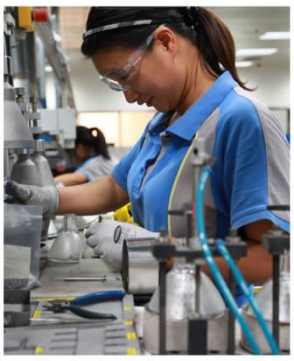
National Safety CONSULTING

Baxmeyer CONSTRUCTION, INC.

Safety Manual

May 2026




National Safety Consulting (“NSC”) has compiled this Safety Manual to reflect information received from industry representatives and from the Occupational Safety and Health Administration (“OSHA”). Because industry standards and regulations change from time to time, the information contained in this Safety Manual may be inaccurate, and NSC assumes no responsibility to update this Safety Manual, unless holder is a currently retained customer.

Accordingly, this Safety Manual should only be used as a supplement to, and not a substitute for, the latest industry standards and regulations, including the Occupational Safety and Health Act and any standards issued by OSHA or other federal, state, and local agencies. You agree to indemnify and hold NSC and its affiliates harmless for any failure to comply with such standards and regulations, whether they are reflected in the Safety Manual.

Baxmeyer Construction, Inc

Safety Manual Table of Contents

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Using this Safety Manual

This Safety Manual has been put together with the needs of your organization in mind as well as what OSHA wants to be sure you and your employees have in place for your safety program. We have included a list of Safety Standard References with the full verbiage of the regulation(s) for each section – your PDF copy online will have active links relevant site(s). This is the place to go if you want to read the full standard; or, you can simply reach out to your National Safety Consulting safety coordinator for clarification!

The first few chapters go over general safety information, including your company's general safety policy, the safety violation policy, training expectations, and emergency and incident management. From there, your manual covers the highlights of the OSHA standards and safety requirements that are relevant to your company and the work that you do. This is the section where the "dos and don'ts" live and where your team can find quick answers related to the work you do.

Chapter 9 is where you will find the real tools in your safety manual – there you have a wide variety of forms that you and your team can use to remain in compliance with federal regulations. You will find not just the acknowledgement forms relevant to your manual, but also forms and tools to inspect equipment and processes, to assess for safety considerations to be made, and training and permit forms.

If there is a form, tool, or safety requirement that you need that is not in this manual, reach out to your coordinator or call our office, and we can get it developed and added for you as an addendum to your safety manual.

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Safety Standard References – to see the full text of the standard / regulation

OSHA Laws & Regulations	osha.gov/laws-regs
OSHA Recording & Reporting Injuries/Illnesses	29 CFR 1904
American National Standards Institute (ANSI)	ansi.org
National Institute for Occupational Safety & Health (NIOSH)	cdc.gov/niosh

Arc Flash	29 CFR 1926 Subpart V Appendix E
Asbestos	29 CFR 1926.1101
Blasting & Explosives	29 CFR 1926 Subpart U
Bloodborne Pathogens	29 CFR 1910.1030
Compressed Gas Cylinders	29 CFR 1910 Subpart H
Concrete & Masonry Construction	29 CFR 1926 Subpart Q
Confined Spaces in Construction	29 CFR 1926 Subpart AA
Cranes, Rigging, and Signaling	29 CFR 1926 Subpart CC
Demolition	29 CFR 1926 Subpart T
Electrical Safety	29 CFR 1926 Subpart K
Excavations & Trenching	29 CFR 1926 Subpart P
Fall Protection	29 CFR 1926 Subpart M
Fire Prevention	29 CFR 1926 Subpart F
First Aid & Medical Services	29 CFR 1926.50
Forklift / Powered Industrial Trucks	29 CFR 1910.178
Hazard & Risk Assessment	29 CFR 1910.132
Hazard Communications & I.D.	29 CFR 1910.1200
Hazardous Materials	29 1910 Subpart H
Heat & Cold Stress	OSHA General Duty Clause; NIOSH (Heat, Cold)
Heavy / Mechanized Equipment	29 CFR 1926 Subpart O
Housekeeping	29 CFR 1926.25, 29 CFR 1910.22
Ladders & Stairways	29 CFR 1926 Subpart X
Lead Exposure	29 CFR 1926.62
Lockout/Tagout	29 CFR 1926.417, 29 CFR 1910.147
Machine Guarding	29 CFR 1926.300
Material Handling, Storage, Use & Disposal	29 CFR 1926 Subpart H
Noise Exposure & Hearing Conservation	29 CFR 1926.52, 29 CFR 1910.95
Personal Protective Equipment (PPE)	29 CFR Subpart E

Respiratory Protection	29 CFR 1910.134
Rigging & Signaling	29 CFR 1926 Subpart CC
Scaffolds, Mobile Platforms and Aerial Lifts	29 CFR 1910.27; 29 CFR 1926 Subpart L
Silica (Respirable Crystalline)	26 CFR 1926.1153
Steel Erection	29 CFR 1926 Subpart R
Tools - Hand & Power	29 CFR 1926 Subpart I
Voluntary Respiratory Protection	29 CFR 1910.134(c); 29 CFR 1910.134 Appendix D
Welding & Cutting (Hot Work)	29 CFR 1926 Subpart J

Chapter 1 SAFETY POLICY & RESPONSIBILITIES

- Company Policy and Commitment to Safety

  Baxmeyer Construction, Inc is dedicated to providing a safe and healthy work environment for all our employees. The Company shall follow operating practices that will safeguard employees, the public, and Company operations. Furthermore, compliance with all federal, state, and local safety and health regulations is mandatory. **"We believe most incidents are preventable and want everybody to go home safely at the end of every shift."**

  Baxmeyer Construction, Inc maintains a professional and harassment-free work environment in which all employees are expected to conduct themselves with respect for one another and for those with whom we deal with on behalf of the company. We prohibit harassment based on age, color, disability, ethnicity, marital or family status, national origin, race, religion, sex, sexual orientation, veteran status, or any other characteristic protected by law.

- Safety Violation Policy

  Should any Baxmeyer Construction, Inc employee commit an unsafe act, intentional or not, this action shall be addressed by the immediate supervisor, the Safety Coordinator, and Management, to determine an appropriate behavioral correction through discipline or training.

  It is the general policy of Baxmeyer Construction, Inc to apply progressive discipline; however, any unsafe act will be evaluated for a corresponding level of discipline appropriate to the situation.

  - Levels of discipline include, but are not limited to:
    - Verbal reprimand
    - Written reprimand
    - Suspension from jobsite
    - Suspension of employment
    - Termination of employment
    - Immediate termination of employment for acts resulting in Immediate Danger to Life and Health, or Imminent Danger.
  - Documentation
    - A Safety Violation Notice shall be completed for all written reprimands and/or suspensions.
    - A copy shall be maintained in the employee's file and provided to the supervisor if corrective action(s) is required.

- Assignment of Responsibilities

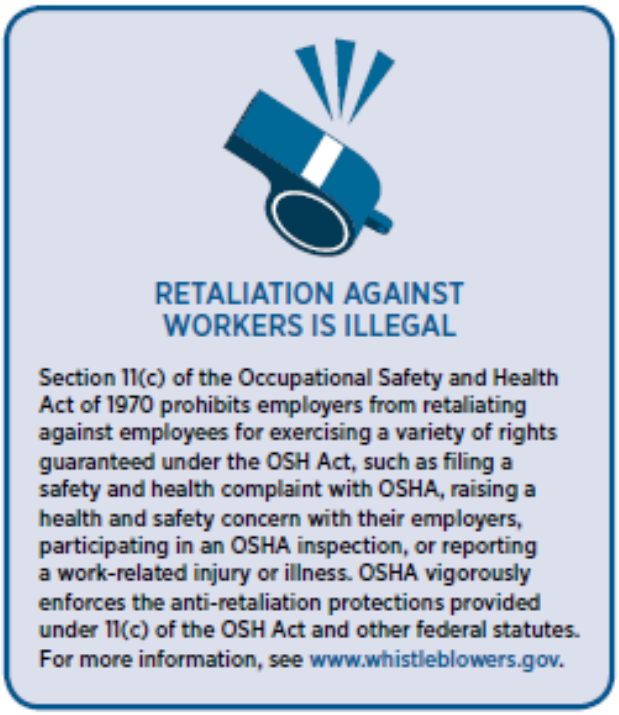
  Safety is everyone's responsibility. Everyone shall always have a safe attitude and practice safe behavior. To best administer and monitor our safety policies, the following responsibilities are stated. This list shall not be construed as all-inclusive and is subject to change as needed.

  - Owner / Employer Responsibilities
    - Owner / Employer is responsible for communicating the safety policies to all workers, and (when applicable), contractors, subcontractors, visitors, and customers.
    - Owner / Employer shall ensure that employees are NOT retaliated against for reporting unsafe conditions, unsafe work practices, or injuries / illnesses.

- Owner / Employer shall provide basic first aid supplies that are checked at least weekly to ensure that the types and quantity of supplies are adequate for the worksite.
- Owner / Employer is responsible for preparing an Emergency Action Plan (EAP) for all worksites and communicating that plan to all employees.
- Owner / Employer should take safety and health into consideration for business decisions, including bidding, vendor/subcontractor selection, scheduling, and budgeting.
- Owner / Employer is responsible for establishing ways for supervisors and workers to communicate freely about safety and health concerns.
- Owner / Employer has the responsibility for incident prevention in the performance of all company activities.
- Owner / Employer is responsible for assuring that all operations comply with applicable government regulations and company policies.
- Owner / Employer displays concern for the well-being of its employees through its active participation and support of the safety program.
- Owner / Employer has an obligation to support and when necessary to direct all supervisory personnel and the company's safety coordinator in the execution of their duties.

- Supervisor Responsibilities
  - The Supervisor must consider both existing and anticipated safety hazards associated with the workplace.
  - The Supervisor must make provisions for employee safeguarding, by allowing for the procurement of personal protective equipment, and safe tools and equipment.
  - The Supervisor must take into consideration the protection of the public and the protection of the owner's private property.
  - It is the Supervisors responsibility to plan and conduct all operations with full regard to safety and shall ensure compliance with all federal, state, and local safety regulations, all jobsite rules and operating procedures, and implement additional rules and procedures as required to further incident prevention at the worksite and hold the responsibility for incident prevention within their crew.
  - The Supervisor shall participate in incident investigations, safety meetings, site inspections and general safety awareness.
- Employee Responsibilities
  - Employees are responsible for complying with all job safety rules and regulations.
  - Employees are responsible for reporting all injuries, incidents, and near misses and for correcting and/or reporting any unsafe acts or conditions to their supervisor.
  - Employees are encouraged to participate fully in the incident prevention program.
  - Employees have an obligation to question management and Supervisors concerning any direction(s) or safety precaution(s) they do not understand.
  - Employees must attend all training sessions to reinforce the skills needed to perform their jobs in a safe manner in and around their work area.
  - Employees have the authority and obligation to stop any task or operation where concerns or questions regarding the control of health, safety or environmental risks exist.

- Safety Coordinator/Department Responsibilities
  - The Safety Coordinator/Department will provide safety meeting topics (Toolbox Talks) to the Supervisor to be read and signed at the safety meetings.
  - The Safety Coordinator/Department is responsible for consulting on matters in developing the objectives for jobsite incident prevention programs and their implementation.
  - The Safety Coordinator/Department shall consult with the company management on safety-related matters, keeping both groups current with inspection results, incident reports, corrective actions, general incident statistics, trends, changes in government safety regulations (OSHA), and other pertinent information.
  - The Safety Coordinator /Department will help monitor the completion of the OSHA 300 Injury/Illness Log.



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Baxmeyer Construction, Inc

Safety Violation Notice

Employee Name _____ Employee Title _____

Supervisor Name _____ Department _____

Date of Offense: _____ / _____ / _____ ☐ 1st Offense ☐ 2nd Offense ☐ 3rd Offense

Course of action:

☐ Verbal Counseling ☐ Written Reprimand w/Retraining ☐ Suspension _____ days

☐ Termination ☐ Other _____

The above-named employee was contacted today regarding the following safety violation:

_____

_____

_____

The employee's explanation for their behavior is the following:

_____

_____

_____

The counseling / corrective action(s) guidance is the following:

_____

_____

_____

I (the employee) understand that safety rules and practices are necessary to reduce accidents and injuries on the job. Safe behavior on the job not only protects me, but my fellow workers as well. it is also understood that my employer, by law, must impose disciplinary procedures, which could include termination and that this Safety Violation Notice will be maintained in my employee file.

Employee Signature: _____ Date: ____ / ____ / ____

I (the supervisor) have taken the corrective steps outlined above to address the safety violation that occurred. This Safety Violation Notice will be provided to Management as needed and filed in the employee's file.

Supervisor Signature: _____ Date: ____ / ____ / ____

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Chapter 2 TRAINING & MONITORING

- Training

  Training will be provided to ensure the requirements of OSHA standards are met and routinely evaluate employee training needs to keep workers safe and healthy on the job.

  - New Employee Orientation

    New employees will receive training on the company's safe work practices and expectations, this safety manual, and specific safety and health training for the tasks that they will perform.

  - Safety Coordinator Training

    The Safety Coordinator or other designated person will appraise the skill and knowledge level of workers, and provide any additional training, as required.

  - Assessment of employee understanding will be determined through job performance, performance testing, and if employees come forward with concerns.
  - Where safety and health training is needed, appropriate training will be provided to include:
    - Hazard recognition.
    - Necessary precautions to be used (best work practices and PPE).
  - Training length and level of detail will be determined by the severity of the hazards and the requirements of OSHA.
  - Records will be maintained with the following information:
    - Topic(s) covered
    - Name of trainer
    - Date of training
    - Employee name
    - Verification of employee understanding

- Toolbox Talks
  - Toolbox Talks will be conducted on a weekly basis for their employees at the work site.
  - All Foremen / Supervisors are required to attend.
  - Emergency procedures shall be periodically reviewed.
  - Employees shall be reminded to put safety first and look out for their fellow workers.
  - Employees shall be encouraged to offer comments and safety suggestions at this time and regularly throughout the day as needed.

- Inspections

  Periodic inspections will be conducted to identify hazardous conditions and unsafe behaviors by the Superintendents, Foreman, Project Managers, or Safety Coordinator/Department. The inspection shall look for unsafe practices and conditions that can cause an incident and take corrective action immediately.

  Jobsite Safety Inspection Checklist can be found in the Forms section of this manual.

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Baxmeyer Construction, Inc

Safety Training / Meeting Sign-In Sheet

Trainer: _____ Meeting Type: _____ Date: ____ / ____ / ____

	Print Name	Job Title	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Safety Topics Covered:

- ☐ Confined Space
- ☐ Driver Safety
- ☐ Drug-Free Workplace Program
- ☐ Emergency Procedures
- ☐ Fire Protection
- ☐ First Aid Training
- ☐ Hazardous/Flammable Materials
- ☐ Housekeeping
- ☐ Incident Investigation
- ☐ Incident Reporting
- ☐ Industrial Hygiene
- ☐ Injuries or Incident Review
- ☐ Lockout/Tagout
- ☐ Materials Handling/Back Safety
- ☐ Personal Protective Equipment
- ☐ Powered Industrial Truck
- ☐ Pre-Project Planning
- ☐ Safety Manual Orientation
- ☐ Supervisor's Training
- ☐ Teamwork
- ☐ Tools, Equipment, Machinery
- ☐ Vehicle Safety
- ☐ Violence Prevention Program
- ☐ Welding
- ☐ Other _____

Comments: _____

_____

_____

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Chapter 3 SUBSTANCE ABUSE POLICY

Baxmeyer Construction, Inc will balance respect for individual privacy with the need to keep a safe, productive work environment. No Baxmeyer Construction, Inc employee may use, store, possess, manufacture, distribute, or be under the influence of illegal substances, or use or be under the influence of alcohol while performing work for the company.

This policy affects **ALL** employees and their supervisors during their time of employment with this company. Anyone who violates this policy is subject to disciplinary action, up to and including termination of employment.

Baxmeyer Construction, Inc shall have the right to require an employee to submit to testing for illegal substances prior to assignment to projects where customer specifications or governmental regulations mandate such testing. In addition, we shall have the right to implement the Drug and Alcohol Testing Categories as outlined in this policy.

Any employee who is subject to Department of Transportation (DOT) regulations shall be subject to and must pass a DOT drug test prior to employment, and whenever testing is required under DOT regulations and provisions.

- Drug & Alcohol-Free Workplace
    - To ensure that drugs and alcohol do not enter or affect the workplace, Baxmeyer Construction, Inc reserves the right to conduct reasonable searches of all vehicles, containers, lockers, or other items on company property or worksites in furtherance of this program.
    - Individuals may be requested to display personal property for visual inspection upon request. All personal property searches will take place only in the employee's presence and will occur with the utmost discretion and consideration for the employees involved.
    - Searches for the purposes described herein will be conducted when there is reasonable suspicion that the employee has violated the Substance Abuse Policy, and that evidence of such misconduct may be found during the search.

- Alcohol Statement
    - It is recognized that alcohol use differs from use of illegal drugs in that alcohol may be legally obtained and used, and each employee has the right to decide whether to drink on his own time.
    - No employee shall consume alcohol or be under the influence of alcohol while on a company jobsite or project during working hours or in a company-owned vehicle at any time. Doing so shall be considered cause for termination.
    - No employee shall perform safety-sensitive functions within four hours after using alcohol.

- Marijuana Statement
    - It is recognized that medical and/or recreational Marijuana may be a legal option in some locations where the company may perform work.
    - Marijuana usage for any purpose remains illegal under federal law and is a serious risk to health and safety on a work site. The company intends to follow all state and federal laws, but where they conflict, the company will follow the stricter federal law.

- No employee shall use/consume marijuana or be under the influence of marijuana while on a company jobsite or project during working hours or in a company-owned vehicle at any time. Doing so shall be considered cause for termination.

- Drug and Alcohol Testing Categories
  - Pre-Employment

    Offers of employment may be conditioned on proper cooperation with and participation in controlled substance screening tests. Following a conditional employment offer, applicants will be asked to sign a form consenting to a screening test as part of the application process.

    Failure to submit to an alcohol or controlled substance test as required in this policy will result in disqualification for employment consideration.

  - Post-Vehicle Accident

    An employee is required to submit to a drug/alcohol test when they are driving and are involved in an accident where one of the following situations has occurred:

    - Any person involved in the accident dies.
    - The driver receives a citation within 8 hours (for alcohol test) or 32 hours (for drug test) of the accident for a moving traffic violation arising from the accident.
    - The accident involved bodily injury to any person who, because of the injury, immediately receives medical treatment away from the scene of the accident.
    - One or more of the vehicles incur disabling damage requiring the vehicle to be transported from the scene by a tow truck or other motor vehicle.

  - Post-Incident

    If there is a reasonable possibility that drug or alcohol use (by any party involved) caused or contributed to the reported incident, injury or illness, this program allows for involved employees to submit to testing for drugs and alcohol.

    Employees may be subject to testing after a work-related accident involving medical treatment (other than first aid), or which results in a lost workday to the individual or which involves significant property damage.

  - Random

    To the extent allowed by law, employees in safety sensitive or special risk positions will be required to submit to drug testing on a random basis.

    Employees selected for random testing shall report to the drug testing laboratory the same day that they are notified that they have been selected so long as proper laboratory facilities are provided during working hours.

  - Reasonable Suspicion

    If a competent person has determined that there is reasonable cause or suspicion that an individual is performing work under the influence, then that individual will be required to submit to a drug and alcohol test.

  - Routine Fitness for Duty

    Employees will be subject to drug testing if the test is conducted as part of a routinely scheduled fitness-for-duty medical examination applicable to all similar employees.

  - Other Additional Testing

    Other additional testing may also be conducted as required by applicable state or federal laws or regulations or as deemed necessary by the company.

- Substance Abuse Testing Policy
    - Failure to submit to an alcohol or controlled substance test as required in this policy will result in employment status to be reclassified as non-Compliant and employee shall be subject to disciplinary action, up to and including termination of employment.
    - Any employee being notified to submit to a drug and/or alcohol test will sign a Substance Abuse Testing Notification Form regardless of the category in which the testing falls
    - All Substance Abuse testing shall be carried out under the following conditions:
        - The company shall be responsible for all expenses incurred in carrying out drug testing, including, but not limited to lost time, travel time, travel expense and all costs of testing, unless stated otherwise in this policy.
        - All testing shall be done under the control and supervision of a physician with employee confidentiality protected and only by laboratories listed by current federal standards.
        - The substance prohibitions and the testing procedures provided for under this policy may involve the following drugs or metabolites:

SUBSTANCE	THRESHOLD LIMIT
Alcohol	0.02%
Amphetamines	300 ng/ml
Cocaine metabolites	300 ng/ml
Marijuana metabolites	20 ng/ml
Opiate metabolites	300ng/ml
Phencyclidine	25 ng/ml
Barbiturates	300 ng/ml
Benzodiazepines	300 ng/ml
Methadone	300ng/ml
Methaqualone	300ng/ml
Propoxyphene	300 ng/ml

        - An employee or job applicant who receives a positive confirmed test result may contest or explain the result to the Medical Review Officer (MRO) within five (5) working days after receiving written notification of the test result. If an employee's or job applicant's explanation or challenge is unsatisfactory to the MRO, the positive test result shall be reported to the employer.
        - An employee testing positive due to a "negative dilute" (a greater concentration of water in a urine specimen than what would be expected) shall have another urine sample collected as soon as possible with minimum advance notice. A second diluted specimen, without a medical reason, will be considered a positive test result.
        - Drug and alcohol testing records shall be handled with the highest degree of confidentiality and shall not be distributed to other parties.
            - If a grievance is brought before the Joint Labor Management Committee because of a positive test, the company shall have the right to present, as evidence, all employee records including positive test results.
            - The company shall have the right to document negative or drug-free results for individual employees to customers, government agencies or the Union.
                - In the case of alcohol testing verification, the company will document to the customer, government agency or the Union that all employees employed on the jobsite are following the alcohol section of the policy.

- Substance Abuse Test Failure
    - **FIRST OFFENSE**

      Before an employee may return to work, he/she must pass, at his/her own expense and from the same testing office, the same test that was previously failed. The results must be negative and clouded/diluted results are not acceptable.

      The company is not required to pay the employee while he/she is not working and awaiting results from a second test.

      Following a negative re-test, the employee may be reassigned to the project or other projects at the company's discretion. First-time violators shall be subject to Random Testing for use at any time without prior notice for up to six (6) months following the violation.
    - **SECOND OFFENSE**

      Following a second offense, the employee shall be subject to disciplinary action up to and including immediate termination.

      Before an employee may be considered for re-employment, he/she must wait a minimum of 30 days before taking and passing, at his/her own expense and from the same testing office, the same test that was previously failed.

      Re-employment, even following a negative re-test, shall be a discretionary decision on the part of management.
    - **THIRD OFFENSE**

      Third offense for failure of a substance abuse test is grounds for immediate termination without recourse or consideration for re-employment.

- Joint Labor Management Committee Involvement

  In the interest of securing a drug-free workplace, protecting employee rights, and securing employment opportunities, suggestions, and issues of concern and compliance problems shall be communicated in writing to the Joint Labor Management Committee.

- Substance Abuse Policy Acknowledgement Forms

  All employees are required to sign a Substance Abuse Policy Acknowledgement Form acknowledging that they have received and read the Substance-Abuse Policy as outlined in this section.

  The Substance Abuse Policy Acknowledgement Form can be found in the Forms section of this manual.

Chapter 4 EMERGENCY RESPONSE & INCIDENT MANAGEMENT

Should the owner of a worksite on which the Company is working have rules and procedures that are more stringent than these, those more stringent rules and procedures shall prevail.

- Emergency Action Plan
    - An emergency action plan must be in writing, kept in the workplace, and available to employees for review. However, an employer with 10 or fewer employees may communicate the plan orally to employees.
    - An emergency action plan must include at a minimum:
        - Procedures for reporting a fire or other emergency.
        - Procedures for emergency evacuation, including type of evacuation and exit route assignments.
    - Exit Routes
        - Each exit route must be a permanent part of the workplace.
        - Exit routes must be free and unobstructed.
        - Each exit route must be adequately lit so that an employee with normal vision can see along the exit route.
        - If the direction of travel to the exit or exit discharge is not immediately apparent, signs must be posted along the exit access indicating the direction of travel to the nearest exit and exit discharge.
        - The number of exit routes must be adequate.
        - Each exit must be unlocked, clearly visible, and marked by a sign reading "Exit."
        - Employees must be able to always open an exit route door from the inside without keys, tools, or special knowledge.
        - Each exit door must lead directly outside or to a street, walkway, refuge area, public way, or open space that is large enough to accommodate the building occupants likely to use the exit route.

- Incident/Injury Procedures

  If there is an incident while working, it will be investigated, and corrective action shall be implemented to prevent future injury. Employees and witnesses must fully cooperate in the investigation.

  If there is an injury on the job:

    - In case of an emergency, the employee nearest the stricken person shall call 911 (or the emergency phone number posted in your area).
    - Care for the injured worker immediately, if possible.
    - Direct a fellow employee to contact the designated employee who is trained in first aid and/or CPR to assist in the situation, as well as the nearest Supervisor.
    - If rescue personnel are summoned via a 911 call, the Supervisor shall delegate an individual to wait for the rescue team at a designated location and escort them to the injured employee.
    - Simultaneously dispatch available employees to quickly retrieve the first aid kit.

- If needed, the Supervisor or other designee shall transport the injured worker to the company's designated medical facility to receive appropriate medical attention.
- A post-incident drug and/or alcohol test may be conducted in accordance with the Drug and Alcohol-Free Workplace Policy.
- Injured employees must comply with the medical treatment provided by the treating physician, cooperate with the insurance company and its designees, and abide by the company's return-to-work policy.
- The Supervisor or Management will decide whether to evacuate, inspect or shut down the work site.

- Evacuation Procedures

  When alerted by alarm or by the Supervisor to evacuate, employees shall:

  - Properly secure all materials/tools/equipment in their possession and assure all hazardous containers and areas are properly locked.
  - Proceed to the nearest exit and wait in a safe location at the designated meeting location away from danger.
  - Remain in the designated meeting location until the roll call is complete and instructions are provided.

- Reporting an incident/injury
  - All workers have the right to raise safety or health concerns with their employer or OSHA, and/or to report a work-related injury or illness, without being retaliated against.
  - Contact and report all injuries and incidents to the Supervisor.
  - The Supervisor shall immediately notify the Safety Coordinator of the incident in the event that a workers' compensation or a report-only claim needs to be filed.
  - The employer shall record all work-related injuries per the guidelines in the OSHA Reporting & Recordkeeping chapter of this manual.
  - The employer shall report incidents and/or injuries to the project owner as soon as possible or in a timely manner (within 24 hours of incident).

- Incident Investigation / Root Cause Analysis
  - All witnesses to the incident shall be available to speak with the Safety Coordinator and/or the Supervisor and cooperate in all incident investigations.
  - The Safety Coordinator or Supervisor shall complete an Incident Investigation Form which shall be submitted to Management for review.
  - Management and the Safety Coordinator shall evaluate the corrective action(s) taken or suggested and shall approve of any additional corrective actions, as appropriate.
  - Management and the Safety Coordinator shall provide documentation and communication of lessons learned and review of similar operations to prevent reoccurrence. To communicate incident information and lessons learned from incidents incident notice will be sent to all work sites, posted on employee bulletin boards, and be discussed in weekly safety meetings until all employees at the job site have been informed of the incident.

- Near Miss Report
    - If there is a Near Miss while working, it will be investigated and a Near Miss Report will be filled out, including witness statements.
    - This report is NOT intended to be used for retaliatory purposes; rather, it is intended to be a teaching tool designed to improve employee safety awareness, and to identify and prevent potential life-threatening situations before they happen.

- Training
    - Employees shall be trained in company policies and procedures regarding Emergency and Incident Management.
    - The emergency action plan shall be reviewed with each employee covered by the plan when:
        - The plan is developed, or the employee is assigned initially to a job.
        - The employees' responsibilities under the plan change.
        - The plan has changed.
    - Training shall include:
        - Procedures to follow in the event of an injury or incident at the worksite.
        - Evacuation routes, meeting location(s), and roll call procedures.
        - Company procedure for reporting work-related incidents, injuries or illnesses.
            - Employees have the right to report work-related injuries and illnesses.
            - The company is prohibited from and shall not discharge or in any manner discriminate against employees for reporting work-related injuries or illnesses.
        - Expectations of the employees during an incident, injury, or near miss investigation.

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Baxmeyer Construction, Inc

Incident Investigation Report

Investigator: _____ Report Date: _____ / _____ / _____

Incident Resulted In: ☐ Near Miss ☐ Equipment Damage ☐ Property Damage ☐ Injury ☐ Fatality

When did the incident occur? Date: ___ / ___ / ___ Time: ____ : ____a.m./p.m. ☐ Time not determined

Is the incident/injury reportable to OSHA? ☐ No ☐ Yes – Date reported to OSHA: _____ / _____ / _____

Involved Employee Information:

What time did the injured employee begin work on the day of the incident? Time: ___ : ___a.m./p.m.

Name: _____ _____ _____
LAST FIRST MI

Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Home Phone: _____ Mobile Phone: _____

D.O.B.: _____ Gender: _____ Date Hired.: _____

Was the employee Drug Tested? ☐ No ☐ Yes – Results: _____

Was the employee Alcohol Tested? ☐ No ☐ Yes – Results: _____

Supervisor Information:

Supervisor's Name: _____ _____ _____
LAST FIRST MI

Telephone: _____ Fax Number: _____

Company Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Witness Information: ☐ No Witnesses

Name: _____ _____ _____
LAST FIRST MI

Statement Attached? ☐ Yes ☐ No (If no, explain) _____

Name: _____ _____ _____
LAST FIRST MI

Statement Attached? ☐ Yes ☐ No (If no, explain) _____

Name: _____ _____ _____
LAST FIRST MI

Statement Attached? ☐ Yes ☐ No (If no, explain) _____

Incident Investigation Report (page 2)

Incident Information:

When was the incident reported to supervisor? Date: ____ / ____ / ____ Time: ___ : ___a.m./p.m.

Jobsite Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Specific Location Where Incident Occurred: _____

The incident occurred while working: ☐ Inside ☐ Outside

Conditions (*if outside*): ☐ Sunny ☐ Excessive Heat ☐ Dry ☐ Rainy ☐ Snowy ☐ Excessive Cold

What was the involved employee doing just before the incident occurred?

Describe how did the incident occurred:

What object or substance directly harmed the employee:

Describe any Property and/or Equipment damage:

What environmental factors (unsafe conditions) contributed to the incident? *(see supplemental information)*

What behavioral factors (unsafe acts) contributed to the incident? *(see supplemental information)*

What corrective actions have been taken to prevent incident recurrence?

Incident Investigation Report (page 3)

Type of Medical Treatment administered: (check all applicable)

- ☐ None
- ☐ On-Site first aid (note below)
- ☐ Doctor/Clinic visit
- ☐ EMT/Paramedic
- ☐ Emergency Room
- ☐ Hospital Stay

Type of Injury/Illness that was incurred: (check all applicable)

- ☐ Abrasion
- ☐ Allergic Reaction
- ☐ Animal Bite
- ☐ Asphyxiation
- ☐ Blister
- ☐ Burns
- ☐ Cardiovascular
- ☐ Concussion
- ☐ Contusion (bruise)
- ☐ Crushing Injury
- ☐ Dermatitis
- ☐ Dislocation
- ☐ Electrocution
- ☐ Exposure-Chemical
- ☐ Exposure-Radiation
- ☐ Eye Cases
- ☐ Fracture
- ☐ Hearing Loss-Temp.
- ☐ Hernia
- ☐ Laceration
- ☐ Poisoning
- ☐ Puncture
- ☐ Repetitive Motion
- ☐ Splinter
- ☐ Sprain (joint)
- ☐ Sting-Insect Bite
- ☐ Strain (muscle)
- ☐ Temperature-Extreme Hot or Cold
- ☐ Unclassified

Injury Caused by: (check all applicable)

- ☐ Burns
- ☐ Caught in/between
- ☐ Climbing
- ☐ Cut/Puncture
- ☐ Electrical Shock
- ☐ Explosion
- ☐ Fall - Elevation
- ☐ Fall - Same Level
- ☐ Fall – Climbing
- ☐ Falling Object
- ☐ Irritation
- ☐ Lifting./Handling
- ☐ Motor Vehicle
- ☐ Natural Disaster
- ☐ Reaching for…
- ☐ Struck against…
- ☐ Struck by…
- ☐ Violence

Body Part that was injured: (check all applicable)

- ☐ Head
- ☐ Face
- ☐ Ear ☐ R ☐ L
- ☐ Eye ☐ R ☐ L
- ☐ Nose
- ☐ Mouth
- ☐ Throat
- ☐ Neck
- ☐ Back
- ☐ Chest
- ☐ Stomach
- ☐ Kidney ☐ R ☐ L
- ☐ Buttock ☐ R ☐ L
- ☐ Groin ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Leg ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Toes ☐ R ☐ L *(circle)*

- ☐ Shoulder ☐ R ☐ L
- ☐ Arm ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Fingers ☐ R ☐ L *(circle)*

First Aid Details:

Name of person(s) that administered First Aid: _____

Type of first aid administered: _____

_____

Medical Treatment Information:

Name of Physician or other health care provider: _____

Hospital/Clinic Name: _____ Telephone: _____

Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Recommendation of the doctor: ☐ Return to Regular Work ☐ Restricted Work ☐ Days off Work

Number of Days to be off Work: _____ Date to Return to Restricted Work: _____ / _____ / _____

Number of Restricted Work: _____ Date to Return to Regular Work: _____ / _____ / _____

Incident Investigation Report (page 4)

Employee Signature:

I certify that the information contained in this Incident Investigation Report reflect the nature of the incident / injury in which I was involved.

_____ _____ _____ / _____ / _____
PRINT SIGNED DATE

Supervisor Information:

I certify that I have reviewed all information contained on this Incident Investigation Report and am taking the appropriate actions to completely investigate the incident, as well as to report any required findings.

Reported to National Safety Consulting: Date: _____ / _____ / _____ Time: ____ : ____a.m./p.m.

Name of person to whom it was reported: _____

Reported to OSHA (if applicable): Date: _____ / _____ / _____ Time: ____ : ____a.m./p.m.

Reported via (select one): ☐ Telephone call ☐ Online Submittal

Supervisor Signature:

_____ _____ _____ / _____ / _____
PRINT SIGNED DATE

National Safety Consulting / Safety Manager Information:

Date of Incident Investigation: Date: _____ / _____ / _____ Time: ____ : ____a.m./p.m.

☐ Photos Attached to Report

Incident Notes:

Recommended Remediation:

National Safety Consultant / Safety Manager Signature:

_____ _____ _____ / _____ / _____
PRINT SIGNED DATE

Incident Supplemental Information

Note: Each incident will involve at least one of the following conditions as a contributing factor.

Environmental Factors (Unsafe Conditions)

Conditions	Definition of Condition	Suggested Corrective Action
Unsafe procedures	Hazardous Process. Management failed to make adequate plans for safety.	A. Pre-Project Planning B. Formulation of Safe Procedures
Improperly guarded	Work areas, machines, or equipment that is unguarded or inadequately guarded.	A. Inspection B. Checking plans, blueprints, purchase orders, contracts, & materials for safety C. Include guards in original design, order, & contract D. Provide guards for existing hazards
Defective through use	Buildings, machines, or equipment that have become rough, slippery, sharp edged, worn, cracked, broken, or otherwise defective through use or abuse.	A. Inspection B. Proper Maintenance
Defective through design	Failure to provide for safety in the design, construction, and installation of buildings, machinery, & equipment. Too large, too small, not strong enough.	A. Source of supply must be reliable B. Checking plans, blueprints, purchase orders, contracts, & materials for safety C. Correction of defects
Unsafe clothing or personal protective equipment	Management's failure to provide or specify the use of goggles, respira-tors, safety shoes, hard hats, & other articles of safe dress or apparel.	A. Provide safe apparel or personal protective equipment. B. Specify the use or non-use of certain apparel or protective equipment on certain jobs.
Unsafe housekeeping facilities	Unsuitable layout or lack of equipment necessary for good housekeeping (i.e. shelves, boxes, bins, aisle markers, etc.)	A. Provide suitable layout and equipment necessary for good housekeeping.
Improper ventilation	Poorly or not ventilated area	A. Improve ventilation

Behavioral Factors (Unsafe Acts)

Factor	Definition of Factor	Suggested Corrective Action
Lack of knowledge or skill	Unaware of safe practice; Unpracticed or unskilled. Not properly instructed or trained.	A. Job training B. Improved hiring practices
Improper attitude	Worker was properly trained and instructed, but failed to follow instructions.	A. Supervision B. Discipline C. Improved hiring practices
Physical Deficiencies	Worker has impaired eyesight or hearing, heart trouble, hernia, previous injuries, etc.	A. Pre-employment physicals B. Periodic physicals C. Proper placement of workers D. Identification of workers with temporary physical deficiencies
Substance Abuse	Worker was under the influence of (illegal or prescribed) drugs or alcohol while completing task	

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Baxmeyer Construction, Inc

Incident / Near Miss Witness Statement

Witness Information:

Name: _____ _____ _____
LAST FIRST MI

Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Home Phone: _____ Mobile Phone: _____

Name of Employer: _____

Supervisor's Name: _____ _____ _____
LAST FIRST MI

Telephone: _____ Fax Number: _____

Employer's Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Incident / Near Miss Information: ☐ **Incident / Injury** ☐ **Near Miss**

When did the incident / near miss occur? Date: _____ / _____ / _____ Time: ____ : ____a.m./p.m.

The incident / near miss occurred while working: ☐ Inside ☐ Outside

Conditions (*if outside*): ☐ Sunny ☐ Excessive Heat ☐ Dry ☐ Rainy ☐ Snowy ☐ Excessive Cold

Did you actually witness the incident / near miss happen? ☐ Yes ☐ No – Explain below

What did you see or hear?

Describe fully how the incident / near miss occurred (including all relevant events that occurred before the incident / near miss):

How could this incident / near miss have been prevented?

Incident / Near Miss Witness Statement (page 2 of 2)

Please state your involvement in the incident / near miss:

Did another employee, someone, or something else cause or contribute to the incident / near miss because of improper procedure, failure to follow protocol, use of equipment, or equipment failure?

☐ Yes – Explain below ☐ No

Was anyone injured: ☐ No ☐ Yes – Describe the nature of the injuries sustained

What is your relationship to the injured employee?

Was the employee using safety equipment and following safety procedures at the time of the incident?

☐ Yes ☐ No – Explain below

Did you report the incident / near miss to anyone? ☐ Yes – to who? ☐ No Explain why not

---

The events recounted on this Incident / Near Miss Witness Statement are true and complete to the best of my recollection.

_____ SIGNATURE _____ PRINTED NAME _____ / _____ / _____ DATE

Baxmeyer Construction, Inc

Near Miss Report

This form is not intended to result in retaliatory action by the company or by National Safety Consulting. This report is strictly intended to: improve employee awareness and the predictive module in NSC's auditing software. This will assist in identifying where a potential incident MIGHT happen; to evaluate the safety hazards; and to determine, as a team, where we can better improve on-site training, techniques, and behavior.

Who is Reporting: _____ Report Date: _____ / _____ / _____

Date and Time of Near Miss: Date: _____ / _____ / _____ Time: _____ : _____a.m./p.m.

Potentially Involved Company: _____

Specific Location of the Near Miss: ☐ Inside ☐ Outside Where on the project? _____

_____

Conditions (*if outside*): ☐ Sunny ☐ Humid ☐ Excessive Heat ☐ Rainy ☐ Icy ☐ Snowy ☐ Excessive Cold

---

Potential Injuries? ☐ No ☐ Yes (describe) _____

Potential Property Damage? ☐ No ☐ Yes (describe) _____

Potential Equipment Damage? ☐ No ☐ Yes (describe) _____

Were behavioral factors (unsafe acts) related to the near miss? ☐ No ☐ Yes (describe below)

Were environmental factors related to the near miss? ☐ No ☐ Yes (describe below)

Describe the Near Miss *(including what job was being done, what the employee was doing before the near miss, and any behavioral or environmental factors)*:

Near Miss Report information sent to National Safety Consulting: ☐ No ☐ Yes _____ / _____ / _____

_____ _____ _____ / _____ / _____

PRINT SIGNED DATE

Near Miss Report received by National Safety Consulting & Entered into Predictive Solutions

_____ _____ _____ / _____ / _____

PRINT SIGNED DATE

NSC's recommended action, if any to be taken:

☐ Further Investigation ☐ Training ☐ Additional program(s) ☐ Other:_____

_____ _____ _____ / _____ / _____

PRINT SIGNED DATE

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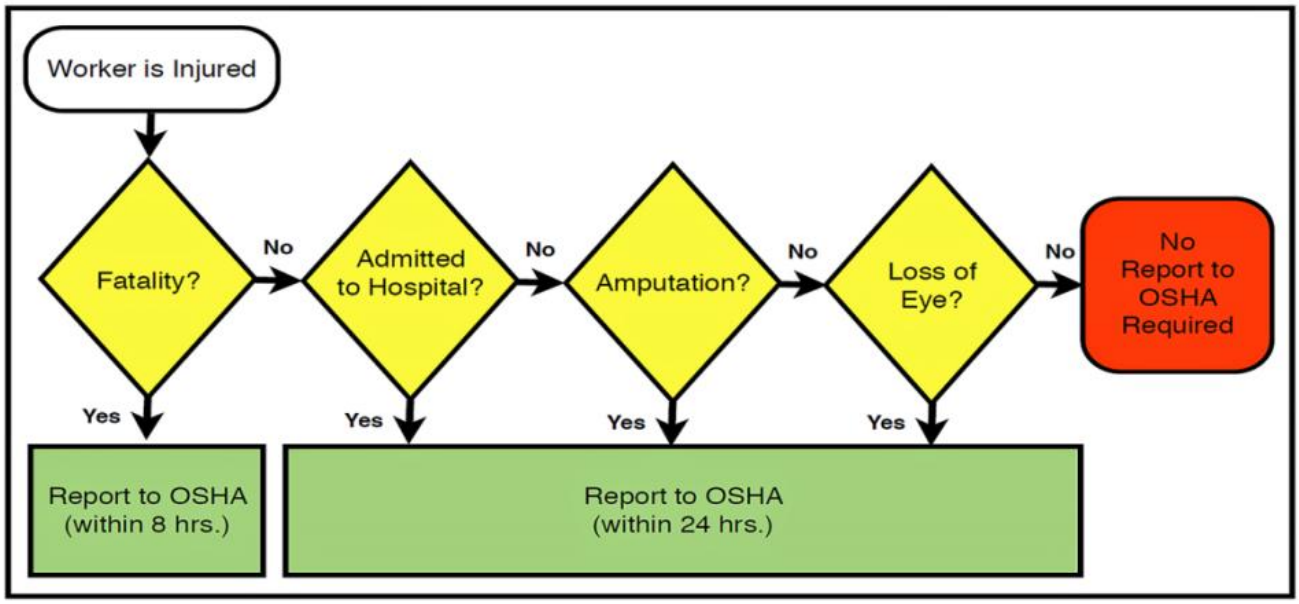
Chapter 5 OSHA REPORTING & RECORDKEEPING

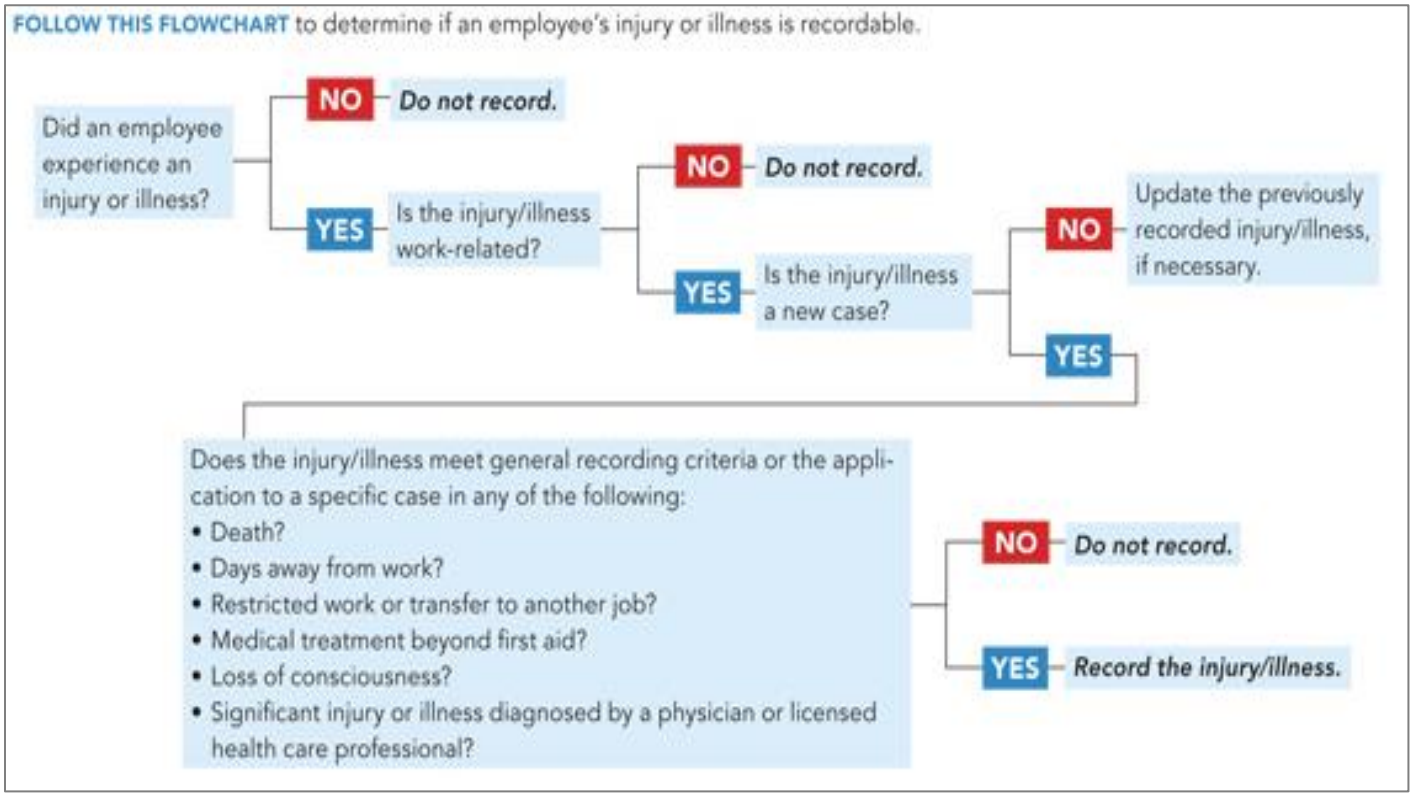


- Reporting Criteria
  - Report to OSHA within eight (8) hours, if a result of a work-related incident:
    - The death of any employee
    - If the fatality does not occur during or right after the work-related incident, you still report to OSHA if the fatality occurs within thirty (30) days of the work-related incident.
  - Report to OSHA within twenty-four (24) hours, if a result of a work-related incident:
    - The in-patient hospitalization of one or more employees

      OSHA defines inpatient hospitalization as a formal admission to the in-patient service of a hospital or clinic for care or treatment (not for observation or diagnostic testing)
    - An employee's amputation
      - Amputations include a part, such as a limb or appendage that has been severed, cut off, amputated (either completely or partially); fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; amputations of body parts that have since been reattached.
      - Amputations do not include avulsions, enucleations, de-gloving, scalping, severed ears, or broken/chipped teeth.
    - An employee's loss of an eye
  - Reporting Methods
    - By telephone or in person to the local OSHA Area Office that is nearest to the site of the incident – **Leaving a message is not considered reporting.**
    - By telephone to the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742) – **Leaving a message is not considered reporting.**
    - By electronic submission using the reporting application located on OSHA's public Web site at www.osha.gov.

- Information Needed
  - The name of the organization
  - The location of the work-related incident
  - The time of the work-related incident
  - The type of reportable event (i.e., fatality, in-patient hospitalization, amputation, or loss of an eye)
  - The number of employees affected by the reportable event
  - The names of the employees affected by the reportable event
  - Your contact person and his or her phone number
  - A brief description of the work-related incident

- Recording Criteria
  - Each employer required by this part to keep records of fatalities, injuries, and illnesses must, in accordance with the requirements of this part, make and maintain an accurate record of every fatality, injury, and illness that:
    - Is work-related; and
    - Is a new case; and
    - Meets one or more of the general recording criteria:



  - Determination of work-relatedness
    - An injury or illness must be considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness.

- Work-relatedness is presumed to be the cause of injuries and illnesses resulting from events or exposures occurring in the work environment unless an exception specifically applies.
- Exceptions:
  - At the time of the injury or illness, the employee was present in the work environment as a member of the public rather than as an employee.
  - The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
  - The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.
  - The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related.

    Note: *If the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead) or gets food poisoning from food supplied by the employer, the case would be considered work-related.*
  - The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
  - The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.
  - The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
  - The illness is the common cold or flu.

    Note: *contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work*
  - The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience stating that the employee has a mental illness that is work-related.

- Determination of new cases

  An injury or illness must be considered a "new case" if:

  - The employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body, or
  - The employee previously experienced a recorded injury or illness of the same type that affected the same part of the body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

- General Recording criteria

  An injury or illness must be considered to meet the general recording criteria, and therefore to be recordable, if it results in any of the following:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- "Medical treatment" means the management and care of a patient to combat disease or disorder. Medical treatment does not include:
  - Visits to a physician or other licensed health care professional solely for observation or counseling.
  - The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils).
  - "First aid" as defined in 29 CFR 1904.
- Loss of consciousness
- A significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.
- Cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be recorded at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed.

- OSHA Forms
  - All record-keeping documents are maintained at the company office.
  - When an authorized government representative asks for the records kept under 29 CFR 1904, you must provide copies of the records within four (4) business hours.
  - Every recordable occupational injury or illness shall be logged on the appropriate OSHA forms within seven (7) working days from the time the employer learns of the injury.
    - OSHA 300 form - Log of Work-Related Injuries and Illnesses
    - OSHA300-A form - Summary of Work-Related Injuries and Illnesses
    - OSHA 301 form - Injury and Illness Incident Report
  - Additional log forms and instructions are available at www.osha.gov/recordkeeping/forms.

- Recordkeeping Requirements
  - Covered Employees
    - The company must record on the OSHA 300 Log the recordable injuries and illnesses of all employees on your payroll, whether they are labor, executive, hourly, salary, part-time, seasonal, or migrant workers.
    - The company also must record the recordable injuries and illnesses that occur to employees who are not on your payroll if you supervise these employees on a day-to-day basis.
    - If the business is organized as a sole proprietorship or partnership, the owner or partners are not considered employees for recordkeeping purposes.

- Annual Summary

  At the end of each calendar year, company must:

  - Review that year's OSHA 300 Log to verify that it contains accurate entries for all recordable injuries and illnesses that occurred during the year and make any additions or corrections necessary to ensure its accuracy.
  - Verify that each injury and illness recorded on the 300 Log, including any injuries and illnesses added to the Log following your year-end review is accurately recorded on a corresponding 301 Incident Report form.
  - After verifying the accuracy of the Log:
    - Complete the OSHA 300A form, with the summary of injuries and illnesses recorded on the Log.
    - Certify the summary.

      A company executive must certify that he or she has examined the OSHA 300 Log and that he or she reasonably believes that the annual summary is correct and complete.
    - Post the summary.
      - Must be posted from February 1 to April 30 of the year following the year covered on the form.
      - Must be posted in each establishment in a conspicuous place or places where notices to employees are customarily posted.
      - Must not be altered, defaced, or covered by other material.
    - Determine if the company is required to electronically submit injury / illness information via the Injury Tracking Application (ITA) – see Annual Electronic Submission below.

      Visit the ITA website to determine if you are required to file your injury and illness data!

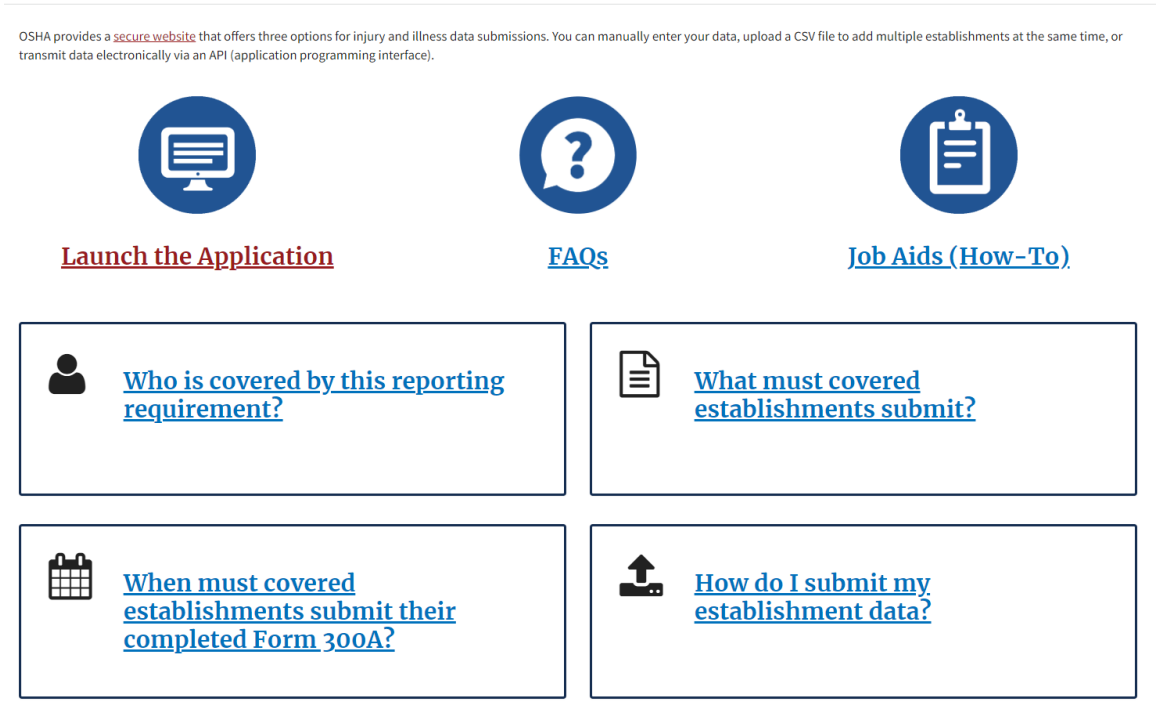
- Form Retention & Updating
  - Company must save the OSHA 300 Log, the privacy case list (if one exists), the annual summary, and the OSHA 301 Incident Report forms for five (5) years following the end of the calendar year that these records cover.
  - Company must make the following additions and corrections to the OSHA Log and Incident Reports (OSHA 300) during the five-year retention period:
    - The OSHA Logs must contain entries for all recordable injuries and illnesses that occurred during the calendar year to which each Log relates.
    - This means that if a recordable case occurred and you failed to record it on the Log for the year in which the injury or illness occurred, you are under a continuing obligation to record the case during the five-year retention period for that Log.
    - You must make any additions and corrections to the OSHA Log that are necessary to accurately reflect any changes that have occurred with respect to previously recorded injuries and illnesses.
    - If the classification, description, or outcome of a previously recorded case changes, you must remove or line out the original entry and enter the new information.

- The company is not required to make additions or corrections to OSHA 301 Incident Reports or the OSHA 300A Annual Summaries during the five-year retention period but may do so if you wish.

- Annual Electronic Submission

  OSHA has launched the Injury Tracking Application (ITA) which is a web-based form where required injury and illness data is required to be electronically submitted to OSHA.

  - Injury Tracking Application (ITA) website - https://www.osha.gov/injuryreporting/ita/
  - ITA website has updated information for:
    - Which companies are required to submit electronically.
    - What information will be required to submit electronically.
    - The options for data submission.
  - The data submission process involves four steps:
    - Creating a Login.gov account
    - Creating an ITA account
    - Adding and submitting the required data to OSHA
    - Reviewing the confirmation email.
  - Reporting Dates
    - Required information must be submitted by ***March 2*** of the year after the calendar year covered by the form or forms (i.e.: March 2, 2019, for 2018 information).
    - If you are an employer who must routinely submit the information, then OSHA will **not** notify you about your routine submittal.
    - If you are submitting information because OSHA notified you to submit information as part of an individual data collection, then you must submit the information as often as specified in the notification.



Chapter 6 PROTECTING THE PUBLIC

- Responsibility
    - The project manager shall implement this standard as appropriate to the specific size and location of the project and degree of potential hazards to the public. If the enforcing authority, project manager or other responsible party (agent) determines that portions are not applicable and the intent of the standard is still met, then those specific sections should be deleted (or disregarded) where they do not apply.
    - Whenever the project manager or other responsible party (agent) delegates their responsibility, they are not relieved of accountability for oversight (of the activities that were delegated). If the project manager or its agent becomes aware of a situation where an entity that has been delegated responsibility fails to or cannot perform the delegated responsibility adequately, then the project manager or its agent shall be responsible for correction of the deficiency.
    - Exceptions

      In cases of practical difficulty or undue hardship, the responsible authority may grant exceptions to the literal requirements of this standard or permit the use of other devices or methods, but only when personnel and equipment protection is clearly assured.

- Public Hazard Control Plan
    - A Public Hazard Control Plan evaluates, prevents, or reduces to a minimum the hazards identified in the Protecting the Public standard. If new hazards arise or if contractors or conditions change, the plan will be reviewed and updated as needed.
    - The individual who prepares the Public Hazard Control Plan will include or will consider including in the plan:
        - A policy that obligates all parties involved to protect the public.
        - The responsibilities of the contractors and project constructor.
        - Who will conduct and coordinate accident investigations at the jobsite.
        - How Public Hazard Control Plans will be communicated to the authorities.
    - The Public Hazard Control Plan will consider these hazards:
        - Noise
        - Dust, fumes, mists, smoke, and vapors
        - Traffic hazards

- Pedestrian Hazards
    - Areas for public pedestrian traffic should always be clearly marked at the construction site.
    - Public pedestrian traffic areas should be maintained so that slipping, tripping, and falling hazards are reduced.
    - Non-level surfaces should be delineated with high visibility markings, signs, or notices.
    - Stairs or ramps should have handrails on both sides.
    - Elevated areas should have standard guardrails.

- The public should be notified of closed pedestrian areas, and they should be provided access to safe alternative areas. The expected path to the alternative area(s) should be clearly marked.
- The contractor should monitor public ingress and egress routes to make sure that construction operations do not block stairways, doors, entrances, exits, paths or hallways.
- Special attention should be given to the emergency evacuation of buildings, structures, and jobsites and how the construction project may affect this evacuation.

- Lighting
  - Lighting and welding flash on the jobsite that may project to or illuminate areas offsite should be directed or shielded so that they do not create a public hazard.
  - Walking surfaces and other public areas affected by the construction project should be adequately illuminated.

- Radiation
  - Operations that may produce public radiation exposure hazards should be controlled and shielded.
  - The area must be barricaded to prohibit public access.
  - Signage that designates what type of radiation exposure may cause public harm or injury should be clearly displayed.
  - Ionizing and nonionizing radiation hazards, including nuclear, x-ray, laser, microwaves, ultraviolet and infrared radiation, welding rays or high-radiant heat sources and exposure, should be considered.

- Machinery and Vehicles
  - Contractors who use cranes, vehicles, machinery, ships, vessels, barges, boats, aircraft or other mobile equipment or devices should conduct an initial and periodic inspection of the equipment.
  - Enough barricades, shields, guards, alarms, signs, markings, and safety systems should be provided or installed on all equipment.
  - If any machinery, ships, vessels, barges, boats, aircraft, or vehicles require special licenses, permits or operator training before they are used, the contractor should secure or provide these before working with that equipment.
  - Areas with mobile equipment that is accessible to the public should be barricaded or guarded before and during the operation of the equipment.
  - Warning signs, fencing, barricading, or personnel should be placed at a sufficient distance from the areas to prevent the public from entering the areas by mistake.
  - If loads are hoisted or if other overhead hazards exist, a clear area below, which is sufficient to prevent public hazards, should be barricaded to prevent inadvertent public access.
    - The area should be monitored during overhead work to ensure that it remains clear.
  - If noise makes it difficult to hear warnings or signals from mobile equipment, ships, vessels, boats or aircraft, the decibels should be increased so that the warnings or signals can be heard.
    - If this cannot be done, visual signals should be established to protect the public.

        - Visual or radio contact should be maintained between the operators and those who will provide the signals.

- Falling and Windborne Objects
    - To prevent construction objects or debris from creating a public hazard, barriers, catch platforms, enclosures, perimeter, or vertical debris netting or other administrative or engineering controls must be employed.
    - Public areas adjacent to the jobsite should be protected by sheds, overhangs, perimeter netting systems, platforms, scaffolding, or similar structures to protect pedestrians from falling objects or debris.
    - Construction material, tools, debris, waste, equipment, or other items should be contained, secured, tied off, removed, braced, enclosed or restrained so that they do not fall, blow away or enter public areas.

- Security
    - Measures should be established to restrict public access to the jobsite. If access control is not possible, items that may create a hazard should be locked, barricaded or removed.
    - Security systems or personnel may be employed during or after work hours to ensure that the public cannot gain access to the jobsite.
    - Authorities and security personnel should receive a list of those individuals who are authorized to access the jobsite during non-work hours.
    - Local enforcement authorities should be made aware of all security plans, and they should receive a list of personnel who will assist them.

- Pollution
    - Construction operations that generate waste, debris, byproducts, or other contaminants that may result in pollution, degradation or contamination should be evaluated and controlled to reduce or eliminate the problem.
    - Project waste should be moved only to facilities that are licensed, certified, or qualified to accept and process that kind of waste.
    - Water-borne runoff or contaminants that can be carried to a municipal storm or sanitary sewer system should be evaluated. If the run-off creates a pollution hazard, then steps should be taken to control the contaminants.
    - Onsite sanitation facilities that are not linked to a sanitary sewer system must be provided in accordance with Table I of ANSI Z4.3-1987.

- Utilities
    - The location of all utilities must be established before the construction starts.
        - The utilities should be located and marked as a visual warning to those who may encounter them.
        - All affected contractors should receive this information in the project documents.
    - Markings, warnings, or drawings that show the location of the utilities should be updated as conditions change or as utilities are added or deactivated.

- The installation of temporary utilities and public exposures must conform to applicable standards.
- In all cases, the public must be protected from any hazards that the utilities may pose.

- Hazardous Materials and Substances
  - Hazardous materials should be stored away from the public in approved containers that are properly labeled.
  - Hazardous material storage facilities should be built and located away from the public and separated from each other as required by the presiding authority.
  - Warning signs should be posted at storage areas.
  - Emergency response personnel should receive SDS on the hazardous materials as required by the presiding authority.

- Injuries and Damage
  - Any public injury or damage should be immediately assessed, and action should be taken to secure medical help and to minimize further injury or damage.
  - The public hazard control plan supervisor should be notified immediately of any public injury or damage.
  - The area in which the injury or damage has occurred should be secured until proper investigation and documentation have taken place.

- Vibrations and Subsidence
  - Construction operations that produce ground or air vibration should be analyzed to prevent damage or subsidence of adjacent land or structures.
  - A pre-operations survey of the surrounding area, structures and accessories should be conducted before any construction activity begins. Any weaknesses or deterioration found during the survey should be reported to the presiding authority before construction.
  - The contractor should provide data that show the maximum limits of expected vibrations or subsidence.
    - These limits must not exceed those specified by the presiding authority.
    - Seismographic recordings should be made if required.
  - If warranted during the pre-operations survey, structural and geological investigation may be conducted.
  - If there will be blasting at the jobsite, an audible blasting warning signal should be established, published, and posted and signage should be posted to warn the public. Blasting mats or administrative controls should be used to reduce any public fly-rock hazards.
  - Adjacent roadways, waterways, airways, sidewalks, buildings, and utilities should be monitored periodically during construction operations.
  - All excavations, cuts and trenches in public areas should be back-filled with approved material and then tamped and compacted as soon as possible.
  - Any public areas or structures that are disturbed, cracked, or broken during construction operations should be inspected, repaired, or replaced.

- Emergency Action Plan
    - An emergency action plan that outlines the actions and responsibilities to be taken in the event of an emergency should be incorporated in the public hazard control plan.
    - Jobsite personnel should be instructed in the emergency procedures to be followed in the event of an emergency that involves or affects the public.

- Public Contempt or Protest
    - A plan should be established for dealing with members of the public who purposely place themselves or others at risk by failing to observe or heed warnings, directives or safety precautions.
    - Agencies with authority to control public activity may be notified and work may be ceased until the public is controlled.

- Threats
    - A plan should be established for handling bomb threats, or any other violence communicated to the jobsite.
    - The plan should include directions for interacting with the authorities.

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Chapter 7 SAFETY REQUIREMENTS

These OSHA standards have been identified as specifically relevant to your organization and beneficial to your organization's safety program.

They are NOT the only OSHA standards with which you are expected to be compliant – they are simply indicated as specifically pertinent.

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General Safety Practices

It is our policy that everything possible will be done to protect employees, customers, and visitors from accidents. Safety is a cooperative undertaking requiring participation by every employee. Failure by any employee to comply with safety rules will be grounds for corrective discipline. Supervisors will insist that employees observe all applicable Company, State, and Federal safety rules, practices, and acts, as necessary to obtain compliance.

- Comply with all established safety rules, regulations, procedures, and instructions which are applicable to your own actions and conduct.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Observe all no-smoking signs and regulations.
- Report all unsafe conditions and equipment to your supervisor, foreman, and/or safety coordinator.
- Report all accidents, injuries, and illnesses to your supervisor, foreman, and/or safety coordinator immediately.
- Anyone known to be under the influence of intoxicating liquor or drugs shall not be allowed on the job while in that condition.
- Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees are prohibited.
- Do not run when on work site premises except during emergencies.
- In the event of fire or other emergency call for supervisor or sound alarm and evacuate.
- Upon hearing an emergency alarm, stop working safely, turn off any machines/equipment, and evacuate to the evacuation point(s) immediately. If the way is blocked, evacuate to the street through an alternate route.
- Only trained workers may attempt to respond to a fire or other emergency.
- Means of egress shall be kept clear, well lit, and unlocked during work hours.
- Exit doors must comply with fire safety regulations during business hours.
- Stairways should be kept clear of items that can be tripped over and all areas under stairways that are egress routes should not be used to store combustibles.
- Materials and equipment will not be stored against doors, exits, fire ladders, or fire extinguisher stations.
- All aisles must be kept clear.
- Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
- All spills shall be wiped up promptly.
- Never stack material(s) on top of lockers, file cabinets, or in places that require overhead lifting to access.
- Do not stack material in an unstable manner.
- Always use the proper lifting technique. Never attempt to lift or push an object that is too heavy. You must contact your supervisor when help is needed to move a heavy object.
- When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.

- Report exposed wiring and cords that are frayed or have deteriorated insulation.
- Never use a metal ladder where it could encounter energized parts of equipment, fixtures, or circuit conductors.
- Maintain sufficient access and working space around all electrical equipment to allow for safe operation and maintenance.
- Do not use any faulty or worn hand tools.
- Do not use any portable electrical tools and/or equipment that are not grounded or double insulated.
- All electrical equipment should be plugged into appropriate wall receptacles or into single extension cord of similar size and capacity. Do not “daisy chain” extension cords together!
- All cords running into walkways must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
- Inspect motorized vehicles and other mechanized equipment daily or prior to use.
- Shut off engine, set brakes, and block wheels prior to loading or unloading vehicles.
- Inspect pallets and their loads for integrity and stability before loading or moving.
- Do not store compressed gas cylinders in areas which are exposed to heat sources, electric arcs, or high temperature lines.
- Do not use compressed air for cleaning off clothing.
- Identify contents of pipelines prior to initiating any work that affects the integrity of the pipe.
- Wear hearing protection in all areas identified as having high noise exposure.
- Face shields must be worn when grinding.
- Guard floor openings by a cover, guardrail, or equivalent.
- Do not enter a confined space unless tests for toxic substances, explosive concentrations, and oxygen deficiency have been taken.
- Always keep flammable or toxic chemicals in closed containers when not in use.
- Do not eat in areas where hazardous chemicals are present.
- Be aware of the potential hazards involving various chemicals stored or used in the workplace.
- Cleaning supplies should be stored away from edible items on kitchen shelves.
- Cleaning solvents and flammable liquids should be stored in appropriate containers.
- Solutions that may be poisonous or not intended for consumption should be kept in well-labeled containers.

General Rules for Construction

- Report all unsafe conditions and equipment to supervisor, foreman, and/or safety coordinator.
- Report all accidents, injuries, and illnesses to supervisor, foreman, and/or safety coordinator immediately.
- All employees should know where the First Aid kits and emergency phone numbers are located on the job site.
- Construction sites must have a person onsite that is certified in First Aid.
- All employees should be aware of hazards presented by materials, equipment, and job sites.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Headphones/ear buds/etc. are not permitted to be worn at the work site.
- All equipment, materials, and job sites should be regularly inspected for safety.
- All employees must be competently trained and/or have experience in the operation of equipment or machinery.
- Do not visit, talk to, or distract another employee who is operating a machine, or who is engaged in a work activity where the possibility of injury exists.
- Do not use electronic devices (including cell phones) when operating a machine or engaged in a work activity where the possibility of injury exists.
- Use handrails on steps, elevated platforms, scaffolds, or other elevations.
- All employees must wear the proper personal protective equipment for the job site and tasks at hand.
- Head protection (hard hat) is required when overhead work is being conducted (risk of flying or falling objects), risk of electrical shock and burns exist, and/or when required by posting at the jobsite.
- All employees must wear hearing protection on job sites exceeding 85 DBA. (Decibel level.)
- All employees must wear respiratory protection when dust exceeds limits specified by OSHA Standards 29 CFR 1910.134.
- All job sites must supply potable drinking water and adequate washing facilities.
- One toilet is required for every 20 employees where there is no transportation. Toilets must be cleaned and supplied with toilet paper.
- Fire extinguisher must meet specifications for job at hand.

Asbestos (Toxic & Hazardous Substances)

Asbestos is the name given to a group of naturally occurring minerals that are resistant to heat and corrosion. Asbestos has been used in products such as insulation for pipes (steam lines for example), floor tiles, building materials, and in vehicle brakes and clutches. Asbestos includes the mineral fibers chrysotile, amosite, crocidolite, tremolite, anthophyllite, actinolite and any of these materials that have been chemically treated or altered. Heavy exposures tend to occur in the construction industry and in ship repair, particularly during the removal of asbestos materials due to renovation, repairs, or demolition.

- Attend all Asbestos training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Do not enter regulated areas unless you are authorized to do so.
- Do not eat, drink, chew gum, use tobacco products, or apply cosmetics in the regulated area.
- Use HEPA-filtered vacuum cleaners to collect dust and debris containing or potentially containing asbestos materials.
- Do not use compressed air or dry sweep, shovel, etc. any dust and debris containing or potentially containing asbestos materials.
- Do not move or remove critical barriers / isolation methods in the regulated area without checking with the competent person on site.
- If the structure was constructed prior to 1980 and the absence of asbestos has NOT been verified:
    - Do not sand flooring or its backing.
    - Use wet methods to scrape residual adhesive or backing.
    - Do not toss or throw materials that have been removed.
- Immediately bag, wrap, or keep wet materials or debris containing or potentially containing asbestos materials until transferred to a closed receptacle.
- Do not throw materials or debris containing or potentially containing asbestos materials into the regular trash cans or dumpsters. Proper disposal is required.
- Do not launder contaminated clothing with other clothes.
- Keep contaminated clothing out of clean changing area(s).

Concrete & Masonry

Concrete and masonry work is an integral part of many construction projects, ranging from small residential structures to large commercial buildings. However, these tasks come with various hazards that pose a risk to workers' safety if not properly managed. OSHA has developed concrete and masonry safety standards aimed at protecting workers and preventing accidents in the industry. This section covers key aspects of OSHA's safety regulations for concrete and masonry work, highlighting the importance of adherence to these guidelines for a safe working environment.

- Attend all Concrete & Masonry training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Cap all exposed rebar / reinforcing steel.
- Do not ride concrete buckets.
- Do not work under concrete buckets.
- Do not remove forms and shores until the concrete is able to support its weight and superimposed loads.
- Precast wall units, structural framing, and tilt-up wall panels must be supported to prevent overturning and collapse until permanent connections are complete.
- Do not pass under precast members / slabs that are being lifted or tilted.
- Do not overload jacking / lifting units during lift-slab operations.
- Synchronize jacking operations to ensure uniform lifting of the slab(s).
- Do not enter an area where jacking operations are ongoing unless you are essential to the operation.
- Do not enter a masonry wall limited access zone unless actively involved with building the wall.
- Remove from service and tag out any damaged or defective concrete / masonry tools or equipment.
- Do not dry cut any concrete or masonry products; ensure that a wet cutting process is being used.
    - If wet cutting cannot be used, proper protection must be used in accordance with OSHA’s Table 1 under 29 CFR 1926 Subpart Z.

Confined Spaces in Construction

A confined space is space that is large enough and configured in a way that an employee can enter the space and perform assigned work; AND has limited or restricted means for entry or exit (for example, tanks, vessels, coolers, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry); AND is not designed for continuous occupancy.

A permit-required confined space as two or more of the following characteristics: 1.) Contains or has the potential to contain a hazardous atmosphere; 2.) Contains material that has the potential for engulfing an entrant.; 3.) Has a configuration such that an Entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section; or 4.) Contains any other recognized serious safety or health hazard.

- Attend all Confined Space training and pre-entry safety meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- When work is performed on a non-owned or operated site, the operator's program shall take precedence, unless it does not exist or is less stringent.
- Properly maintain and inspect all work equipment for proper safety features prior to each use.
- Do not enter confined spaces until forced air ventilation has eliminated any hazardous atmosphere.
- When authorized to enter a confined space:
    - Know the hazards that may exist.
    - Review and sign the Confined Space Permit.
    - Wear appropriate PPE.
    - Maintain communication with attendant.
    - Exit confined space immediately if:
        - Notified to do so by attendant.
        - You recognize warning signs or symptoms on an exposure.
        - When a prohibited condition exists.
        - When an alarm is activated.
- When acting as an Authorized Attendant of a confined space:
    - Maintain an accurate count of how many entrants are in the confined space.
    - Maintain communication with entrants.
    - Remain outside the confined space until relieved by another attendant.
    - Do not perform other duties that interfere with monitoring the entrants.
    - Do not monitor more than one confined space at the same time.

Compressed Gas Cylinders

Compressed gas cylinders pose unique risks and hazards in the workplace, making it crucial for organizations to prioritize safety measures. These cylinders can contain various gases under extreme pressure, presenting potential dangers such as explosions, fires, and asphyxiation. To mitigate these risks, OSHA has established comprehensive guidelines and regulations to ensure the safe handling, storage, and use of compressed gas cylinders in various industries.

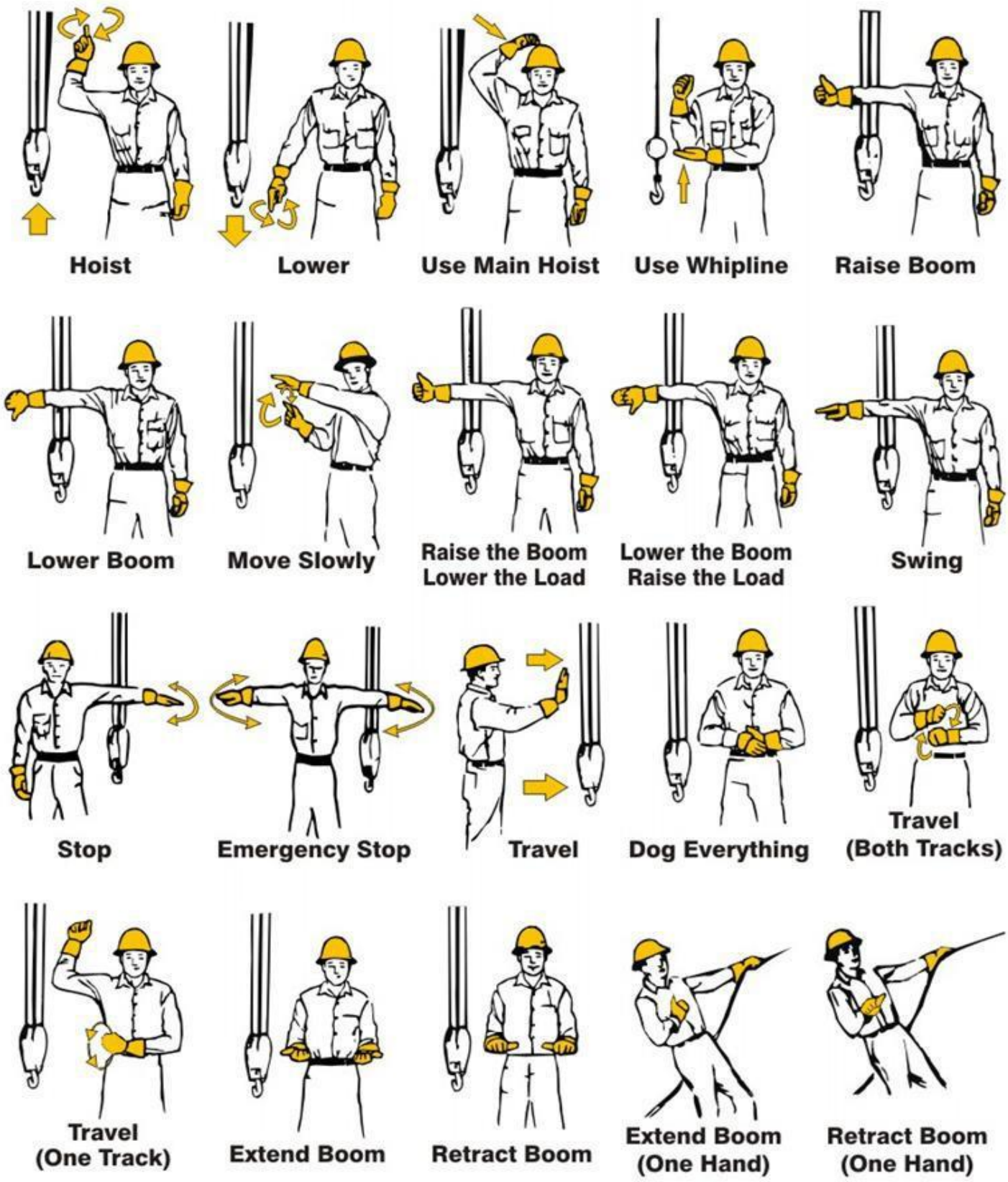
- Attend all Compressed Gas Cylinder training and job pre-planning meetings.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Inspect cylinder(s) to determine that they are in safe condition.
- Store cylinder(s) in an upright position.
- Do not allow cylinder(s) to tip, fall, or roll.
- Do not smoke around cylinder(s).
- Keep cylinder(s) capped when not in use.
- Open cylinder valves slowly.
- Close all valves and replace caps before moving.

Cranes – with Hand Signals

Construction crane safety is of utmost importance in the construction industry as cranes are essential for carrying out heavy lifting operations. OSHA plays a critical role in ensuring the safety of workers operating or working near construction cranes. OSHA has developed and enforced regulations that outline specific guidelines to follow to prevent accidents and ensure the well-being of workers in the construction industry.

- Attend all Crane training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Only certified operators with current and valid certifications may operate a crane.
- Do not stand or walk under loads suspended from cranes.
- Do not stand or walk under the empty hook of a crane.
- Do not go on any crane or crane runway for any purpose without permission from the supervisor in charge of crane operations.
- No crane load shall be moved without standard hand signals from a properly designated person. Operator shall take signals from one signaler only. Pictures showing standard crane signals are on the following pages.
- Do not ride on crane hook, bail, or load being carried by cranes.
- LISTEN for the siren or other signaling devices: their purpose is to warn you of the approaching crane.
- Examine the crane at the start of every shift for loose or defective gears, keys, runways, railings, warning bells, signs, switches, sweep-brushes, cables, etc., and report defects. Make sure the crane is kept clean and well lubricated.
- See that the fire extinguisher on the crane is kept filled and in good condition.
- If you are asked to do something that seems unsafe, call your supervisor, foreman, safety coordinator, or the repairman in charge for advice.
- Never leave a load suspended.

Standard Crane Hand Signals



Electrical Safety

Construction electrical safety is of utmost importance in the field of construction, as it involves handling and working with electricity on a daily basis. OSHA is a regulatory body that aims to enforce safety guidelines and regulations to prevent accidents and injuries in the workplace. This section will discuss the key principles and regulations outlined by OSHA to ensure the safety of workers in the construction industry when it comes to electrical hazards.

- Attend Electrical Safety training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Do not work near an electric power circuit unless it is deenergized AND grounded or guarded by insulation.
- Underground power lines shall be identified and marked prior to starting any digging or excavating.
- Only non-conductive tools and equipment may be used while performing electrical work.
- Ladders that may contact exposed energized electrical parts shall have nonconductive side rails.
- Cords will be kept clear of working spaces, walkways, and other similar locations.
- Cords shall be visually inspected daily.
- Damaged, worn, or frayed electrical cords shall not be used.
- Extension cords used with electrical tools and appliances must be three-wire type.
- Extension cords and/or temporary lighting shall not be fastened with staples, hung from nails, or suspended by wire.
- Flexible cords and cables need to be protected from sharp corners, projections, and pinch points.
- When working on equipment or controls, controls shall be locked/tagged out.
    - When deenergizing equipment or circuits, apply tags at all points where the equipment might be energized.
    - Place tags to clearly identify the equipment or circuits being worked on.
- All electrical conductors and equipment shall be approved prior to use.
- Ground Fault Circuit Interrupters (GFCI) will be used on all cords, outlets that are not part of the building, and equipment connected by cord and plugs.
- Lamps and temporary lighting must be protected from breakage.

Excavations & Trenching

Excavations and trenching are common practices in construction projects, but they can also pose significant risks if not properly managed. This section aims to highlight OSHA's regulations in excavation / trenching safety and guidelines to minimize accidents, injuries, and fatalities in these work environments.

- Attend all Excavation / Trenching training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Do not enter a trench or excavation unless it is necessary.
- A competent person must be on site during trenching / excavation activities.
- An Excavation Safety Plan must be prepared by a competent person to assess hazards associated with the trenching / excavation.
- A Trenching Work Plan will be developed and signed by a competent person for every trench / excavation deeper than five (5) feet. Plan must remain on the jobsite and include:
    - Hazards related to excavation equipment.
    - Soil type.
    - Description of excavation protection system(s) to be used.
    - Procedures for the selection, fit, use, and maintenance of the excavation protection system(s).
    - Excavation procedure.
    - Description of how injured workers will be removed from the excavation.
- Trenches are to be inspected by a competent person:
    - At the start of each day.
    - As needed during the shift.
    - After every rainstorm or water accumulation.
    - When something unusual might have affected the integrity of the excavation.
- Do not work on the faces of sloped or benched excavations above other employees.
- Materials or equipment shall be at least two (2) feet from the edge of excavations.
- Do not go underneath a load being handled by lifting or digging equipment.
- Stand away from vehicles being loaded or unloaded.
- Stairways, ladders, or ramps shall be in every trench four (4) feet or deeper.
- Do not work more than 25 feet away from a means of escape from the trench. If your work will take you outside that range, let the competent person know so it can be resolved.
- Do not work in a trench that has accumulated or is accumulating water.
- Do not cross an excavation unless the walkway or bridge has appropriate guardrails.
- Do not cross barricades protecting a trench / excavation.

Fall Protection & Fall Hazard

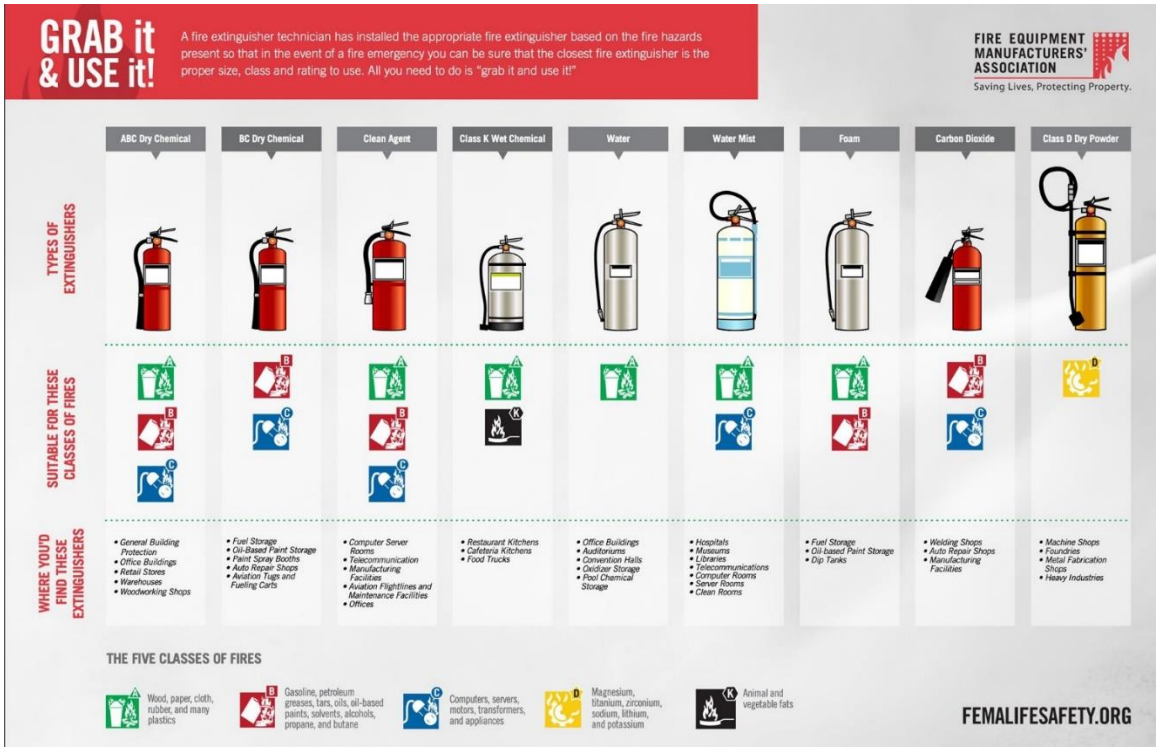
Fall protection is required on any walking / working surface with an unprotected side or edge that is six (6) feet or higher. Those surfaces must have fall protection, which can consist of guardrails, safety net systems, personal fall arrest systems (PFAS), or personal fall restraint system (PFRS).

- Attend all Fall Protection and Fall Hazard training on fall protection procedures, equipment usage, and emergency response protocols training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Use fall arrest systems, including harnesses, lanyards, and anchor points, when working at heights above 6 feet.
- Inspect your PFAS/PFRS for damage, defects and/or wear and tear before every use.
    - DO NOT use damaged equipment.
    - Report damaged equipment to your supervisor.
- Maintain a clear and unobstructed path of travel in work areas to avoid tripping hazards.
- Utilize guardrails, safety nets, or other forms of barrier protection when working on elevated surfaces.
- Plan and organize work tasks to minimize the need to work at heights whenever possible.
- Remove or secure all loose objects, tools, or materials that could pose a tripping or falling hazard.
- Keep all walkways and working surfaces clear of debris, ice, snow, or other slippery substances.
- Avoid working in adverse weather conditions that could increase the risk of falling, such as high winds, heavy rain, ice, snow, etc.
- Be aware of the location and proper use of all emergency rescue devices or equipment in case of a fall incident.
- Only attach your PFAS/PFRS to an approved anchorage point.
- Do not attach PFAS/PFRS to guardrail systems or hoists.
- Do not use PFAS/PFRS to lift or hoist materials.
- Do not attach to a vertical lifeline that someone else is attached to.
- Ensure that a fall rescue plan is in place for the job you are doing.
- Do not leave holes in the floor, roofs, and other walking / working surfaces uncovered.
- Do not store materials or equipment within six (6) feet of a leading edge.
- Report all non-addressed fall hazards to your supervisor.

Fire Prevention

Construction sites can pose various risks and hazards, including the potential for fires. Protecting the safety and well-being of workers is crucial in the construction industry, and fire prevention measures play a vital role in achieving this goal. OSHA has developed comprehensive guidelines and regulations to minimize the occurrence of fires in construction sites, ensuring the protection of workers and the prevention of property damage.

- Attend all Fire Prevention training and job pre-planning meetings.
- Participate in all fire drills.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Ensure that there is a method to alert employees to fire and/or other emergency events. Methods include, but are not limited to: fire detection systems, smoke detectors, and/or air horns.
- Note where fire extinguishers are on a worksite prior to starting work each day.
    - Ensure that there are fire extinguishers on each level of the building, if applicable.
- Firefighting equipment should be conspicuously located, regularly inspected, and maintained in operating condition.
- Obey all posted NO SMOKING and/or NO OPEN FLAME signs.
- Do not store any equipment or materials in a fire lane or fire exit.
- Only use approved containers and portable tanks for storing flammable liquids.
- Do not store flammable liquids in areas used for exits, in stairways, or in regular walkways.
- Flammable materials shall be stored in fire-proof cabinets.
- Do not tamper with fire detection system(s).



First Aid & Medical Services

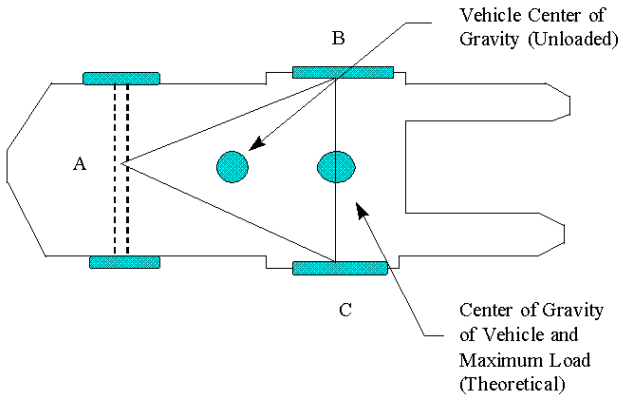
In the construction industry, the safety and well-being of workers is of paramount importance. Accidents and injuries can occur at any time, making it crucial for employers to establish comprehensive medical and first aid safety protocols. OSHA plays a critical role in guiding and enforcing these measures, ensuring that construction sites are equipped with the necessary medical resources and trained personnel to promptly respond to emergencies and provide immediate care.

- Attend all First Aid & Medical Services training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Emergency Action Plans should be in place, communicated to, and understood by all employees.
- Note where first aid kits, eye wash stations, and emergency phone numbers are located prior to starting work each day.
- Report missing supplies from First Aid Kits to your supervisor. Supplies should include the following, per ANSI Z308.1-1998 “Minimum Requirements for Workplace First Aid Kits.”
    - Adhesive & rolling bandages
    - Sterile pads
    - Adhesive tape
    - Antibiotic ointment(s)
    - Burn treatment / dressing
    - Antiseptic wipes
    - Hand sanitizer
    - Cold pack
    - Eye covering
    - Splint
    - Sling / Triangular bandage
    - Breathing barrier
    - Gloves
    - Scissors
    - First Aid guide
- If there is a medical emergency on the site, do not leave without authorization in case you need to make a witness statement.
- Participate in all incident investigations.
- Report all injuries to your supervisor no matter how small or minor.

Forklift / Powered Industrial Trucks (PIT)

OSHA has established various regulations to ensure worker safety in the construction industry. One area of focus is the safe operation of powered industrial trucks, which are commonly used in construction sites for lifting and transporting heavy materials. Adhering to OSHA's guidelines for powered industrial truck safety is crucial in minimizing the risk of accidents, injuries, and fatalities in the construction workplace.

- Attend all Forklift / Powered Industrial Truck (PIT) training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Forklifts / PITs shall only be operated by trained personnel.
- You must be trained on the same model forklift / PIT you are operating.
- ABSOLUTELY no stunt driving, or horseplay will be tolerated.
- Complete a Forklift Daily Checklist before operating.
- Remove from service and tagout damaged or defective forklifts / PITs.
- Do not walk under or allow anyone to walk under the elevated portion of the truck.
- When leaving the truck, lower the fork, neutralize the controls, turn off the power, and set the brakes.
- Set brake and block wheels while loading and unloading truck.
- Follow all traffic regulations when driving a forklift / PIT.
- Keep your eyes facing the direction in which you are driving the forklift / PIT.
- Slow down on wet or slippery surfaces.
- Avoid running over loose items.
- Only handle stable or safely arranged loads.
- Do not fill the fuel tank while the forklift / PIT is running.
- Forklifts / PITs shall be maintained and inspected per the manufacturer’s instruction.



Hazard & Risk Assessment

When it comes to construction sites, there are inherent risks and hazards that can pose a threat to the safety and well-being of workers and others present. Therefore, it is crucial to conduct a thorough hazard and risk assessment to identify potential dangers and implement appropriate safety measures. OSHA provides guidelines and regulations to ensure a safe working environment, making it vital to follow their protocols during the assessment process.

- Attend all Hazard Assessment training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- A hazard assessment shall be completed for all worksites.
- Review the site-specific hazard assessment and/or safety plan.
- Notify your supervisor, foreman, and/or safety coordinator of any hazards identified on the worksite.

RISK ASSESSMENT MATRIX

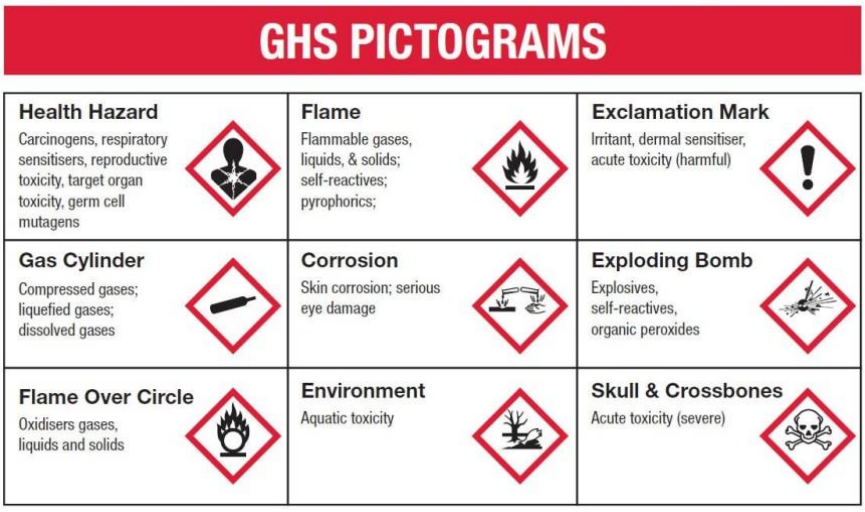
CONSEQUENCE					PROBABILITY				
					A	B	C	D	E
Severity	People	Assets	Environment	Reputation	Not Done	Rarely	Once a week	Several Times in a Week	Multiple Times in a Day
0	No health effect	No damage	No effect	No impact					
1	Slight health effect	Slight damage	Slight effect	Slight impact					
2	Minor health effect	Minor damage	Minor effect	Limited impact					
3	Major health effect	Localized damage	Localized effect	Considerable impact					
4	Single fatality	Major damage	Major effect	National impact					
5	Multiple fatalities	Extensive damage	Massive effect	Global impact					

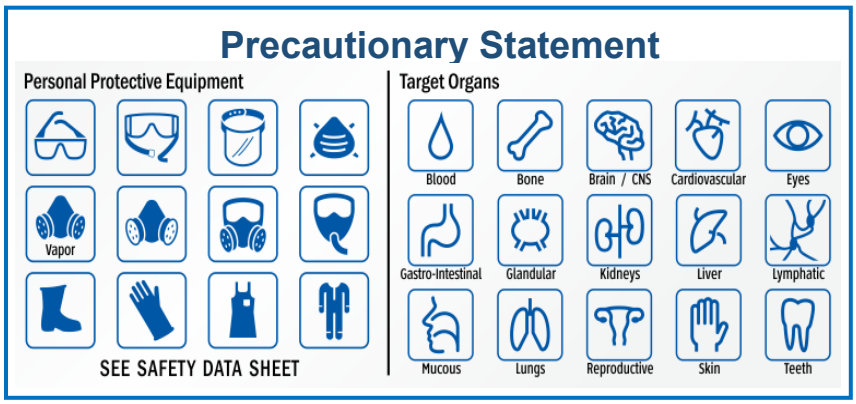
Key	Manage for continuous improvement (Low)	Incorporate risk reduction measures (Medium)	Intolerable (High)

Hazard Communications & Identification

Hazard communication aims to inform and educate workers about the potential risks and dangers present in their workplace. This comprehensive system includes labels, safety data sheets, and training programs that are designed to minimize accidents and injuries caused by hazardous materials or substances.

- Attend all Hazard Communication & Identification training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Do not remove or deface labels on materials.
- Leave materials in their original containers.
- Report missing or illegible labels to your supervisor, foreman, and/or safety coordinator immediately.
- Familiarize yourself with GHS Pictograms and Precautionary Statement Pictograms used to identify hazardous materials.
- Note where Safety Data Sheets (SDS) are stored on site or otherwise accessible.





Hazardous Materials & Spill Response

OSHA plays a crucial role in ensuring worker safety in the construction industry, especially when it comes to hazardous materials and spill response. Construction projects often involve the use or handling of various hazardous materials, such as chemicals, gases, or flammable substances, which pose significant risks to workers' health and safety. This section covers guidelines and regulations to effectively manage hazardous materials and respond to spills on construction sites.

- Attend all Hazardous Materials & Spill Response training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Hazardous materials must have a Safety Data Sheet (SDS) available.
- Do not handle or transport explosives and blasting agents when it creates an undue hazard.
- Keep flammable liquids in covered containers or tanks when not in use.
- No smoking within 15 feet of fuel tanks.
- No smoking while filling fuel tanks.
- Do not store liquid petroleum gas inside buildings.
- Containers used to store hazardous materials shall be properly labeled as to the contents and physical / health hazards.
- Hazardous material storage locations shall be in protected areas where containers cannot be damaged.
- Secondary containment must be provided for all containers of liquid materials exceeding 5 gallons (19 liters).
- Spill containment and decontamination of affected clothing, equipment, and spill clean-up materials will be provided.
- Spill response in the event of a hazardous materials spill / discharge
    - Manage spill to prevent harm to the environment, prevent access to storm water or sanitary sewer drains, and to ensure worker safety.
    - Evacuate the area if a spill involves hazardous, explosive, or flammable materials.
    - Notify supervisor, foreman, project manager and/or safety coordinator of a hazardous materials spill/discharge immediately, including the materials(s) involved, the location, and the estimated amount of the spill/discharge.
    - If the spill is determined to be able to be cleaned up, then collect and contain all cleanup waste for proper disposal. DO NOT PLACE IN OR AROUND THE REGULAR TRASH.

Housekeeping & Sanitation

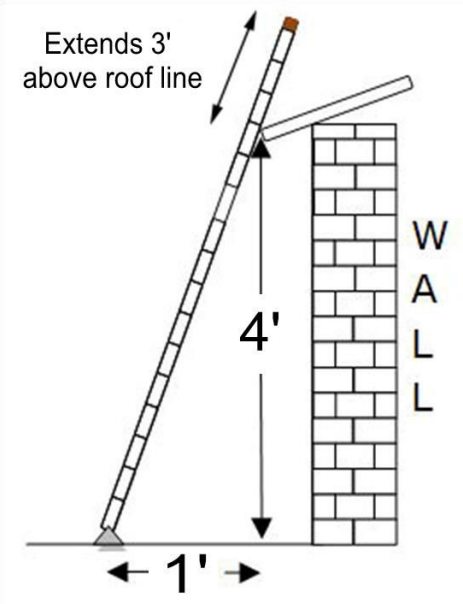
All working surfaces should be cleared of debris (including solid and liquid waste), not only at the end of each work shift but also throughout the course of the job and workday. A messy worksite increases the chances of incidents and injuries.

- Attend all Housekeeping & Sanitation training and job pre-planning meetings.
- All places of employment, passageways, storerooms, service rooms, and walking-working surfaces are to be kept in clean, orderly, and sanitary conditions.
    - Clean up all spills immediately or call someone who can.
    - Keep floors free from grease and oil spillage.
    - Keep walkways free of ice and snow.
    - Loose or broken flooring shall be reported upon discovery.
- The entire work site shall be orderly, and debris disposed of in dumpsters or off site, in accordance with all EPA regulations. Trash, excess waste material, and debris from the working area are to be disposed of at frequent and regular intervals – NOT just at the end of the day.
    - Containers shall be provided for the collection and separation of waste, trash, oily and used rags, and other refuse.
    - Containers used for garbage and other oily, flammable, or hazardous wastes, such as caustics, acids, harmful dusts, etc. shall be equipped with covers.
- Surfaces, including elevated locations, shall be kept free from accumulated dust – but use of compressed air to blow the dust is not authorized.
- Passageways will be properly identified and will remain unobstructed.
- Machinery and equipment as well as their hoses and cords will be kept neat and orderly. Grease and dust build-up will be addressed daily.
- When not in use, tools and equipment shall be put away with sharp edges covered.
- Materials will be stored neatly in a way that does not obstruct workspaces, present trip hazards, or require overhead lifting to access them.
- Workspaces will have adequate lighting.
- Chemicals or hazardous liquids shall be stored and secured and properly labeled for easy and accurate identification.
- The facility must provide an easily accessible hand-washing station stocked with antiseptic cleaners and paper towels.

Ladders

Falls from portable ladders (step, straight, combination, and extension) are of the leading causes of occupational fatalities and injuries – especially in the construction industry. Ladders come in a variety of shapes, sizes, and materials. While they are useful for a variety of applications, complacency and failure to maintain ladders in good working condition can lead to serious injuries.

- Attend all Ladder training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Complete a ladder inspection checklist regularly and after any event that might affect the safe use of the ladder.
- Visually inspect ladders before using.
- Remove from service and tag out damaged or defective ladders.
- Ladders must be kept free of oil, grease, or other slipping hazards.
- Do not use a ladder for other than its intended purpose.
- Ladders that may contact exposed energized electrical parts shall have nonconductive side rails.
- If it is necessary to place a ladder in or over a doorway, barricade the door and post warning signs.
- The top of the extension ladder must extend at least three (3) feet beyond the upper landing surface and be secured if using the ladder to access a higher level.
- Do not tie ladders together to provide longer sections unless specifically designed for such use.
- Do not exceed the maximum rated load capacity as noted on the ladder – that means your body weight, plus whatever materials you have with you on the ladder!
- Maintain a 1:4 angle when angling a ladder.
- Only use a non-secured ladder on a stable and level surface.
- Keep the area around the top and bottom of the ladder clear.
- Do not move, shift, or extend a ladder while it is in use.
- Do not carry an object or load that could cause you to lose your balance.
- Always face the ladder when climbing or descending.
- Always use at least one hand when climbing or descending.
- Do not use the top step of a stepladder as a step.



Lead (Toxic & Hazardous Substances)

OSHA has developed numerous regulations and guidelines to ensure the safety of construction workers across various sectors. One significant aspect of these regulations is focused on lead safety. Due to the harmful effects of lead exposure on human health, OSHA has implemented strict standards and protocols to protect construction workers from potential lead hazards on job sites.

- Attend all Lead training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- The company is required to conduct an exposure assessment if tasks are presumed to generate lead exposure risks. Employees will be notified if there is a risk.
- If you suspect lead exposure may be a threat, notify your supervisor, foreman, and/or safety coordinator immediately.
- Do not enter break or lunchrooms in potentially contaminated PPE.
- If controls are required, they may include (but not be limited to):
    - Warning signage
    - Air monitoring
    - Respiratory protection
    - Protective work clothing and equipment
    - Housekeeping measures
    - Hygiene facilities
    - Medical surveillance

Machine Guarding

Machine guarding safety is a vital component of OSHA’s regulations, particularly in the construction industry where workers frequently interact with heavy machinery and equipment. Effective machine guarding serves to prevent accidental contact with hazardous moving parts and reduces the risk of severe injuries or fatalities, making it essential for employers to implement proper safeguards to protect their workers.

- Attend all Machine Guarding training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Do not remove, bypass, or tamper with guards.
- Do not use tools, equipment, or machines that have guards that are damaged, defective, or missing.

Material Handling

Material handling safety is of utmost importance in the field of construction, as it directly impacts the well-being of workers and reduces the risk of accidents and injuries. This section will cover the key aspects of OSHA's construction material handling safety regulations and provide insights into the significance of compliance in preventing workplace hazards.

- Attend all Material Handling training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Do not stack lumber higher than sixteen (16) feet if stacking manually or twenty (20) feet if using a forklift.
- Ensure all stacks are stable and self-supporting.
- Stack bags and bundles in interlocking rows.
- Stack drums, barrels, and kegs symmetrically.
- Band boxed materials or secure them with shrink wrap.
- Stack and block poles and other cylindrical materials to prevent spreading, unless they are in racks.
- When moving materials manually:
    - Use proper lifting techniques.
        - Place your feet close to the load, shoulder width apart for good balance.
        - Bend knees to the degree comfortable and get a good hand hold.
        - Then, using both leg and arm muscles, lift the load.
        - Lift the load smoothly and evenly while pushing with your legs and keeping the load close to your body.
    - Seek help when:
        - A load is so bulky that you cannot properly grasp or lift it.
        - You cannot see around or over a load.
        - You cannot safely handle a load.
- When moving materials with a powered industrial truck:
    - Do not overload the lift truck.
    - Center the load on forks.
    - Adjust the load to the lowest possible position when traveling.
- Inspect rigging equipment / slings for material handling prior to each use.
- Remove and tag out damaged or defective rigging equipment / slings.
- When dropping materials more than twenty (20) feet, use an enclosed chute.
- Remove all scrap lumber, waste materials, and rubbish from the work area as work is progressing.
- Do not dispose of solvent waste, oily rags, or other flammable liquids in dumpsters or other regular trash cans.

Mechanized / Heavy Equipment

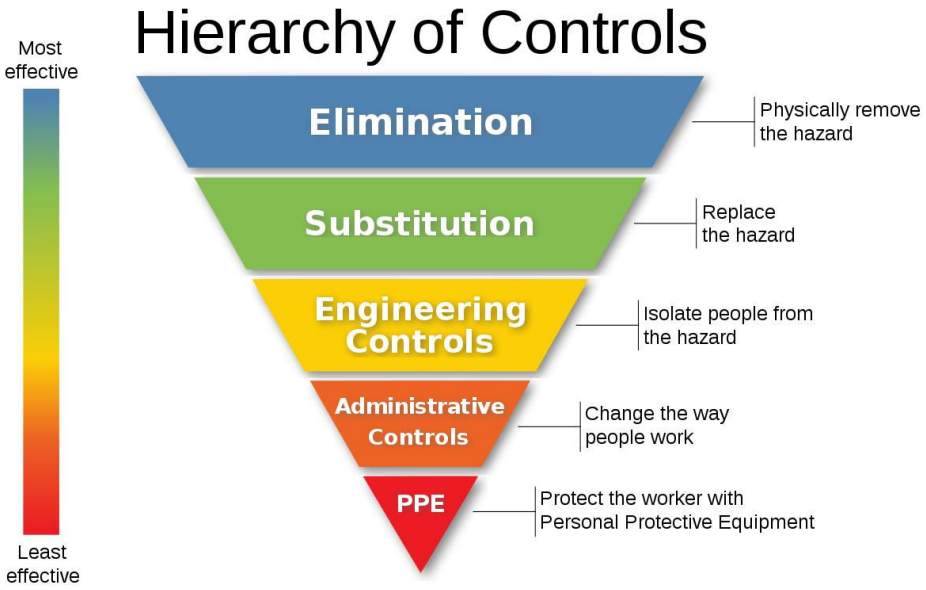
In construction, the presence of mechanized and heavy equipment is indispensable. However, operating these powerful machines also comes with inherent risks, which can result in severe injuries or even fatalities. Recognizing the importance of safeguarding workers in this hazardous environment, OSHA has established stringent guidelines and standards to ensure construction sites prioritize safety measures when it comes to the operation, maintenance, and inspection of mechanized and heavy equipment.

- Attend all Mechanized / Heavy Equipment training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Mechanized / Heavy equipment shall only be operated by trained personnel.
- Seatbelts must be worn when operating equipment.
- Engage the parking brake when equipment is parked.
- Inspect equipment at the beginning of each shift.
- Document all equipment inspections.
- Remove from service and tag out damaged or defective equipment.
- Mechanized / Heavy equipment shall be maintained and inspected per the manufacturer’s instruction.

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) plays a crucial role in ensuring the safety of workers in the construction industry. As construction sites are inherently hazardous environments, PPE serves as a last line of defense against potential workplace injuries and illnesses. OSHA has developed comprehensive guidelines and regulations to ensure that employers provide and enforce the use of appropriate PPE, leading to a safer working environment for construction workers.

- Attend all PPE training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Reflective or High Visibility clothing shall be worn on worksites.
- ANSI-approved safety glasses with side shields will be worn while on the worksite.
- ANSI-approved hard hats must be worn where this is a possible danger of a head injury from impact, falling / flying objects, or from electrical shocks or burns.
- ANSI-approved safety shoes must be worn.
- Approved full body harnesses and lanyards shall be properly used when working in areas with fall hazards.
- Approved hearing protection with the appropriate noise reduction rating shall be properly used in designated areas.
- Respiratory protection will be properly used where administrative or engineering controls fail to reduce air contaminants to within OSHA or regulatory prescribed limits.
- Other approved PPE such as face shields, protective clothing, gloves, etc. shall be used where the risk of injury or illness may be prevented by its use.



Respiratory Protection

When respirators are required to protect the health of workers, the company will provide the appropriate respirators and implement a Respiratory Protection Program – to include medical evaluations and fit-testing.

- Attend all Respiratory Protection training and job pre-planning meetings.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Attend required medical evaluations.
- Attend required fit tests for the same make, model, style, and size respirator you will be using.
- Report any medical signs or symptoms related to your ability to wear a respirator.
- Report changes to your physical condition that could affect the fit of your respirator.
- Remove facial hair that comes between the sealing surface or that interferes with valve function.
- Do not wear corrective glasses or goggles in a way that interferes with the seal of the facepiece.
- Perform a seal check each time you don the respirator.
- Store your respirator to protect it from damage, contamination, dust, direct sunlight, extreme temperatures, excessive moisture, or damaging chemicals.
- Only use approved filter / cartridge / cannister for your respirator and the work conditions.
- Inspect respirators before each use and during cleaning.
- General respirator cleaning procedures
    - Remove filters, cartridges, or canisters. Disassemble face pieces as recommended by the manufacturer. Discard or repair any defective parts.
    - Wash components in warm water with mild detergent or cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
    - Rinse components thoroughly in clean, warm, preferably running water. Drain.
    - When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in an appropriate disinfecting solution and recommended or approved by the respirator manufacturer.
    - Rinse components thoroughly in clean, warm, preferably running water. Drain. **THE IMPORTANCE OF THOROUGH RINSING CANNOT BE OVEREMPHASIZED**.
    - Components should be hand-dried with a clean lint-free cloth or air-dried.
    - Reassemble face piece, replacing filters, cartridges, and canisters where necessary.
    - Test the respirator to ensure that all components work properly.

Scaffolds, Mobile Scaffolds & Aerial Lifts

A crucial aspect of construction safety is the proper use of scaffolds and aerial lifts. These elevated work platforms are commonly used in construction sites to provide workers with access to higher levels, but if not used correctly, they can pose significant hazards. This section covers the OSHA regulations surrounding construction scaffolds and aerial lifts safety and explores best practices for preventing accidents and ensuring a safe work environment.

- Attend all Scaffolds, Mobile Scaffolds & Aerial Lift training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Do not exceed the maximum weight load or rated capacity of any type of scaffolding or lift.
- Do not work on any type of scaffolding / lift covered in ice, snow, or other slippery material.
- Do not work on scaffolding / lifts outdoors during storms or high winds.
- Secure materials from falling out of / from scaffolding / lifts.
- Scaffolding
    - Only qualified persons shall construct scaffolding.
    - Scaffolding will be inspected by a competent person before each shift and after any event that could affect the structural integrity of the scaffold.
    - Guardrail systems and / or approved fall arrest systems shall be used to prevent fall hazards, depending on the type of scaffold being used.
    - ANSI-approved hard hats shall be worn when working on, assembling, or dismantling scaffolding.
    - Do not allow debris / trash to accumulate on platforms.
    - Do not climb cross braces to access the scaffold.
- Mobile Scaffold / Scissor Lifts
    - Only authorized persons shall operate mobile scaffolds / scissor lifts.
    - Casters and wheels should be locked to prevent movement when in use.
    - Stabilize scaffolds to prevent tipping.
    - Before moving a mobile scaffold, notify the employee(s) using the scaffold.
    - Follow OSHA regulations and manufacturer requirements before allowing anyone to ride a mobile scaffold when it is moving.
- Aerial Lifts
    - Only authorized persons shall operate aerial lifts.
    - Do not sit or climb on the edge of the aerial lift basket.
    - Wear approved fall protection with a lanyard attached to the boom or basket when in an aerial lift.
    - Do not exceed boom and basket load limits.
    - Test lift controls prior to use.

Silica – Respirable Crystalline (Toxic & Hazardous Substances)

Respirable crystalline silica – very small particles at least 100 times smaller than ordinary sand you might find on beaches and playgrounds – is created when cutting, sawing, grinding, drilling, and crushing stone, rock, concrete, brick, block, and mortar. Activities such as abrasive blasting with sand; sawing brick or concrete; sanding or drilling into concrete walls; grinding mortar; manufacturing brick, concrete blocks, stone countertops or ceramic products, and cutting or crushing stone result in exposures to respirable crystalline silica dust.

- Attend all Silica training on potential health hazards associated with silica exposure and the symptoms of silica-related diseases.
- Report any suspected unsafe conditions or practices related to silica exposure to supervisors or safety personnel.
- Participate in regular medical surveillance programs to monitor potential health effects of silica exposure.
- Follow procedures for storage and disposal of materials containing silica to prevent accidental exposure.
- Wear all required personal protective and respiratory equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective and respiratory equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Follow proper protocols for handling, mixing, and using silica-containing materials. - Use tools equipped with dust collection systems or water suppression methods to control the release of silica dust.
- The company is required to conduct an exposure assessment if tasks are presumed to generate silica exposure risks. Employees will be notified if there is a risk.
- If you suspect silica exposure may be a threat, notify your supervisor, foreman, and/or safety coordinator immediately.
- Only authorized employees who are required to be present may enter a regulated area.
- Do not dry sweep or dry bush materials or debris containing or potentially containing silica dust.
- Use vacuum systems or wet methods for cleaning up and removing silica dust.
- Do not use compressed air to clean clothing or surfaces.
- Do not eat, drink, or smoke in areas where silica dust is present.
- Follow good hygiene practices, such as washing hands and face thoroughly before eating, drinking, or smoking.
- Take regular breaks in clean areas to minimize exposure to silica dust.
- Follow all engineering and control methods required for working with respirable crystalline silica.
- Do not dry cut any concrete or masonry products; ensure that a wet cutting process is being used.
    - If wet cutting cannot be used, proper protection must be used in accordance with OSHA’s Table 1 under 29 CFR 1926 Subpart Z.

Tools - Hand & Power Tools

In the construction industry, the use of hand and power tools is vital for completing various tasks efficiently. However, the improper use or negligence of these tools can lead to hazardous incidents and serious injuries. To address these concerns, the Occupational Safety and Health Administration (OSHA) has implemented strict regulations and guidelines to ensure construction workers are aware of the safety measures and precautions associated with hand and power tool usage on worksites.

- Attend all Tool training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Regularly inspect tools and equipment for wear, tear, deterioration, damage, etc.
- Any tool or piece of equipment that is identified as unsafe will be tagged / locked to prevent use, will be rendered inoperable, or shall be physically removed from its place of operation.
- All tools and equipment (both company and employee-owned) used in the workplace will be in good condition.
    - Recondition or replace hand tools such as chisels, punches, etc., that develop mushroomed heads during use.
    - Replace broken or fractured handles on hammers, axes, and similar equipment immediately.
    - Replace worn or bent wrenches.
    - Handles used on files and similar tools will be appropriate and in good condition.
    - Jacks will be checked periodically to assure they are in good operating condition.
    - Tool cutting edges will be kept sharp so the tool will move smoothly without binding or skipping.
- Wear safety glasses, face shields, etc., while using hand tools or equipment that might produce flying materials or be subject to breakage.
- Do not remove guards from any tools or equipment.
- Do not lift or lower electric tools by the power cord.
- Do not remove dust collectors from any tools or equipment.
- Test power actuated tools each day before loading to see that safety devices are in proper working condition. Follow the manufacturer's recommended testing procedure(s).
- Do not leave loaded power actuated tools unattended.
- Only non-conductive tools and equipment may be used while performing electrical work.

Welding & Cutting (Hot Work)

In the construction industry, welding, cutting, and other hot work operations are essential yet perilous tasks. Workers engaged in these activities are exposed to various hazards including fire, explosions, toxic fumes, and electrical shocks.

- Attend all Hot Work training and job pre-planning meetings.
- Wear all required personal protective equipment – THERE ARE NO EXCEPTIONS.
- Properly maintain and inspect all personal protective equipment prior to each use.
- Read and follow all posted signs, labels, barricades, locks, etc. – THERE ARE NO EXCEPTIONS.
- Wear flame-resistant clothing.
- Only trained and authorized personnel can operate welding and cutting equipment.
- Hot work permits can be obtained from the superintendent and are only valid for one shift.
- Conduct a Welding & Cutting (Hot Work) Inspection Checklist before beginning work.
- Use care when moving cylinders.
- Inspect all leads, grounds, clamps, hoses, gauges, torches, and cylinders before every shift.
- Do not use damaged or defective cylinders, hoses, or torches.
- Keep valve protection cap in place when cylinder(s) is/are not in use.
- Turn off cylinders when not in use / work is completed.
- Secure cylinders in an upright position.
- If the object being welded, cut, or heated can be moved to a safe fire-resistant workspace, do so.
- If the object being welded, cut, or heated cannot be moved, but all fire hazards can be moved / removed, do so.
- If the object being welded, cut, or heated and all fire hazards cannot be moved, use guards to contain the heat, sparks, and slag and protect the fire hazards.
- Do not perform hot work when concentrations of flammable paints, dusts, or other compounds are present.
- Fire watch
    - Fire watch must be trained.
    - Fire watch shall ensure operations remain safe.
    - Fire watch shall have fire extinguishing equipment that they have been trained to use.
    - Fire watch shall be maintained for AT LEAST 30 minutes after completion of hot work to detect and extinguish smoldering fires.
- All exposed combustible materials below welding, cutting, and burning areas must be moved to a safe location, covered with fire retardant material, or protected by containing all sparks and slag in an approved spark catcher.
- Adequate ventilation and/or respiratory protection will be provided when working on galvanized materials.

Chapter 8 SUPPLEMENTAL SAFETY PROGRAMS

These Supplemental Safety topics have been identified as specifically relevant to your organization and beneficial to your organization's safety program.

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Heat & Cold Stress Safety

While OSHA does not currently (as of 2023) have standards for working in hot and cold environments, the OSHA General Duty Clause requires employers to “provide a work environment "free from recognized hazards that are causing or are likely to cause death or serious physical harm." That would include the recognized hazards that come from working in excessively hot or cold temperatures.

- Assignment of Responsibilities
    - Management Responsibilities
        - Maintain, review, and update the Heat and Cold Stress Program as needed.
        - Provide monitoring (upon request) and assist employees with the development of procedures to minimize the adverse effects of heat and cold stress in the workplace.
        - Train employees affected by heat and cold to administer proper first aid on heat- and cold-induced injuries or illnesses as well as emergency response procedures.
    - Supervisor Responsibilities
        - Review and comply with the provisions outlined in this program.
        - Ensure all employees are properly trained before working in extreme conditions.
        - Assess the day-to-day heat or cold stresses on employees, workload, and assign work and rest schedules as needed.
        - Take personal factors into consideration before assigning a task where there is a possibility of a heat related illness occurring.
        - Ensure all employees have the appropriate personal protective equipment (PPE) prior to working in extreme temperature conditions.
    - Employee Responsibilities
        - Review and comply with the provisions outlined in this program, including PPE use.
        - Complete training before working in extreme temperature conditions and be familiar with the signs and symptoms of heat and cold weather hazards.
        - Watch out for the safety of their coworkers.
        - Report heat and cold stress concerns to their supervisor.

- Heat Related Illnesses: Signs, Prevention & Treatment
    - While working in hot weather conditions, the human body may not be able to maintain a normal temperature just by sweating. If this happens, heat-related illnesses may occur.
    - Common Health Problems - Heat
        - Heat stroke – This is the most serious heat related effect. Heat stroke occurs when the body temperature increases above 104° - 106° F. Signs and symptoms of heat stroke are confusion, loss of consciousness and lack of perspiration. This condition must be treated as a medical emergency and the employee must receive immediate medical attention.
        - Heat exhaustion – Signs and symptoms of heat exhaustion include headache, nausea, dizziness, weakness, irritability, confusion, thirst, heavy perspiration, and a temperature of 104 or greater. Employees experiencing heat exhaustion shall be moved to a cool area, given fluids to drink and given cold compresses for their head,

face and neck. Employees shall also be taken to a clinic or emergency room to be monitored by medical personnel.

- Heat cramps – Signs and symptoms of heat cramps include muscle pains usually caused by the loss of body salts/fluids. Employees shall replace fluid loss by drinking water and/or carbohydrate-electrolyte replacement liquids (i.e., Gatorade) every 15 to 20 minutes.
- Heat rash – Heat rash is caused by excessive perspiration and looks like a red cluster of pimples or small blisters. A heat rash usually appears on the neck, upper chest, in the groin, under the breasts and in elbow creases. Treatment for heat rash is to provide a cooler, less humid environment.
- Dehydration – Dehydration is a major factor in most heat disorders. Signs and symptoms of dehydration include increasing thirst, dry mouth, weakness, or light-headedness (particularly if worse upon standing), and a darkening of the urine or a decrease in urination. Dehydration can be reversed or put back in balance by drinking fluids that contain electrolytes that are lost during work-related activities. Avoid caffeinated drinks.

- Prevention methods - Heat
  - Acclimation – Acclimation is a process by which the physical processes of an employee's body adjusting to the environment over a period of time. Based on data obtained from OSHA, this process usually takes five to seven days but could take up to three weeks depending on the individual and their work environment. According to the American Industrial Hygiene Association, the process requires a consistent work level for at least two hours each day during the acclimation period.
  - Engineering Controls – For employees working indoors, the best way to prevent heat-related illness is to make the work environment cooler. Where and if possible, use air conditioning to cool the work area. Alternatively, increase the general ventilation as much as possible by opening windows or doors. When available, use cooling fans to aid in increasing ventilation.
  - Safe Work Practices – For employees working outdoors or working indoors without air conditioning or ventilation, take scheduled breaks in cool areas. Ensure there is plenty of cool, potable drinking water and take water breaks as needed. Employees shall always be provided with access to shaded areas. Immediately report any problems to a supervisor. Supervisors shall consider scheduling the hottest work for the coolest part of day, assigning extra employees to high demand tasks, and using work-saving devices to reduce the body's workload.
  - Heat Index – The Heat Index is a single numeric value that uses both temperature and humidity to inform the public on how the weather outdoors "feels". The higher the Heat Index, the hotter the weather feels. OSHA has used the Heat Index to assign protective measures for workers as the Heat Index increases. These protective measures may reduce the likelihood of heat related illnesses.
    - The heat index is a simple tool and a useful guide for employers/employees making decisions about protecting employees in hot weather. It does not account for certain conditions that contribute additional risk, such as physical exertion. Consider taking the steps at the next highest risk level to protect employees from the added risks posed by:
      - Working in the direct sun (can add up to 15°F to the heat index value)
      - Wearing heavy clothing or protective gear
    - Under most circumstances, fluid intake shall not exceed 6 cups per hour or 12 quarts per day. This makes it particularly important to reduce work rates, reschedule work, or enforce work/rest schedules.

Work / Rest and Water Consumption Table

Applies to average sized, heat acclimated person wearing long sleeved shirt and pants or cloth overalls

Revised June 12, 2010 – Supersedes all previous versions

Easy Work		Moderate Work	Hard Work
• Walking/Working on hard surface at 2.5 mph with < 30lb load	•	• Walking/Working on loose sand, water, reeds at 2.5 mph with minimal load • Walking/Working on hard surface at 3.5 mph with < 40lb load	• Walking/Working on hard surface at 3.5 mph, ≥ 40lb load • Walking/Working on loose sand at 2.5 mph with minimal load • Wearing protective coveralls (ie: Tyvek) and/or respirator

Heat Category	Heat Index F°	Easy Work		Moderate Work		Hard Work	
		Work/Rest (min)	Water Intake (qt/hr)	Work/Rest (min)	Water Intake (qt/hr)	Work/Rest (min)	Water Intake (qt/hr)
2 Green Flag	82° - 84.9°	No Limit	½	50/10 min	¾	30/30 min	1
3 Yellow Flag	85° - 87.9°	No Limit	¾	40/20 min	¾	30/30 min	1
4 Red Flag	88° - 89.9°	No Limit	¾	30/30 min	¾	20/40 min	1
5 Black Flag	> 90°	50/10 min	1	20/40 min	1	10/50 min	1

- The work/rest times and fluid replacement volumes will sustain performance and hydration for at least 4 hours of work in the specified heat category. Fluid needs can vary based on individual differences (± ¼ qt/hr)
- Rest = minimal physical activity (sitting or standing) accomplished while in the shade
- ***CAUTION: Hourly fluid intake should not exceed 1-½ quarts. Daily fluid intake should not exceed 12 quarts***
- Operational requirements should be considered in the application of this heat management tool.

Heat index Chart

How To Use: *Find the temperature on the left-hand side, then move to the right and find the relative humidity value on the top. Where the two columns meet is the Heat Index Value.*

Add up to 15° in direct sun with no available shade

Revised June 12, 2010 – Supersedes all previous versions

TEMPERATURE °F \ RELATIVE HUMIDITY %	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
140	125																				
135	120	128																			
130	117	122	131																		
125	111	116	123	131	141																
120	107	111	116	123	130	139	145														
115	103	107	111	115	120	127	135	143	151												
110	99	102	105	108	112	117	123	130	137	143	150										
105	95	97	100	102	105	109	113	118	123	129	135	142	149								
100	91	93	95	97	99	101	104	107	110	115	120	126	132	138	144						
95	87	88	90	91	93	94	96	98	101	104	107	110	114	119	124	130	136				
90	83	84	85	86	87	88	90	91	93	95	96	98	100	102	106	109	113	117	122		
85	78	79	80	81	82	83	84	85	86	87	88	89	90	91	93	95	97	99	102	105	108
80	73	74	75	76	77	77	78	79	79	80	81	81	82	83	85	86	86	87	88	89	91
75	69	69	70	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79	80
70	64	64	65	65	66	66	67	67	68	68	69	69	70	70	70	71	71	71	71	71	72

Heat Category/Flag Color	1 White Flag Low Risk	2 Green Flag Caution	3 Yellow Flag Extreme Caution	4 Red Flag At Risk	5 Black Flag High Risk

- Cold Related Illnesses: Signs, Prevention & Treatment
    - During cold weather, an employee's body will use energy to maintain a normal internal body temperature. This will result in a shift of blood flow from employee's extremities (hands, feet, and legs) and outer skin to the employee's core (chest and abdomen). If this happens, cold-related illnesses and injuries may occur if exposed to cold conditions for an extended period.
    - Common health problems - Cold
        - Hypothermia – Hypothermia is a potentially serious health condition. Hypothermia occurs when body heat is lost faster than it can be replaced. When the core body temperature drops to approximately 95°F, the onset of symptoms normally begins. The employee may begin to shiver, lose coordination, have slurred speech, and fumble with items in the hand. The employee's skin will likely be pale and cold. As the body temperature continues to fall these symptoms will worsen and shivering will stop. Once the body temperature falls to around 85°F severe hypothermia will develop and the person may become unconscious, and at 78°F, vital organs may begin to fail. Treatment depends on the severity of the hypothermia. For cases of mild hypothermia move to warm area and stay active. Remove wet clothes and replace them with dry clothes or blankets, cover the head. To promote metabolism and assist in raising internal core temperature drink a warm (not hot) sugary drink. Avoid drinking caffeine. For more severe cases do all the above, plus contact emergency medical personnel (Call 911 for an ambulance), cover all extremities completely, place very warm objects, such as hot packs or water bottles, on the victim's head, neck, chest, and groin. Arms and legs shall be warmed last. In cases of severe hypothermia, treat the employee very gently and do not apply external heat to re-warm. Hospital treatment is required.
        - Frostbite – Frostbite occurs when the skin freezes and loses water. In severe cases, amputation of the frostbitten area may be required. While frostbite usually occurs when the temperatures are 30° F or lower, wind chill factors can allow frostbite to occur in above freezing temperatures. Frostbite typically affects the extremities, particularly the feet and hands. The affected body part will be cold, tingling, stinging, or aching followed by numbness. Skin color turns red, then purple, then white, and is cold to the touch. There may be blisters in severe cases. Do not rub the area to warm it. Wrap the area in a soft cloth, move the employee to a warm area, and contact medical personnel. Do not leave the employee alone. If help is delayed, immerse employe in warm (maximum 105 °F), not hot, water. Do not pour water directly on the affected part. If there is a chance that the affected part will get cold again do not warm as repeated heating and cooling of the skin may cause severe tissue damage.
        - Dehydration – Signs of dehydration include increasing thirst, dry mouth, weakness, or light-headedness (particularly if worse upon standing), and a darkening of the urine or a decrease in urination. Dehydration can be reversed or put back in balance by drinking fluids that contain electrolytes that are lost during work-related activities. Avoid caffeinated drinks.
    - Prevention method - Cold
        - Acclimation – Employees exposed to the cold shall be physically fit, without any circulatory, metabolic, or neurologic diseases that may place them at increased risk for hypothermia. A new employee shall not be required to work in the cold full-time during the first days of employment until they have adjusted to the working conditions and required protective clothing. New employees shall be introduced to the work schedule slowly and be trained accordingly.
        - Engineering Controls – For employees working indoors, the best way to prevent cold-related illness is to make the work environment warmer. Where and if possible,

use heaters to warm the work area. Alternatively, decrease the general ventilation as much as possible by closing windows or doors.

- Safe Work Practices – For employees working outdoors or working indoors without heat, take scheduled breaks in warm areas. If available, use wind barricades to block the wind from the employees. Ensure there is plenty of water to drink and take water breaks as needed. Immediately report any problems to a supervisor. Supervisors shall consider scheduling most of the work for the warmest part of day, assigning extra employees to high demand tasks that will require longer periods in cold areas. All employees shall watch out for the safety of their coworkers. All employees will be informed of dangers associated with working around unstable snow and ice build-ups. All regularly used walkways and travel ways shall be sanded, salted, or cleared of snow and ice as soon as practicable.
- Wind Chill -. Wind Chill is the term used to describe the rate of heat loss from the human body, resulting from the combined effect of low air temperature, and wind speed.
  - The Wind Chill Temperature is a single value that takes both air temperature and wind speed into account.
  - For example, when the air temperature is 40°F, and the wind speed is 35mph, the wind chill temperature is 28°F; this measurement is the actual effect of the environmental cold on the exposed skin.
- Personal Protective Equipment (PPE) – PPE is an important factor in preventing cold stress related illnesses and injuries. Cold weather supplies will be regularly inspected and restocked when necessary. Employees shall adhere to the following recommendations when dressing for work in a cold environment:
  - Wear at least three layers of clothing; an inner layer of wool, silk or synthetic to wick moisture away from the body; a middle layer of wool or synthetic to provide insulation even when wet; an outer wind and rain protection layer that allows some ventilation to prevent overheating.
  - Wear a hat or hood; up to 40% of body heat can be lost when the head is left exposed.
  - Wear insulated boots or footwear.
  - Do not wear tight clothing; loose clothing provides better ventilation.
  - Keep a change of clothing available in case work clothes become wet.
- All employees shall be under constant protective observation by a co-worker or supervisor for cold weather symptoms.

- Training
  - Supervisors shall be trained in prevention measures for heat and cold related illnesses and well as emergency response procedures.
  - All employees shall receive initial and annual training regarding the health effects of Heat and/or Cold Stress prior to working in such conditions.
  - All workers shall be trained to administer proper first aid treatment for cold-induced injuries or illnesses.
  - The company can provide heat or cold stress training upon request.
  - All training records shall be maintained in the employees' personnel file and maintained by the supervisor. Training records are maintained in the office for training programs.

Warm-Up and Break Chart – 4 hour shift

Schedule applies to any 4-hour work period with moderate to heavy work activity; with warm up periods of ten (10) minutes in a warm location and with an extended break (ie: lunch) in a warm location at the end of the 4-hour work period.

Air Temperature -Sunny Sky		No Noticeable Wind		5 mph Wind		10 mph Wind		15 mph Wind		20 mph Wind	
°F (approximate)	°C (approximate)	Maximum Work Period	# of Breaks	Maximum Work Period	# of Breaks	Maximum Work Period	# of Breaks	Maximum Work Period	# of Breaks	Maximum Work Period	# of Breaks
-15 to -19	-26 to -28		1 Normal		1 Normal	75 min.	2	55 min.	3	40 min.	4
-20 to -24	-29 to -31		1 Normal	75 min.	2	55 min.	3	40 min.	4	30 min.	5
-25 to -29	-32 to -34	75 min.	2	55 min.	3	40 min.	4	30 min.	5	Non-Emergency work should cease	
-30 to -34	-35 to -37	55 min.	3	40 min.	4	30 min.	5	Non-Emergency work should cease			
-35 to -39	-38 to -39	40 min.	4	30 min.	5	Non-Emergency work should cease					
-40 to -44	-40 to -42	30 min.	5	Non-Emergency work should cease							
-45 & below	-43 & below	Non-Emergency work should cease									

Wind Chill Chart

Wind Chill (°F) = 35.74 + 0.6215T – 35.75($V^{0.16}$) + 0.4275T($V^{0.16}$)

T=Air Temperature (F) V=Wind Speed (m/hr)

WIND m/hr	TEMPERATURE F																	
	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40	27	20	13	6	-1	-8-	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times: 30 Min | 10 Min | 5 Min

Revised Nov. 1, 2001– Supersedes all previous versions

Vehicle & Driving Safety

- Company Vehicle Limitations
    - Company vehicles may be used only for company business unless otherwise notified.
    - Employees are not to perform repairs or maintenance on company vehicles, other than routine fluid additions.
    - Personal bumper stickers or signage may not be put on Company vehicles.
    - Company vehicles are non-smoking.
    - Employees may not drive a company vehicle before signing a Driver Distraction and Vehicle Use Policy Acknowledgement form, found in the Forms section of this manual.

- Pre-Departure Safety Check
    - Verify that all loads and heavy equipment are evenly distributed, secured, and not more than the manufacturer's specifications and legal limits for the vehicle.
    - Cover all loose materials and/or debris before entering public roads.
    - Towing Safety
        - Ensure that hitches are in good shape.
        - Trailers, kettles, etc. should be securely closed.
        - Verify that safety chains are secured.
    - Perform a 360 walk-around for vehicle safety.
        - Inspect for vehicle damage and immediately report any damage to the supervisor if not previously observed.
        - Check windshield for cracks that could interfere with vision.
        - Make sure dirt or snow is removed from lights on all sides of the vehicle.
        - Brush or clean off snow or ice on all windows to ensure complete vision.
        - Check to ensure the license plates and inspection tag on vehicle/trailer are current.
    - Check fuel level to be certain the destination can be reached.
    - Ensure that there is a first aid kit and inspected fire extinguisher in the company vehicle.
    - Any unsafe condition shall be reported at that time to the office and the vehicle shall not be put back into service until repairs have been completed.

- Driving Safety
    - Operators of company on- or-off road vehicles shall be qualified by possession of a valid, current driver's license for the type of vehicle being driven.
    - Drivers will be rested and alert for driving.
    - Only authorized employees will drive a motor vehicle in the course and scope of work or operate a company owned vehicle. Authorized drivers shall not assume that any other company employee is authorized to drive their vehicle.
    - No non-employee passengers shall be on trucks used to deliver goods.
    - Reversing / Backing up

        - Where backing is required, drivers shall make every effort to park the vehicle in a manner that allows the first move when leaving the parking space to be forward.
        - Drivers must have either a reversing alarm, use a spotter or walk around the truck/trailer prior to backing.
        - A spotter outside the vehicle must always be used when towing.
    - Passenger compartments are to be free from loose objects that might endanger passengers in the event of an incident. Any vehicle with non-segregated storage shall be equipped with a cargo net or equivalent to separate the storage area.
    - Vehicles (light vehicles, heavy vehicles, and trailers) may not be modified without the endorsement of the manufacturer and maintained in safe working order.
    - Company signs, stickers or labels are to be fitted in such a manner that they do not obstruct the driver's vision or impede the driver's use of any controls.

- Driving Practices
    - Obey all federal and local driving laws or regulations as well as company requirements.
    - Immediately report any restriction or change to their driving privileges to the supervisor.
    - Seat belts shall always be worn by all occupants whenever the vehicle is in motion; only seats fitted with three-point inertia-reel type seatbelts shall be used. All vehicles capable of more than 10 mph/15 kph shall have seat belts installed.
    - Both hands on the wheel.
    - Slow down around construction, large vehicles, wildlife, fog, rain, snow, or anything else that adds a hazard to your driving.
    - Vehicles shall only be operated for their intended use.
    - Leave an extra margin of distance between vehicles to allow for a longer stopping distance.
    - Drive for conditions, not just the speed limit.
    - Alcohol or illegal drugs are not allowed in a company or company-leased vehicle at any time.
    - Reduce or eliminate all sources of distraction while driving.
    - Drivers shall not operate a motor vehicle while under the influence of alcohol, illegal drugs, or prescription or over-the counter medications that might impair their driving skills.
    - Immediately report any citation, warning, traffic violation, collision, vehicle damage or near miss associated with company or customer vehicle operation or while driving on company duties to the supervisor.

- Vehicle Accident Reporting

  If involved in a vehicle accident while in a Company vehicle
    - Contact the office immediately and let them know that the accident has occurred and what, if any injuries, have been sustained.
    - Make no admission of fault, while remaining courteous and respectful to any other drivers or passengers involved, witnesses, and first responders.
    - Use the Accident Checklist and accompanying forms that are included in the Forms section of this manual to collect information regarding the accident.

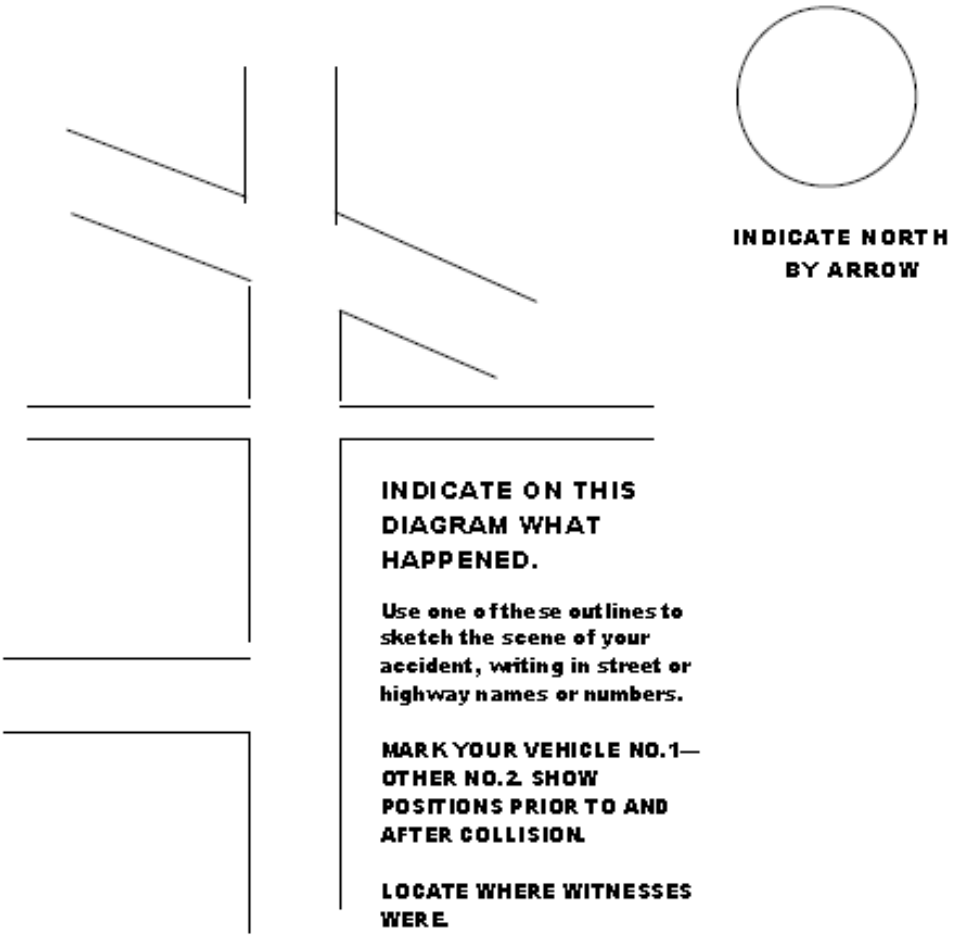
At the time of the accident

1. Stop immediately! Offer assistance. Give first aid to the injured.
2. Call ambulance if anyone appears to be injured.
3. Make no admission of fault.
4. Be courteous. Do not argue.
5. Telephone or radio your supervisor. If another employee is with you, ask them to do it.
6. Call police to investigate and advise them of facts only. Do not admit you were guilty of any law violation.
7. Do not move vehicle unless necessary.
8. If you feel all right, fill out Appendix 1 and give it to your supervisor as soon as he/she reaches the scene.
9. It is most important for you to immediately get the names of any witnesses on Appendix 2, as many people do not want to get involved and will leave the scene without leaving their names.
10. An employee of the company should take pictures of all vehicles involved and the accident scene.
11. Ask and responding officers where you can obtain a copy of the Accident Report.
12. As best you can, describe and diagram the accident on the back side of this form.

Vehicle & Driving Safety Program – Accident Check List & Forms (page 2)

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

- *Mark your vehicle #1— any others #2, #3, etc.*
- *Show positions prior to and after collision.*
- *Locate where witnesses were.*



Date of Accident _____ / _____ / _____ Time of Accident _____ : _____ am/pm

Road Conditions: Dry Wet Icy Snowy Construction Zone: Yes No

Describe what happened: _____

_____

_____

_____

_____

Vehicle & Driving Safety Program – Accident Check List & Forms (page 3)

Vehicle # in the Diagram: _____

Driver Information

Driver's License Number _____ State: _____

Name _____

Address _____

_____

Telephone _____ Cell Phone _____

Email _____

Vehicle Information

Color _____ Year _____

Make _____ Model _____

VIN _____ License Plate _____

Insurance Information

Insurance Company _____

Policy Number _____

Telephone _____ Fax _____

Emergency Services Information

Police Officer Name _____ Badge Number _____

Report Number _____ Telephone _____

Location of Accident

_____

_____

_____

Continued on Back

Vehicle & Driving Safety Program – Accident Check List & Forms (page 4)

Passenger Information – Vehicle # in the Diagram _____

Name _____

Address _____

_____

Telephone _____ Cell Phone _____

Email _____

Passenger Information – Vehicle # in the Diagram _____

Name _____

Address _____

_____

Telephone _____ Cell Phone _____

Email _____

Passenger Information – Vehicle # in the Diagram _____

Name _____

Address _____

_____

Telephone _____ Cell Phone _____

Email _____

Passenger Information – Vehicle # in the Diagram _____

Name _____

Address _____

_____

Telephone _____ Cell Phone _____

Email _____

Vehicle & Driving Safety Program – Accident Check List & Forms (page 5)

Witness Information

Name _____ Age _____

Address _____

_____

Telephone _____ Cell Phone _____

Email _____

Location at the scene _____

Remarks _____

Witness Information

Name _____ Age _____

Address _____

_____

Telephone _____ Cell Phone _____

Email _____

Location at the scene _____

Remarks _____

Witness Information

Name _____ Age _____

Address _____

_____

Telephone _____ Cell Phone _____

Email _____

Location at the scene _____

Remarks _____

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Chapter 9 FORMS

These forms are provided as additional resources, templates, and/or tools that can be used with your safety program.

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Acknowledgement Forms

To be signed and returned to the Company

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Baxmeyer Construction, Inc

Safety Manual Acknowledgement Form

To be signed by the employee and returned to the Company

The rules, programs, and procedures stated above in the Baxmeyer Construction, Inc safety manual are not intended to cover all the possible situations you will face on the job. Baxmeyer Construction, Inc encourages and always expects employees to act in a safe and responsible manner both on and off the job.

The contents of the Baxmeyer Construction, Inc Safety Manual have been reviewed and made available to me. I understand and agree to abide by the safety policies and standards. I also understand that violation of these rules may lead to disciplinary action, up to and including termination of employment – especially those related to the Safety Policy, Safety Violation Policy, and requirements to report all injuries, incidents, and Near Misses.

Signature _____ Date _____

Print Name _____

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Baxmeyer Construction, Inc

Site Safety Sign-Off Sheet

Prior to working on any job, it is required that this form is reviewed, signed, and on file in the office. The employee will be issued a sticker for their hardhat. The sticker must be always displayed on the hard hat in plain view that they are on the job.

SAFETY INSPECTIONSD AND REPORTING
Report all safety violations to your supervisor and the GC office immediately. Do not proceed until corrected. These reports will be kept confidential.

FIRST AID KIT
First aid kits are available in the trailer/office onsite.

ACCIDENTS & INJURIES
ALL accidents and/or injuries must be reported by your supervisor and to the SC office on the same day of the injury – no matter how minor the injury may be.

EMERGENCY PROCEDURES
- Familiarize yourself with Emergency Response Action Plan.
- Call: 911
- Notify your foreman immediately. The foreman is required to notify the GC Superintendent and/or the Project Manager immediately.

DESIGNATED MEETING PLACE FOR ROLL CALL
Each Subcontractor is responsible to designate a predetermined meeting place for roll call if there is an emergency on a job site. The meeting place should be away from the building.

FIRE PREVENTION
Each subcontractor is responsible for the development of a fire prevention program to be followed throughout the project and will provide firefighting equipment as required. A Hot work permit will be supplied to GC for all hot work, and a 30-minute fire-watch will be required.

HOUSEKEEPING
This will always be a clean and safe job site. All debris must be collected, removed and cleaned up as it happens - not at the completion of the project or the end of the day. Do not dry sweep or dry brush any debris that may contain silica dust.

Your company has signed a contract with us, and your employer will be billed for clean up if you do not clean up your debris. All waste material, trash, and debris must be disposed of in the designated containers as per the guidelines set out by the Project Manager. Again, if you do not clean up your own trash, debris and mess, your employer will be billed for the clean-up costs.

CLOTHING
- High visibility clothing must be always worn.
- No tank tops-shirts will have at least 4” sleeves
- No shorts-long pants only.
- No tennis shoes. Hard sole shoes required; work shoes with steel toe recommended.
- Clothing with images or wording that is vulgar, or offensive are not allowed.

RESPIRABLE CRYSTALLINE SILICA
Exposure to silica may occur on this construction site. Written Silica Exposure Control Plans will be established, made available upon request, and always followed in their entirety on our jobsite.

Your company shall fully and completely implement the control measures laid out in Table 1 and/or follow the alternative exposure control methods outlined in 1926.1153. If requested, records for Silica Exposure training for your company will be provided.

PERSONAL PROTECTIVE EQUIPMENT
Hard Hats and Safety Glasses are always required on our jobsite until such time as the Project Manager notifies subcontractor that they are no longer needed.

All other personal protective equipment will be required when deemed necessary due to the work being performed (i.e., ear plugs, dust masks, respirators, fall protection harnesses, lanyards, gloves, etc.)

FALL PROTECTION
If working six feet in height above ground or at any leading edge, you must have fall protection measures in place and in use. Body harnesses and lanyards are required.

If you are found to not be in compliance with fall protection standards, you will be asked to leave the job. When entering any type of elevated or lift type equipment you must wear a safety harness with a lanyard attached to a lanyard clip area of the lift in accordance with the instructions for the piece of equipment and OSHA guidelines.

SCAFFOLDS
Rolling scaffolding/Baker scaffolding will have lockable wheels on all wheels and locked when in use. Scaffolds work areas 6’ and higher will have guard rails on all sides.

Scaffolds within 6 feet of a leading edge at any height will have the worker tied off for fall protection (tied to scaffold is not acceptable).

LOADING AND UNLOADING EQUIPMENT
Loading and unloading or placing materials on the job site shall be done with the appropriate manpower for the job.

Placement of materials and supply storage areas should be pre-approved by the Project Manager.

There will be no use of GC equipment or rented equipment without authorization from the Project Manager or Superintendent.

LOCK OUT – TAG OUT
All machinery, pumps, motors, and electrical boxes that are capable of unannounced start up, must be locked out.

OVERHEAD WORK
All overhead work must be coordinated with other crafts. No one will walk under any overhead loads.

LADDERS
- Extension ladders have to be tied off at top and bottom and extend 3’ above openings and a corral built at the top entrance.
- No “A” frame ladder to be used unless fully opened on flat surfaces.
- All ladders will be secured if used repeatedly.
- No standing on top of stepladders.
- Do not leave tools on top of stepladders.

ELECTRIC SAFETY
All cords must be in good condition and connected through a GFCI. Taped, defective, or ungrounded cords will be unplugged, impounded or disabled. Electrical cords are to be run thru opening and not over wall framing tracks. All extension cords and tools to be checked prior to use for proper grounding prong. Minimum size 12 gage extension cords to be used.

POWER EQUIPMENT
Only certified operators shall operate power equipment, and certifications shall be on file with the GC office onsite.

TRENCHING
After 4 feet in depth, trenching must be shored, benched, or sloped. Ladders are required in all holes/trenches over 4’ deep. NO EXCEPTIONS.

GENERAL SAFETY REQUIREMENTS

ALL PERSONNEL ON OUR JOB SITE WILL WEAR HARD HATS AT ALL TIMES UNTIL THE TIME THAT OUR PROJECT MANAGER MAKES AN ANNOUNCEMENT STATING HARD HATS ARE NO LONGER REQUIRED.

THIS IS A DRUG FREE AND ALCOHOL FREE JOB SITE. ANYONE IN POSSESSION OF OR UNDER THE INFLUENCE OF ILLEGAL DRUGS AND/OR ALCOHOL WILL BE REMOVED FROM THE JOB SITE BY POLICE.

NO FIREARMS OR WEAPONS OF ANY KIND ARE ALLOWED ON THE JOB SITE. ANYONE BRINGING A WEAPON OF ANY KIND TO THE JOB SITE WILL BE REMOVED BY THE POLICE.

THE USE OF ANY TYPE OF EARPHONES, EAR BUDS, HEADPHONES, OR OTHER PERSONAL LISTENING DEVICES IS PROHIBITED.

SMOKING WILL NOT BE PERMITTED IN THE BUILDING OR ON THE JOBSITE AT ANY TIME. DESIGNATED SMOKING LOCATIONS WILL BE PROVIDED AWAY FROM THE BUILDING. VIOLATORS WILL BE REMOVED FROM THE JOB IMMEDIATELY.

BATHROOMS ARE PROVIDED ON THE JOB SITE. ANYONE CHOOSING NOT TO UTILIZE THESE FACILITIES WILL BE ASKED TO LEAVE THE JOB SITE IMMEDIATELY.

THE USE OF DEFECTIVE OR BROKEN TOOLS AND EQUIPMENT IS PROHIBITED.

ALWAYS BE ALERT. KEEP CLEAR OF SWING BUCKETS, LOADS AND COUNTERWEIGHTS. NEVER WALK ON THE BLIND SIDE OF EQUIPMENT.

SITE ADDRESS

_____

_____

_____

_____

IMPORTANT PHONE NUMBERS

Project Supervisor Name & Phone Number

_____

Superintendent Name & Phone Number

_____

SAFETY SPECIFIC TO THIS JOBSITE

EMERGENCY MEETING AREA will be: _____

_____

IN CASE OF EMERGENCY you will hear _____ and everyone will report to the emergency meeting area and report to your supervisor. Supervisors will confirm that each crew member is accounted for and will report to our supervision that no employee has remained in the building.

FIRST AID BOX for minor use and eye wash station is located _

_____

SAFETY MEETINGS will be held onsite _____ by your company and all personnel will be required to attend.

HOT WORK REQUIREMENTS

_____

_____

_____

_____

_____

CERTIFICATIONS REQUIRED

_____

_____

_____

_____

PPE

_____

_____

_____

OTHER

_____

_____

_____

_____

_____

I AM FAMILIAR WITH THE OSHA STANDARDS FOR THE CONSTRUCTION INDUSTRY AND HAVE BEEN TRAINED IN THE SPECIFIC AREAS OF THOSE STANDARDS THAT RELATE TO MY WORK ASSIGNMENT.

I HAVE READ, UNDERSTAND, AND ACKNOWLEDGE THE INFORMATION INCLUDED IN THIS DOCUMENT. I UNDERSTAND THAT IF I AM FOUND IN VIOLATION OF ANY OF THESE SAFETY RULES AND GUIDELINES ALONG WITH VIOLATION OF ANY OTHER OSHA GUIDELINES, I MAY BE ASKED TO LEAVE THE JOB.

Signature: _____ Print Name: _____

Company Name: _____ Date: _____ / _____ / _____

Baxmeyer Construction, Inc

Substance Abuse Policy Acknowledgement Form

To be signed by the employee and returned to the Company

By signing this document, I am acknowledging and agreeing to the following:

- I have received a copy of the Substance Abuse Policy used by this company.
- I have read and understand the Substance Abuse Policy and agree to abide by the policy in all respects.
- I understand that I may not use, store, possess, manufacture, distribute, or be under the influence of illegal substances, or use or be under the influence of alcohol, while performing work for the company.
- I am aware that the failure to abide by any part of this policy will result in disciplinary action, up to and including termination of my employment with the Company.

If I have any questions regarding these procedures, I will consult with my supervisor, manager, and/or company representative as soon as possible.

Signature _____ Date _____

Print Name _____

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Baxmeyer Construction, Inc

Substance Abuse Testing Notification & Acknowledgement

To be signed by the employee and returned to the Company

Date: _____ / _____ / _____ Employee Name: _____

Test Date: _____ / _____ / _____ Test Time: _____ am / pm

Testing Location: _____

Test Reason: ☐ Pre-Employment

☐ Post-Vehicle Accident ☐ Post-Incident ☐ Random

☐ Reasonable Suspicion ☐ Routine Fitness for Duty ☐ Other: _____

Testing Authority: *(check all that apply)*

☐ DOT Drug (Urine Specimen) ☐ Non-DOT Drug (Urine Specimen) ☐ Non-Observed

☐ DOT Breath Alcohol ☐ Non-DOT Breath Alcohol ☐ Observed

I acknowledge that on/at the date and time noted below I have been notified by my employer that I am required to submit to a drug and/or alcohol test on/at the date and time above.

If I do not submit to this request, I will be considered to be in violation of the Substance Abuse Policy, will be reclassified to a non-compliant status and will be subject to the reinstatement requirements as defined in this policy.

This document will be retained in my confidential testing files along with the final determination of all drug and/or alcohol testing results.

Date Notification Received: _____ / _____ / _____ Time: _____ am / pm

Signature: _____

Employee Information

You are to proceed immediately to the collection site, unless you have a scheduled date/time noted above. Should you fail to arrive within the reasonable amount of time allowed, you will be deemed to have refused the test.

Random Testing: If required, your name has been selected for drug and/or alcohol testing by a computerized program of random selection. Your selection does not imply that the company has a specific cause to suspect you of using alcohol or prohibited drugs; rather, that the Random Testing program is being utilized.

Non-Observed Drug Specimen: You may provide a urine specimen (at least 45 ml) in the privacy of a stall.

Observed Specimen (after previous DOT violation or when instructed by an MRO): You will be asked to provide a urine specimen (at least 45 ml) in view of a person of your same gender. You will be asked to raise clothing above the waist, lower clothing worn below the waist, and turn around so the observer can detect the use of any unauthorized device.

Urine Collections: If you are unable to provide a sufficient quantity of urine, you will be given a waiting period and encouraged to drink liquids during such time. If you are unable to provide a sufficient urine specimen in the allotted time you will need to be evaluated by a licensed physician or the Medical Review Officer (MRO) to determine if there is a valid medical reason for the insufficient urine sample (“shy bladder”). If not, you will be deemed to have refused to provide the required urine specimen. If you refuse to provide the required specimen, adulterate the specimen, substitute the urine of another person, or the test result is positive for prohibited drugs, you will be considered in violation of the Substance Abuse Policy

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Baxmeyer Construction, Inc

Vehicle & Driving – Driver Distraction Policy Acknowledgement

To be signed by the employee and returned to the Company

Baxmeyer Construction, Inc recognizes that distracted driving is a growing problem, and we are committed to minimizing this hazard. Distracted driving includes any non-driving activity a person engages in while driving that has the potential to distract him/her from the primary task of driving. Distracted Driving Activities include, but are not limited to talking on a cell phone, texting, eating or drinking, using a smart phone or tablet, setting or resetting a GPS device, reading email, watching a video, changing a radio station, CD, etc.

Distractions may cause any one of or a combination of the following sensory deficits:

- Visual – taking your eyes off the road
- Manual – taking your hands off the steering wheel
- Cognitive – taking your mind off your driving

Distracted driving can result in injury, death, or significant property damages. Distracted driving can also lead to litigation if it is determined that an accident/incident was the result of cell phone use, texting, etc. Plaintiff attorneys may subpoena cell phone records to implicate both employee and employer to seek major damage awards.

Baxmeyer Construction, Inc employees will adhere to the following policies:

- Hand-held cell phones are not to be used when driving for company business. Only hands-free or Bluetooth devices are acceptable.
- Absolutely no composing or reading of texts/emails nor browsing on a device while driving.
- Programming of a navigation device (including phones) should occur only when vehicle is stopped.
- Pull over in a safe place if you need to address a call or text in a manner other than hands-free.
- No eating while driving.

Employees found to be in violation of these policies will be subject to disciplinary action

Your signature below certifies your agreement to comply with the Driver Distraction policy.

Signature _____ Date _____

Print Name _____

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Baxmeyer Construction, Inc

Vehicle & Driving – Vehicle Use Policy Acknowledgement

To be signed by the employee and returned to the Company

I, the undersigned individual agree that, upon assuming employment with Baxmeyer Construction, Inc (hereafter referred to as the "Company"), agree to abide by the following when a Company vehicle is in my care, custody or control:

1. I will adhere to the safety rules as outlined in the Vehicle Safety Program of this safety manual while operating any Company vehicle.
2. It is my responsibility to alert my supervisor or other Company personnel having authority to govern the Company vehicle program if my driver's license has expired, been revoked, or been suspended.
3. Prior to driving the Company vehicle. I will check tires, lights, wipers, horn, turn signals, rear view mirrors, and brakes to be sure they appear to be in safe operating condition. If defects are noted, I will promptly report them and/or have them repaired as appropriate.
4. I will use the Company vehicle only for Company business and never for personal use unless specifically authorized, in writing, by my supervisor or other Company personnel having authority to authorize such use. If personal use of the Company vehicle is specifically authorized, only I will drive the vehicle.
5. When used for Company business, only company employees or other persons being transported for business purposes will be allowed to ride in or enter the Company vehicle, and only other authorized company personnel will be permitted to drive it.
6. I will not drive the Company vehicle while consuming alcoholic beverages or other drugs or while under the influence of alcohol or other drugs, nor will I allow anyone else to do so.
7. I will obey all traffic laws, ordinances, and regulations pertaining to the operation of motor vehicles. I will pay any fines, parking tickets, or other assessments for violations of traffic laws, ordinances, or regulations imposed on me. I acknowledge that fines paid by me for any violations of such motor vehicle laws, ordinances, or regulations are totally my responsibility and will not be reimbursed by the Company.
8. I will always wear a seatbelt and will require all passengers to do the same.
9. In the event of an accident, I will promptly comply with the Company vehicle accident reporting procedure.
10. I understand that if I am involved in an accident with the Company vehicle, and the Company's insurance assumes responsibility for payment of resulting claims, I may be required to attend a defensive driving course.
11. I understand that if I am involved in an accident with the Company vehicle, and there is a reasonable possibility that drug or alcohol use (by any party involved) caused or contributed to the accident, I may be required to submit to drug and/or alcohol testing.
12. I understand the violation of this Vehicle Use Policy may result in disciplinary action up to and including termination of my employment.

These policies have been fully explained to me and I understand the contents of the Company Vehicle Use Policy Acknowledgement. I am aware that the failure to abide by this policy will result in disciplinary action, up to and including termination of my employment with the Company.

Signature _____ Date _____

Print Name _____

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Inspection Forms for Equipment and/or Processes

Forms to be used to inspect equipment and/or the work being done on the project / work site

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Baxmeyer Construction, Inc

Aerial Lift Inspection Checklist

Subcontractor Company _____ Foreman / Supervisor _____

Operator Name _____ Inspection Date _____

Lift Type _____ Model # _____ Equipment ID # _____

Project Name _____ Project # _____ Lift Location _____

Description of work _____

Jobsite Inspection				
1	Operator and occupants received Aerial Lift Training and Fall Protection Training?	☐ Yes	☐ No	☐ n/a
2	Lift platform will safely reach the work area (preventing over-reaching)?	☐ Yes	☐ No	☐ n/a
3	Other moving equipment in the work area managed with barricades, traffic control, etc.?	☐ Yes	☐ No	☐ n/a
4	Surface and soil conditions where the lift will be operated are strong enough to withstand load forces imposed by the aerial platform in all operating configurations?	☐ Yes	☐ No	☐ n/a
5	Ramps and other sloped surfaces are properly cribbed to ensure vehicle's stability?	☐ Yes	☐ No	☐ n/a
6	Work area and driving path free of drop-offs or holes, including those concealed by water, ice, mud, etc.?	☐ Yes	☐ No	☐ n/a
7	Crew performing good housekeeping by picking up debris before, during, and after work?	☐ Yes	☐ No	☐ n/a
8	Work area floor and driving path free of bumps or obstructions?	☐ Yes	☐ No	☐ n/a
9	Overhead obstructions and crushing hazards are identified (piping, sprinklers, beams, etc.)?	☐ Yes	☐ No	☐ n/a
10	Path of boom and platform at least 10 feet from power lines, high voltage conductors, or any other dangerous obstacles?	☐ Yes	☐ No	☐ n/a
11	Hazardous atmosphere conditions are identified (dust, heat, fumes, flammables, etc.)?	☐ Yes	☐ No	☐ n/a
12	Wind and weather conditions are within acceptable limits?	☐ Yes	☐ No	☐ n/a
13	Sufficient ventilation is provided in closed areas where ventilation, or poor vehicle maintenance, could cause a buildup of carbon monoxide or diesel exhaust?	☐ Yes	☐ No	☐ n/a
14	Other potentially hazardous conditions are identified?	☐ Yes	☐ No	☐ n/a
Aerial Lift Inspection				
15	Fluid levels (oil, fuel, brake, hydraulic, coolant) are sufficient?	☐ Yes	☐ No	☐ n/a
16	No signs of fluid leaks?	☐ Yes	☐ No	☐ n/a
17	Ground controls and Lift controls functioning?	☐ Yes	☐ No	☐ n/a
18	Axles in Good Condition & Operational?	☐ Yes	☐ No	☐ n/a
19	Safety/Limit Switches & Sensors in Place & Operational?	☐ Yes	☐ No	☐ n/a
20	Boom - Structure/Welds, Rotator, Floor & Skirt, Rails & Gate in Good Condition?	☐ Yes	☐ No	☐ n/a
21	Platform Structure/Welds in Good Condition?	☐ Yes	☐ No	☐ n/a
22	Upper Controls Clean and Operational?	☐ Yes	☐ No	☐ n/a
23	Outriggers Functioning?	☐ Yes	☐ No	☐ n/a
24	Vehicle brakes functioning?	☐ Yes	☐ No	☐ n/a
25	Vehicle operating lights and warning lights functioning?	☐ Yes	☐ No	☐ n/a

Aerial Lift Inspection Checklist (page 2)

26	Vehicle audible alarms functioning (level sensor, reverse, horn)?	☐ Yes	☐ No	☐ n/a
27	Tire Covers in good repair/functional condition and can be used without interference in lift operation?	☐ Yes	☐ No	☐ n/a
28	Tires are in good condition (no cuts or gouges, proper air pressure)?	☐ Yes	☐ No	☐ n/a
29	No loose, missing, or damaged parts?	☐ Yes	☐ No	☐ n/a
30	No loose, tangled, or pinched cables, rope, hoses, or wires?	☐ Yes	☐ No	☐ n/a
31	Operator & Safety Manuals are properly stored in lift platform?	☐ Yes	☐ No	☐ n/a
32	Copy of Current Annual Inspection Paperwork in Manual Box?	☐ Yes	☐ No	☐ n/a
33	All Required Documents in Manual Storage Box & Legible?	☐ Yes	☐ No	☐ n/a
34	All placards, labels, panel signs, etc. are legible?	☐ Yes	☐ No	☐ n/a
35	Wheel chocks present?	☐ Yes	☐ No	☐ n/a
36	PPE available (hardhat, gloves, fall protection, safety shoes, etc.)?	☐ Yes	☐ No	☐ n/a

Additional Comments:

Refer to Operator/Safety Manual for lift requirements and best practices.

Inspection Completed by:

Print Name _____ Date _____

Signature _____

Baxmeyer Construction, Inc

Crane Pre-Lift Checklist

Is the crane configured in accordance with the lift plan?	☐ Yes ☐ No
Has the crane been inspected and the conditions found to be acceptable?	☐ Yes ☐ No
Has the rigging equipment been inspected, secured, and found to be in acceptable condition?	☐ Yes ☐ No
Is the supporting surface stable?	☐ Yes ☐ No
Are proper crane mats placed under outrigger floats and at a 90-degree angle to the outrigger cylinders? Are crawler cranes on proper mats?	☐ Yes ☐ No
Are outriggers (if applicable) fully extended with tires off the ground?	☐ Yes ☐ No
Is the crane within 1-degree of level? Has the levelness of the crane been checked with a 4-foot carpenter's level or other acceptable method? *(The "target" level in the crane cab can be used for initial leveling but should not be considered reliable for critical lifts)*	☐ Yes ☐ No
Is the exact weight known?	☐ Yes ☐ No
Is the location of the center of gravity of the load known and the crane hook positioned directly above the center of gravity?	☐ Yes ☐ No
Was the load radius measured exactly? For heavy lifts, has the potential increasing load radius due to deflections in the boom, tire, and/or carrier been considered?	☐ Yes ☐ No
Was the boom length determined exactly?	☐ Yes ☐ No
Was the boom angle determined exactly?	☐ Yes ☐ No
Are wind conditions acceptable? *If wind speeds are in excess of 30 mph, the lift should not be made; if wind speeds are more than 20 mph., consider postponing the lift.*	☐ Yes ☐ No
Is the rope reeving balance to prevent boom twist?	☐ Yes ☐ No
Is the rigging capacity acceptable?	☐ Yes ☐ No
Is the weight of the rigging known?	☐ Yes ☐ No
Has the clearance between the boom and the load been considered and is it sufficient?	☐ Yes ☐ No
Has the clearance between the boom tip and block been considered and is it sufficient?	☐ Yes ☐ No
Is the crane operator experienced and qualified?	☐ Yes ☐ No
Has a qualified crane signalperson been assigned and method of communication between the crane operator and signalperson been established?	☐ Yes ☐ No
Is a person assigned to control the load with the use of a tagline?	☐ Yes ☐ No
Is the area clear of obstacles (including power lines, pipelines, and unnecessary personnel)?	☐ Yes ☐ No
Has a pre-lift meeting between the crane operator, signalperson, supervisor, and other affected persons been conducted?	☐ Yes ☐ No

Name of person completing checklist _____ Signature _____ Date _____

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Baxmeyer Construction, Inc

Crane Pre-Shift Inspection by a Qualified Person

Crane:	**Date:**
Inspector:	
Equipment Type:	**Equipment Model:**
Manufacturer:	**Serial Number:**

Note any deficiencies or other observations that could pose a risk of injury or property damage.

Select		Item or Function Inspected	Notes
☐ Yes	☐ No	Control mechanisms for maladjustments interfering with proper operation	
☐ Yes	☐ No	Control and drive mechanisms for apparent excessive wear of components and contamination by lubricants, water, or other foreign matter	
☐ Yes	☐ No	Air, hydraulic, and other pressurized lines for deterioration or leakage, particularly those which flex in normal operation	
☐ Yes	☐ No	Hydraulic system for proper fluid level	
☐ Yes	☐ No	Hooks and latches for deformation, cracks, excessive wear, or damage such as from chemicals or heat	
☐ Yes	☐ No	Wire rope reeving for compliance with the manufacturer's specifications	
Wire Rope Category I			
☐ Yes	☐ No	Significant distortion of the wire rope structure such as kinking, crushing, unstranding, birdcaging, signs of core failure or steel core protrusion between the outer strands	
☐ Yes	☐ No	Significant corrosion	
☐ Yes	☐ No	Electric arc damage (from a source other than power lines) or heat damage	
☐ Yes	☐ No	Improperly applied end connections	
☐ Yes	☐ No	Significantly corroded, cracked, bent, or worn end connections (such as from severe service).	
Wire Rope Category II			
☐ Yes	☐ No	Visible broken wires, as follows:	
☐ Yes	☐ No	In running wire ropes: Six randomly distributed broken wires in one rope lay or three broken wires in one strand in one rope lay, where a rope lay is the length along the rope in which one strand makes a complete revolution around the rope.	
☐ Yes	☐ No	In rotation resistant ropes: Two randomly distributed broken wires in six rope diameters or four randomly distributed broken wires in 30 rope diameters.	
☐ Yes	☐ No	In pendants or standing wire ropes: More than two broken wires in one rope lay located in rope beyond end connections and/or more than one broken wire in a rope lay located at an end connection	
☐ Yes	☐ No	A diameter reduction of more than 5% from nominal diameter.	

Crane Pre-Shift Inspection by a Qualified Person (page 2)

Wire Rope Category III			
☐ Yes	☐ No	In rotation resistant wire rope, core protrusion or other distortion indicating core failure.	
☐ Yes	☐ No	Prior electrical contact with a power line.	
☐ Yes	☐ No	A broken strand.	
Wire Rope Critical Review Items			
☐ Yes	☐ No	The competent person must give particular attention to all the following:	
☐ Yes	☐ No	Rotation resistant wire rope in use	
☐ Yes	☐ No	Wire rope being used for boom hoists and luffing hoists, particularly at reverse bends.	
☐ Yes	☐ No	Wire rope at flange points, crossover points and repetitive pickup points on drums.	
☐ Yes	☐ No	Wire rope at or near terminal ends.	
☐ Yes	☐ No	Wire rope in contact with saddles, equalizer sheaves or other sheaves where rope travel is limited.	
☐ Yes	☐ No	Electrical apparatus for malfunctioning, signs of apparent excessive deterioration, dirt, or moisture accumulation	
☐ Yes	☐ No	Tires (when in use) for proper inflation and condition	
☐ Yes	☐ No	Ground conditions around the equipment for proper support, including ground settling under and around outriggers/stabilizers and supporting foundations, ground water accumulation, or similar conditions	
☐ Yes	☐ No	The equipment for level position within the tolerances specified by the equipment manufacturer's recommendations, both before each shift and after each move and setup.	
☐ Yes	☐ No	Operator cab windows for significant cracks, breaks, or other deficiencies that would hamper the operator's view.	
☐ Yes	☐ No	Rails, rail stops, rail clamps and supporting surfaces when the equipment has rail traveling.	
☐ Yes	☐ No	Safety devices and operational aids for proper operation	

Signature of Inspector _____

Baxmeyer Construction, Inc

Excavation & Trenching Daily Inspection Checklist

Project Name _____

Competent Person _____

Trench Location _____ Trench Dimensions _____

Inspection Date _____ Inspector Name _____

Approver Name _____ Approver Email _____

☑ **N/A**

UTILITIES		
☐	☐	Utility locates contacted at least 2 working days prior to start of digging, and appropriately marked and identified
☐	☐	Underground installations have been protected, supported, or removed when the excavation is open
☐	☐	Surface encumbrances such as utilities, utility poles, foundations, transformer vaults or other structures are supported or removed
☐	☐	Equipment operator(s) is aware of energized overhead uninsulated powerlines and required approach distances (1 O' minimum for lines <50kV; 20' minimum unknown Voltage; with a dedicated spotter)
EXCAVATION / TRENCH		
☐	☐	Soil classified using 1 visual and 1 manual method, or default Type C
☐	☐	Employees are protected from loose rock or soil
☐	☐	All employees are wearing proper PPE
☐	☐	Spoils, materials, and equipment are set back at least 2 feet from the edge of excavation
☐	☐	The work area has been identified using barricades, fencing, or some other physical barrier
☐	☐	Traffic control plans have been completed and implemented
☐	☐	High visible clothing is worn by all employees exposed to vehicular traffic
☐	☐	Excavations 6 feet or deeper with walkways or bridges are equipped with guardrails
☐	☐	Employees are prohibited from working or walking under suspended loads
☐	☐	Employees are prohibited from working on faces of sloped / benched excavations above other employees
☐	☐	A warning system has been established and used when mobile equipment is operating near the edge of the excavation
☐	☐	A means of egress (e.g. ladders, steps, ramps) has been provided so that no employee must travel further than 25 feet
☐	☐	If ladders are used for egress, they are secured and extend at least 3 feet above the top of the excavation
☐	☐	If wood ramps are used for egress, they are constructed of uniform material thickness and cleated together at the bottom
☐	☐	All employees entering the trench have documented training on requirements for excavation / trenching and protective measures

Excavation & Trenching Daily Inspection Checklist (page 2 of 2)

☑ **N/A**

Wet Conditions		
☐	☐	Precautions have been taken to protect employees from hazards posed by water accumulation
☐	☐	When water removal equipment is in operation, it is monitored by the Competent Person
☐	☐	Surface water is being collected or diverted
☐	☐	An inspection of the excavation, adjacent areas, and protective system is performed and documented after each rainstorm
HAZARDOUS ATMOSPHERE		
☐	☐	Where a hazardous atmosphere could reasonably exist, the atmosphere is being tested for low or high oxygen, hazardous vapors, and toxic gases before employees enter the excavation
☐	☐	Emergency response equipment is readily available where a hazardous atmosphere could exist (e.g. retrieval unit)
COMMENTS:		

Baxmeyer Construction, Inc

Fall Arrest Equipment Inspection

Inspection Color Code: Q1 – Red Q2 – White Q3 – Blue Q4 - Green

☐ Full Body Harness SN: _____	☐ Lanyard SN: _____	☐ Anchor Sling/Carabiner SN: _____	☐ SRD/PSRD SN: _____

Note: *All Fall Arrest equipment must comply with regulatory standards; refer to the applicable regulations for your jurisdiction for specific details. Please contact National Safety Consulting for additional information.*

GENERAL FACTORS	ACCEPTED / REJECTED	DETAILS / COMMENTS
Labels: • Inspect for legibility, date of manufacture, manufacturer's name, serial number, model name/number, lot/batch number • Label must be securely attached • No label = Rejected	☐ Accepted ☐ Rejected ☐ N/A	
Hardware: *(Includes D-rings, buckles, keepers, back pads, snap hooks, adjusters, and carabiners)* • Inspect for damage, distortion, sharp edges, burrs, cracks, corrosion, proper orientation, and deformities • Ensure proper operation of all hardware – smooth, unrestricted operation is essential	☐ Accepted ☐ Rejected ☐ N/A	
Webbing/Wire Rope: • Inspect for cuts, burns, tears, holes, abrasion, excessive frays, excessive soiling, discoloration, impact indicators, knots, separation of strands, kinks, and broken strands • Length of lanyards may need to be measured to ensure energy absorbing device has not been activated	☐ Accepted ☐ Rejected ☐ N/A	
Stitching: • Inspect for pulled, missing, or cut stitches • More than one stitch missing = Rejected • DBI standard is more than 2 ripped or cut stitches within the same stitch pattern	☐ Accepted ☐ Rejected ☐ N/A	
☐ Inspection **PASSED**	☐ Inspection **FAILED**	***NOTE:*** *All Fall Arrest equipment that does not pass inspection MUST be removed from service AND destroyed or returned to the manufacturer for service.*

Inspected by: _____ (Employee Name) _____ (Competent Person's Signature)

Assigned to: _____ (Employee Name) _____ (Employee Number)

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Baxmeyer Construction, Inc

Forklift Daily / Pre-Shift Checklist – Electric

Record of Fluid Added

Date		Operator		Battery Water	
Truck #		Model #		Hydraulic Oil	
Department		Serial #			
Shift		Hour Meter		Hoist Hour Meter Reading	

Safety & Operational Checks (prior to each shift) Have a **qualified** mechanic correct all problems identified

Motor Off Checks	OK	Maintenance
Leaks – Hydraulic Oil, Battery		
Tires – Condition and Pressure		
Forks, Top Clip Retaining Pin and Heel -- Condition		
Load Backrest Extension – Attached		
Hydraulic Hoses, Mast Chains, Cables & Stops – Check Visually		
Finger Guards – Attached		
Overhead Guard – Attached		
Safety Warnings – Attached (Refer to Parts Manual for Location)		
Battery – Water/Electrolyte Level and Charge		
Hydraulic Fluid Level – Dipstick		
Transmission Fluid Level – Dipstick		
Operator's Manual in Container		
Capacity Plate Attached – Information Matches Model, Serial Number and Attachments		
Battery Restraint System – Adjust and Fasten		
Operator Protection:		
Sitdown Truck - Seat Belt – Functioning Smoothly		
Man-up Truck – Fall protection/Restraining means - Functioning		
Brake Fluid – Check level		

Forklift Daily / Pre-Shift Checklist – Electric (Page 2)

Motor On Checks – Unusual Noises Must Be Investigated Immediately	**OK**	**Maintenance**
Accelerator Linkage – Functioning Smoothly		
Parking Brake – Functioning Smoothly		
Service Brake – Functioning Smoothly		
Steering Operation – Functioning Smoothly		
Drive Control – Forward/Reverse – Functioning Smoothly		
Tilt Control – Forward and Back – Functioning Smoothly		
Hoist and Lowering Control – Functioning Smoothly		
Attachment Control – Operation		
Horn – Functioning		
Lights & Alarms (where present) – Functioning		
Hour Meter – Functioning		
Battery Discharge Indicator – Functioning		
Instrument Monitors – Functioning		

Inspector Name

Inspection date

Inspector Signature

Inspection Time

Baxmeyer Construction, Inc

Forklift Daily / Pre-Shift Checklist – Internal Combustion Engine

Record of Fuel Added

Date		Operator		Fuel	
Truck #		Model #		Engine Oil	
Department		Serial #		Radiator Coolant	
Shift		Hour Meter		Hydraulic Oil	

Safety & Operational Checks (prior to each shift) Have a **qualified** mechanic correct all problems identified

Engine Off Checks	OK	Maintenance
Leaks – Fuel, Hydraulic Oil, Engine Oil or Radiator Coolant		
Tires – Condition and Pressure		
Forks, Top Clip Retaining Pin and Heel – Check Condition		
Load Backrest – Securely Attached		
Hydraulic Hoses, Mast Chains, Cables and Stops – Check Visually		
Overhead Guard – Attached		
Finger Guards – Attached		
Propane Tank (LP Gas Truck) – Rust Corrosion, Damage		
Safety Warnings – Attached (Refer to Parts Manual for Location)		
Battery – Check Water/Electrolyte Level and Charge		
All Engine Belts – Check Visually		
Hydraulic Fluid Level – Check Level		
Engine Oil Level – Dipstick		
Transmission Fluid Level – Dipstick		
Engine Air Cleaner – Squeeze Rubber Dirt Trap or Check the Restriction Alarm (if equipped)		
Fuel Sedimentor (Diesel)		
Radiator Coolant – Check Level		
Operator's Manual – In Container		
Nameplate – Attached and Information Matches Model, Serial Number and Attachments		
Seat Belt – Functioning Smoothly		
Hood Latch – Adjusted and Securely Fastened		
Brake Fluid – Check Level		

Forklift Daily / Pre-Shift Checklist – Internal Combustion Engine (Page 2)

Engine On Checks – Unusual Noises Must Be Investigated Immediately	**OK**	**Maintenance**
Accelerator or Direction Control Pedal – Functioning Smoothly		
Service Brake – Functioning Smoothly		
Parking Brake – Functioning Smoothly		
Steering Operation – Functioning Smoothly		
Drive Control – Forward/Reverse – Functioning Smoothly		
Tilt Control – Forward and Back – Functioning Smoothly		
Hoist and Lowering Control – Functioning Smoothly		
Attachment Control – Operation		
Horn and Lights – Functioning		
Cab (if equipped) – Heater, Defroster, Wipers – Functioning		
Gauges: Ammeter, Engine Oil Pressure, Hour Meter, Fuel Level, Temperature, Instrument Monitors – Functioning		

Inspector Name

Inspection date

Inspector Signature

Inspection Time

Baxmeyer Construction, Inc

Jobsite Safety Inspection Checklist

Inspector: _____ Title: _____ Date: ____ / ____ / ____

GRADES: 1 = Satisfactory 2 = Needs some attention 3 = Needs immediate action

Item	Grade	Comments
OSHA Postings & Records		
OSHA poster is properly displayed		
Emergency numbers posted		
Posters & safety signage prominently displayed		
Emergency evacuation plan in place		

Medical / Housekeeping		
First aid kit on site with no expired items		
Eye wash station on site		
General neatness of work area, breakrooms, housekeeping maintained		
Number of restroom facilities available conforms to federal standards		
Work areas neat and organized		
Trash and debris picked up		
Site properly illuminated		
Free and unobstructed means of egress		
Housekeeping - Other		

Fire Prevention		
Fire extinguisher available & functional, where required		
Adequate amount of fire extinguishers on site		
Ventilation adequate		
Proper storage of flammable materials		
Fire Prevention - Other		

Personal Protective Equipment (PPE)		
High visibility clothing worn on site		
Hard Hat / Safety Glasses / Cut-Resistant gloves worn		
Face shield worn when chipping and grinding		
Hearing protection (when required)		
Respirators (when required)		

Jobsite Safety Inspection Checklist (Page 2)

1 = Satisfactory *2 = Needs some attention* *3 = Needs immediate action*

Item	Grade	Comments
Ladders		
Ladders inspected and in good condition		
Ladders set up properly		
Extension ladders secured properly		
Extension ladder side rails at least 36” above top landing		
Scissor and Boom Lifts		
All chains and gates secured		
100% tie off in boom lifts		
Employees standing firmly on floor of basket		
Only qualified persons operating aerial lifts		
Cranes / Hoisting equipment		
Lift plan submitted		
Signal person trained		
Swing radius barricaded		
Outriggers fully extended		
Chain falls inspected and used properly		
Gas Cylinders		
All gas cylinders secured from fall over		
Oxygen cylinders stored 20ft away from fuel gas cylinders		
Compressed gas cylinders kept away from sparks and flames		
Electrical		
Ground Fault Circuit Interrupters (GFCI) used to protect employees		
Flexible electrical cords protected from damage		
Lockout / Tagout of electrical circuits being performed appropriately on site		
Lamps for temporary illumination protected from breakage		
Live electrical parts guarded against accidental contact		

Jobsite Safety Inspection Checklist (Page 3)

1 = Satisfactory *2 = Needs some attention* *3 = Needs immediate action*

Item	Grade	Comments
Fall Protection		
Safety monitor / Warning lines erected properly		
Floor holes & Wall openings covered		
Guardrail systems in place and within standards		
Employees protected from unprotected sides and edges		

Excavation and Trenching		
Competent person assessment performed and documented		
Shoring / Sloping / Benching appropriate for soil type		
Spoils at least 2ft from excavation		
Ladder or access every 25ft in trenches		
Trenches 5ft or deeper have cave in protection		

Welding / Cutting / Hot Work		
Hot work permit and fire watch		
Fire extinguisher present		
Proper PPE in use		
Equipment covered and combustibles removed		

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Baxmeyer Construction, Inc

Ladder Inspection Checklist

Date _____ Inspected by _____

Ladder Number Serial Number

Type of Ladder ☐ Extension ☐ A-Frame ☐ Combination ☐ Other:

Ladder Material ☐ Fiberglass ☐ Metal ☐ Other:

Area to Inspect	Conditions to Look for			
STEPS/RUNGS	Loose, Cracked, Bent, or Missing	☐ Yes	☐ No	☐ N/A
RAILS	Cracked, Bent, Split, or Frayed	☐ Yes	☐ No	☐ N/A
LABELS	Missing or Not Readable	☐ Yes	☐ No	☐ N/A
FASTENERS	Rust, Corrosion, Loose, or Missing	☐ Yes	☐ No	☐ N/A
TOP	Cracked, Loose, or Missing	☐ Yes	☐ No	☐ N/A
SPREADER	Loose, Bent, or Broken	☐ Yes	☐ No	☐ N/A
HARDWARE/ROPE	Missing, Loose, or Broken	☐ Yes	☐ No	☐ N/A
OUTRIGGERS	Missing, Rust, or Loose for Scaffolding	☐ Yes	☐ No	☐ N/A
GENERAL	Rust or Loose	☐ Yes	☐ No	☐ N/A
HINGES	Loose, Bent, or Missing	☐ Yes	☐ No	☐ N/A
LOCKS	Loose, Bent, Broken, or Missing	☐ Yes	☐ No	☐ N/A
BRACING FRONT/REAR	Bent, Broken, or Missing	☐ Yes	☐ No	☐ N/A
RIVETS	Rust, Corrosion, Loose, or Missing	☐ Yes	☐ No	☐ N/A
SHOES	Worn, Broken, or Missing	☐ Yes	☐ No	☐ N/A
PLATFORM	Loose, Bent, Broken, or Missing	☐ Yes	☐ No	☐ N/A
RAIL SHIELD	Missing, Loose, or Broken	☐ Yes	☐ No	☐ N/A
SHOULDER BOLT	Rust, Corrosion, or Missing	☐ Yes	☐ No	☐ N/A
CASTERS	Missing, Rust, or Loose for Scaffolding	☐ Yes	☐ No	☐ N/A

Competent Person Signature _____ Date _____

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Baxmeyer Construction, Inc

Scaffold Inspection Checklist

Scaffold Location

Inspection Date:

Name of Inspector (Competent Person signature

Inspection Item	Yes	No	Action/Comment
A completed scaffold status tag is attached near the access point.			
Ladder, stairway, or special-design framing is installed for access.			
Scaffold unit is plumb and level, and resting on stable footing and a firm foundation (including base plates/mud sills).			
Diagonal cross bracing is in place to support legs.			
Guying, tying, or bracing is installed to maintain scaffold unit stability where height-to-base size exceeds a 4:1 ratio.			
Visual inspection is completed for the presence of loose, damaged, or missing components (such as locking pins, planking, access, framing, or bracing).			
Working level platform(s) is fully planked between guardrails and secured to prevent movement.			
Platform is free of debris and slipping/tripping hazards.			
Platform guardrails are firmly in place on all open sides/ends, where required.			
Falling object protection is provided by installed toe boards, screening at the working platform level(s), area barricades, or canopies.			
Fall protection documentation is reviewed, where required.			
Other safety hazards are controlled (such as pinch points, hot surfaces, or electrical).			

Scaffold Inspection Checklist (cont'd)

- Use scaffolds only for their intended purpose.
- Work from tagged scaffolds only. Comply with special conditions or the additional controls noted on the access tag. Do not modify or remove a scaffold system, component, or status tag. Notify supervision immediately if a scaffold is damaged, weakened, or otherwise deficient.
- Ensure the scaffold is inspected:
    - When in use
    - On each work shift
    - Before it is used
- Do not use unstable objects or makeshift devices to increase the working height of the scaffolds. Use portable ladders to increase the working height only after a Competent Person has determined that the stability of the structure has not been compromised and adequate fall protection is in place.
- Do not straddle, stand on, or work outside the guardrail.
- Use mobile scaffolds only on firm, level surfaces. Lock the casters or wheels before using mobile scaffolds.
- Do not "ride" on scaffold while it is being moved.
- Remove or secure any tools or materials before moving or relocating a scaffold.
- Use designated access means to descend or ascend a scaffold (stairs, attached ladder, or specially designed end frames). Do not climb cross-bracing or side rails for access.
- Keep only the tools and materials necessary to perform the task on the platform. Control slipping and tripping hazards by removing or securing tools or materials.
- Use fall protection systems (guardrail systems or personal fall arrest systems) when working six (6) feet or more above a lower level.
- Do not position yourself or use tools or equipment where there is a possibility of contacting an energized overhead line. Contact the Alcoa operations electrical department or responsible electrical utilities owner for additional requirements if any portion of your body, or the tools, or the materials will come within 20 feet of the energized line.

Baxmeyer Construction, Inc

Vehicle Maintenance Checklist

Date: _____ / _____ / _____ Inspected by: _____

Vehicle: _____ Current Mileage: _____

Dates of last:	Oil Change:	_____ / _____ / _____	Cabin Filter Change:	_____ / _____ / _____
	Oil Filter Change:	_____ / _____ / _____	Engine Tune-up:	_____ / _____ / _____
	Air Filter Change:	_____ / _____ / _____	Tire Rotation:	_____ / _____ / _____
Mileage of last:	Oil Change:	_____ / _____ / _____	Cabin Filter Change:	_____ / _____ / _____
	Oil Filter Change:	_____ / _____ / _____	Engine Tune-up:	_____ / _____ / _____
	Air Filter Change:	_____ / _____ / _____	Tire Rotation:	_____ / _____ / _____

To be Checked	OK	Not OK	Remarks
ENGINE			
Check belts for fraying or cracking	☐	☐	
Check hoses for leaks or bulges	☐	☐	
Check engine/ground for signs of leaks	☐	☐	
FLUIDS			
Coolant	☐	☐	
Oil	☐	☐	
Transmission fluid	☐	☐	
Power steering fluid	☐	☐	
Brake fluid	☐	☐	
Window washing solution	☐	☐	
EXTERIOR FEATURES			
Wiper blades	☐	☐	
Windshield free from cracks/chips	☐	☐	
Tire Tread/Condition	☐	☐	
Tires at proper pressure	☐	☐	
LIGHTS – all functional, with no cracks or bad bulbs			
Headlights – High Beams	☐	☐	
Headlights – Low Beams	☐	☐	
Fog or driving lights	☐	☐	
Turn signals	☐	☐	
Brake lights	☐	☐	
Taillights	☐	☐	
Hazards	☐	☐	
INTERIOR FEATURES – all functional			
Windshield wipers	☐	☐	
Door locks	☐	☐	
Windows	☐	☐	
Horn	☐	☐	
Air Conditioning	☐	☐	
Heater	☐	☐	
PRESENT IN VEHICLE			
Fire extinguisher	☐	☐	
First Aid Kit	☐	☐	
Vehicle registration	☐	☐	
Proof of insurance	☐	☐	

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Baxmeyer Construction, Inc

Welding & Cutting (Hot Work) Inspection Checklists

WELDING

- ☐ Are only authorized and trained personnel permitted to use welding, cutting or brazing equipment? 29 CFR 1910.252(a)(2)(xiii)(C)
- ☐ Does each operator have a copy of the appropriate operating instructions and are they directed to follow them? 29 CFR 1910.253(a)(4), (d)(6), (f)(7)(A)
- ☐ Are pressure-reducing regulators used only for the gas and pressures for which they are intended? 29 CFR 1910.253(e)(6)(i)
- ☐ Is grounding of the machine frame and safety ground connections of portable machines checked periodically? 29 CFR 1910.254(d)(3); 255(b)(9), (c)(6); 29 CFR 1926.351(c)(4)
- ☐ Are only approved apparatus (torches, regulators, pressure-reducing valves, acetylene generators, manifolds) used? 29 CFR 1910.253(a)(3)
- ☐ Is a check made for adequate ventilation in and where welding or cutting is performed? 29 CFR 1910.252(c)(1)(iii), (2)(i); 29 CFR 1926.353
- ☐ When working in confined places, are environmental monitoring tests taken and means provided for quick removal of welders in case of an emergency? 29 CFR 1910.252(c)(4); 29 CFR 1926.353(b)(3)

WELDING EQUIPMENT

- ☐ Is necessary personal protective equipment available? 29 CFR 1910.252(b)(2); 29 CFR 1926.353
- ☐ Are only approved apparatus (torches, regulators, pressure-reducing valves, acetylene generators, manifolds) used? 29 CFR 1910.253(a)(3)
- ☐ Is open circuit (No Load) voltage of arc welding and cutting machines as low as possible and not in excess of the recommended limits? 29 CFR 1910.254(b)(3)(i)-(iv)
- ☐ Is grounding of the welding machine frame and safety ground connections of portable machines checked periodically? 29 CFR 1910.254(d)(3); .255(b)(9), (c)(6)

EQUIPMENT MARKINGS

- ☐ Is red used to identify acetylene (and other fuel-gas) hose, green for oxygen hose, and black for inert gas and air hose? 29 CFR 1910.253(e)(5)(i)
- ☐ Are empty compressed gas cylinders appropriately marked and their valves closed? 29 CFR 1910.101(b); .253(b)(1)(ii), (2)(iii), (5)(ii)(H); 29 CFR 1926.350(a)(8)

COMPRESSED GAS CYLINDER MANAGEMENT

- ☐ Are compressed gas cylinders regularly examined for obvious signs of defects, deep rusting, or leakage? 29 CFR 1910.254(d)(4); 255(e); 29 CFR 1926.350(c)(3)
- ☐ Is care used in handling and storage of cylinders, safety valves, relief valves, etc., to prevent damage? 29 CFR 1910.253 (b)(2)(ii), (5)(iii)(B); 29 CFR 1926.350
- ☐ Are liquefied gases stored and shipped valve-end up with valve covers in place? 29 CFR 1910.253(b)(5)(iii)(A); 29 CFR 1926.350
- ☐ Before a regulator is removed, is the valve closed and gas released from the regulator? 29 CFR 1910.253(b)(5)(iii)(D); 29 CFR 1926.350
- ☐ Are cylinders, cylinder valves, couplings, regulators, hoses, and apparatus kept free of oily or greasy substances? 29 CFR 1910.253(b)(5)(i)
- ☐ Are the cylinders kept away from elevators, stairs, or gangways? 29 CFR 1910.253(b)(2)(ii); 29 CFR 1926.350(a)(11)
- ☐ Is it prohibited to use cylinders as rollers or supports? 29 CFR 1910.253(b)(5)(ii)(K); (29 CFR 1926.350(c)(1)

Welding & Cutting (Hot Work) Inspection Checklists (page 2)

- ☐ Is care taken not to drop or strike cylinders? 29 CFR 1910.253(b)(5)(ii)(B); 29 CFR 1926.350(a)(3)
- ☐ Unless secured on special trucks, are regulators removed and valve-protection caps put in place before moving cylinders? 29 CFR 1910.253(b)(5)(ii)(D); 29 CFR 1926.350(a)(6)
- ☐ Do cylinders without fixed hand wheels have keys, handles, or non-adjustable wrenches on stem valves when in service? 29 CFR 1910.253(b)(5)(ii)(E)
- ☐ Are empty compressed gas cylinders appropriately marked and their valves closed? 29 CFR 1910.253(b)(1)(ii), (2)(iii), (5)(ii)(H); 29 CFR 1926.350(a)(8)
- ☐ Are fuel gas cylinders and oxygen cylinders separated by distance, fire resistant barriers, etc., while in storage? 29 CFR 1910.253(b)(4)(iii); 29 CFR 1926.350(a)(10)

PERSONAL PROTECTIVE EQUIPMENT

- ☐ Are all employees required to use personal protective equipment (PPE) as needed? 29 CFR 1910.132(a); 29 CFR 1926.95(a)
- ☐ Is PPE functional and in good repair? Does it have ANSI or ASTM specifications marked on it? 29 CFR 1910.132(e); 29 CFR 1926.95(a)
- ☐ Are employees exposed to the hazards created by welding, cutting, or brazing operations protected with personal protective equipment and clothing? 29 CFR 1910.252(b)(3); 29 CFR 1926.353
- ☐ Is personal protective equipment provided and are all employees required to use PPE as needed to protect against eye and face injury? 29 CFR 1910.132(a); .133(a)(1); 29 CFR 1926.353(e)(2); 29 CFR 1926.353
- ☐ Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials? 29 CFR 1910.133(a)(1); 29 CFR 1926.102
- ☐ Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns? 29 CFR 1910.133(a)(2); 29 CFR 1926.102
- ☐ Are appropriate safety glasses, face shields, etc., used while using hand tools or equipment which might produce flying materials or be subject to breakage? 29 CFR 1910.133(a)(1); 29 CFR 1926.102
- ☐ Are employees who need corrective lenses (glasses or contacts) in working environments having harmful exposures required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures? 29 CFR 1910.133(a)(3); 29 CFR 1926.102
- ☐ Is appropriate foot protection required where there is the risk of foot injury? 29 CFR 1910.132(a); .136(a)
- ☐ Is appropriate hand protection required where there is the risk of hand injury? 29 CFR 1910.132(a); .138(a)
- ☐ Are hard hats provided and worn where danger of falling objects exists? 29 CFR 1910.135(a)(1)
- ☐ Are hard hats inspected periodically for damage to the shell and suspension system? 29 CFR 1910.135(b)

AIR EMISSIONS

- ☐ If welding creates hazardous air emissions, is the welding area appropriately marked to indicate this? 29 CFR 1910.252(c)(iv)(A)-(C); 29 CFR 1926.353
- ☐ If welding creates hazardous air emissions, have ventilation or local exhaust systems been provided to keep fumes below the maximum allowable concentrations? 29 CFR 1910.252(c)(iii); 29 CFR 1926.353

FIRE PREVENTION

- ☐ Are precautions taken to prevent the mixture of air or oxygen with flammable gases, except at a burner or in a standard torch? 29 CFR 1910.253(a)(1)
- ☐ Are signs reading DANGER NO SMOKING, MATCHES, OR OPEN LIGHTS or the equivalent, posted in welding areas?

Welding & Cutting (Hot Work) Inspection Checklists (page 3)

- ☐ Are provisions made to never crack a fuel-gas cylinder valve near sources of ignition? 29 CFR 1910.253(b)(5)(iii)(C); 29 CFR 1926.352(c); 29 CFR 1926.352(h)
- ☐ When welding is done on walls, are precautions taken to protect combustibles on the other side? 29 CFR 1910.252(a)(2)(x); 29 CFR 1926.352(f)
- ☐ Before hot work is begun, are used drums, barrels, tanks, and other containers so thoroughly cleaned that no substances remain that could explode, ignite, or produce toxic vapors? 29 CFR 1910.252(a)(3)(i); 29 CFR 1926.352(i)
- ☐ If welding gases are stored, are oxygen and acetylene separated by a 5-foot noncombustible barrier? 29 CFR 1910.253(b)(4)(i)-(iii); 29 CFR 1926.350(a)(10)
- ☐ Are compressed gas cylinders kept away from sources of heat? 29 CFR 1910.253(b)(2)(i)
- ☐ Is combustible scrap, debris, and waste stored safely and removed from the work site promptly? 29 CFR 1910.252 (a)(2)(i), (vii), (xiv)(C)(2)
- ☐ Are fire watchers assigned when welding or cutting is performed in locations where a serious fire might develop? 29 CFR 1910.252(a)(2)(iii)(A); 29 CFR 1926.352(e)
- ☐ Are provisions made for personnel to perform fire watch duties under appropriate circumstances? 29 CFR 1910.252(d)(4)(iv); 29 CFR 1926.352(e)

FIRE ALARM SYSTEMS

- ☐ If you have a non-supervised fire alarm system, is it tested bimonthly? 29 CFR 1910.165(d)(2)
- ☐ If you have a supervised employee alarm system (that is, does the alarm have a device that indicates system malfunction), is it tested yearly? 29 CFR 1910.165(d)(4)

PORTABLE FIRE EXTINGUISHERS

- ☐ Are appropriate fire extinguishers mounted, located, and identified so that they are readily accessible to employees? 29 CFR 1910.157(c)(1); 29 CFR 1926.352(d)
- ☐ Are all fire extinguishers inspected and recharged regularly, and noted on the inspection tag? 29 CFR 1910.157(e)
- ☐ Are portable fire extinguishers provided in adequate number and type? 29 CFR 1910.157(d)

AISLES

- ☐ Are aisles marked? 29 CFR 1910.22(b)(2)
- ☐ Are aisle widths maintained? 29 CFR 1910.22(b)(1)
- ☐ Are aisles in good condition? 29 CFR 1910.22(b)(1)
- ☐ Are aisles and passageways properly illuminated? 29 CFR 1910.22
- ☐ Are aisles kept clean and free of obstructions? 29 CFR 1910.22(b)(1)

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Forms to assist with required safety plans and hazard assessments prior to beginning work

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Baxmeyer Construction, Inc

Crane Lifting Plan

General			
Project			
Location of Lifting operation			
Contractor carrying out the lifting operation		Date / Time of lifting operation	
		Validity period of lifting operation	

Details of the Load(s)		
Description of the load(s)		
Overall dimensions		
Weight of load(s)	☐ KG ☐ LBS ☐ Tons	☐ Known Weight ☐ Estimated Weight
Centre of gravity	☐ Obvious ☐ Estimated ☐ Determined by drawing	

Details of the Lifting Equipment / Lifting Gears				
Type of lifting equipment				
Maximum SWL as certified on the LM cert		Date of last certification		
Max boob/jib length		Fly jib / offset		
Intended load radius	(distance between the load and the crane)	SWL at this radius		
Type of lifting gears				
Combined weight of the lifting gears	☐ KG ☐ LBS ☐ Tons		Certification of lifting gears	☐ Yes ☐ No

Crane Lifting Plan (page 2)

Personnel Involved in Lifting Operations		
Position	**Name**	**Qualifications/Experience**
Site Supervisor		
Lifting Supervisor		
Crane Operator / Lifting Equipment Operator		
Rigger		
Signalman		
Others		

Physical & Environmental Consideration (please include any details in the space provided)		
Ground Conditions	Is the ground made safe (e.g. placing steel plate)? Details:	☐ Yes ☐ No
	Are the outriggers evenly extended? Details:	☐ Yes ☐ No
Obstacles	Are there any overhead obstacles such as power lines? Details:	☐ Yes ☐ No
	Are there nearby buildings or structure, equipment or stacked materials that may obstruct lifting operation from being carried out safely? Details:	☐ Yes ☐ No
Lighting	Is the lighting condition adequate? Details:	☐ Yes ☐ No
Demarcation	Has the zone of operation been barricaded(with warning signs and barriers) to prevent unauthorized access? Details:	☐ Yes ☐ No
Environment	Do not proceed with the lifting operation under the following circumstances: ☐ Thunderstorm & Lightning strikes in the area. (Ground must be rechecked after a thunderstorm) ☐ Strong winds that may sway the suspended load ☐ Other circumstances:	

Crane Lifting Plan (page 3)

Sequence / Special Precautions

Sketch of the zone of operation

Applied by:	Name	_____	Date	_____
	Signature	_____	Time	_____
Prepared by:	Name	_____	Date	_____
	Signature	_____	Time	_____
Assessed by:	Name	_____	Date	_____
	Signature	_____	Time	_____
Approved by:	Name	_____	Date	_____
	Signature	_____	Time	_____

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Baxmeyer Construction, Inc

Emergency Action Plan Guide

Note: *The following emergency action plan is provided only as a guide to assist employers and employees in complying with the requirements of 29 CFR 1910.38, as well as to provide other helpful information. It is not intended to supersede the requirements of the standard. An employer shall review the standard for particular requirements which are applicable to their individual situation and make adjustments to this program that are specific to their company. An employer will need to add information relevant to their particular facility in order to develop an effective, comprehensive program.*

Emergency Action Plan Date _____ / _____ / _____

Project Name:_____

POLICY

It is the policy of this company to take every possible action to comply with all emergency regulations and protect employees in emergency situations.

EMERGENCY PLAN COORDINATOR

_____ *(name of person or title)* is responsible for making sure this emergency action plan is kept up to date, practices, and reviewed periodically.

The Emergency Plan Coordinator can be reached at *(location and phone number)*: _____

_____

REPORTING PROCEDURES

(List the types of emergencies that could occur at your workplace and how employees shall report them. Options include internal telephone numbers, intercom, public address systems, etc. Employees must also notify external emergency responders if the company uses them for assistance in emergencies.)

Type of Emergency	How to Report (Phone Numbers)
Fire	
Explosion	
Weather	
Bomb threat	
Chemical Spill/Leak	
Violence	
Medical	
Other (list)	

Reporting procedures are posted *(locations)*:_____

Emergency Action Plan (page 2)

EVACUATION PROCEDURES

Emergency Escape Procedures and Routes

Emergency escape routes shall be assigned to each person and an emergency escape route chart is posted on the workplace bulletin board, indicating by Department, a primary and a secondary exit or escape route in the event emergency evacuation is necessary. Department supervisors are to ensure all employees within their department are familiar with this plan.

Procedure for Employees Who Remain to Operate Critical Operations Before They Evacuate

Employees may need to be maintained (not immediately evacuated) to secure critical operations before evacuation. Critical plant operations may include the monitoring of plant power supplies, water supplies, and other essential services which cannot be shut down for every emergency. They may also include those persons needed for processes which must be shut down in stages or steps.

The following lists these employees and their duties:

Name	Title	Work Area	Special Assignment

The preceding individuals have received special instructions and training by their immediate supervisors to ensure their safety in carrying out the designated assignments. A training record describing the instructions provided and the detailed procedures to be followed is maintained in the Emergency Plan Coordinator's Office.

Employee Accountability Procedures after Evacuations

When an evacuation signal is given, each supervisor involved will assume a station in the vicinity of the designated exit. The supervisor will ensure all personnel are evacuated and will provide assistance to employees requiring same.

Once evacuated, all employees will then proceed to a previously designated accounting area for an additional head count by their supervisor. Supervisors will then report their department’s status to the workplace manager or individual in charge. No one is to re-enter the building for any reason until the Fire Department or other responsible agency has notified us the building is safe for re-entry.

Alarm System

The alarm system shall provide warning for necessary emergency action. The alarm shall be capable of being perceived above ambient noise or light levels of noise. The alarms used for different actions shall be distinctive and might include horn blasts, sirens, or even public address systems.

Alarm systems for notifying all employees in case of an emergency are:

Alarm System	Action to be Taken

Emergency Action Plan (page 3)

Severe Weather/Tornado

When a hazardous weather alert is announced, all employees shall immediately go to their designated tornado refuge area. All employees shall stay in the tornado refuge area until given the all clear sign.

Tornado refuge areas are located *(locations)*: _____

_____

Training

The following personnel have been trained to assist in the safe and orderly emergency evacuation of other employees.

Name	Title	Work Area	Special Assignment

1. Training is provided for employees when:
   - When the plan is initiated
   - When employee's required actions and responsibilities change
   - When there are any changes to the plan
   - Initially for new employees
   - Refresher training annually
2. Items reviewed during training:
   - Emergency escape procedures
   - Escape route assignments
   - Fire extinguisher locations and training
   - Procedures to account for employees
   - Major workplace fire hazards
   - Employee training programs
   - Fire prevention practices
   - Means of reporting fire and other emergencies
   - Alarm system/s
   - Proper housekeeping
   - Emergency action plan availability
   - Hazardous Weather Procedures
   - Medical Emergencies
   - Any other emergency procedures needed for this facility (bomb threat, workplace violence, etc).

Emergency drills for fire, evacuation, tornado, medical, etc., will be conducted approximately every six months. Everyone is expected to participate to ensure they know exactly what to do shall an emergency situation arise.

Emergency Action Plan (page 4)

FIRE EXTINGUISHERS

(Specify whether or not employees are expected to use fire extinguishers prior to evacuating. Use of fire extinguishers requires additional training and procedures. In most cases employees are at less risk if they do not use fire extinguishers. Each organization must determine its own policy regarding fire extinguisher use.)

RESCUE AND MEDICAL DUTIES

It may become necessary in an emergency to rescue personnel and perform some specified medical duties, including first-aid treatment. All employees assigned to perform such duties will have been properly trained and equipped to carry out their assigned responsibilities properly and safely.

(Most small businesses rely on local resources such as hospitals or fire departments to provide rescue and medical services. Where that is the case, list those resources. If employees have such duties include a list of these individuals and the training they have received.)

Name	Location Assignment	Special Assignment	Training Provided

All personnel performing emergency rescue and medical duties must follow these instructions:

CHAIN OF COMMAND AND EMERGENCY PHONE NUMBERS

For more information about this plan, contact the Emergency Action Coordinator.

The following people shall be contacted during off-hours emergencies:

Name	Telephone Number

Baxmeyer Construction, Inc

Excavation & Trenching Plan Checklist

INSTRUCTIONS: Complete the form and answer the questions below. Be as specific as possible. If more space is needed to adequately explain scenarios / equipment / means and methods, please use additional space provided at the back of the plan.

Project Title	Date
Subcontractor	Safety Officer
Project Location (be specific – attach site plan)	

GENERAL CONDITIONS

Anticipated depth of excavation / trench: _____ Feet in Depth

Anticipated dimensions of excavation / trench: _____ Feet in Length _____ Feet in Width

Have overhead hazards (e.g.: powerlines, tree limbs) have been identified? ☐ Yes ☐ No

Has traffic flow, barricades, and signage been addressed? ☐ Yes ☐ No

Can this excavation / trench be considered a confined space? ☐ Yes ☐ No
If yes, please reference the separate confined space plan

Will the excavation / trench atmospheric conditions be tested daily? * ☐ Yes ☐ No
If yes, please explain below:

* Any excavation / trench that exceeds 4' in depth will require atmospheric testing at the beginning of each work shift

Will ventilation be supplied inside the excavation / trench? ☐ Yes ☐ No
If yes, please explain below:

Has soil classification been conducted to determine soil type? ☐ Yes ☐ No
If yes, which methods were used to determine soil type (choose two):

- ☐ Visual test
- ☐ Dry strength test
- ☐ Thumb penetration test
- ☐ Pocket penetrometer
- ☐ Plasticity test
- ☐ Ribbon test

As a result of the selected soil classification tests listed above, soil is considered (choose one):

- ☐ Stable rock
- ☐ "Type A" - unconfined comprehensive strength of 1.5 tsf or greater
- ☐ "Type B" - unconfined comprehensive strength of 0.5 -1.5 tsf
- ☐ "Type C" - unconfined comprehensive strength of 0.5 tsf or less

Name of Person or Firm Conducting Soil Testing Verification:

Reference OSHA 1926 Subpart P, Appendix A for soil classification definitions

Excavation & Trenching Plan Checklist (page 2 of 5)

Description of safe work practices and anticipated work inside the excavation / trench:

PERSONNEL

Competent Person(s) [print name(s)]: _____

Qualified Person(s)* [print name(s)]: _____

* If Excavation / Trenching activities exceed 20 feet in depth, a Qualified Person is required for excavation / trench design and protective systems. Attach a copy of the Competent Person's credentials.

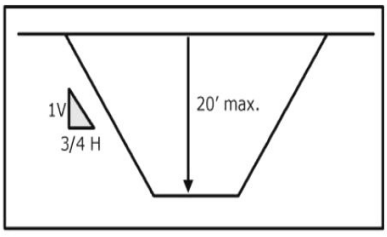
A competent person will conduct a safe work practice briefing including any job-related hazards.
Print names of safe work practice briefing attendees below (to be completed on site):

PROTECTION METHODS & SYSTEMS

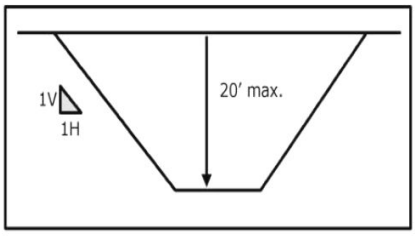
Choose the method of protection below that will be implemented (may choose more than one):
If soil is considered Type A or Type B, a geotechnical report stating this will be attached to this form.

☐ Sloping: ☐ ¾ to 1 – Type A Soil ☐ 1 to 1 – Type B Soil ☐ 1-½ to 1 – Type C Soil

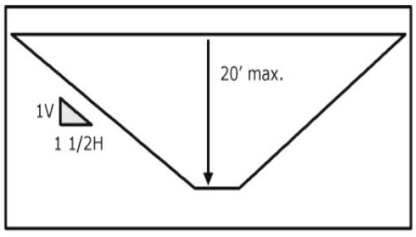
Excavations in type A soil



Excavations in type B soil



Excavations in type C soil



☐ Benching ***Benching in Class C Soil is prohibited***

☐ Shoring *A copy of the manufacturer's tabulated data must be provided. Please attach a copy to this plan.*

☐ Shielding *Aa copy of the manufacturer's tabulated data must be provided. Please attach a copy to this plan.*

Excavation & Trenching Plan Checklist (page 3 of 5)

Additional comments:

Note: if excavation / trench depth exceeds 20' in depth, please attach a copy of the engineered excavation / trench design and protective systems.

ACCESS & EGRESS

Choose the method of access / egress below that will be implemented (may choose more than one):

- ☐ Portable ladder(s) placed within 25 feet of lateral
- ☐ Travel Ramp(s) placed within 25 feet of lateral travel
- ☐ Other means of access / egress (explain in detail below)

AFFECTED ZONE, TRAFFIC, AND UTILITIES

Have utilities been located by a utility locate company? If no, **STOP**. Utility locates must be performed before digging is initiated.	☐ Yes ☐ No
Is a digging permit required in this area or on this project? If yes, please attach a copy of the permit to this plan	☐ Yes ☐ No
Will utility lines (overhead or underground electrical / water / steam / sewer / storm / etc.) be present? If yes, explain below:	☐ Yes ☐ No
Will any surface encumbrances be located within the affected zone of the trench? If yes, explain method of support / protection below:	☐ Yes ☐ No
Will utility shutdown / shut off / or lock out tag out be required? If yes, reference the separate Hazardous Energy Control Plan	☐ Yes ☐ No
Will spoil piles remain a minimum 2' from the excavation / trench edge?	☐ Yes ☐ No
If no, will spoils be transported off site?	☐ Yes ☐ No
If yes, are environmental controls in place to reduce runoff?	☐ Yes ☐ No

Excavation & Trenching Plan Checklist (page 4 of 5)

Will the excavation / trench be left open overnight? ☐ Yes ☐ No
If yes, describe methods to secure the area from the public or bystanders

Will worker(s) accessing or working from the trench be exposed to vehicle traffic? ☐ Yes ☐ No
If yes, please reference separate Traffic Control Plan.

EXCAVATION / TRENCH SKETCH

In the space below please include a sketch or diagram of the excavation / trench. Be sure to include any surface encumbrances and perimeter protection.

DE-WATERING

Is it anticipated that de-watering will be needed / implemented? ☐ Yes ☐ No
If yes, explain equipment and procedures below.

Is the excavation located next to a body of water (ocean, lake, stream, etc.)? ☐ Yes ☐ No

If de-watering is implemented, how will water discharge be conducted (explain below):

Excavation & Trenching Plan Checklist (page 5 of 5)

Additional Notes:

APPROVALS / REVIEW

Competent Person(s) signature _____ Date: _____

Qualified Person(s) signature _____ Date _____

Site Safety & Health Officer signature Date

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Baxmeyer Construction, Inc

Fall Protection Hazard Checklist

Company Name _____

Job Name/Location _____

Date _____ / _____ / _____ Person Completing Worksheet _____

Based on your Fall Prevention Plan, identify the fall hazards employees may encounter on the job today, how falls will be prevented, and where to find the safety equipment. Initial when equipment is ready for use and employees are properly trained on its use. Share this information with your team to prevent a fall.

Fall Hazard	Fall Prevention Equipment or Work Practice(s)	Safety Equipment Location	Equipment is in order?	Employees Trained?
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

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Baxmeyer Construction, Inc

Fall Protection Plan Worksheet

Company Name _____

Site Address _____

Date _____ / _____ / _____Person Completing Worksheet _____

Identify all fall hazards 6' or more above the ground or lower level (check all that apply)

- ☐ Open-sided walking/working surfaces (i.e. roofs, open-sided floors - any area whose dimensions are 45 inches or greater in all directions, through which workers pass or conduct work)
- ☐ Open-sided ramps, runways, platforms
- ☐ Floor openings
- ☐ Wall openings
- ☐ Skylight openings
- ☐ Trenches
- ☐ Surfaces that do not meet the definition of a walking/working surface (i.e. top plate)

Methods of fall protection to be used: (LSO) = Low Slopes Only (low slopes = 4 x 12 or less)

- ☐ Guardrail system (LSO)
- ☐ Personal fall arrest system
- ☐ Vertical life line & rope grab
- ☐ Warning line (LSO)
- ☐ Personal fall restraint system
- ☐ Safety Watch System (LSO)
- ☐ Warning line w/safety monitor (LSO)
- ☐ Positioning device system
- ☐ Appropriate anchors for system
- ☐ Catch platform
- ☐ Covers
- ☐ Safety net
- ☐ Horizontal life lines

Other methods of fall protection selected:

- ☐ Boom lift
- ☐ Scaffold w/guardrail
- ☐ Forklift w/man basket
- ☐ Scissor lift
- ☐ Other: _____

Has a Fall Rescue Plan been made?

- ☐ Yes, copy attached
- ☐ No – Reason: _____

Preliminary plan for assembly, maintenance, inspection, disassembly of fall protection system(s):

Fall Protection Plan Worksheet (Page 2)

Preliminary plan for handling, storage, and securing tools, equipment, and materials.

Preliminary plan for overhead protection for workers who may be in, or pass through work area.

Preliminary plan for prompt, safe removal of injured worker(s).

Employees who have received fall protection training on the above fall protection work plan.

_____ Date: _____ / _____ / _____

_____ Date: _____ / _____ / _____

_____ Date: _____ / _____ / _____

_____ Date: _____ / _____ / _____

_____ Date: _____ / _____ / _____

Name & Title of person who provided training:

_____ _____

Name *Title*

Name and Title of person who reviewed the fall protection work plan:

_____ _____

Name *Title*

Recommended Revisions to plan:

Baxmeyer Construction, Inc

Fall Rescue Plan

Project Name: _____ Date of Plan: _____ / _____ / _____

Project Address: _____

_____

Superintendent: **Foreman:**

_____ _____

Designated Qualified Person: **Designated Competent Person:**

_____ _____

Fall Protection Used on Site

Equipment	Manufacturer	Model #
Full Body Harness		
Shock-Absorbing Lanyard		
Work Positioning Lanyard		
Self-Retracting Lifeline (SRL)		
Restraint Line		
Horizontal Lifeline		
Vertical Lifeline		
Incline Line		
Rope Grab		
Deceleration Device		

Equipment	Manufacturer	Model #
Locking Snap Hooks		
Locking Carabiners		
Controlled Descent / Self-Rescue		
Relief Straps		
Anchorage		
Safety Nets		
Other:		
Other:		
Other:		
Other:		

Communication

What communication systems will be used between the suspended worker and supervisor / rescue team?

☐ Direct voice ☐ Mobile Phone ☐ Two-way Radio

☐ Whistle ☐ Other: _____

Fall Rescue Plan (Page 2)

Emergency Contact

In the event of a fall from height, the supervisor will immediately alert the Rescue Team and First Aid Attendant(s). If the rescue team cannot affect a rescue within 5 minutes, call 9-1-1 at once.

Rescue Team Members:

_____

_____

_____

_____

First Aid Attendant(s):

_____

_____

_____

_____

Rescuer Safety

Rescuers are trained and competent to use of rescue equipment	☐ Yes	☐ No
Rescue training records are current	☐ Yes	☐ No
Sufficient number of rescuers is available	☐ Yes	☐ No
Rescue equipment is appropriate for nature of work	☐ Yes	☐ No

Obstructions in the way of reaching the suspended worker (Detail):

_____

_____

Reaching the Suspended Worker

☐ Rescue ladder	☐ Pull up through floor/roof	☐ Elevator
☐ Aerial equipment from the ground	☐ Pull in through window/balcony	☐ Crane man basket
☐ Climb/Repel down structure	☐ Keys to building & roof	☐ Remote rescue kit
☐ Suspended access equipment		

Equipment needed to ensure rescue within 5 minutes to minimize suspension trauma

☐ Rescue ladder	☐ Rescue kit – Haul-up	☐ Descent rescue kit
☐ Aerial truck	☐ Elevated work platform	☐ Crane man basket
☐ Rescue kit - Winch	☐ Low height rescue kit	☐ Stretcher
☐ Suspended access equipment	☐ Climbing/Rope rescue system	☐ First aid kit

If Suspended Worker is injured

Injured suspended worker can be rescued within 5 minutes	☐ Yes	☐ No
Qualified first aid respondent who understands suspension trauma present	☐ Yes	☐ No
Proximity to emergency care services has been taken into consideration	☐ Yes	☐ No
Proximity to hospital services has been taken into consideration	☐ Yes	☐ No

Who will alert emergency services and the hospital? (Detail):

_____

_____

Fall Rescue Plan (Page 3)

Protecting others during rescue

☐ Set up protective cones/barriers ☐ Assign someone to direct traffic ☐ Close the road/site

☐ Other:

_____

_____

Protection of accident scene

☐ Prevent further injury or damage ☐ Set up barriers ☐ Preserve wreckage

☐ Take photographs ☐ Notify Safety Department ☐ Notify Employer

Who will conduct the Incident Investigation? (Detail):

_____

_____

Who will quarantine all involved fall-arrest equipment further investigation? (Detail):

_____

_____

Other Considerations

Unusual features of building / structure (Detail):

_____

_____

Expected weather conditions (Detail):

_____

_____

Language barriers (agency / contract staff) (Detail):

_____

_____

_____

Approval of Fall Rescue Plan

_____ _____

Signature Date

_____

Print Name

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Baxmeyer Construction, Inc

Hazard & Risk Assessment Form

Use this form to identify activities that will occur on this project. List all potential hazards associated with that activity. Use the Risk Assessment Code table to determine the risk level of the activity/hazards. Lastly, list all of the controls that will be implemented to control those hazards. When a Job Hazard Analysis is needed, it must be performed, documented, and communicated to workers prior to the start of that activity. (see footnote 2)

Contractor Name	Project Name/Number	Project Location

Date Prepared	Prepared By	Reviewed By

Risk Assessment Code (RAC) Color Ratings *include color and numeric alpha characters for rating* Red =Extremely High Risk {Crilical), e.g. Red IA Orange = High Risk (Serious), e.g. Orange 28 Yellow= Moderate Risk (Moderate), e.g. YelloN 3C Blue= Low Risk (Minor), e.g. Blue 3D Green = Extremely Low Risk (Negligible), e.g. Green 3E		**PROBABILITY (how often the activity occurs)**				
		Frequent (A) Occurs very often, known to happen regularly	**Likely (B)** Occurs several times, a common occurrence	**Occasional(C)** Occurs sporadically, but is not uncommon	**Seldom (D)** Remotely possible, could occur at some time	**Unlikely (E)** Can assume it will not occur, but is not impossible
Severity	**Catastrophic (1)** – Imminent and immediate danger of death or personal disability to the public, employees, or property	**Red (1A)**	**Red (1B)**	**Red (1C)**	**Orange (1D)**	**Yellow (1E)**
	Critical (2) – Permanent partial disability, hospitalized injury, temporary total disability	**Red (2A)**	**Orange (2B)**	**Orange (2C)**	**Yellow (2D)**	**Blue (2E)**
	Significant (3) – Reversible injury that would need ER care, reversible illness	**Orange (3A)**	**Yellow (3B)**	**Yellow (3C)**	**Blue (3D)**	**Green (3E)**
	Negligible (4) – First aid or minor medical treatment	**Yellow (4A)**	**Blue (4B)**	**Blue (4C)**	**Green (4D)**	**Green (4E)**

Activity Category	Potential Hazards	RAC Rating[1]	JHA Req'd?[2]	Comments

[1] RAC Rating -Risk Assessment Code Rating. Use the Risk Assessment Matrix to list the color and numeric alpha code

[2] JHA required if red or orange RAC color (See sample JHA; JHA Is not required to be submitted with this plan)

National Safety CONSULTING

Hazard & Risk Assessment Form (Cont'd)

Activity Category	Potential Hazards	RAC Rating[1]	JHA Req'd?[2]	Comments

[1] RAC Rating -Risk Assessment Code Rating. Use the Risk Assessment Matrix to list the color and numeric alpha code

[2] JHA required if red or orange RAC color (See sample JHA; JHA Is not required to be submitted with this plan)

Baxmeyer Construction, Inc

Job Safety Analysis (JSA)

Location:	Date:	JSA# ☐ New ☐ Revised
Task:	Supervisor:	
	Prepared by:	
	Analysis by:	
Team Members:	Reviewed by:	
	Approved by:	
Specific rules and procedure to be followed:		

Sequence of Basic Steps	Potential Injury or Hazard	Recommendations to Eliminate or Reduce Potential Hazards

Check Items Required to do this Task

☐ Safety Glasses	☐ Work Vest	☐ Flame Resistant Clothing	☐ Atmospheric Testing
☐ Hard Hats	☐ Fall Harness	☐ Fire Extinguisher	☐ Traffic Controls
☐ Safety Shoes	☐ Face Shield	☐ Lockout/Tagout	☐ Other: _____
☐ Leather Gloves	☐ Goggles (Type?)	☐ Warning Signs	☐ Other: _____

Instructions for Completing the Job Safety Analysis (JSA)

Select an employee to help you with the JSA: someone who is experienced in the job, willing to help and a good communicator. The employees play an important role in helping you identify job steps and hazards. In summary, to complete this form you shall consider the purpose of the job, the activities it involves, and the hazards it presents. In addition, observing an employee performing the job, or "walking through" the operation step by step may give additional insight into potential hazards. Here's how to do each of the three parts of a Job Safety Analysis:

SEQUENCE OF BASIC JOB STEPS	POTENTIAL HAZARDS	RECOMMENDED ACTION OR PROCEDURE
Examining a specific job by breaking it down into a series of steps or tasks, will enable you to discover potential hazards employees may encounter. Each job or operation will consist of a set of steps or tasks. For example, the job might be to move a box from a conveyor in the receiving area to a shelf in the storage area. To determine where a step begins or ends, look for a change of activity, change in direction or movement. Picking up the box from the conveyor and placing it on a hand truck is one step. The next step might be to push the loaded hand truck to the storage area (a change in activity). Moving the boxes from the truck and placing them on the shelf is another step. The final step might be returning the hand truck to the receiving area. Be sure to list all the steps needed to perform the job. Some steps may not be performed each time; an example could be checking the casters on the hand truck. However, if that step is generally part of the job it shall be listed.	A hazard is a potential danger. The purpose of the Job Safety Analysis is to identify ALL hazards – both those produced by the environment or conditions and those connected with the job procedure. To identify hazards, ask yourself these questions about each step: Is there a danger of the employee striking against, being struck by, or otherwise making injurious contact with an object? Can the employee be caught in, by or between objects? Is there a potential for slipping, tripping, or falling? Could the employee suffer strains from pushing, pulling, lifting, bending, or twisting? Is the environment hazardous to safety and/or health (toxic gas, vapour, mist, fumes, dust, heat, or radiation)? Close observation and knowledge of the job is important. Examine each step carefully to find and identify hazards – the actions, conditions, and possibilities that could lead to an accident. Compiling an accurate and complete list of potential hazards will allow you to develop the recommended safe job procedures needed to prevent accidents.	Using the first two columns as a guide, decide what actions or procedures are necessary to eliminate or minimize the hazards that could lead to an accident, injury or occupational illness. Begin by trying to: (1) engineer the hazard out; (2) provide guards, safety devices, etc.; (3) provide personal protective equipment; (4) provide job instruction training; (5) maintain good housekeeping; (6) ensure good ergonomics (positioning the person in relation to the machine or other elements). List the required or recommended personal protective equipment necessary to perform each step of the job. Give a recommended action or procedure for each hazard. Serious hazards shall be corrected immediately. The JSA shall then be changed to reflect the new conditions. Finally, review your input on all three columns for accuracy and completeness with affected employees. Determine if the recommended actions or procedures have been put in place. Re-evaluate the job safety analysis as necessary.

Baxmeyer Construction, Inc

Personal Protective Equipment Assessment

Company: _____

Location: _____ Date: _____ / _____ / _____

Observe the layout of the work area, operations being performed and any hazards present. This form aligns the body part that could potentially be exposed to a hazard and it is addressed by putting a check mark in either the yes or no box.

Head Hazards — Description of hazards:

Tasks that can cause head hazards include, but are not limited to, working below other workers who use tools and materials which could fall, working on energized electrical equipment, welding, working with chemicals and working under machinery or processes which might cause materials or objects to fall.

Dust/Flying Debris	☐ Yes	☐ No	_____
Chemical Exposure	☐ Yes	☐ No	_____
Electrical Shock	☐ Yes	☐ No	_____
Impact	☐ Yes	☐ No	_____
UV/IR Radiation	☐ Yes	☐ No	_____
Low Clearance	☐ Yes	☐ No	_____
Other: _____	☐ Yes	☐ No	_____

Eye and Face Hazards — Description of hazards:

Tasks that can cause eye or face hazards include, but are not limited to, working with chemicals, chipping, grinding, furnace operations, sanding, welding, UV radiation and woodworking.

Dust/Flying Debris	☐ Yes	☐ No	_____
Chemical Exposure	☐ Yes	☐ No	_____
High Heat / Cold	☐ Yes	☐ No	_____
Impact	☐ Yes	☐ No	_____
UV/IR Radiation	☐ Yes	☐ No	_____
Other: _____	☐ Yes	☐ No	_____

Hearing Hazards — Description of hazards:

Tasks that can cause hearing hazards include, but are not limited to, working with or around loud machinery or tools in mechanical rooms, machining, grinding, sanding, pneumatic equipment, grounds equipment, generators, chillers, motors, saws, jackhammers or similar equipment.

Loud Noise	☐ Yes	☐ No	_____
Impact Noise	☐ Yes	☐ No	_____
Other: _____	☐ Yes	☐ No	_____

Personal Protective Equipment Assessment – Page 2 of 3

Respiratory Hazards **Description of hazards:**

Tasks that are associated with respiratory hazards include, but are not limited to, welding, grinding spray painting, working in confined spaces, chemical processing and potential exposure to asbestos, lead, silica or other particulate hazards. Exposures to these and other respiratory hazards can make you sick or can be deadly. These hazards come in the form of gases, vapors, dusts, mists, fumes, smoke, sprays and fog.

Chemical Exposure – Gases or Vapors	☐ Yes	☐ No	_____
Dust or Particulate	☐ Yes	☐ No	_____
Fumes	☐ Yes	☐ No	_____
Oxygen Deficiency	☐ Yes	☐ No	_____
Other: _____	☐ Yes	☐ No	_____

Hand and/or Arm Hazards **Description of hazards:**

Tasks that can cause hand hazards include, but are not limited to, exposure to cut or abrasion hazards, working with chemicals, working with very hot or cold objects or materials and exposure to sharps.

Chemical Exposure	☐ Yes	☐ No	_____
Cuts/Abrasion	☐ Yes	☐ No	_____
Puncture	☐ Yes	☐ No	_____
High Heat/Cold	☐ Yes	☐ No	_____
UV/IR Radiation	☐ Yes	☐ No	_____
Electrical Shock	☐ Yes	☐ No	_____
Other: _____	☐ Yes	☐ No	_____

Foot and/or Leg Hazards **Description of hazards:**

Tasks that can cause foot hazards include, but are not limited to, carrying or handling materials that could be dropped, performing manual material handling, welding, cutting, electrical work and working with chemicals.

Chemical Exposure	☐ Yes	☐ No	_____
Compression	☐ Yes	☐ No	_____
Impact	☐ Yes	☐ No	_____
Puncture	☐ Yes	☐ No	_____
Electrical Shock	☐ Yes	☐ No	_____
Slippery/Wet Surfaces	☐ Yes	☐ No	_____
High Heat/Cold	☐ Yes	☐ No	_____
Molten Metal	☐ Yes	☐ No	_____
Other: _____	☐ Yes	☐ No	_____

Personal Protective Equipment Assessment – Page 3 of 3

Other Hazards Requiring PPE **Description of hazards:**

Do hazards exist that require PPE for the Body? Chemical exposure, abrasive blasting, welding, cutting or brazing, chipping, sanding or grinding, electrical arc hazards and bloodborne pathogens are some examples of hazards that can affect the body. These hazards may require PPE to protect clothing and skin from harm or contamination.

Chemical Exposure	☐ Yes	☐ No	_____
High Heat/Cold	☐ Yes	☐ No	_____
Hazardous Particulate ie:			
Asbestos/Lead/etc.	☐ Yes	☐ No	_____
Non-Hazardous Particulate	☐ Yes	☐ No	_____
Electrical Arc	☐ Yes	☐ No	_____
Cuts/Abrasions	☐ Yes	☐ No	_____
Other: _____	☐ Yes	☐ No	_____

I certify that on the date noted on page one (1) of this form, a comprehensive assessment of workplace hazards requiring the use of Personal Protective Equipment was conducted at this facility to the best of my knowledge and based on the current conditions.

Signature: _____ Date: _____ / _____ / _____

Print Name: _____ Title: _____

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Baxmeyer Construction, Inc

Respiratory Protection Supplied Air Pre-Job Checklist

Date:			**Location:**		
Unit:			**Equipment:**		
Supervisor:			**Crew:**		
Bottle Watch:			**Safety Standby:**		
Cylinders & Associated Equipment	**Yes**	**No**	**Hoses and Fittings**	**Yes**	**No**
Pressure: All bottles, i.e. 6 packs must be changed at 500 psi (SCBAs will be full for rescue or standby work 2000 psi)			Serviceable condition		
			Connected properly		
			No leaks		
Gauges					
Valve and check valve			**Face piece and Regulator**	**Yes**	**No**
Cylinder Valve Cover(s)			Lens is clean		
Alarm			Tear off Lens Present		
Regulator-coupling secured			Face seal (fit check)		
SCBA Frame and Harness Assembly	**Yes**	**No**	Head straps		
Waist belt			Purge valve		
Shoulder straps			Exhalation valve & diaphragm		
Snaps, buckles, clips			Adequate air flow		

Task Related Checklist	✓
Proper permits at location and displayed	
Hazard analysis completed and displayed	
Safe work and emergency plans understood by all crew members	
Personnel certified to perform supplied air work	
Standby attendant trained and procedures reviewed	
Bottle watch trained and procedures reviewed	
Area barricaded with red tape and tagged “supplied air being used”	
Emergency bypass off	
Damaged equipment tagged and removed from service	
Backup cylinder determined	

Note:

- *Cylinders which show evidence of exposure to high heat or impact damage shall be removed from service and retested prior to recharging.*
- *Do not use tools to open or close the purge valve (finger-tight only).*
- *Route hose lines in a manner that does not restrict access/egress.*
- *Make sure your work does not endanger others in your immediate area or downwind.*

Do not remove the face piece if product exposure obstructs your vision. Use tear off lens or wipe it off and move safely out of the hazardous environment

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Baxmeyer Construction, Inc

Silica – Exposure Assessment

Company Name

Project Name/Number | **Project Location**

Prepared by: | **Date Prepared**

Description of the tasks and/or equipment that will produce respirable crystalline silica	Estimated duration of activity/day			Location of Task	
	N/A	≤ 4 Hours	> 4 Hours	Indoors	Outdoors
Stationary Masonry Saws	☐	☐	☐	☐	☐
Handheld power saws (any blade diameter)	☐	☐	☐	☐	☐
Handheld power saws for cutting fiber-sent board	☐	☐	☐	☐	☐
Walk-behind saws	☐	☐	☐	☐	☐
Drivable saws	☐	☐	☐	☐	☐
Rig-mounted core saws or drills	☐	☐	☐	☐	☐
Handheld and stand-mounted drills	☐	☐	☐	☐	☐
Dowel drilling rigs for concrete	☐	☐	☐	☐	☐
Vehicle-mounted drilling rigs for rock and concrete	☐	☐	☐	☐	☐
Jackhammers and handheld powered chipping tools	☐	☐	☐	☐	☐
Handheld grinders for mortar removal (i.e., tuckpointing)	☐	☐	☐	☐	☐
Handheld grinders for uses other than mortar removal	☐	☐	☐	☐	☐
Walk-behind milling machines and floor grinders	☐	☐	☐	☐	☐
Small drivable milling machines (less than half-lane)	☐	☐	☐	☐	☐
Large drivable milling machines (half-lane and larger)	☐	☐	☐	☐	☐
Crushing machines	☐	☐	☐	☐	☐
Heavy equipment and utility vehicles used to abrade or fracture silica containing materials (e.g., hoe-ramming, rock ripping) or used during demolition activities involving silica-containing materials	☐	☐	☐	☐	☐
Heavy equipment and utility vehicles for tasks such as grading and excavating but not including demolishing, abrading, or fracturing silica- containing materials	☐	☐	☐	☐	☐
Other operations with silica exposure (Provide a brief description of tasks:	☐	☐	☐	☐	☐
Other operations with silica exposure (Provide a brief description of tasks:	☐	☐	☐	☐	☐

Silica – Exposure Assessment (Page 2)

Please describe the engineering and/or work practice controls used to reduce exposure to respirable crystalline silica. *(Such methods may include Local exhaust ventilation, containment methods such as blast cleaning machines and cabinets; wet sawing or wet drilling of silica-containing materials, limiting workers' exposure time and requiring workers to shower and change into clean clothes before leaving a worksite, and/or personal protective equipment.)*

_____

_____

_____

_____

Please provide a description of the housekeeping measures used to limit employee exposure to respirable crystalline silica (wet sweeping, filtered vacuuming, etc.)

_____

_____

_____

_____

Please describe the procedure used to restrict access to work areas, when necessary, to minimize the number of employees who are exposed to respirable crystalline silica, including exposures generated by other workers in the area. (demarcation, warning signs, off-hours, etc.)

_____

_____

_____

_____

Competent Person Completing Assessment:

_____ _____

Signature Date

_____

Print Name

Baxmeyer Construction, Inc

Silica – Individual Equipment / Task Exposure Control Plan

Fill out this form ENTIRELY for EACH Job / Task that may be affected by and/or create Respirable Silica
Plan should be reviewed frequently / regularly by a designated Competent Person

Project Name: _____ Project Number: _____

☐ New Plan ☐ Review of Existing Plans Date: ____ / ____ / ____ Time: ____ : ____ AM / PM

Source of respirable silica: _____

Equipment / Task Number from OSHA Standard Table 1 _____ ** OR ** Description of job / task:

_____

_____

ALL personnel on the task or working in affected area are trained in Silica Exposure? ☐ Yes ☐ No

Description of control method(s) used to protect worker(s) from exposure:

Engineering / Work Practice Controls ☐ OSHA Standard Table 1 or Other

_____

_____

_____

_____

Respiratory Protection Controls ☐ OSHA Standard Table 1 or Other

_____

_____

Other Personal Protective Equipment (PPE) required:

_____

_____

Housekeeping Method(s) used to control exposure:

_____

_____

Method(s) to restrict access to affected area:

_____

_____

Competent Person Completing Plan:

_____ _____

Signature Date

_____

Print Name

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Baxmeyer Construction, Inc

Silica – Inspection of Exposure Control Plan

Complete inspection prior to beginning job / task, and then periodically during the job / task

Engineering / Work Practice Controls		Problem noted (DETAIL)	Problem corrected (DETAIL)
Available at site	☐ Y ☐ N		
Operating correctly / appropriately	☐ Y ☐ N		
Effective in dust control	☐ Y ☐ N		
Respiratory & Other Required PPE			
Available at site	☐ Y ☐ N		
Used appropriately	☐ Y ☐ N		
In place before work starts	☐ Y ☐ N		
Housekeeping			
Vacuum used properly	☐ Y ☐ N		
Large pieces picked up	☐ Y ☐ N		
Pre-filters in place	☐ Y ☐ N		
Vacuum attachments used	☐ Y ☐ N		
Collection bags in place	☐ Y ☐ N		
Waste properly disposed of	☐ Y ☐ N		
Access Restricted			
Access to exposure adequately restricted	☐ Y ☐ N		
Other			

Competent Person Completing Plan:

Signature _____ Date _____

Print Name _____

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Baxmeyer Construction, Inc

Silica – Multiple Equipment / Task Exposure Control Plan

***Fill out this form ENTIRELY for projects containing MULTIPLE Jobs / Tasks that may be affected by and/or create Respirable Silica** (include a copy of OSHA Standard Table 1 for reference)*

Plan should be reviewed frequently / regularly by a designated Competent Person

Project Name: _____ Project Number: _____

☐ New Plan ☐ Review of Existing Plans Date: ____ / ____ / ____ Time: ____ : ____ AM / PM

Project Manager: _____ Superintendent: _____

Supervisor: _____ Competent Person: _____

Scope of Work: _____

_____

Project Start Date: _____ / _____ / _____ Estimated End Date: _____ / _____ / _____

ALL personnel on the task or working in affected area are trained in Silica Exposure? ☐ Yes ☐ No

Jobs / Tasks Being Conducted and Controls to be taken:

OSHA Standard Table 1 Equipment/Task Number **OR** Task Description	Exposure Control Method(s) Description *(Use Chart A below for Codes to be used, separated by commas)*				
	Engineering / Work Practice	Respiratory	Housekeeping	Other PPE	Access Restriction
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			

Silica – Multiple Equipment / Task Exposure Control Plan (page 2)

Jobs / Tasks Being Conducted and Controls to be taken (cont'd):

OSHA Standard Table 1 Equipment/Task Number **OR** Task Description	Exposure Control Method(s) Description *(Use Chart A below for Codes to be used, separated by commas)*				
	Engineering / Work Practice	Respiratory	Housekeeping	Other PPE	Access Restriction
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			
# _____ ** OR **	☐ Table 1 **OR**	☐ Table 1 **OR**			

Chart A – Exposure Control Method Codes
(Add control methods used that are not listed)

Engineering controls		Respiratory Protection		Housekeeping		Other PPE		Access Restriction	
E1	Exhaust fan	R1	None	H1	Wet sweeping	P1	Gloves	A1	Signage
E2	LEV	R2	APF 5	H2	Floor sweep compounds	P2	Coveralls	A2	Barriers
E3	Dust Shroud(s)	R3	APF 10	H3	Filtered vacuuming	P3	Eye Protection	A3	Work Schedules
E4	Water Spray	R4	APF 25	H4	Disposal bags	P4	Rubber Boots	A4	
E5	Integrated Water Delivery System	R5	APF 50	H5		P5		A5	
E6	Disposable PPE	R6	APF 1,000	H6		P6		A6	
E7		R7		H7		P7		A7	
E8		R8		H8		P8		A8	

Competent Person Completing Plan:

Signature _____ Date _____

Print Name _____

Forms for issuing process-specific permits or determining qualifications

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Baxmeyer Construction, Inc

Confined Space Entry & Attendant Log

Permit Information:

Permit Date: _____ / _____ / _____ Permit Number: ______________________________

Confined Space Location/Description/ID Number: ______________________________

Special Instructions for Attendants: ______________________________

____

____

Attendant(s):

On Duty Time	Signature	Off Duty Time	Signature
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	

Entrant(s):

Enter Time	Signature	Exit Time	Signature
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	
☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.	

Confined Space Entry & Attendant Log (Page 2)

Duties of Authorized Attendants

- Know the hazards that may be faced during entry, including information on the mode, signs or symptoms, and consequences of the exposure;
- Be aware of possible behavioral effects of hazard exposure in authorized Entrants;
- Continuously maintain an accurate count of authorized Entrants in the permit space and accurately identify who is in the permit space;
- Communicate with authorized Entrants as necessary to monitor Entrant status and to alert Entrants of the need to evacuate space;
- Monitor activities inside and outside the space to determine if it is safe for Entrants to remain in the space and order the authorized Entrant to evaluate the permit space immediately under any of the following conditions;
    - Detection of a prohibited condition;
    - Detection of behavioral effects of hazard exposure in an authorized Entrant;
    - Detection of a situation outside the space that could endanger the authorized Entrants; or
    - If the Attendant cannot effectively and safely perform all of his/her required duties.
- Summon rescue and other emergency services as soon as the Attendant determines the authorized Entrant may need assistance to escape from permit space hazards;
    - Take the following actions when an unauthorized person approach or enter a permit space while entry is underway:
    - Warn the unauthorized person that they must stay away from the permit space.
    - Advise the unauthorized persons that they must exit immediately if they have entered the permit space; and
    - Inform the authorized Entrants and the Entry Supervisor if unauthorized persons have entered the permit space;
- Perform non-entry rescue as specified by the plan.
- Perform no duties that might interfere with the Attendant’s primary duty to monitor and protect the authorized Entrants.
- Wear a distinctive color (e.g., orange) vest at all times while performing the duties of an Attendant.

Baxmeyer Construction, Inc

Confined Space Entry Permit

Permit Date: _____ / _____ / _____ Permit Number: _____

Permit Valid until: Date: _____ / _____ / _____ Time: _____ : _____ am / pm

Entry Supervisor Name: _____

Confined Space Location/Description/ID Number: _____

Purpose of Entry: _____

_____

Communication Procedures (including equipment): _____

_____

Rescue & Emergency Procedures *(See phone numbers on Page 2)*: _____

_____

_____

Hazards of Confined Space:

Hazard	YES	NO	Hazard	YES	NO
Oxygen deficiency			Electrical hazard		
Combustible gas/vapor			Mechanical hazard		
Combustible dust			Engulfment hazard		
Carbon Monoxide			Entrapment hazard		
Hydrogen Sulfide			Thermal hazard		
Toxic gas/vapor			Slip or fall hazard		
Toxic fumes			Other:		
Skin- chemical hazards			Other:		

Special Requirements and/or Equipment:

Special Requirements	YES	NO	Special Equipment	YES	NO
Hot Work Permit Required			Breathing apparatus- respirator		
Lockout/Tagout			Escape harness required		
Lines broken, capped, or blanked			Tripod emergency escape unit		
Purge-flush and vent			Lifelines		
Secure Area-Post and Flag			Lighting (explosive proof/low voltage)		
Ventilation			PPE- goggles, gloves, clothing, etc.		
Other:			Fire Extinguisher		
Other:			Other:		
Other:			Other:		

Air Monitoring: ***DO NOT ENTER IF PERMISSIBLE ENTRY LEVELS ARE EXCEEDED***

Substance	Time Monitored	Permissible Entry Level (PEL)	Monitoring Results					
% of Oxygen		PEL: 19.5% - 23.5%						
% of LEL		PEL: Less than 10%						
Carbon Monoxide		PEL: 35 PPM (8 hr.)						
Hydrogen Sulfide		PEL: 10 PPM (8 hr.)						
Other:		PEL:						
Other:		PEL:						
Other		PEL:						

Person Testing	Instrument Name	Model	Serial Number	Date Last Calibrated

Confined Space Entry Permit (Page 2)

Authorized Entrants:

_____

_____

_____

_____

_____

_____

_____

Authorized Attendants:

_____

_____

_____

_____

_____

_____

_____

Supervisor Authorization – All conditions satisfied:

_____ _____

Signature *Telephone Number*

Remarks: _____

_____

_____

Emergency Contact Phone Numbers:

Ambulance	Rescue Team
Fire	Other
Safety	Other

Entry Procedure Checklist: Complete the following steps before, during, and after a confined space entry:

1. Obtain a Permit-Confined Space Entry Form from Program Coordinator.
2. Notify Supervisor before the Confined Space Entry
3. Verify Confined Space Meter has been calibrated and is in working order.
4. Complete the top portion of the Permit-Confined Space Entry Form.
5. Ensure all rescue equipment (e.g., tripod, body-belt, lanyard) is in place prior to entry.
6. Monitor the confined space with the MSA 4-Gas Detector prior to entry. The entrant and attendant should sign the permit authorization section on the bottom of the permit to ensure all actions and conditions necessary for safe entry have been performed.
7. Employees entering the confined space should wear the 4-Gas Detector after the pre-atmosphere test. The employee should also have a full body harness and lanyard attached to the rescue tripod. Employees shall have a radio and any other necessary personal protective equipment.
8. Employees can enter the confined once Step 7 is completed. The entrant and attendant should complete the Hazards of Confined Spaces and Special Requirements Section of the Permit-Confined Space Entry Form once the employee is within the confined space. The entrant should also gather the % Oxygen, % Explosive Gases, Carbon Monoxide, and Hydrogen Sulfide readings and communicate them to the attendant to place on the Permit Form.
9. The attendant should maintain constant communication with the entrant until the entrant has exited the confined space.
10. The attendant should contact the Supervisor once the entrant has exited the confined space.
11. The Permit-Confined Space Entry Form should be given to the program coordinator, to file in the Confined Space Records.

Baxmeyer Construction, Inc

Respiratory Protection Medical Evaluation Questionnaire

Part A Section 1. (Mandatory)

Must be provided by every employee who has been selected to use any type of respirator (please print)

Today's Date:		Your Name:	
Age:	Sex: ☐ Male ☐ Female	Height: ft. in.	Weight: lbs.
Your Job Title			
Phone number where you can be reached by the health care official who will review this questionnaire		( ) -	
The best time to reach you at this number	☐ Morning ☐ Afternoon ☐ Evening ☐ Night		
Has your employer told you how to contact the health care official who will review this questionnaire?	☐ Yes ☐ No		
Check the type of respirator you will use (you can mark more than one category):	☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only). ☐ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).		
Have you worn a respirator before?	☐ No ☐ Yes – What type(s):		

Part A Section 2. (Mandatory)

Questions 1-9 must be answered by every employee who has been selected to use any type of respirator

1.	Do you currently smoke tobacco, or have you smoked tobacco in the last month?	☐ Yes ☐ No
2.	Have you ever had any of the following conditions?	
	a. Seizures	☐ Yes ☐ No
	b. Diabetes (sugar disease)	☐ Yes ☐ No
	c. Allergic reactions that interfere with your breathing	☐ Yes ☐ No
	d. Claustrophobia (fear of closed-in places)	☐ Yes ☐ No
	e. Trouble smelling odors	☐ Yes ☐ No
3.	Have you ever had any of the following pulmonary or lung problems?	
	a. Asbestosis	☐ Yes ☐ No
	b. Asthma	☐ Yes ☐ No
	c. Chronic bronchitis	☐ Yes ☐ No
	d. Emphysema	☐ Yes ☐ No
	e. Pneumonia	☐ Yes ☐ No
	f. Tuberculosis	☐ Yes ☐ No
	g. Silicosis	☐ Yes ☐ No

Respiratory Protection Medical Evaluation Questionnaire (page 2 of 6)

h. Pneumothorax (collapsed lung)	☐ Yes ☐ No
i. Lung cancer	☐ Yes ☐ No
j. Broken ribs	☐ Yes ☐ No
k. Any chest injuries or surgeries	☐ Yes ☐ No
l. Any other lung problem that you've been told about	☐ Yes ☐ No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?	
a. Shortness of breath	☐ Yes ☐ No
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	☐ Yes ☐ No
c. Shortness of breath when walking with other people at an ordinary pace on level ground	☐ Yes ☐ No
d. Have to stop for breath when walking at your own pace on level ground	☐ Yes ☐ No
e. Shortness of breath when washing or dressing yourself	☐ Yes ☐ No
f. Shortness of breath that interferes with your job	☐ Yes ☐ No
g. Coughing that produces phlegm (thick sputum)	☐ Yes ☐ No
h. Coughing that wakes you early in the morning	☐ Yes ☐ No
i. Coughing that occurs mostly when you are lying down	☐ Yes ☐ No
j. Coughing up blood in the last month	☐ Yes ☐ No
k. Wheezing	☐ Yes ☐ No
l. Wheezing that interferes with your job	☐ Yes ☐ No
m. Chest pain when you breathe deeply	☐ Yes ☐ No
n. Any other symptoms that you think may be related to lung problems	☐ Yes ☐ No
5. Have you ever had any of the following cardiovascular or heart problems?	
a. Heart attack	☐ Yes ☐ No
b. Stroke	☐ Yes ☐ No
c. Angina	☐ Yes ☐ No
d. Heart failure	☐ Yes ☐ No
e. Swelling in your legs or feet (not caused by walking)	☐ Yes ☐ No
f. Heart arrhythmia (heart beating irregularly)	☐ Yes ☐ No
g. High blood pressure	☐ Yes ☐ No
h. Any other heart problem that you've been told about	☐ Yes ☐ No
6. Have you ever had any of the following cardiovascular or heart symptoms?	
a. Frequent pain or tightness in your chest	☐ Yes ☐ No
b. Pain or tightness in your chest during physical activity	☐ Yes ☐ No
c. Pain or tightness in your chest that interferes with your job	☐ Yes ☐ No
d. In the past two years, have you noticed your heart skipping or missing a beat	☐ Yes ☐ No
e. Heartburn or indigestion that is not related to eating	☐ Yes ☐ No
f. Any other symptoms that may be related to heart or circulation problems	☐ Yes ☐ No

Respiratory Protection Medical Evaluation Questionnaire (page 3 of 6)

7.	Do you currently take medication for any of the following problems?	
	a. Breathing or lung problems	☐ Yes ☐ No
	b. Heart trouble	☐ Yes ☐ No
	c. Blood pressure	☐ Yes ☐ No
	d. Seizures	☐ Yes ☐ No
8.	If you've used a respirator, have you ever had any of the following problems? *(If you've never used a respirator, check the following space and go to question 9.)*	
	a. Eye irritation	☐ Yes ☐ No
	b. Skin allergies or rashes	☐ Yes ☐ No
	c. Anxiety	☐ Yes ☐ No
	d. General weakness or fatigue	☐ Yes ☐ No
	e. Any other problem that interferes with your use of a respirator	☐ Yes ☐ No
9.	Would you like to talk to the health care professional who will review this questionnaire about any of your answers?	☐ Yes ☐ No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10.	Have you ever lost vision in either eye (temporarily or permanently)?	☐ Yes ☐ No
11.	Do you currently have any of the following vision problems?	
	a. Wear contact lenses	☐ Yes ☐ No
	b. Wear glasses	☐ Yes ☐ No
	c. Color blind	☐ Yes ☐ No
	d. Any other eye or vision problem	☐ Yes ☐ No
12.	Have you ever had an injury to your ears, including a broken eardrum?	☐ Yes ☐ No
13.	Do you currently have any of the following hearing problems?	
	a. Difficulty hearing	☐ Yes ☐ No
	b. Wear a hearing aid	☐ Yes ☐ No
	c. Any other hearing or ear problem	☐ Yes ☐ No
14.	Have you ever had a back injury?	☐ Yes ☐ No
15.	Do you currently have any of the following musculoskeletal problems?	
	a. Weakness in any of your arms, hands, legs, or feet	☐ Yes ☐ No
	b. Back pain	☐ Yes ☐ No
	c. Difficulty fully moving your arms and legs	☐ Yes ☐ No
	d. Pain and stiffness when you lean forward or backward at the waist	☐ Yes ☐ No
	e. Difficulty fully moving your head up or down	☐ Yes ☐ No
	f. Difficulty fully moving your head side to side	☐ Yes ☐ No
	g. Difficulty bending at your knees	☐ Yes ☐ No
	h. Difficulty squatting to the ground	☐ Yes ☐ No
	i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.	☐ Yes ☐ No
	j. Any other muscle or skeletal problem that interferes with using a respirator	☐ Yes ☐ No

Respiratory Protection Medical Evaluation Questionnaire (page 4 of 6)

Part B Section 1. (Optional)

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire. (please print)

1.	In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen:	☐ Yes ☐ No
	If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions:	☐ Yes ☐ No
2.	At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals	☐ Yes ☐ No
	If "yes," name the chemicals if you know them:	
3.	Have you ever worked with any of the materials, or under any of the conditions listed below:	
	a. Asbestos	☐ Yes ☐ No
	b. Silica (e.g., in sandblasting)	☐ Yes ☐ No
	c. Tungsten/cobalt (e.g., grinding or welding this material)	☐ Yes ☐ No
	d. Beryllium	☐ Yes ☐ No
	e. Aluminum	☐ Yes ☐ No
	f. Coal (for example, mining)	☐ Yes ☐ No
	g. Iron	☐ Yes ☐ No
	h. Tin	☐ Yes ☐ No
	i. Dusty environments	☐ Yes ☐ No
	j. Any other hazardous exposures	☐ Yes ☐ No
	If "yes," describe these exposures:	
4.	List any second jobs or side businesses you have	
5.	List your previous occupations:	
6.	List your current and previous hobbies	
7.	Have you been in the military services?	☐ Yes ☐ No
	If “yes,” were you exposed to biological or chemical agents (either in training or combat)?	☐ Yes ☐ No
8.	Have you ever worked on a hazardous material team?	☐ Yes ☐ No
9.	Other than medications for breathing and lung problems, heart trouble, blood pressure and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?	☐ Yes ☐ No
	If “yes,” name the medications if you know them	

Respiratory Protection Medical Evaluation Questionnaire (page 5 of 6)

10. Will you be using any of the following items with your respirator(s)?	
a. High efficiency purifying air filters	☐ Yes ☐ No
b. Canisters (e.g., gas masks)	☐ Yes ☐ No
c. Cartridges	☐ Yes ☐ No
11. How often are you expected to use the respirator(s)? *Circle "yes" or "no" for all answers that apply to you)*	
d. Escape only (no rescue)	☐ Yes ☐ No
e. Emergency rescue only	☐ Yes ☐ No
f. Less than five hours per week	☐ Yes ☐ No
g. Less than two hours per day	☐ Yes ☐ No
h. Two to four hours per day	☐ Yes ☐ No
i. More than four hours per day	☐ Yes ☐ No
12. During the period you are using the respirator(s), is your work effort:	
a. Light (less than 200 kcal per hour)? *Examples of a light work effort are sitting while writing, typing, drafting or performing light assembly work and standing while operating a drill press (1to 3 pounds) or controlling machines*	☐ Yes ☐ No
If "yes," how long does this period last during the average shift? _____ hrs. _____ min.	
b. Moderate (200 to 350 kcal per hour)? *Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 pounds) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; and pushing a wheelbarrow with a heavy load (about 100 pounds) on a level surface*	☐ Yes ☐ No
If "yes," how long does this period last during the average shift? _____ hrs. _____ min.	
c. Heavy (above 350 kcal per hour)? *Examples of heavy work are lifting a heavy load (about 50 pounds) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; and climbing stairs with a heavy load (about 50 pounds)*	☐ Yes ☐ No
If "yes," how long does this period last during the average shift? _____ hrs. _____ min.	
13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator?	☐ Yes ☐ No
If "yes," describe this protective clothing and/or equipment	
14. Will you be working under hot conditions (temperature exceeding 77 F)?	☐ Yes ☐ No
15. Will you be working under humid conditions?	☐ Yes ☐ No
16. Describe the work you'll be doing while you're using your respirator(s):	

Respiratory Protection Medical Evaluation Questionnaire (page 6 of 6)

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (e.g., confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance you'll be exposed to when you're using your respirator(s):

    Name of the first toxic substance:

    Estimated maximum exposure level per shift:

    Duration of exposure per shift:

    Name of the second toxic substance:

    Estimated maximum exposure level per shift:

    Duration of exposure per shift:

    Name of the third toxic substance:

    Estimated maximum exposure level per shift:

    Duration of exposure per shift:

    The name of any other toxic substances you will be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (e.g., rescue, security):

Signature (Mandatory)

I certify that all questions on this Respiratory Medical Evaluation Form have been answered completely and honestly to the best of my ability.

Employee Signature _____ Date _____

Print Name _____

Baxmeyer Construction, Inc

Respiratory Protection Individual Respiratory Fit Test Record

Employee (print): _____ Employee #: _____

Respirator Type: _____ Model #: _____

Training Dates

- ☐ Limitations _____
- ☐ Donning _____
- ☐ Adjustment _____
- ☐ Fit Check _____
- ☐ Maintenance _____
- ☐ Storage _____
- ☐ Filter/Cartridge Changing _____
- ☐ Eye Protection _____
- ☐ Facepiece to Face Issues _____
- ☐ Odor Threshold _____

I have been instructed in and understand the proper fitting, use and care of the above-named respirator. I understand that this equipment is not to be used in oxygen deficient or immediately dangerous to life and health (IDLH) atmospheres and is not to be used for other than the uses specified by the manufacturer.

Employee Signature: _____ Date: _____ / _____ / _____

Fit Test

Testing Agent: ☐ Sweet ☐ Bitter Sensitivity Squeeze Test: _____

Use a particulate filter unless otherwise indicated. Note cartridge used when necessary

Results

Exercise	Fit	Taste Detected
Normal Breathing		
Deep Breathing		
Turning Head Side to Side		
Nodding Head Up and Down		
Talking – Rainbow Passage		
Bending Over / Jogging in Place		
Normal Breathing		

Test Conducted by (print name): _____ Date: _____ / _____ / _____

Notes: _____

_____

Respiratory Protection Individual Respiratory Fit Test Record (page 2)

Instructions

The employee should not eat or drink anything other than water for 30 minutes before the test.

Training:

- Provide the employee a hands-on demonstration of how to don and doff the respirator and perform a seal check.
- Cover how to clean the respirator.
- Cover limitations of the respirator.

Sensitivity:

- Have the employee don the fit test hood (#M FT 14/15) without a respirator in place.
- Employee should breathe through the mouth only with the tongue slightly out of the mouth.
- Add 250 CC (about 1 teaspoon) of red sensitizing solution to the red nebulizer
- Inject sensitizer solution into the hood 10 squeezes at a time until the person can taste the solution.
- Document how many squeezes, rounded up to 10, on the form.

Have the person drink a cup of water and wait for the taste to clear.

Test:

- Have the employee don a respirator and seal check a respirator.
- Then have them don the fit test hood (#M FT 14/15).
- Employee should breathe through the mouth only with the tongue slightly out of the mouth.
- Add 250 CC (about 1 teaspoon) of black fit test solution to the black nebulizer.
- Inject the number squeezes of test solution documented in the sensitivity portion of the test into the hood while the employee performs exercises.
- Every 30 seconds inject half the number of squeezes from the sensitivity portion of the test.
- Document they pass if the employee does not taste the test solution while wearing the respirator.
- Document that the employee has passed or failed below.

Sensitivity: _____ Tests:

- Normal Breathing ☐ Pass☐ Fail
- Deep Breathing ☐ Pass☐ Fail
- Turning Head Side to Side ☐ Pass☐ Fail
- Moving Head Up and Down ☐ Pass☐ Fail
- Read the Following Passage ☐ Pass☐ Fail
  “When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.”
- Grimace ☐ Pass☐ Fail
- Bending Over for 15 Seconds ☐ Pass☐ Fail
- Normal Breathing ☐ Pass☐ Fail
- Jogging in Place for 15 Seconds ☐ Pass☐ Fail
- Normal Breathing ☐ Pass☐ Fail

If the person tastes the solution at any time during the test stop and have them refit and seal check the respirator and begin again. If the test fails again have the employee try a different size or model of respirator. If the person cannot taste the sensitization fluid use a different fluid, eg Saccharine instead of Bitrix.

Baxmeyer Construction, Inc

Welding & Cutting (Hot Work) Permit

This Hot Work permit is required for any temporary operation involving open flames or producing heat and/or sparks. This includes, but is not limited to: Brazing, Grinding, Soldering, Thawing Pipe, Torch Applied Roofing and Welding.

INSTRUCTIONS:

1. Verify precautions listed below or do not proceed with work.
2. Complete this permit and issue to person(s) performing the work.
3. Retain this copy in the project file.

Name of Company

/ /	: AM PM	: AM PM
Date	**Time Issued**	**Permit Expires:**

Location/Building & Floor (Be SPECIFIC)

Name of Hot Work Permit Authorizing Individual (PAI):
I verify that the hot work location has been examined and the precautions checked on the Precautions Checklist to minimize the chance of fire.

Name

Signature

Name of Person(s) Performing Hot Work:

Description of Work Being Performed:

Person(s) Performing Fire Watch:

Other Information:

Y	N/A	
☐	☐	Security has been contacted to ensure that sprinklers are not impaired.

Requirement within 35 ft. (11 m.) of work

☐	☐	Flammable liquids, combustible dust, and oily deposits removed.
☐	☐	Explosive atmosphere in area eliminated.
☐	☐	Floors swept clean.
☐	☐	Combustible building construction covered with fire-resistive covering.
☐	☐	Remove other combustible materials where possible. Otherwise protect them with fire-resistive covering.
☐	☐	All wall, floor, and machinery openings covered.
☐	☐	Fire-resistive tarpaulins suspended beneath work.
☐	☐	Electrical cable trays and switch gear protected with fire-resistive tarpaulins or metal shields.
☐	☐	Ducts and conveyors, systems cleaned, protected and/or shut off.

Work on walls or ceilings

☐	☐	Construction is noncombustible and without combustible covering or insulation.
☐	☐	Combustibles on other side of walls moved away or a fire watch provided on the opposite side of the wall from the work.

Work on enclosed equipment

☐	☐	Enclosed equipment cleaned of all combustibles.
☐	☐	Container purged of flammable liquids/vapors.
☐	☐	Pressurized vessels, piping, and equipment removed from service, isolated and verified.

Fire Watch / Hot Work area monitoring

☐	☐	Fire watch will be provided during and for 60 minutes after hot work is completed on torch applied roofs.
☐	☐	The hot work area will be periodically inspected during the 3 hours after the fire watch leaves the high hazard area as designated by the PAI.
☐	☐	Proper class of extinguisher must be within 10 feet.
☐	☐	Fire watch is trained in their duties.
☐	☐	Fire watch is required for adjoining area above and below.

Other precautions taken:

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Chapter 10 ADDENDUMS & ADDITIONS

Write in each Addendum / Addition as received

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End Safety Manual

National Safety
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