Hazard is still present. Faulty or bypassed guards can lead to injury.

ADMINISTRATIVE CONTROL: Limit exposure with procedures and training.
Hazard is still present. Failure to follow procedures can lead to injury.

PPE: Use Personal Protective Equipment to prevent contact with hazards.
Hazard is still present. Injury can occur if PPE is not used or breaks.

Review each hazard and control with the affected worker(s). Plan to implement the Control and to obtain any equipment, procedure or training needed.

➤ DO NOT START WORK UNTIL ALL CONTROLS ARE IMPLEMENTED.

Job Number:	Job Name						Completed by						Date:		
Today's Hazards – Plan for and Inspect daily:							RHC Exposed? Where and how?				Plan for Safe Work / Corrections Needed				
PPE needed? Hard Hats / Eye Protection / Gloves / Footwear / Clothing / Safety Vest / Other															
Housekeeping: Exits/Stairs/Pathways - Area clean and Organized /															
Slips, Trips and Falls: Inspect for and mitigate															
Materials: Storage - Access & Stacking / Equipment for Handling Heavy Items / Containers Labeled															
Roll and Fold Stages and Ladders: Inspected - Clear space around															
Guardrails: Perimeter / Shafts / Stairs & Ramps / Openings															
Extension Cords: Damaged / Exposed to traffic / Trip Hazard															
Fire Protection: Storage of Flammable Material or Debris															
Electrical: GFCI - Damaged Temp. power boxes															
Abrasive power equipment grinders / sanders															
Tools: Condition / Cords / Guards in Place / Air Hoses and Connectors															
Evacuation Plan Up-dated - Medical Poster															
Scaffolds: Users trained - Competent Inspector															
Motorized Equipment (incl. forklifts / scissor lifts) Operated by RHC															
New construction access: 2 stairway exits over 3 stories – Man-lift over 5 stories															
Hazardous Materials: Asbestos / Lead / Silica and other dust															
Other:															
Other:															
Other:															
Crew Names: Initial Daily		Mon	Tue	Wed	Thu	Fri	Sat	Crew Names: Initial Daily		Mon	Tue	Wed	Thu	Fri	Sat

Sample Daily Pre-Task Plan Form

C. Large Project Job Start Up Hazard Analysis

Job safety performance begins before workers start on the site. Forethought and planning are needed to prepare to succeed.

Before work starts on large projects, the Foreman meets with the Superintendent and completes the Job Start Up Hazard Analysis Form. The Safety Officer takes part in the meeting. The Safety Officer is responsible for deciding which projects will use this procedure and scheduling the meeting(s).

The Safety Officer or Superintendent leads the meeting. Fill out the form as you go.

To complete Section 2, think about each major phase of the work. Breaking the job down into parts of work that represent one crew's work is the key to analyzing the project. Always think about the specifics of your project and visualize the work as you fill out the form.

If you need more information or find any plans or equipment that are needed but not available, note each item on the list at the end of the Form. The Superintendent will follow up to finish any action required.

On very large jobs it is useful to repeat the assessment before each major phase of construction begins.

JOB START UP HAZARD ANALYSIS

Job Name: _____ Job #: _____ Date: _____

Attending:

Foreman:	Superintendent
Safety Consultant	Safety Officer

1. Project Description

Y/N	CHECK PROJECT SCOPE	CREW SIZE
	Painting	
	Dry Wall	
	Other:	
	Other:	

2. Project Phases and Activities

Review the Project plans and schedule. Identify and note the major phases of the work schedule: e.g. Mobilization, Demolition, Studs. Identify phases based on the crew doing the work.

For each major Phase, list the basic work activities. As you identify activities, note any hazards that are likely to be present. As specifically as possible, describe how to protect Russell Hinton workers and from the potential hazards. Note any Codes of Safe Practice that should be followed.

Complete the following table. The sample below lists some possible concerns and controls. Start with a blank form to include only Project specific information.

Sample Job Start Up Hazard Analysis Form

PHASE OF WORK	POTENTIAL HAZARDS	PLAN FOR SAFETY
Mobilization/deliveries/staging Steps:	Struck by vehicle _____ Other	_____ _____
Demolition, Cutting, Patching Existing Steps:	Flying / falling objects _____ Heavy Lifting _____ Trips and Falls _____ Hazardous Materials: Asbestos / Lead / Mold _____ Other	Handling Equipment? _____ Pre-Work Abatement? _____ Other

PHASE OF WORK	POTENTIAL HAZARDS	PLAN FOR SAFETY

3. Overall Hazard Identification

a) Emergency Information: If available attach printed information, otherwise plan to obtain (See Medical Provider List on www.russelhintonsafety.com)

Attached	INFORMATION	PLAN TO OBTAIN
	Site Map – Evacuation Routes	
	Medical Clinic / Map / Directions / Phone	
	Emergency Room - Map / Directions / Phone	

b) Hazardous Materials

Consider the hazardous materials that Russell Hinton will use on the Project. Be sure all materials that require an SDS are included in the Russell Hinton SDS Inventory on www.russelhintonsafety.com. List highly hazardous or unusual materials below. Review the SDS and note precautions that our workers must take.

MATERIAL	QTY	PLAN FOR SAFETY

c) General Fire Prevention

List any Russell Hinton work that presents a fire hazard or where we may be exposed to hot work from others. For each operation describe the precautions needed. Consider fire watch, extinguisher, fire blankets, and Hot Work Permits if required

HOT WORK AND AREA	PRECAUTIONS

4. Personal Protective Equipment

What types of Personal Protective Equipment will be needed? Consider exposures and check off items needed.

X	Safety Glasses (Always Required)		Hard Hats		High Visibility Vests
	Gloves appropriate to task		Face Shield (Always for grinding)		Knee Pads
	Goggles		Dust Masks		Respirators
	Personal Fall Arrest		Hard Toe Boots		Hearing Protection - type:
	Foul Weather Gear		Chemical resistant Clothing		Nomex Clothing

5. Codes of Safe Practice Required

If any of the following will be encountered on the Job, review the Code of Safe Practice and note any actions required. Also, address any notes or questions listed below for any specific Code or indicate plan to complete.

Y/N	EXPOSURE / POLICY	AREA AND ACTION NEEDED
	Asbestos / Lead / Other	Special Training
	Transport Hazardous Material	
	Respirator	Pre-Use physical and fit test - Plan
	Confined Space	Written Plan / Crew Training
	Fork Lift	Certified Operator – Name:
	Scissor / Boom Lifts	Operator Training
	Fall Protection	Written Plan- Fall Arrest Training if used
	Heat Illness	Written Plan
	Scaffold	User Training and Competent Inspector
	Other / Special Procedure	

6. Safety Action Required

Note uncompleted planning, corrections, or equipment and materials needed. The Safety Director will follow up on completion. and report on the status of uncompleted items at each Safety Committee Meeting.

ACTION NEEDED	RESPONSIBLE	DONE

6. Accidents

A. Foreman’s Procedure for Treating Injuries - When a worker is injured on your job:

1. Eliminate hazards to others.
2. Assess the injury.

⚠ Only for a medical emergency, call 911

MEDICAL EMERGENCIES (911 call)	
<ul style="list-style-type: none"> • LOST CONSCIOUSNESS • NOT BREATHING • HEAVY BLEEDING • HEART ATTACK / STROKE 	<ul style="list-style-type: none"> • LARGE BURNS • OBVIOUS BONE FRACTURES • SPINE or NECK INJURY • EYE, PHYSICAL DAMAGE – (penetrating object, chemicals, trauma)
STROKE?	<p><u>F</u>ace: Ask the person to smile. Does one side droop?</p> <p><u>A</u>rms: Ask them to raise both arms. Does one arm drift down?</p> <p><u>S</u>peech: Can the person repeat a sentence correctly?</p> <p><u>T</u>ime: If they show any of these symptoms, speed is vital</p>
ACT FAST	

3. For any other injury call:

ON-SITE HEALTH & SAFETY
FIRST AID
(866) 998-2750
24 HOURS / 7 DAYS
ALTERNATE NUMBERS:
(925) 525-9851- (925) 525-9855

4. Get the estimated arrival time from the On-Site dispatcher. Keep the injured employee comfortable and stay with them until the First Aid technician arrives.
Provide ice for pain and compression / bandage for bleeding.

5. After calling On-Site or 911, IMMEDIATELY call a Company Superintendent or Safety Supervisor:

➔ Do not leave a message. Call Jordan Satrap – 415 722-5635 if you cannot reach anyone.

6. If the On-Site dispatcher or Technician recommends medical treatment, call a Superintendent or Safety Supervisor first and then take the worker to the clinic. The Clinic location will be noted on your Injury Instruction Poster or found on the RHC Safety Website.

⚠ Medical Provider for Downtown San Francisco
Concentra Occupational Health Clinic -
Hours of Operation: (Mon. - Fri.) 7am - 6pm (Sat.) 9am - 3pm
26 California Street, San Francisco, CA 94111, Phone: 415.781.7077

🔑 Stay at the clinic until the employee’s treatment is finished. Be sure the clinic staff knows that Company offers modified duty in most cases.

7. Follow the Accident Reporting Procedure below.

B. Accident Reporting Procedure for Injured Employees

If the injured worker remains on site or returns after treatment, have them complete the Employees Accident Report Form (below).

To provide prompt and adequate medical attention it is very important that you report all job-related injuries to your Superintendent immediately. Failure to report injuries is a cause for termination.

If you are injured, tell your Superintendent or Foreman right away. In the case of an injury, notify other workers in the area that you need assistance. Protect an injured employee from further injury. Inform your supervisor of the nature of the emergency as soon as is possible.

If you are involved in or witness an accident, please cooperate with the Safety Director by helping to determine what caused the accident. Your ideas about what caused the accident may help to prevent a similar occurrence. Safety is everybody's business. SAFETY IS NOT ACCIDENT. Company must be notified of any injury or property damage immediately.

Supervisors are to notify the Safety Director immediately of any Injuries or Property Damage.

Instructions: Employees shall use this form to report all work-related injuries or illnesses, *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by the injured employee as soon as possible and given to a supervisor for further action. The Supervisor will complete the form if the employee is unable to.

C. Accident Investigation

Russell Hinton's policy is to take immediate action when an incident or accident occurs. First and foremost, provide emergency rescue and medical help for all the persons involved and take action to prevent or minimize the risk of harm to others.

Procedures for investigating workplace accidents and hazardous substance exposures include:

- Visiting the accident scene as soon as possible
- Interviewing injured workers and witnesses
- Examining the workplace for factors associated with the accident/exposure
- Determining the cause of the accident / exposure
- Taking corrective action to prevent the accident / exposure from reoccurring
- Recording the findings and corrective actions taken

The investigation will be performed by the Safety Director and assistants as necessary, depending on the severity of the incident. Information gathering will begin as soon as possible after the incident. This will include, taking samples, taking photographs and interviewing the employees directly involved and witnesses that observed the incident.

Russell Hinton will use a form that allows different levels of completion and detail, depending on the severity of the incident, the complexity of the causes, and the requirements of our clients. The form is designed to allow the determination of how factors played into the cause of the incident. They are methodologies / procedures followed by the employee, equipment – tools, work environment and personal preparedness.

The form allows employees or supervisors suggestions on how to prevent the incident / exposure from reoccurring. The Safety Committee will review the findings and give corrective actions to ensure the incident does not reoccur. These actions will be recorded in the minutes of the meeting and distributed to all employees.

3) Supervisors' Accident Reports

When Supervisors learn of an accident or injury they first provide treatment for injured workers and eliminate any continuing hazards. As soon as possible Supervisors contact the Safety Officer, Safety Director, or a Superintendent for instructions.

Supervisors should discuss accidents only with company managers. Any communication with clients or inspectors should be handled by company managers or superintendents.

Supervisors use the form that follows to guide and document their investigation. Follow management instructions on what portions of the form to complete. Send the completed form to the Safety Director as soon as possible

Supervisor's Accident Investigation Form

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

Names of all witnesses: _____

Date of Event _____ Time of Event _____

Exact location of event: _____

What caused the event? _____

Were required safety procedures, equipment, or tools in place and used? If not, what was wrong? _____

Doctor's Name _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence. _____

Supervisor Signature _____

Date _____

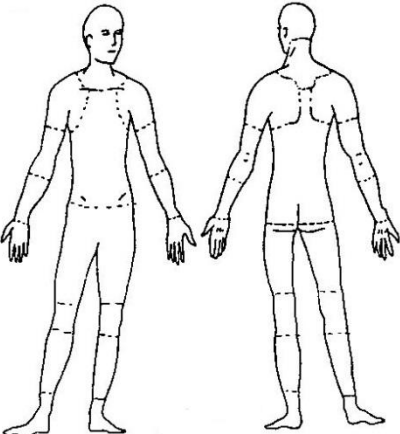
Continue with Investigation on the following page if directed to do so by a Safety Committee member.

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or property damage that *could have resulted in a serious injury or illness.*)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Property Damage	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply)	Nature of injury: (most serious one)	This employee works:
	<input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	<input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
		Months with this employer
		Months doing this job:

Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/>	

Names of witnesses (if any):			
Number of attachments :	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued attached sheets: <input type="checkbox"/>			

Step 3: Why did the incident happen?	
<p>Unsafe workplace conditions: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____ 	<p>Unsafe acts by people: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	

Why did the unsafe acts occur?	
Is there an attitude (such as “the job can be done more quickly” or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been similar incidents or near misses prior to this one?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 4: How can future incidents be prevented?	
What changes do you suggest to prevent this incident from happening again?	
<input type="checkbox"/> Stop this activity <input type="checkbox"/> Guard the hazard <input type="checkbox"/> Train the employee(s) <input type="checkbox"/> Train the supervisor(s) <input type="checkbox"/> Redesign task steps <input type="checkbox"/> Redesign work station <input type="checkbox"/> Write a new policy/rule <input type="checkbox"/> Enforce existing policy <input type="checkbox"/> Routinely inspect for the hazard <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Other: _____	
What should be (or has been) done to carry out the suggestion(s) checked above?	
Continue description on attached sheets: <input type="checkbox"/>	

Step 5: Who completed and reviewed this form? (Please Print)	
Written by:	Title:
Department:	Date:
Names of investigation team members:	
Reviewed by:	Title:
	Date:

7. Hazard Correction

Correct unsafe or unhealthy work conditions, practices or procedures in a timely manner based on the severity of the hazards. Hazards will be identified by inspections and observations of the employees and supervisors. When possible the hazards will be corrected by elimination, substitution, or engineering controls. If those corrections are not possible, the hazard will be controlled by training or PPE methods.

When an imminent hazard is observed, the employee is to immediately notify their Supervisor or Superintendent. That person will remove all exposed workers from the area except those necessary to correct the condition and those workers shall be provided with the necessary protection.

Non-imminent hazards shall be corrected in a timely manner. For hazards that are not immediately controlled, the person who discovered the hazard notifies the Safety Director in writing of the hazard. The Safety Director assigns correction of the hazard to a responsible party, usually a Superintendent or Safety Consultant. The responsible person notifies the Safety Director in writing when the correction is completed.

The Safety Director follows up with the responsible party until the correction is completed. The Safety Director includes all corrections made since the last Safety Committee Meeting and all uncorrected hazards on the agenda for each Safety Committee meeting for review.

8. Training and Certification

Russell Hinton employees, including managers and superintendents, shall have training and instruction in general and job-specific safety and health practices. Training and instruction shall be provided as follows:

- To all New Hires;
- To each employee given a new job assignment for which training has not previously provided;
- To specific or all employees, when new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
- Whenever a new or previously unrecognized hazard becomes known.
- To superintendents, to familiarize them with the safety and health hazards to which workers under their direction and control may be exposed and to safety and protection procedures.
- To each employee with respect to hazards specific of their job assignment.

Task specific training is required for many tasks before performing work. Such training requirements are specified in the Codes of Safe Practice.

A. General Training

General workplace safety and health practices and training shall include but not limited to the following:

- Overview of our IIPP Program – On Hiring and Annual Review
- Noise issues – When First Exposed and Annual Review
- Confined Spaces Awareness – On Hiring and Annual Review
- Scaffolding – Before exposure and Annual Review
- Fall Protection – Before exposure and Annual Review
- Emergency Preparedness / Medical Services – On Hiring and Annual Review
- Fire Protection / Prevention – On Hiring and Annual Review
- PPE / Appropriate Clothing – On Hiring and Annual Review
- Ergonomics / Proper Lifting – On Hiring and Annual Review
- Hazardous Communication – On Hiring and Annual Review
- Heat Illness – On Hiring and Annual Review

B. Certification

Some tasks require certification to ensure proper training is accomplished. On those work assignments, only properly certified personnel are allowed to operate that piece of equipment or perform that task. These include:

- Forklift (certification every 3 years, reviews and observed every year)
- CPR / First Aid (Every 2 years) for foreman
- Torch (Annual Review)
- Powder Actuated Tools (Annual Review)
- Boom or Scissor Lift (Every 3 years)

C. Documentation

All training provided to Russell Hinton employees must be documented in writing. The Trainer uses the Employee Training and Documentation Form (below) to note what training has been given. The Employee must sign the form on completion of the training. The Form is pre-labeled with New Hire, New Job Assignment and Annual Refresher training topics. The Trainer checks the boxes when complete.

There are open spaces to note and describe other task specific training when provided.

EMPLOYEE TRAINING DOCUMENTATION FORM

Name of Employee: _____ Date: _____

Name of Trainer: _____

Job Name:		Job #
<u>Training required for newly hired employees:</u>		
<input type="checkbox"/> The COMPANY Injury and Illness Program and Code of Safe Practices.		
<input type="checkbox"/> Disciplinary procedures: Discipline Policy and Substance Abuse Policy.		
<input type="checkbox"/> Injury reporting requirements and the Company's Medical Provider Network.		
New Hire Orientation Videos and specific training for:		
<input type="checkbox"/> Confined Spaces Awareness	<input type="checkbox"/> Fall Protection awareness	
<input type="checkbox"/> PPE / Appropriate Clothing	<input type="checkbox"/> Fire Protection / Prevention	
<input type="checkbox"/> Ergonomics / Proper Lifting	<input type="checkbox"/> Hazardous Communication: SDS & GHS	
<input type="checkbox"/> Heat Illness		
<u>Annual Refresher Training</u>		
<input type="checkbox"/> Overview of our IIPP Program	<input type="checkbox"/> Emergencies / Medical Services	
<input type="checkbox"/> Confined Spaces Awareness	<input type="checkbox"/> Fall Protection awareness	
<input type="checkbox"/> PPE / Appropriate Clothing	<input type="checkbox"/> Fire Protection / Prevention	
<input type="checkbox"/> Ergonomics / Proper Lifting	<input type="checkbox"/> Hazardous Communication: SDS & GHS	
<input type="checkbox"/> Heat Illness	<input type="checkbox"/> Scaffolding	
<input type="checkbox"/> Noise issues	<input type="checkbox"/>	
<u>Training Required for Workers Newly Assigned to Jobs</u>		
<input type="checkbox"/> The site evacuation and emergency warning procedures.		
<input type="checkbox"/> The hazards of any chemicals on site, the right to information on Safety Data Sheets		
<input type="checkbox"/> The use of personal protective equipment required for this work.		
<input type="checkbox"/> The potential hazards this jobsite and for the specific job assignment		
<input type="checkbox"/> The right to ask any questions or talk about Safety without any fear of reprisal.		
<u>Specific Training for work assignments:</u>		
<input type="checkbox"/> Topic:	Training Material	
<input type="checkbox"/> Topic:	Training Material	
<input type="checkbox"/> Topic:	Training Material	
<input type="checkbox"/> Topic:	Training Material	

I acknowledge this training and agree to comply with the Russell Hinton IIPP and Code of Safe Practices.

Employee Signature: _____ Date _____

Sample Employee Training Documentation Form

9. Recordkeeping

Russell Hinton Company maintains Safety related records required by regulations and as needed to measure and improve safety performance. Records are kept in the office at:

1823 Egbert Ave.
San Francisco, CA 94124.

The following records are maintained:

RECORD	LOCATION	RETENTION
The current IIPP and Code of Safe Practices	Safety Files	Indefinitely
Accident Report and Investigation Forms filed by date of occurrence)	Claim files with W. Comp. Policies	Indefinitely
Current SDS files	Safety Files	5 Years
Safety Inspection Checklist and other inspection reports	Safety Files	5 Years
Tailgate Safety Meeting Reports	Safety Files	5 Years
Other Job Related Safety Documents	Safety Files	5 Years
Hazard Correction Reports	Safety Files	5 years
Employee Safety Suggestion Forms	Safety Files	3 Years
Individual Employee Training Documentation Forms	Personnel Files	1 year from end of Employment
Group training sign-in sheets	Safety Files	10 years
Discipline Warning and Termination forms	Personnel Files	3 years from end of Employment
Medical records (respirator tests, etc.)	Maintained by physician	
Employee Exposure Records	Safety Files	30 Years
Cal OSHA 300, 300A and 301 Forms	Safety Files	5 years