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1. **PURPOSE**

1.1 The purpose of this section is to describe the requirements for safety orientation and training of *(Enter Company Name Here)* employees.

1. **SCOPE**

2.1 This practice applies to all *(Enter Company Name Here)* locations.

2.2 This practice applies to all new, transferred or rehired employees as well as temporary help, and all contractors under the direct day to day supervision of *(Enter Company Name Here)* management.

1. **BASIC PROCEDURES**
   1. Employee safety orientation/training is to be conducted by the Safety Manager.

3.2 The essential training materials needed for the kind of employee training program described herein are:

1. Written job instruction on Job Safety Analyses/Job Safety Checklist.
2. A comprehensive set of written safety rules.
3. Outlines to guide orientations.
4. Applicable accident investigation and injury reports.
5. Applicable emergency procedures.
6. Applicable MSDSs.
7. **SAFETY ORIENTATION**

4.1 When an employee is new to *(Enter Company Name Here)*, they must be given an additional site specific safety orientation by their supervisor that is tailored to the specific department. This orientation should not be confused with job instructions. The purpose of the orientation is to review the hazards the employee will be exposed to in the specific departmental work surroundings.

4.2 The manner in which topics are presented depends upon the area and the employee’s with the area. If the employee is completely new, the supervisor may go into the topics of the area safety orientation in depth. However, if the employee is fairly familiar with the area, the orientation may be relatively brief. To assure that the most important items are reviewed with the employee, a standard format, such as the attached Exhibit 2-1, is used as a checklist in the following manner:

1. Supervisors are expected to fill in the open items of the form as they apply and reproduce them as needed.
2. Major hazards of the area such as overhead equipment, noise, flammable or toxic chemicals, electrical hazards, etc. present in the work environment should be listed and reviewed. The supervisor must explain the hazard in detail. The supervisor should not take it for granted that the employee understands the hazards related to the subjects listed.
3. Protective clothing and safety equipment, such as hard hats, glasses with side shields, foot protection, gloves, should be listed and the reason for the rule explained. The employee should be told and shown how to use the equipment and how to acquire the items listed.
4. Employees housekeeping responsibilities are to be listed and reviewed. At the end of the orientation the employee should know the proper cleanup procedures for the area in which he will be working.
5. The types of fire extinguishers and/or fire extinguishing systems in the area should be listed along with fire alarm pull stations, emergency signal exits, and evacuation procedures. The supervisor is to explain each item listed.
6. The supervisor is expected to explain the proper procedures for getting first aid treatment such as where the first aid equipment is located and who are first-aid trained employees.
   1. Review the items with the employee and ask questions to assure they are understood.
   2. At the end of the interview, the supervisor and employee should sign and date the form. The supervisor should make two copies, one for his file and one for the employee, and return the original to *(Enter Company Safety Manager Name Here)*, Safety Manager where it will be filed in the employee’s personnel folder.
   3. The employee should be given a copy of each of the specific rules, regulations, topics discussed and associated field plans (if possible) to allow the employee to review them and have them as a resource for future reference.
7. **INITIAL JOB INSTRUCTION**

5.1 Each employee starting a job should be given initial job instructions even if the employee has performed similar tasks in the past. The employee needs to know what is expected of him as each supervisor has his own similar tasks in the past. The new employee needs to know what is expected of him as each supervisor has his own idea on how a job is to be done. Good instruction contributes to accident prevention and need not be specifically on safe practices. Job instructions and safe practices must be given together for the instruction to be most effective.

5.2 Job instructions should be used as the basis of the training and a Job Safety Analysis/Job Safety Checklist and accident history used to establish hazardous steps and protective equipment requirements.

5.3 To assure that important items are not forgotten, a lesson plan should be prepared for each job no matter how simple. The supervisor should follow the format of Exhibit 2-2.

**EXHIBIT 2-2**

**EMPLOYEE TRAINING DOCUMENTATION**

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

Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Literature Given on Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Those signing below acknowledge that training has been received as stated.

|  |  |  |
| --- | --- | --- |
| Employee Signature |  | Date |
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1. **PERSONAL CONTACTS**

6.1 Personal contacts between the supervisor and employee to instruct or discuss some safety topics related to the employee’s work are powerful tools for developing favorable employee behavior toward safety and accident prevention. They are continuing reminders that management is concerned about employee safety.

6.2 Record any contacts on the Employee Safety Contact Record (Exhibit 2-3). Keeping a record of personal safety contacts on safety rules and job procedures is necessary for a number of reasons. The record is a history of what has been discussed with an employee on what dates by what supervisors. Such information is useful to establish the fact that a person has been properly instructed. Secondly, a record can be a tool to help decide future topics to discuss with the employee.

**EXHIBIT 2-2**

**INITIAL JOB INSTRUCTION FORMAT**

**Step 1: Prepare Yourself**

Review job safety analysis lesson plan or job procedure. If there is no Job Safety Analysis, go out and observe the job and write down the job steps.

Review minor as well as serious injury data that relate to that job, and think of what else could go wrong.

**Step 2: Prepare the Employee**

Put the employee at ease. Find out what he already knows about the job.

Get the employee’s interest in learning the job. Relate the job to the final product.

Review safety rules, unsafe acts and protective equipment requirements.

**Step 3: Explain and Demonstrate**

Explain and demonstrate the job in small doses, step by step. Make the key points clear. Describe the hazard potential, including injury symptoms and the safe handling procedures for each. Strive for accuracy now, speed later.

Repeat the job and explain as necessary.

**Step 4: Try Out Employee’s Performance**

Have the employee do the job, and then have him or her repeat the job. Ask the employee to explain the key points. Correct any errors.

Have the employee repeat the job until the instructor is assured that the job is understood.

**Step 5: Follow Up**

Put the employee on their own. Explain who the employees go to for help. Make this definite – the supervisor or a designated employee. Check the employee frequently – every hour or so at first.

Taper off coaching.

**EXHIBIT 2-3**

**EMPLOYEE SAFETY CONTACT RECORD**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. Safety Orientation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial Job Instruction Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISION-EMPLOYEE SAFETY DISCUSSION, NEW DEPT. ORIENTATION OR NEW JOB INSTRUCTION**

DATE TOPIC DISCUSSED CURRENT JOB TITLE

**SAFETY RULE COMMENDATIONS AND VIOLATIONS**

COMENDATION COMMENT ON COMEMMEDATION PRESENT

DATE OR VIOLATION OR ACTION TO BE TAKEN JOB TITLE

***(Enter Company Name Here)* BASIC SAFETY RULES**

**1.0** PURPOSE

**1.1** The purpose of this procedure is to provide basic safety rules for all *(Enter Company Name Here)* employees.

1. BASIC RULES
   1. The adherence to *(Enter Company Name Here)* safety procedures and rules is mandatory for each employee and is a condition of employment.
   2. Warning signs are to be obeyed by all employees.
   3. Employees are to report immediately to their supervisor any personal injury arising out of employment.
   4. Horse-play is not permitted at anytime.
   5. Tampering with or altering safety devices are prohibited.
   6. Loose or hanging clothing, jewelry, or long hair is not permitted around moving machines and parts.
   7. Smoking is prohibited in all areas. (except for designated smoking areas)
   8. Equipment lock-out mechanism (locks or tags) shall be removed by the person who initiated the placement or by a designated alternate approved by *(Enter Company Name Here)* Management.
   9. Machinery shall not be started before a thorough check is made to assure that other employees are clear of its moving parts.
   10. No employee shall activate or operate powered industrial equipment without being authorized by the responsible supervisor.

***(Enter Company Name Here)* JOB SAFETY ANALYSIS/JOB SAFETY CHECKLIST**

1. **PURPOSE**
   1. The purpose of this procedure is to provide the fundamentals of Job Safety Analysis/Job Safety Checklist and explain how it should be used as an effective tool in the accident prevention process.

**2.0 BASIC PROCEDURES**

**2.1** Job Safety Analysis/Job Safety Checklist should be performed for all routine jobs in the field. Non-routine jobs should be evaluated as to the frequency and severity to determine the Job Safety Analysis/Job Safety Checklist that should be conducted.

**2.2** To determine which jobs should be analyzed first, review the accident experience for the respective area, and conduct Job Safety Analysis/Job Safety Checklist for the jobs with the highest rates of accidents and disabling injuries

**2.3** Analyses of new jobs and jobs where changes have been made in processes and procedures should follow. Eventually, a Job Safety Analysis should be conducted and made available to employees for all jobs in the work place.

**2.4** Once a job has been selected for analysis, discuss the procedure and purpose of Job Safety Analysis with the employee performing the job. Point out that the analysis is for-the-job itself, not checking up on the employee’s job performance. Involve the employee in all phases of the analysis from reviewing the job steps to discussing potential hazards and recommended solutions. Also, talk to other employees who have performed the job in the past.

**2.5** Before actually beginning the Job Safety Analysis/Job Safety Checklist, take a look at the general conditions under which the job is performed and assure basic environmental safety conditions are adequate, such as:

1. Adequate lighting
2. Tripping hazards eliminated
3. Electrically energized parts covered
4. Tools and machines are in good order
5. Noise does not hinder worker communication
6. Fire protection equipment accessible
7. Emergencies exist marked and accessible
8. Adequate ventilation in the work area
   1. Use the Job Safety Analysis work sheet (see Exhibit 1) and break the job down into steps. List each step of the job in order of occurrence as you watch the employee performing the job. Be sure to record enough information to describe each job action, but do not make the breakdown too detailed. Later, go over the job steps with the employee.
   2. The wording for each step should begin with an “action” word like “remove”, “open” or “weld.” The action is completed by naming the item to which the action (expressed by the verb) applied, for example, “remove extinguisher”, “carry to fire.”
   3. Once all the job steps have been recorded on the Job Safety Analysis work sheet, begin to identify hazards and potential accidents which might occur. To do this, ask the following questions:
9. Is there a danger of striking against, being struck by, or otherwise making injurious contact with an object?
10. Can the employee be caught in, under, or between objects?
11. Is there a potential for a slip or trip? Can the employee fall on the same level or to another level?
12. Can the employee be strained by pushing or pulling, lifting, bending, carrying or twisting?
13. Is the work environment hazardous to safety and/or health (toxic gas, vapor, mist, fume, or dust, heat, or exhaustion)?

Repeat the job observation as often as necessary until all hazards have been identified. Review the identified hazards with the employee.

* 1. The final step in a Job Safety Analysis/Job Safety Checklist is to develop a recommended safe job procedure to prevent occurrence of potential accidents. The principal solution are:

1. Find a new way to do the job to eliminate the hazards, such as combining steps or changing the sequence, or whether safety equipment and precautions are needed to reduce the hazards.
2. Change the physical conditions that create the hazards, such as tools, materials, equipment, layout, or location.
3. Eliminate hazards still present by changing the work procedure. List exactly what the worker needs to know in order to perform the job using a new method. Avoid general statements such as “be careful: or “use caution”. Use statements that describe how to do the job in a safe manner such as: “Set wrench properly and securely. Test its grip by exerting a slight pressure on it. Brace yourself against or take a solid stance with feet well apart before exerting full pressure. This prevents loss of balance if wrench slips.”
4. Reduce the necessity of doing a job, or at least the frequency that it must be performed. This is particularly helpful in maintenance and material handling. Reducing frequency of a job contributes to safety only in that it limits the exposure. Every effort still should be made to eliminate the hazards and to prevent potential accidents through changing physical conditions or revising job procedure as described in paragraphs 2.9(b) and 2.9(c).
   1. Review the recommendation with the employees performing the job. Their ideas about the hazards and proposed recommendations may be valuable. Be sure that the employees understand what is required for them to do and the reasons for the changes in the job procedure.
   2. Final approval for the Job Safety Analysis/Job Safety Checklist should be made only after review by the supervisor and others who are concerned or responsible for job procedure design.
   3. When the approved Job Safety Analysis/Job Safety Checklist is distributed, the supervisor should explain its contests to employees involved and, if necessary, to give further individual training. The completed Job Safety Analysis/Job Safety Checklist must be reviewed with the employees concerned so that they will know how the job is to be done – without accident.
   4. Anytime the job slope changes from the original Job Safety Analysis/Job Safety Checklist must be updated, all employees and contractors involved will review all new hazards and protective measures to prevent accidents.
   5. Anytime a Job Safety Analysis/Job Safety Checklist is revised, training in the new job methods or protective measures should be provided to all employees affected by the changes. A Job Safety Analysis also can be used to effectively train new employees on job steps and hazards.

SAMPLE FORM

JOB SAFETY ANALYSIS WORK SHEET

JOB:

SEQUENCE OF HAZARDS HOW TO DO IT KEY POINTS

JOB STEPS (Instructions) (Items to be emphasized or precautions)

**See Work Permit**

**RECORDING AND REPORTING WORK – RELATED INJURIES AND ILLNESSES.**

1. **OBJECTIVE**

To provide direction for all *(Enter Company Name Here)* personnel regarding reporting and classifying of occupational injuries and illnesses.

1. **SCOPE**
   1. All *(Enter Company Name Here)* operations at all locations must comply with the provisions of this procedure and with “Recordkeeping Guidelines for Occupational Injuries and Illnesses.”
   2. This procedure outlines the CALIFORNIA Occupational Safety and Health (Cal/OSHA) requirements for recording work related (occupational) injuries and illnesses.
2. **KEY DEFINITIONS – EXPLANATIONS**
   1. Work Related – An injury or illness is considered work related if it results from an event or exposure in the work environment.
   2. Injuries vs. illnesses – The distinction are based on the event that caused the case, not on the resulting condition of the affected employee.
3. Injuries are caused by instantaneous events. (Note, however, back cases are to be defined as injuries rather than illnesses when they are entered on the “log”)
4. Illnesses result from anything other than an instantaneous event. Note: Illness cases generally need a diagnosis by a qualified medical treatment, disability or restricted activity to be “recordable.”
   1. Pre-Existing Conditions:
5. Injuries – The aggravation of a previous injury almost always results from some new incident involving the employee (such as slip, trip, fall, sharp twist, etc.)
6. Illness – More difficult to determine if the emergence of illness symptoms constitutes a new event or case. The recurrence of new symptoms should not be considered a new case if the illness is the type that may have prolonged effects which recur over time (Example: silicosis). Each situation must be evaluated on its own merits and most always requires medical opinions.
7. **REPORTING AND RECORDING REQUIREMENTS – GENERAL**
   1. An injury and illness must be recorded on the Cal/OSHA 300 Log of Occupational Injuries or Illnesses if:
8. A determination is made that the case is a work related case.
9. And, a determination is made that the injury is more than a first aid situation or there is verification of an occupational illness.
10. When in doubt, or while waiting for more details, record in the log not later than 48 hours after receiving information that a recordable injury or illness has occurred.
11. A supplementary record of OSHA recordable injuries must also be completed (use form 101 or a combination of the accident report and workers compensation first report of injury. Al information required on the supplementary form must be kept together.) (*(Enter Company Name Here)* form can be added here)
    1. When cases are determined to not be OSHA recordable you must document your reasons for such a determination (justification) and maintain in a file.
    2. If a SERIOUS accident has occurred, CAL-OSHA must be notified IMMEDIATELY by phone. If a lapse of more than 8 hours has occurred between the time of the accident and the telephone notification of a CAL-OSHA office, the reason must be explained fully when making the telephone report.

* See *(Enter Company Name Here)* Accident and Reporting Plan.

**APPENDIX A**

1. **GUIDELINES FOR DETERMINING OSHA RECORDABILITY**

Basic recordkeeping concepts and guidelines are include with instructions on the back of form Cal/OSHA No. 300 This section summarizes the major recordkeeping concepts and provides additional information to aid in keeping records accurately.

An injury or illness is considered work-related if it occurs in the work environment (defined as any area on the employer’s premises; e.g. worksite, company cafeteria, hallways, restroom, etc.). The work environment surrounds the worker wherever he or she goes – in official travel, in dispersed operations, or along regular routes (e.g. sales representative, pipeline worker, telephone line worker). (See BLS guidelines regarding parking lots.)

1. **Medical Treatment (**Does not have to be by nurse or physician**)**

The following are generally considered to involve medical treatment and are almost always recordable.

1. Antiseptics applied on second or subsequent visit to a doctor or nurse.
2. Treatment of second or third degree burns.
3. Application of butterfly adhesive dressing(s) or steri-strips in lieu of sutures.
4. Compresses, hot or cold, on second or subsequent visit to a doctor or nurse.
5. Diathermy treatment.
6. Foreign bodies, removal if embedded in eye.
7. Foreign bodies, if removal from wound requires a physician because of depth of embedment, size or shape of object(s) or location of wound.
8. Infection treatment.
9. Prescription medications administered (or applied) for more than one dose. (Except when prescribing over-the-counter medication.)
10. Soaking (or compresses), hot or cold, on second or subsequent visit.
11. Sutures (stitches).
12. Whirlpool treatment for physical therapy.
13. X-ray which is positive for the specific injury or illness.
14. **First Aid Treatment**

The following are considered to involve only first aid treatment and need not be recorded if the work-related injury does not involve loss of consciousness, restriction of work or motion, or transfer to another job.

1. Antiseptics, application of, on first visit to doctor or nurse.
2. Banding on any visit to a doctor or nurse.
3. Burns of first degree.
4. Compress, hot or cold, on first visit to a doctor or nurse only.
5. Elastic bandage, use of, on first visit to a doctor or nurse only.
6. Irrigation of eye for removal of foreign bodies not embedded.
7. Removal of foreign bodies from wound by tweezers or other simple techniques
8. Non-prescription medications, use of; or prescription medication of 1 dose.
9. Observation of injury on second or subsequent visit.
10. Ointments applied to abrasions to prevent drying or cracking.
11. **Other Procedures NOT Considered Medical Treatment**
12. Tetanus shots, initial or boosters alone. (Prevention)
13. Hospitalization for observation (no treatment other than first aid).
14. X-ray which is negative.

**APPENDIX B**

**Question and Answer Case Samples**

1. Restricted Work Case Decisions:

1. An employee inures his left hand, the supervisor determined the employee can’t use the left hand that is bandaged but can do all of the required task-activities by use of the right hand. Is this a restricted work case? NO. Since the employee is able to perform all required tasks with one hand then the full scope of work criteria is met.
2. An employee sustains a strained back at work. A doctor restricts the employee from lifting objects of more than 25lbs. Is this a restricted work case (recordable?) if the employee’s normal duties-tasks do not require lifting more than 10lbs? NO. The restriction does not prevent the employee from doing the full scope of work.
3. If a supervisor reassigns an employee who is inured, but only received first aid care, is it now considered a restricted work case?

* If the reassignment is because of an injury or illness form work, and the employee can not perform the full scope of work (his or her normal job expected) it is a recordable case- restricted work classification.

1. If an office worker breaks a finger at work and the doctor does not restrict her activity but the supervisor, to be considerate, says “just do filing for the next few days”, is this now considered a recordable restricted work case? In essence the supervisor is making a defacto decision and would generally cause the case to be restricted. It is better to record as such.

NOTE: Restricted work cases involve, shortened work shifts, hours, days, reassigned tasks or activities (can’t do all normal tasks) or transfer to another job because of a work injury or illness. It does not involve the mere existence of a restricted range of motion.

KEY: Can the person do the full scope of this or her normal job (all elements, hours, days, etc.)

2. Work Relationship Decisions

* 1. If an employee is walking down an aisle and her knee goes out and is determined to have a sprained knee, is this work related (OSHA)? If there was no specific incident or event (slip, trip or fall or task that can be determined to cause the knee condition it is not work related. (It may however be compensable.) You must be able to justify your determination. Was she doing repeated knee bending motions in her job just before the knee gave out or repeated twisting or turning of knee? This could now be work related.
  2. If an employee complains of a pain in his right wrist, and there are no obvious findings, a determination must be made only after through questioning-investigation and possibly only after a review by a medical person. Where onsite medical personnel exist, they should be involved in this process.

Questions:

* + 1. Does the employee’s work involve repeated activity involving the right wrist?
    2. Does the work activity involve forceful motion with the right wrist? (Use of a wrench to loosen bolts.)
    3. Does the work activity involve work with equipment that vibrates?
    4. Does the work activity involve forceful pushing or pulling, heavy lifting?
    5. Has the employee been involved recently in activities at home that are similar to types of motion described above?
    6. Are there any previous conditions “work or “not work” related that could be a causal or contributing factor?
    7. Is it probable that his work activity contributed to the problem?

Only after gathering the facts can you make your decision as to work relationship. If in doubt it is better to determine work related. Then determine the classification, first aid or OSHA recordable.

If an employee complains at work of a pain and is not specific the supervisor is responsible for asking appropriate questions to rule out or verify a work related issue.

**PERSONAL PROTECTIVE EQUIPMENT, GENERAL**

**1. EYE PROTECTION**

1. **BASIC PROCEDURES**

1.1 All work areas and operations must be evaluated to determine the need for eye protection from flying particles, chemicals, and infrared or ultraviolet radiation like those of welding operations. The exact nature of the protection required must be established by *(Enter Company Name Here)* management. Those fixed operations requiring eye protection will be identified with appropriate signs.

1.2 Supervisors will make periodic checks to verify that adequate eye protection is being worn. When it is not, appropriate corrective action will be taken.

1.3 Contact lenses should not be worn by employees in the following situations:

1. Working where corrosive fumes or vapor are present.
2. Working in machine shop areas.
3. Working in dust contaminated areas.
   1. All eye protection must comply with ANSI Standard Z87.1979 “Practice for Occupational and Educational Eye and Face Protection.”

NOTE: A Food and Drug Administration ruling requires that all eyeglass lenses be impact-resistant. These lenses or frames do not meet the requirements of ANSI Z87.1. F.D.A. Impact-resistant lenses are not equivalent to industrial safety glasses.

* 1. All visitors, outside contactors and vendors entering designated eye protection areas must wear suitable eye protection.
  2. Employees who normally wear corrective glasses and who work in a department or area where eye protection is required may obtain prescription safety glasses at reduced cost.

**2. FOOT PROTECTION**

**2.0 BASIC PROCEDURES**

2.1 Appropriate safety footwear must be worn whenever there exists a reasonable possibility of injury from falling or rolling objects, slipping, exposure to chemicals punctures etc. Where such injury can be prevented by the use of appropriate FOOTWEAR.

2.2 Safety shoes must meet the specifications of ANSI Z41.1-1983, “Protective Footwear for Personal Protection” where there is a risk of rolling, falling, dropping or crushing objects and such injury can be prevented by wearing such footwear. Examples would include anywhere within 50 feet of a derrick, tower, operating well, operations requiring the lifting or lowering of heavy objects, etc.

2.3 Shoes of the following types are not permitted to be worn in any *(Enter Company Name Here)* operating area:

* 1. Cloth or canvas shoes of any type without approval of facility Safety Representative.
  2. Sandals, house slippers, or clogs
  3. Shoes with open toes and/or open heels
  4. Platform shoes or spike heels

**HAND PROTECTION**

**3.0 BASIC PROCEDURES**

3.1 All work operations must be evaluated to determine the need for hand protection from cuts, abrasions, heat, punctures, and chemicals. The exact nature of the protection required must be established by *(Enter Company Name Here)* Management.

3.2 There are many styles and types of protective gloves available. For chemical hazards refer to Exhibit 7-1, Chemical Glove Selection Chart.

3.3 Barrier creams, if properly selected, used and reapplied frequently, provide limited protection against irritants to the hands and arms. They can be used in combination with gloves.

**CHEMICAL GLOVE SELECTION CHART**

**Exhibit 7-1**

Safety gloves for protection against chemical hazards are available in numerous materials. The following table is a general purpose guide for the selection of suitable chemical safety gloves. It should be remembered that the thickness and specific formulation of a material can cause some variation in its resistance to individual chemicals. If you want, we can provide instructions on how to obtain suitable gloves here

GLOVE MATERIAL

1=Natural Rubber 4=Vinyl

2=Neoprene 5=Polyvinyl Alcohol

3=Buna-N 6=Polyethylene

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CHEMICAL MATERIAL** | **1** | **2** | **3** | **4** | **5** | **6** |
| Acetone | G | P | E | G | P | F |
| Alcohols | E | E |  | E |  |  |
| Ammonia Solution | E | E |  | E |  |  |
| Ammonium Hydroxide | G | F | E | E | E | NS |
| Chlorine | F | G |  | G | F |  |
| Chloroform | P | G | G | P | E |  |
| Caronic Acid | P | P | P | F | G | NS |
| Chromic Acid | NS |  |  | F |  |  |
| Copper Sulfate | G |  |  | G |  |  |
| Epoxy Resins, Dry | E | E | E | E | E | E |
| Ethyl Alcohol | E | G | E | E | F | F |
| Freon II | P | F |  | G | F | E |
| Gasoline |  |  |  |  |  |  |
| Leaded | P | G | G | F |  |  |
| Unleaded | F | E | P | F | P | E |
| Hydraulic Fluids |  |  |  |  |  |  |
| Petroleum Base | P | E | P | G | F | E |
| Ether Base | P | G |  | E | P | G |
| Hydrochloric Acid | G | G | E | E | G | NS |
| Hydrofluoric Acid | F | F | G | F | F | NS |
| Isoprophyl Alcohol | E | G | E | E | G | F |
| Kerosene | P | G | P | E | F | E |
| Lacquer Thinner | F | F |  | G | F | E |
| Mineral Spirits | P | E | P | E | F | E |
| Muriatic Acid | G | G | E | E | G | NS |
| Naptha | P | E | P | E | P | E |
| Nitric Acid 70% | F | P |  | G | F | NS |
| Paint Thinner | P | F | P | G | P | F |
| Potassium Hydroxide | E | G | E | E | G | NS |
| Propane Gas | E | E |  | E | G |  |
| Propyl Alcohol | E | E |  | E | G | E |
| Sodium Hydroxide 50% | E | G | E | E | G | NS |
| Stoddard Solvent | P | E | P | G | F | E |
| Tetrachloroethylene | G |  | G |  |  |  |
| Toluene | NS | F | P | F | P | E |
| Trichloroethane | P | F | P | P |  |  |
| Trichloroethylene | NS | F | P | F | P | E |

Code for Chart: NS=Not Suitable

P=Poor

F=Fair

G=Good

E=Excellent

**HEAD PROTECTION**

**4.0 BASIC PROCEDURES**

4.1 Head protection will be worn when an employee has an exposure to injury from falling or flying objects.

4.2 Head protection will be worn in any area where work is being performed above an employee’s head and there is a chance of falling objects. This would include anywhere within 50 feet of a derrick, operating well, operations involving the raising or lowering of objects above head level, in the area of the wash tank, stock tank and LACT tank.

4.3 Hair nets must be worn by employees in the vicinity of machines with movable parts where the employee’s hair length is long enough to present a personal safety hazard.

**LOCKOUT/TAGOUT (THE CONTROL OF HAZARDOUS ENERGY)**

**1.0 PURPOSE**

1.1 The purpose of this practice is to provide minimum performance requirements for the control of hazardous energy and to prevent the accidental or unexpected release of energy or start-up of machinery, equipment or systems during repair, servicing and/or maintenance.

1.2 This practice requires establishment of procedures, with documented employee training and periodic inspections, for affixing appropriate lockout devices or tagout devices to energy isolating devices, and to otherwise disable machines or equipment to prevent injury to employees.

1.3 A “Lock0ut/Tagout Program Checklist” is included as Exhibit 14-1. It is for use by Safety Coordinators and managers to check compliance with *(Enter Company Name Here)* and CAL-OSHA requirements.

**2.0 DEFINITIONS**

* 1. AFFECTED EMPLOYEE: An employee whose job requires him/her to operate, use, or work around a machine or equipment on which servicing and/or maintenance is to be performed or whose job requires him/her to work in an area in which servicing and/or maintenance is required.
  2. AUTHORIZED EMPLOYEE: A person, qualified by training and experience, to whom the authority and responsibility has been given by *(Enter Company Name Here)* to lockout and/or tagout specific machines or equipment in order to perform the servicing and/or maintenance on the machines or equipment. An affected employee performing servicing or maintenance must be qualified by training and experience and become an authorized employee as outlined in this practice.
  3. DESIGNATED PERSON: The employee authorized by *(Enter Company Name Here)* management to have the primary responsibility for the implementation, training and control of the lockout/tagout program.
  4. ENERGY ISOLATING DEVICE: A mechanical device that physically prevents the transmission or release of energy. This includes all types of energy, 1. Electrical, 2. Pneumatic, 3. Hydraulic, 4. Kinetic, 5. Etc. An energy isolating device can include but is not limited to the following: a manually operated electrical circuit breaker; a disconnect with; a line blind (Note: closing a valve is not considered isolation); a block, crib or chain which prevents the movement of a mechanical device (Note: setting a hand brake is not isolating)
  5. HAZARDOUS ENERGY: Any electrical, mechanical, hydraulic, pneumatic, chemical, thermal, kinetic or other form of energy.
  6. LOCKOUT DEVICE: A device that utilizes a positive means requiring a key, tool or combination to remove that will hold an energy isolating device in the safe position and prevent the accidental release of energy. Included are blank flanges and bolted slip blinds. Disconnecting pipes and separating the ends can be a lockout device or method
  7. TAGOUT DEVICE: A prominent warning device, such as a tag and a means of attachment, which can be securely fastened to an energy isolating device, to indicate who placed the energy isolating device and the machine or equipment being controlled. This tag can only be removed by the person that placed it, or a person specifically designated by *(Enter Company Name Here)* management for that tag only. The affected equipment or machinery may not be operated until the tagout device is removed.
  8. ZERO MECHANICAL STATE: The state at which all potentially hazardous stored or residual energy has been relieved, disconnected, restrained and otherwise rendered safe.

1. **GENERAL**
   1. This practice applies to the control of energy during servicing and/or maintenance of any machine and/or equipment.
   2. All such hazardous energy source shall be neutralized, de-energized or brought to a “zero mechanical state” before any servicing, maintenance or setup work on any machines or equipment can be done safely.
   3. This standard does not apply to the following:
      1. Work on cord and plug connected electric equipment for which exposure to the hazards from the unexpected release of energy or the accidental start-up of the equipment is controlled by the unplugging of the equipment from the
   4. A positive lockout of the power or energy source shall be used during normal operations at any time when repair, servicing, maintenance, operation or troubleshooting requires an employee to:
      1. Place any part of their body in the path of any machinery or equipment member where work is actually performed upon the material being processed (point of operation) or which may move, or
      2. Work on electrical motors or other electrical equipment, or
      3. Remove or bypass a guard or other safety device.
   5. Most machinery and equipment is provided with a positive mean or energy isolating device to separate it from its source of power whether it be electrically, mechanically, hydraulically or pneumatically activated.
      1. If an energy isolating device is capable of being locked out, the employee shall utilize a lockout device.
      2. If an energy isolating device is not capable of being locked out, this energy control program practice requires utilization of a tagout procedure. However, it must be demonstrated that the utilization of a tagout system will provide full employee protection and meet the requirements of Section 6, Tagout Process.
   6. All electricians, mechanics and authorized personnel directly involved with lockout or tagout procedures shall be provided with scissors-type multiple lockout devices, padlock, keys, tags and other hardware necessary for isolating, securing or blocking of machines or equipment from energy sources.
   7. It is imperative that two employees shall not be issued padlock sets that can be operated by the same key.
   8. Logs must be maintained on the issuance of padlock sets (and keys), lockout devices and tagout devices to indicate the identity of the employee applying the devices and in order that replacements may be ordered when necessary.
   9. Only one master key is authorized to be purchased and should be assigned to a specifically designated person. Duplication of master keys is prohibited and will only defeat the purpose of this practice.
   10. The master key shall only be used by the designated person to remove a lockout device when the authorized employee is unavailable and written approval from *(Enter Company Name Here)* management is obtained. This written approval can not be over the same signature of the person designated to have the master key. Special precautions shall be taken to verify the system or equipment is safe to be energized or started up, per Section 10.2 below.
   11. If an individual employee’s key is lost it shall be reported to their direct supervisor and the designated person immediately and a new padlock shall be purchased and issued immediately.
   12. In the event a master key is lost, it shall be reported to *(Enter Company Name Here)* management immediately. Using the key identification number, a new master key can be obtained from a licensed locksmith.
   13. In the event that the original master key is found. One of the two master keys shall be destroyed so that only one master key is available.
2. **LOCKOUT PROCES**
3. Affected employees shall be notified before the application and after the removal of lockout devices from the machine or equipment.
   1. Once all energy isolating devices that are needed to isolate the appropriate circuit element, control switch, lever or valve have been determined, operate them to the “off”, safe”, or “closed” position and affix the authorized employee’s lockout device and tag so that it cannot be operated.
   2. Prior to starting work on machines or equipment, testing of the isolation of equipment shall be verified by trying the controls on the machine or equipment. Make sure all affected employees are clear before this test. Reset the controls to be “off”, “blocked”, “safe” or “closed” position.
   3. In the case of potentially hazardous stored or residual energy, closing valves may block pressure from the energy source but allow trapped pressure to remain. Stored energy must be relieved or vented and “Zero” energy verified before any work can begin.
   4. Movable parts or members (such as walking beams) shall be supported, retained or secured against accidental movement by suitable means.
   5. The lockout will only be removed when all work and/or employee exposure, as outlined in Section 5.1 is completed and the machine, equipment or system is in adequate operating condition with all guards secured and in place.

**5.0 ADDITIONAL REQUIREMENTS**

* 1. Testing or positioning of machines, equipment or components. If lockout and/or tagout devices must be temporarily removed and the machine or equipment energized to test or position the machine, equipment or component, the following sequence of actions shall be followed:
     1. Clear the machine of all tools and materials.
     2. Remove employees from the affected machine or equipment area.
     3. Remove only appropriate lockout and/or tagout devices.
     4. Energize and proceed with testing or positioning.
     5. De-energize all systems and-reply energy control devices in accordance with Section 7.0 or 8.0 above
  2. Outside Personnel (Contractors, etc.)
     1. Whenever outside (Non-*(Enter Company Name Here)*) servicing personnel are to be engaged in activities covered by the scope and intent of this practice, *(Enter Company Name Here)* Management and the outside contractor shall inform each other of their respective lockout and/or tagout procedures.
  3. *(Enter Company Name Here)* shall ensure that *(Enter Company Name Here)* employees understand and comply with provisions and/or restrictions of the outside contractors’ energy control program.

1. **PERIODIC INSPECTION**
   1. An annual, documented review of the *(Enter Company Name Here)* energy control procedures shall be conducted with each *(Enter Company Name Here)* employee authorized under the energy control program.

The following requirements are to be met:

* + 1. The review must be conducted by an authorized employee inspector other than one utilizing the procedures.
    2. The review shall be designed to identify and correct any deficiencies or deviations observed.
    3. The review shall include the employee’s responsibilities under the energy control procedures as they relate to both lockout and tagout.
    4. *(Enter Company Name Here)* Management shall certify that the annual inspection has been performed. The certification shall identify:

1. The machine or equipment on which the certification of proper energy control procedure utilization was performed,
2. The date of the inspection,
3. The employees included in the inspection and
4. The person performing the inspection.

**7.0** **TRAINING**

7.1 Training shall be provided to employees authorized to use lockout or tagout procedures.

7.2 All employees authorized to use the lockout/tagout procedures shall be trained PRIOR to using the energy control system

7.3 All employees authorized to use the lockout/tagout procedures shall be retrained during the annual review.

**END OF SAMPLE**

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**RETURN HOME PAGE**