



CITY OF SOMERVILLE, MASSACHUSETTS
INSPECTIONAL SERVICES DEPARTMENT – BUILDING DIVISION
JOSEPH A. CURTATONE - MAYOR

Contractor Project Safety Packets

All projects requiring a building permit in Somerville are required to submit safety documents to ensure the wellbeing of residents, workers, City officials and any other visitors to the site. Other visitors include but are not limited to: material deliverers, utility contractors, and project owners.

Please carefully read the following information and follow the instructions at the end of this document.

Each project shall be required to provide the following documents:

- Job Hazard Analysis (JHA)
- Site Specific Safety Plan (SSSP)
- Daily Safety Plan (DSP)
- Site Plan (situational)

Job Hazard Analysis

The JHA is to help identify and provide potential hazards and risk of injury to workers and steps to mitigate. To be considered complete the JHA is required to include:

- Identify the types of tasks required to complete the activity (i.e. Virus, working at heights, using power tools)
- For each task identify the potential hazards
- For each hazard identify the appropriate mitigation techniques (i.e. engineering controls, PPE, etc.)

Site Specific Safety Plan

The SSSP details mitigation techniques and policies outlined in the JHA. The document answers the who, what, when, where, how portions identified in the JHA IN DETAIL.

Daily Safety Plan

Specifically details each day's tasks and how the mitigation techniques for the associated hazards identified in the JHA and SSSP will be implemented for each identified task.



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INSTRUCTIONS

FOR EXISTING PERMITS

Fill out the required forms and attach to your building permit. The information will be reviewed. You will be contact if there are comments and when the forms are approved.

FOR NEW PERMITS

Fill out the required forms and include with your permit application materials. Safety forms will be reviewed with plans. You will be contacted if there are comments. Satisfactory safety reviews will be approved with the permit.

Submit questions regarding this process to ISD at ISD@somervillema.gov. Examples for all forms can be provided. Your request will be forwarded to the relevant party. Please do not send multiple requests for the same project.

The following pages are the required forms including an example JHA and SSSP.

How to Complete a Job Hazard Analysis

A Job Hazard Analysis (JHA), also called a job safety analysis (JSA) is a technique which helps integrate accepted safety and health principles and practices into a particular task or job operation to reduce the hazards and risk of injury to workers. In a JHA, each step of the job is evaluated to identify potential hazards and the controls necessary to mitigate those hazards. The terms "job" and "task" are commonly used interchangeably to mean a specific work assignment, such as "operating a hand truck" or "applying pesticides".

A supervisor and/or staff who actually perform a particular task should develop the JHA. Supervisors or their designee should review and maintain the JHA.

Instructions for Conducting a Job Hazard Analysis

1. **Involve personnel involved in performing the activity or experimentation.**
 - Discuss what you are going to do and why
 - Explain that you are studying the task, not employee performance
 - Involve the employees in the entire process
2. **Identify university and regulatory requirements that apply to your tasks. Incorporate those requirements into your JHA. This may include PPE, engineering controls, administrative controls, etc.**
3. **Set priorities.**
 - Tasks using high hazard chemicals, biologicals, radioactive materials or high hazard equipment.
 - Tasks where there have been "close calls" - where an incident occurred but no one got hurt;
 - Tasks with the potential to cause serious injuries or illness, even if there is no history of such problems;
 - Tasks in which one simple human mistake could lead to severe injury;
 - Tasks that are new to your experimentation or have been changed; and
 - Tasks complex enough to require written instructions.
4. **Identify workplace hazards.**
 - A job hazard analysis includes identifying the hazards:
 - What hazardous materials are you working with (chemical, biological, radioactive)?
 - What physical hazards are you working with (electrical, thermal, height, etc.)?
 - What can go wrong?
 - What are the consequences?
 - How could it arise?
 - What are other contributing factors?
 - How likely is it that the hazard will occur?
5. **Identify hazard control measures.**

- Hazard control measures recommended in the analysis must be incorporated into the tasks. Not all hazard controls are equal. Some are more effective than others at reducing the risk.
- Engineering controls
 - Elimination/minimization of the hazard
 - Substituting processes, equipment, materials
 - Enclosure of the hazard using enclosed cabs, enclosures for noisy equipment, or other means
 - Isolation of the hazard with interlocks, machine guards, blast shields, welding curtains, or other means
 - Removal or redirection of the hazard such as with local and exhaust ventilation.
- Administrative controls
 - Written operating procedures, work permits, and safe work practices
 - Exposure time limitations (used most commonly to control temperature extremes and ergonomic hazards)
 - Monitoring the use of highly hazardous materials
 - Alarms, signs, and warnings
 - Buddy system
 - Training
- Personal protective equipment
 - Safety Glasses
 - Hearing Protection
 - FR Lab Coats
 - Face Shields

6. Training

- Ensure that affected personnel have reviewed the JHA and understand the hazards and the controls that are required.
- Train all new personnel on the JHA

7. Review and Record Retention

- Review JHA periodically to ensure accuracy.
 - If updates made, ensure all affected personnel are informed.
- Training records and JHAs shall be maintained per [the University Record Management and Archive Policy](#).
 - These records may be retained electronically or in hard copy format.

See Figure 1 for an example of a completed JHA

- ① In the Task column, identify each step (or task) required to complete the job. Consider preparation and clean-up, and be as thorough as possible. Number the steps sequentially.
- ② In the Hazard column, write down the hazards associated with the specific step.
- ③ In the Controls column, write down all safe practices and controls to mitigate the hazards.

JOB/TASK/EXPERIMENTAL PROCEDURE SAFETY AND HEALTH ANALYSIS			
DEPARTMENT: PI/SUPERVISOR: Mr. Supervisor		TASK/EXPERIMENTAL PROCEDURE: Using a Hand truck	
PREPARED BY: Ms. Driver			
REVIEWED BY:	DATE APPROVED:	REVIEW/REVISION DATE:	
PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS (PPE). If appropriate attach PPE Assessment: Gloves if necessary			
TRAINING/COMPETENCY REQUIRED: Operation of a Hand Truck PPE			
Step #	TASK ①	POTENTIAL SAFETY AND HEALTH HAZARDS ②	CONTROLS ③
1	Pre-operation Safety Check	<ul style="list-style-type: none"> Untrained operator 	<ul style="list-style-type: none"> Training on hand truck design, controls and instrumentation. Training on the hand truck stability and the proper way to transport, load, and stack on the hand truck.
2	Assembling a load	<ul style="list-style-type: none"> Rolling the wheels off the edge of ramps and loading docks. 	<ul style="list-style-type: none"> Stay well back from the edge. Never turn around on the slope. When going down a ramp, keep the truck ahead of you. When going up, pull the truck behind you. Make sure the chisel of the truck is all the way under the load.
3	Operating the Two-wheel Hand truck	<ul style="list-style-type: none"> Slip/trip/fall 	<ul style="list-style-type: none"> Slow down for turns. Make sure that you have enough overhead clearance.
4	Transporting the load	<ul style="list-style-type: none"> Pinching hands between the truck and other objects. 	<ul style="list-style-type: none"> Be Alert Wear gloves to protect your hands. Strap bulky or dangerous cargo to the truck's frame. When moving a stack of objects, put the heavier ones on the bottom.
5	Storing the hand truck	<ul style="list-style-type: none"> Trip hazard 	<ul style="list-style-type: none"> Store in a safe out of the way area.

Figure 1. Example - Completed JHA for Operation of a Hand Truck.

JHA Template

JOB/TASK/EXPERIMENTAL PROCEDURE SAFETY AND HEALTH ANALYSIS			
DEPARTMENT: PI/SUPERVISOR:		TASK/EXPERIMENTAL PROCEDURE:	
PREPARED BY:			
REVIEWED BY:	DATE APPROVED:	REVIEW/REVISION DATE:	
PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS (PPE). If appropriate attach PPE Assessment:			
TRAINING/COMPETENCY REQUIRED:			
Step #	TASK	POTENTIAL SAFETY AND HEALTH HAZARDS	CONTROLS
1		•	•
2		•	•
3		•	•
4		•	•
5		•	•

You may insert rows below as necessary.

**YOUR COMPANY NAME
SAFETY PLAN TEMPLATE**

1 WORKPLACE SAFETY PROGRAM

Introduction

The enclosed sample Workplace Safety Program was created to assist employers with workplace safety program development and compliance.

This sample program is intended to serve as the basis for an employer-integrated safety and health management program. The program consists of these seven essential elements/sections:

1. Management's commitment and involvement
2. Safety committee operation
3. Provisions for safety and health training
4. Safety Inspections
5. Preventive Maintenance
6. First aid procedures
7. Accident investigations
8. Recordkeeping of injuries
9. Job specific safety rules and procedures

The first eight elements/sections are common to all employers. Employers may want to modify Job Specific Safety Rules and Procedures to reflect actual work-environment practices. However, if this manual meets the needs of your company, it may be used exactly as written. If you have previously established and are maintaining a safety program, you can continue to use your program if these essential elements are covered.

Use of all or part of this manual does not relieve employers of their responsibility to comply with other applicable local, state or federal laws.

Instructions

Carefully review all sections of the sample program to know your employer responsibilities; determine which changes or modifications (if any) are necessary to have the program better accommodate your workplace. (For example, if a safety committee meets weekly or monthly instead of quarterly, then the Safety Committee Operation Section of the manual should be amended to accommodate the practice.) Include any safety rules, policies or procedures appropriate to your work environment that are not listed in this document. Edit any rules or policies that should be modified to better fit your company needs. **Remember—All employees must receive a copy of your written safety program. Your company letterhead should be used as a cover for the program.**

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YOUR COMPANY NAME
SAFETY POLICIES AND PROCEDURES MANUAL
S

Signature of CEO/President

Date

2 SAFETY COMMITTEE

2.1 SAFETY COMMITTEE ORGANIZATION

A safety coordinator or a safety committee has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee consists of an “equal” representation of supervisory and nonsupervisory members of our organization.

Safety Program Coordinator _____	Nonsupervisory Employee Member _____
Supervisory Employee Member _____	Nonsupervisory Employee Member _____
Supervisory Employee Member _____	Nonsupervisory Employee Member _____

2.2 RESPONSIBILITIES

In a very small company, a Safety Coordinator can be appointed as the responsible party to satisfy the committee requirements for the credit.

The safety committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.

The safety committee will be responsible for assisting management in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.

The safety committee will be responsible for assisting management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.

The safety committee will be responsible for assisting management in evaluating employee accident-and illness-prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace safety program.

Safety committee members will participate in safety training and will be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.

2.3 MEETINGS

Safety committee meetings are held quarterly, or more often if needed. The safety program coordinator will post the minutes of each meeting (see following page) within one week after each meeting.

2.4 SAFETY COMMITTEE MEETING MINUTES

Date of Committee Meeting: _____ Time: _____

Minutes Prepared by: _____ Location: _____

Names of Members in Attendance:

Previous Action Items: _____

Review of Accidents Since Previous Meeting: _____

Recommendations for Prevention: _____

Recommendations from Anonymous Employees: _____

Suggestions from Employees: _____

Recommended Updates to Safety Program: _____

Recommendations from Accident Investigation Reports: _____

Safety Training Recommendations: _____

Comments: _____

3 SAFETY AND HEALTH TRAINING

3.1 SAFETY AND HEALTH ORIENTATION

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Each employee has access to a copy of this safety manual, through his or her supervisor, for review and future reference, and each employee will be given a personal copy of the safety rules, policies and procedures pertaining to his or her job. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies and job-specific procedures described in our workplace safety program manual.

All employees will be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required.

All training should be documented and records should be maintained.

3.2 JOB-SPECIFIC TRAINING

- Supervisors will initially train employees on how to perform assigned job tasks safely.
- Supervisors will carefully review with each employee the specific safety rules, policies and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, nonroutine or specialized procedures.

3.3 PERIODIC RETRAINING OF EMPLOYEES

All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices or behaviors.

3.4 SAFETY TRAINING DOCUMENTATION

EMPLOYEE:

DATE:

SUPERVISOR:

TRAINER:

RULES AND REGULATIONS REVIEWED

DATE: _____

General Review Of Old/New (Circle One) Safety Rules For All Employees

Specific Safety Procedures for Employees Position

General Maintenance

First Aid

Lifting Procedures

Office Safety

Furniture Use

Equipment Use

Climbing a Step Ladder

Sanitation / Health

All categories have been reviewed with employee.

Supervisor Name, Printed:

Signature: _____

I have been advised of all Safety and Health regulations and will adhere to them to the best of my ability.

Employee Name, Printed:

Signature: _____

4 SAFETY INSPECTIONS

It is up to all employees to maintain safe working conditions.

Checklists for safety inspections ensure that important items are not overlooked. Inspections identify areas of risk. (accident and/or injury)

OSHA *recommends* general workplace inspections; but, certain inspections are *required*. Be sure to check the standards to know what you must do in your facility.

Safety Directors/Supervisors should continually monitor work areas but scheduled inspections should be documented and done on a regular basis. Written reports of these inspections should be made and kept on file.

Management should make periodic inspections, announced and unannounced.

Vendors and organizations can supply inspection checklists. On the OSHA website (www.osha.gov), go to Safety and Health Topics under Small Business Training, and you will find extensive self-inspection checklists.

The following *suggestions* of generic checklists may assist you in creating your own. Be sure to mention the date, time, facility, and inspector and giving satisfactory, unsatisfactory, and “not applicable” columns.

Doors	Personnel Training
Windows	Stairs
Walking – Working Surfaces	Personal Protective Equipment
Lighting	Flammable & Combustible Materials
Fire Hazards	Hand and Portable Powered Tools
Electrical Boxes	Lockout/Tagout Procedures
Flammable Liquids	Confined Spaces
Emergency Exits:	Hazard Communication
Marked Properly	Electrical
Unobstructed	Building and Grounds Conditions
First Aid Kits, Supplies	Housekeeping Program
Fire Extinguishers	Heating and Ventilation
Accessible	Required OSHA Recordkeeping
Charged	Safety & Health Programs
Required Posters	Your Specific Work Environment

5 PREVENTIVE MAINTENANCE

Preventive maintenance programs will avoid most equipment failures. Provide regular equipment maintenance to prevent breakdowns that can create hazards.

Preventive maintenance is a schedule of planned inspections to prevent breakdowns and failures before they happen. Inspections should be performed at regularly scheduled times.

Preventive and regular maintenance should be documented, and tracked to completion.

During preventive maintenance, workers can document damage or wearing of parts or equipment so as to repair or replace parts *before* they cause a failure or injuries.

Without a preventive maintenance program, you will lose productivity, and costs will escalate.

6 FIRST-AID PROCEDURES

Emergency Phone Numbers

Safety Coordinator: _____

Poison Control: _____

First Aid Response: _____

Fire Department: _____

Ambulance: _____

Police: _____

Medical Clinic: _____

Clinic Name/Address: _____

6.1 MINOR FIRST-AID TREATMENT

First-aid kits are kept in the front office and in the service vehicles. If you sustain an injury or are involved in an accident requiring minor first-aid treatment:

- Inform your supervisor.
- Administer first-aid treatment to the injury or wound.
- If a first-aid kit is used, indicate usage on the accident investigation report.
- Access to a first-aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

6.2 NONEMERGENCY MEDICAL TREATMENT

For nonemergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

- Inform your supervisor.
- Proceed to the posted medical facility. Your supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.

6.3 EMERGENCY MEDICAL TREATMENT

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted on the first-aid kit to request assistance and transportation to the local hospital emergency room.
- Provide details for the completion of the accident investigation report.

6.4 FIRST-AID TRAINING

Each employee will receive training and instructions from his or her supervisor regarding our first-aid procedures.

6.5 FIRST-AID INSTRUCTIONS

In all cases requiring emergency medical treatment, immediately call or have a co-worker call to request emergency medical assistance. Use required bloodborne pathogen procedures while administering first aid.

Wounds:

Minor: *Cuts, lacerations, abrasions or punctures*

- Wash the wound using soap and water; rinse it well.
- Cover the wound using a clean dressing.

Major: *Large, deep and bleeding wounds*

- Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
- Keep pressure on the wound until medical help arrives.

Broken Bones:

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, “splint” the injured area. Use a board, cardboard or rolled newspaper as a splint.

Burns:

Thermal (Heat)

- Rinse the burned area without scrubbing it, and immerse it in cold water.
Do not use ice water.
- Blot dry the area and cover it using sterile gauze or a clean cloth.

Chemical

- Immediately flush the exposed area with cool water for 15 to 20 minutes.

Eye Injury:

Small particles

- Do not rub your eyes.
- Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles

- If a particle is stuck in the eye, do not attempt to remove it.
- Cover both eyes with a bandage.

Chemical

- Immediately irrigate the eyes and under the eyelids with water for 30 minutes.

Neck or Spine Injury:

- If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

Heat Exhaustion:

- Loosen the victim’s tight clothing.
- Give the victim *sips* of cool water.
- Make the victim lie down in a cooler place with the feet raised.

7 ACCIDENT INVESTIGATION

7.1 ACCIDENT INVESTIGATION PROCEDURES

An accident investigation will be performed by the supervisor at the location where the accident occurred. The safety coordinator is responsible for seeing that the accident investigation reports are being filled out completely and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries and occupational diseases using the following investigation procedures:

- Implement temporary control measures to prevent any further injuries to employees.
- Review the equipment, operations and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the accident investigation report.
- Provide recommendations for corrective actions.
- Indicate the need for additional or remedial safety training.

Accident investigation reports must be submitted to the safety coordinator within 24 hours of the accident.

OSHA requires employers to report any/all of the following within 8 hours of the incident:

- Fatalities
- A single incident which requires hospitalization of 3 or more employees

OSHA CENTRAL TELEPHONE NUMBER: 1-800-321-6742

7.2 ACCIDENT INVESTIGATION REPORT

Report No.: _____

Company: _____

Address: _____

1. Name of injured: _____ S.S. No.: _____

2. Sex: M F Age: _____ Date of accident: _____

3. Time of accident: _____ a.m. _____ p.m. Day of accident: _____

4. Employee's job title: _____

5. Length of experience on job: _____ years: _____ months

6. Address of location where the accident occurred: _____

7. Nature of injury, injury type, and part of the body affected: _____

8. Describe the accident and how it occurred: _____

9. Cause of the accident: _____

10. Was personal protective equipment required? yes no

Was it provided? yes no

Was it being used? yes no

If "no," explain: _____

Was it being used as trained by supervisor or designated trainer? yes no

If "no," explain: _____

11. Witness(es): _____

12. Was safety training provided to the injured? yes no

If "no," explain: _____

13. Interim corrective actions taken to prevent recurrence: _____

14. Permanent corrective action recommended to prevent recurrence: _____

15. Date of report: _____ , _____ 20_____

Prepared by: _____

Supervisor (**Signature**): _____ Date: _____

16. Status and follow-up action taken by safety coordinator: _____

Safety Coordinator (**Signature**) _____ Date _____

7.3 INSTRUCTIONS FOR COMPLETING THE ACCIDENT INVESTIGATION REPORT

An accident investigation is not designed to find fault or place blame, but it is an analysis of the accident to determine causes that can be controlled or eliminated.

(Items 1-6) Identification: This section is self-explanatory.

- (Item 7)** **Nature of Injury:** Describe the injury, e.g., strain, sprain, cut, burn, fracture.
Injury Type: First aid—injury resulted in minor injury/treated on premises; Medical—injury treated off premises by physician; Lost time—injured missed more than one day of work; No Injury—no injury, near-miss type of incident.
Part of the Body: Part of the body directly affected, e.g., foot, arm, hand, head.
- (Item 8)** **Describe the accident:** Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.
- (Item 9)** **Cause of the accident:** Describe all conditions or acts which contributed to the accident, e.g.—
- a. unsafe conditions (spills, grease on the floor, poor housekeeping or other physical conditions).
 - b. unsafe acts (unsafe work practices such as failure to warn, failure to use required personal protective equipment).
- (Item 10)** **Personal protective equipment:** This section is self-explanatory.
- (Item 11)** **Witness(es):** List name(s), address(es), and phone number(s).
- (Item 12)** **Safety training provided:** Was any safety training provided to the injured relating to the work activity being performed?
- (Item 13)** **Interim corrective action:** Measures taken by supervisor to prevent recurrence of incident, e.g., barricading accident area, posting warning signs, shutting down operations.
- (Item 14):** This section is self-explanatory.
- (Item 15):** This section is self-explanatory.
- (Item 16)** **Follow-up:** Once the investigation is complete, the safety coordinator shall review and follow up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken and that control measures have been implemented.

8 RECORDKEEPING PROCEDURES

The safety coordinator will control and maintain all employee accident and injury records. Records are maintained for a minimum of five (5) years and include:

- Accident Investigation Reports, see Section 7, page 17
- Workers' Compensation First Report of Injury or Illness
- Log and Summary of Occupational Injuries and Illnesses as required by OSHA's Recordkeeping Regulation, 29 CFR 1904.2:
 - OSHA Form 300 (Rev. 1-2004): Log of Work Related Injuries and Illnesses
 - OSHA Form 300A (Rev. 1-2004): Summary of Work Related Injuries and Illnesses
 - OSHA Form 301: Injury and Illness Incident Report

For certain business classes, Federal OSHA provides for an exemption from accident record keeping requirements. For a current list of business classes that may be exempt from this requirement, please visit the following website: www.osha.gov. Go to the "Recordkeeping" link, and then the "Partially Exempt Industries" link in the middle of the page.

Note: Individual state-specific accident record keeping requirements may exist for certain states. In such a case the above exemption does not apply. Please contact your state OSHA office (if applicable) for clarification.

9 SAFETY RULES, POLICIES AND PROCEDURES

The safety rules contained on these pages have been prepared to protect you in your daily work. Employees are to follow these rules, review them often and use good common sense in carrying out assigned duties.

These safety rules shall include both general workplace safety rules and job-specific safety rules.

General Rules:

All Employees

Job-Specific Rules:

By Occupational Class, e.g., painter, clerk, carpenter, etc.

(Note to Employer: General and job-specific safety rules are to be determined based on the needs and exposures of your particular company and its employees. The following pages represent some common examples.)

9.1 ALL EMPLOYEES

9.1.1 HOUSEKEEPING

1. Use caution signs/cones to barricade slippery areas.
2. Do not store or leave items on stairways.
3. Return tools to their storage places after using them.
4. Do not block or obstruct stairwells, exits or accesses to safety and emergency equipment such as fire extinguishers or fire alarms.
5. Do not place materials such as boxes or trash in walkways and passageways.
6. Do not use gasoline for cleaning purposes.
7. Mop up water around water fountains, drink machines and ice machines.

9.1.2 LIFTING PROCEDURES

General

1. Test the weight of the load before lifting by pushing the load along its resting surface.
2. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or get assistance from a co-worker.
3. Never lift anything if your hands are greasy or wet.
4. Wear protective gloves when lifting objects with sharp corners or jagged edges.

9.1.3 WHEN LIFTING—

1. Face the load.
2. Position your feet 6"-12" apart with one foot slightly in front of the other.
3. Bend at the knees, not at the back.
4. Keep your back straight.
5. Get a firm grip on the object using your hands and fingers. Use handles when they are present.
6. Hold the object as close to your body as possible.
7. Perform lifting movements smoothly and gradually; do not jerk the load.
8. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
9. Set down objects in the same manner as you picked them up, except in reverse.
10. Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.

9.2 ALL EMPLOYEES

9.2.1 LADDERS AND STEPLADDERS

1. Read and follow the manufacturer's instruction label affixed to the ladder if you are unsure how to use the ladder.
2. Do not use ladders that have loose rungs, cracked or split side rails, missing rubber foot pads, or other visible damage.
3. Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
4. When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder.
5. Allow only one person on the ladder at a time.
6. Do not stand on the top two rungs of any ladder.
7. Do not stand on a ladder that wobbles or leans to the left or right of center or is crooked.
8. Do not try to "walk" a ladder by rocking it. Climb down the ladder and then move it.

9.2.2 CLIMBING A LADDER

1. Face the ladder when climbing up or down it.
2. Do not carry items in your hands while climbing up or down a ladder.
3. Maintain a three-point contact by keeping both hands and one foot or both feet and one hand on the ladder at all times when climbing up or down the ladder.

9.2.3 DRIVING/VEHICLE SAFETY

Fueling Vehicles

1. Turn the vehicle off before fueling.
2. Do not smoke while fueling a vehicle.
3. Wash hands with soap and water if you spill gasoline on them.

Driving Rules

1. Shut all doors and fasten your seat belt before moving the vehicle.
2. Obey traffic patterns and signs at all times.
3. Maintain a three-point contact using both hands and one foot or both feet and one hand when climbing into and out of vehicles.
4. Do not leave keys in an unattended vehicle.

9.3 OFFICE PERSONNEL

9.3.1 OFFICE SAFETY

General

1. Do not place material such as boxes or trash in walkways and passageways.
2. Do not throw matches, cigarettes or other smoking materials into trash baskets.
3. Do not kick objects out of your pathway; pick them up or push them out of the way.
4. Keep floors clear of items such as paper clips, pencils, tacks or staples.
5. Straighten or remove rugs and mats that do not lie flat on the floor.
6. Mop up water around water fountains and drink machines.
7. Do not block your view by carrying large or bulky items; use a dolly or hand truck or get assistance from a fellow employee.
8. Store sharp objects, such as pens, pencils, letter openers or scissors, in drawers or with the points down in a container.
9. Carry pencils, scissors and other sharp objects with the tips pointing down.
10. Use the ladder or step stool to retrieve or store items that are located above your head.
11. Do not run on stairs or take more than one step at a time.
12. Keep doors in hallways fully open or fully closed.
13. Use handrails when ascending or descending stairs or ramps.
14. Obey all posted safety and danger signs.

9.3.2 FURNITURE USE

1. Open only one file cabinet drawer at a time. Close the filing cabinet drawer you were working in before opening another filing drawer in the same cabinet.
2. Use the handle when closing doors, drawers and files.
3. Put heavy files in the bottom drawers of file cabinets.
4. Do not tilt your chair on its back two legs while you are sitting in it.
5. Do not stand on furniture to reach high places.

9.3.3 EQUIPMENT USE

1. Do not use fans that have excessive vibration, frayed cords or missing guards.
2. Do not place floor-type fans in walkways, aisles or doorways.
3. Do not plug multiple electrical cords into a single outlet.
4. Do not use extension or power cords that have the ground prong removed or broken off.
5. Do not use frayed, cut or cracked electrical cords.
6. Use a cord cover or tape down cords when running them across aisles, between desks or across entrances or exits.
7. Turn the power switch of the local exhaust fans to "ON" when operating the blueprint machine.
8. Do not use lighting fluid to clean drafting equipment; use soap and water.

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



CS310027-A

¡Detenga los microbios! Lávese las manos

¿CUÁNDO?

- Después de ir al baño.
- Antes, durante y después de preparar alimentos.
- Antes de comer.
- Antes y después de cuidar a alguien que tenga vómitos o diarrea.
- Antes y después de tratar cortaduras o heridas.
- Después de cambiarle los pañales a un niño o limpiarlo después de que haya ido al baño.
- Después de sonarse la nariz, toser o estornudar.
- Después de tocar animales, sus alimentos o sus excrementos.
- Después de manipular alimentos o golosinas para mascotas.
- Después de tocar la basura.



¿CÓMO?



Mójese las manos con agua corriente limpia (tibia o fría), cierre el grifo y enjabónese las manos.



Frótese las manos con el jabón hasta que haga espuma. Asegúrese de frotarse la espuma por el dorso de las manos, entre los dedos y debajo de las uñas.



Restriéguese las manos durante al menos 20 segundos. ¿Necesita algo para medir el tiempo? Tararee dos veces la canción de “Feliz cumpleaños” de principio a fin.



Enjuáguese bien las manos con agua corriente limpia.



Séquese Séquese las manos con una toalla limpia o al aire.

Mantener las manos limpias es una de las cosas más importantes que podemos hacer para detener la propagación de microbios y mantenernos sanos.

LA VIDA ES MEJOR CON LAS

MANOS LIMPIAS



www.cdc.gov/lavadodemanos

Este material fue elaborado por los CDC. La campaña La Vida es Mejor con las Manos Limpias es posible gracias a una asociación entre la Fundación de los CDC, GOJO y Staples. El HHS y los CDC no respaldan productos, servicios ni empresas comerciales.



CS310027-A

What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



Lo que necesita saber sobre la enfermedad del coronavirus 2019 (COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

Sí. El COVID-19 se está propagando de persona a persona en partes de los Estados Unidos. El riesgo de infección con COVID-19 es mayor en las personas que son contactos cercanos de alguien que se sepa que tiene el COVID-19, por ejemplo, trabajadores del sector de la salud o miembros del hogar. Otras personas con un riesgo mayor de infección son las que viven o han estado recientemente en un área con propagación en curso del COVID-19.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020. La cantidad actual de casos de COVID-19 en los Estados Unidos está disponible en la página web de los CDC en <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

¿Cómo se propaga el COVID-19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero ahora se está propagando de persona a persona. Se cree que el virus se propaga principalmente entre las personas que están en contacto cercano unas con otras (dentro de 6 pies de distancia), a través de las gotitas respiratorias que se producen cuando una persona infectada tose o estornuda. También podría ser posible que una persona contraiga el COVID-19 al tocar una superficie u objeto que tenga el virus y luego se toque la boca, la nariz o posiblemente los ojos, aunque no se cree que esta sea la principal forma en que se propaga el virus. Infórmese sobre lo que se sabe acerca de la propagación de los coronavirus de reciente aparición en <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-sp.html>.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Algunos pacientes presentan neumonía en ambos pulmones, insuficiencia de múltiples órganos y algunos han muerto.

¿Qué puedo hacer para ayudar a protegerme?

Las personas se pueden proteger de las enfermedades respiratorias tomando medidas preventivas cotidianas.

- Evite el contacto cercano con personas enfermas.
- Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Use un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.

Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:

- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si he regresado recientemente de un viaje a un área con propagación en curso del COVID-19?

Si ha llegado de viaje proveniente de un área afectada, podrían indicarle que no salga de casa por hasta 2 semanas. Si presenta síntomas durante ese periodo (fiebre, tos, dificultad para respirar), consulte a un médico. Llame al consultorio de su proveedor de atención médica antes de ir y dígame sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

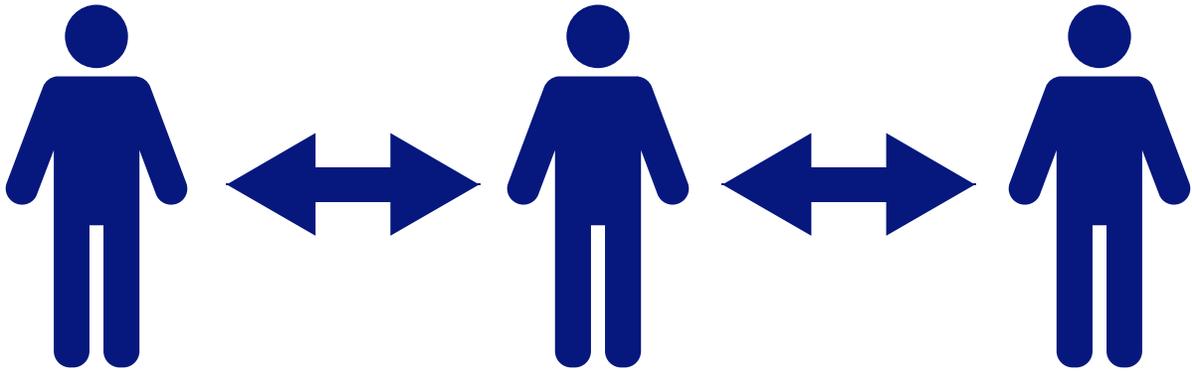
En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir infecciones es tomar medidas preventivas cotidianas, como evitar el contacto cercano con personas enfermas y lavarse las manos con frecuencia.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.

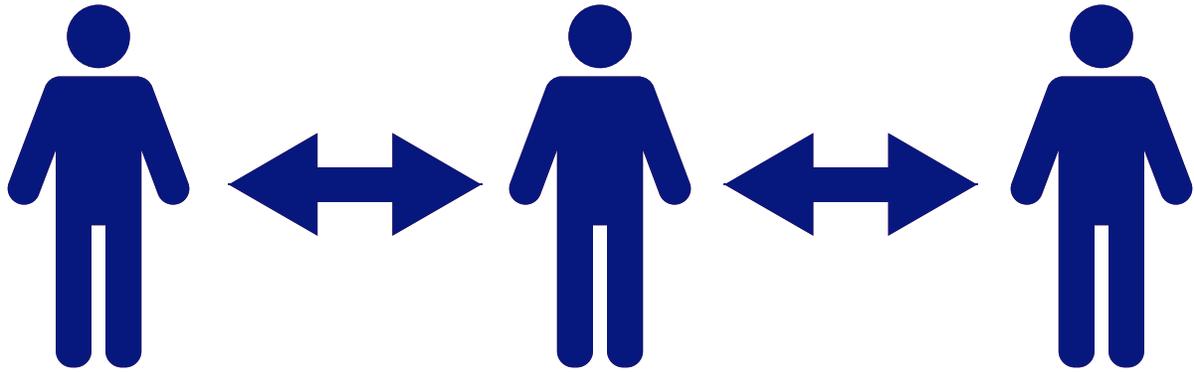


NO GATHERING



**MAINTAIN A
MINIMUM DISTANCE
OF 6-FEET FROM
OTHER INDIVIDUALS.**

NO CONGREGACIÓN



**MANTENER UNA
DISTANCIA DE
6 PIES DE DISTANCIA DE
OTROS INDIVIDUOS.**

STOP THE SPREAD OF GERMS



- WASH YOUR HANDS FREQUENTLY
- WIPE DOWN ALL SHARED TOOLS
- WIPE DOWN COMMON AREAS
- WIPE DOWN ALL SURFACES IN TRAILER
- WIPE DOWN YOUR EQUIPMENT & VEHICLES
- WASH YOUR WORK CLOTHES DAILY

DETENGA LA VARIEDAD DE GÉRMENES



- LAVARSE LAS MANOS FRECUENTEMENTE.
- LIMPIAR LAS HERRAMIENTAS COMPARTIDAS.
- LIMPIAR ÁREAS COMUNES.
- LIMPIAS TODAS LAS SUPERFICIES EN EL TRAILER.
- LIMPIAR TODOS LOS EQUIPOS Y VEHÍCULOS
- LAVAR ROPA DE TRABAJO DIARIAMENTE.

COVID -19 DAILY PRE-WORK SELF CERTIFICATION

Date: _____

Project Name: _____

Company Name: _____

Employee Name: _____

Please check each box below acknowledging the above named employee is in conformance with COVID 19 Guidelines and procedures distributed by the Commonwealth of Massachusetts prior to the start of any shift. This document can be made available upon request. Please read the project Safety Plan specific to COVID 19 prior to starting work on any project.

- Prior to start of shift each employee will self-certify to their supervisor that they have no signs of a fever or a measured temperature above 100.3 degrees or greater.
- No Coughing within the past 24 hour.
- No trouble breathing within the past 24 hours.
- No close contact with an individual diagnosed with COVID 19.

"Close Contact" means living in the same household as a person who has tested positive for COVID 19, caring for a person who has tested positive for COVID19, being within 6' of a person who has tested positive for COVID19 for about 15 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID19, while that person was symptomatic.

- Have not been asked to self-isolate or quarantine by a doctor or local public health official
- Acknowledge that a "No Congregation" policy is in effect requiring all employees to maintain 6'0" from each individual person.
- Acknowledge that it is recommended that safety glasses be worn at all times.
- Task appropriate gloves must be worn at all times when on site.
- Acknowledgement that individual has not carpooled when arriving or leaving from the jobsite.
- Acknowledge COVID 19 contractor specific JHA/SSSP training.
- Acknowledge employee has not traveled within the last fourteen (14) days to any destination within the United States that is experiencing widespread transmission or to a Level 3 Health Notice Country as identified by the CDC (Currently fifty six (56) countries as of March 27th, 2020) If employee has questions please ask your supervisor.

<https://www.cdc.gov/coronavirus/2019ncov/travelers/aftertravelprecautions.html>

If any box is not checked the employee is not allowed to work. Please return home immediately

Please sign below acknowledging acceptance to work.

Employee Signature