

**CITY OF
WATERVILLE**

AWAIR

A Workplace Accident & Injury
Reduction Program

Adopted 6-7-11

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Introduction

In 1990, the State of Minnesota amended the Occupational Safety and Health Act. Minnesota Statutes Chapter 182.653 subd.8 requires employers in certain industries to develop written, comprehensive workplace safety and health programs which are based on the NAICS (North American Industry Classification System) system. This legislation is known as A Workplace Accident and Injury Reduction (AWAIR) Act. Programs developed to comply with the act are known as AWAIR programs. The requirements of the legislation that are addressed and complied with in our program are as follows:

1. How Administration, supervisors and employees are responsible for implementing the program and how continued participation of management will be established, measured and maintained;
2. The methods used to identify, analyze and control new or existing hazards, conditions and operations;
3. How the plan will be communicated to all affected employees so that they are informed of work-related hazards and controls;
4. How workplace accidents will be investigated and corrective action implemented; and
5. How safe work practices and rules will be enforced.

MN OSHA has adopted a list of NAICS codes that we have determined to exist within our jurisdiction as a public entity. These departments are under our blanket AWAIR program. The NAICS codes for the departments under our AWAIR Program are highlighted on the listing in Appendix A.

Safety Policy Statement

Safety is a basic responsibility of the City of Waterville. Administration and Elected Officials are concerned with the protection of all employees against occupational accidents and health hazards. Safety is the first consideration in the operation of City business. A safe workplace reduces accidents, and injuries.

All personnel shall perform assigned work in accordance with established safety and health related policies, procedure, and work place practices. Failure to observe safety and health related policies shall result in disciplinary actions as per established policies and agreements.

Approval/Revision of Program

The approval of this AWAIR Program is so recorded as such in the minutes of meeting dated June 7, 2011. Approving Authority for program is maintained by the Waterville City Council as so indicated by the previously stated recording in the meeting minutes.

The Safety Committee annually reviews this program and may make necessary revisions.

The Approving Authority shall retain the responsibility for all policy revisions.

Application

This AWAIR program is intended to serve as an overview of all currently applicable Safety and Health programs. This program outlines the philosophy by which the City of Waterville will develop, implement and maintain all other safety and health programs which concern more specific topics.

While compliance with the law and OSHA standards is an important objective, an effective AWAIR program must be tailored to the City of Waterville's particular needs. This program shall look beyond specific legal requirements to identify and analyze existing hazards. It shall seek to prevent injuries and illnesses, even when compliance is not an issue. Ultimately, the program's effectiveness in practice is what is important.

Should a department's operations require the need for a specific addition to this program, said specifics will be added as an addendum for that department and be maintained by that department within their operations.

Goals and Objectives

Central to our AWAIR program are the goals and objectives we, as an organization, have set for our overall safety and health program. The goals establish the direction for our program and state what we are attempting to achieve through this program. Our goals are generally challenging to reach or complete, but are also possible to achieve. The goals are specific to the City of Waterville. Our objectives are specific actions that we will be taking to attempt to achieve those goals. Our objectives can either be measured or demonstrated.

The Goals and Objectives for our AWAIR program are identified in Appendix B.

Safety Committee

The LeSueur/Rice RSG has established a safety committee pursuant to Minnesota Statutes.

The safety committee will hold regularly scheduled meetings

All departments within the city's operations may have representatives on the Safety Committee. All representatives will serve on a voluntary basis. Terms of office will be revisited annually by individual departments. A chairperson and vice chairperson will be elected among the representatives.

Management/Supervisory personnel will have a representative on the safety committee.

The City Council may have a representative on the safety committee.

Safety Committee members will be able to perform their duties without fear discrimination or retaliation by management or the governing body.

Roles and Responsibilities

For Everyone in the Organization:

All employees, including supervisors and Administration, must follow all safety rules at all times.

For Employees:

1. Employees must promptly report any safety and health hazards they observe to their supervisor or safety committee representative.
2. An employee's first priority is to perform each job task safely. If an employee is unsure how to perform the task safely, he or she must consult with their supervisor.
3. Employees must wear personal protective equipment as required for their protection and maintain the equipment in a sanitary manner.
4. Employees must report all accidents and near misses to their supervisor immediately upon occurrence.

For Supervisors:

1. Supervisors or safety committee representative must discuss any current safety issues with their employees at the beginning of all regularly scheduled staff safety meetings, or at the tailgate/toolbox meetings.
2. Supervisors or safety committee representative will address all safety concerns raised by staff by initially investigating the issue, determining if the concern is valid and taking appropriate corrective action whenever necessary. Corrective action can include ordering new equipment, issuing maintenance work orders or consulting with the safety director, the safety committee or upper management.
3. Immediately upon learning of an accident or near miss the supervisor or safety committee representative must initiate an investigation and submit the completed accident investigation report to the safety director.
4. Supervisors or safety committee representative will actively and positively participate in all safety committee inspections of their assigned areas.

For Safety Directors:

1. The safety director will serve as the lead person in the organization for safety and health issues and will serve as an ex officio member of the safety committee.
2. The safety director must review all First Reports of Injury and Accident Investigation Reports with the safety committee and take appropriate action to prevent recurrence.
3. The safety director will conduct all safety training required by regulation or identified by management, supervision or the safety committee as a need to assure a safe workplace.
4. The safety director will recommend improvements in physical plant, machinery, equipment, raw materials and personal protective equipment to management, supervision and the safety committee.

For Safety Committees:

1. The safety committee will meet 6 times in a calendar year and conduct area inspections to review accident reports, identify hazards and address any and all safety concerns raised by employees, first-line supervision or the safety director.
2. The safety committee will review the AWAIR program at least annually and make recommendations concerning updates and revisions to the program to senior management and the safety director.
3. Safety committee members each represent their particular work area and, therefore, should address all safety concerns brought to them by their coworkers. These concerns should be handled by initially investigating the issue with the area supervisor to determine if the concern is valid and then, as necessary and appropriate, bring the issue to the safety director or the full safety committee.

For Administration:

1. Administration will communicate to all employees and supervisors the importance of worker safety and health throughout the organization.
2. Administration shall review all safety concerns brought forward by the safety director, the safety committee or first-line supervision and take appropriate action.
3. Administration shall review the AWAIR program and any recommended revisions from the safety committee at least annually, make the appropriate revisions and work with the safety director, the safety committee and first-line supervision to communicate the revisions throughout the organization.
4. Administration also establishes the importance of the AWAIR program, both by the priority they give workplace safety and health issues and by the example they set by initiating safety and health improvements, correcting hazards, enforcing safety rules, rewarding excellent performance in safety and health, and by following all safety rules. Safety and health programs are similar to quality improvement and other efforts organizations engage in to continually improve performance, customer service, competitiveness, organizational culture, etc.

For Elected/Appointed Officials:

1. Officials will communicate to all Administrative personnel the importance of safety and health throughout the City of Waterville.
2. Elected/Appointed Officials will provide the resources to improve safety and health throughout the entire organization. This includes providing employees and supervisors with the authority to identify and correct hazards, the budget to purchase new equipment or make repairs, the training necessary to work safely and to recognize hazards, and the systems to get repairs made, materials ordered and other improvements accomplished.

Enforcement of Safety and Health Programs

Enforcement of safe work practices should be fair, consistent throughout the City of Waterville, and based on established policy. Administration and supervisors should be conscious of the examples they set for the workplace and should obey the same rules as the rest of the workforce.

Unsafe or unhealthy work action by all employees shall be corrected in a timely manner based on the severity of the hazards. The enforcement of the program is based on the following methods:

1. Verbal warning
2. Written warning
3. Leave without pay
4. Termination

Disciplinary action will follow the above sequence unless the situation warrants more severe action.

Not only should negative behavior be discouraged, but positive behavior should be reinforced as well. Exceptional performance or efforts in workplace safety and health should be recognized by the organization.

Hazard Identification, Analysis and Control

The City of Waterville will use the following steps to Identify, Analyze and Control hazards:

- Job or safety hazard analyses of different parts of the operation
- Walk around inspections to be conducted by MMUA Safety Coordinator
- Employee reporting of workplace safety and health hazards
- Employee hazard abatement suggestions
- Engineering Controls
- Preventative maintenance inspections
- Administrative controls
- Personal Protective Equipment
- Administration and Employee Training

The City of Waterville may use the enclosed forms to assist in the Identification, Analysis and Control of hazards:

- SP 1 – Hazard Inventory
- SP 2 – Safety Inspection Checklist
- SP 3 – Report of Unsafe Conditions
- SP 4 – Hazard Elimination Evaluation Control Worksheet
- SP 5 – Job Hazard Analysis
- SP 6 – Indoor Environmental Audit
- SP 7 – Personal Exposure Monitoring
- SP 8 – Certification of Employee Training
- SP 9 – Safety and Health Program Audit Worksheet
- SP 10 – Accident/Injury Investigation

Communication

All Administration and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform Administration and supervisors about workplace hazards without fear of reprisal.

Our communication system may include one or more of the following items:

- New worker orientation including a discussion of safety and health policies and procedures
- Review of our program
- Training programs
- Regularly scheduled safety meetings
- Posted or distributed safety information
- A system for workers to anonymously inform management about workplace hazards

Contractor Duties

All contractors shall follow any and all Minnesota OSHA, Federal OSHA, MN DOT, MPCA and other regulatory agencies rules that pertain to their work sites in the State of Minnesota. All contractors shall be responsible for initiating, maintaining and supervising safety and health related policies, programs and work practices in connection with the performance of contractual work.

Duties to Subcontractors

Contractors that use sub-contractors shall be responsible for communicating any and all safety and health related information to those subcontractors and shall ensure that subcontractors initiate, maintain and supervise safety and health related polices, programs and work practices while performing subcontracted work.

Imminent Danger

In the event of an imminent danger situation, the City of Waterville reserves that right to suspend contracted work if said work exposes the employees of either employer to imminent danger.

Imminent Danger Definition per MNOSHA:

Imminent danger situations are given top priority. An imminent danger is any condition or practice that presents a substantial probability that death or serious physical harm could occur immediately or before the danger can be eliminated through normal enforcement procedures. MNOSHA becomes aware of these situations through reports received from employees, the general public or direct observation by an investigator.

If an imminent danger situation is identified, the safety and health investigator will ask the employer to voluntarily eliminate the hazard and to remove the endangered employees from exposure. If the employer fails to do this, MN OSHA may "red tag" the equipment or job site for 72 hours.

Accident Investigation

Procedures for investigating workplace accidents, hazardous substance exposures, and near misses include:

1. Interviewing injured workers and witnesses;
2. Examining the workplace for factors associated with the accident/exposure;
3. Determining the cause of the accident/exposure;
4. Taking corrective action to prevent the accident/exposure from re-occurring; and
5. Recording the findings and actions taken. It should not be to affix blame.

Each contributing factor should be traced back to its root cause. A written report that describes the accident, its causes and recommendations for corrective action and prevention will be prepared and presented to management.

The ultimate goal of the investigation is to determine the basic and root causes and to determine appropriate corrective action so the incident does not happen again. To simply attribute an accident to "employee error," without further consideration of the basic causes, deprives the organization of the opportunity to take real preventive action. Possible use of engineering controls, improved work practices and administrative controls should be considered to help employees do their jobs safely. Management practices may also be considered as a possible basic factor. For example, if there is managerial or supervisory pressure to increase production or cut costs, employees may take unsafe shortcuts in work procedures or necessary preventive maintenance may be delayed or skipped.

The Accident/Injury Investigation Form (Form SP 10) may be used.

Figure 1: Accident and Injury Flowchart

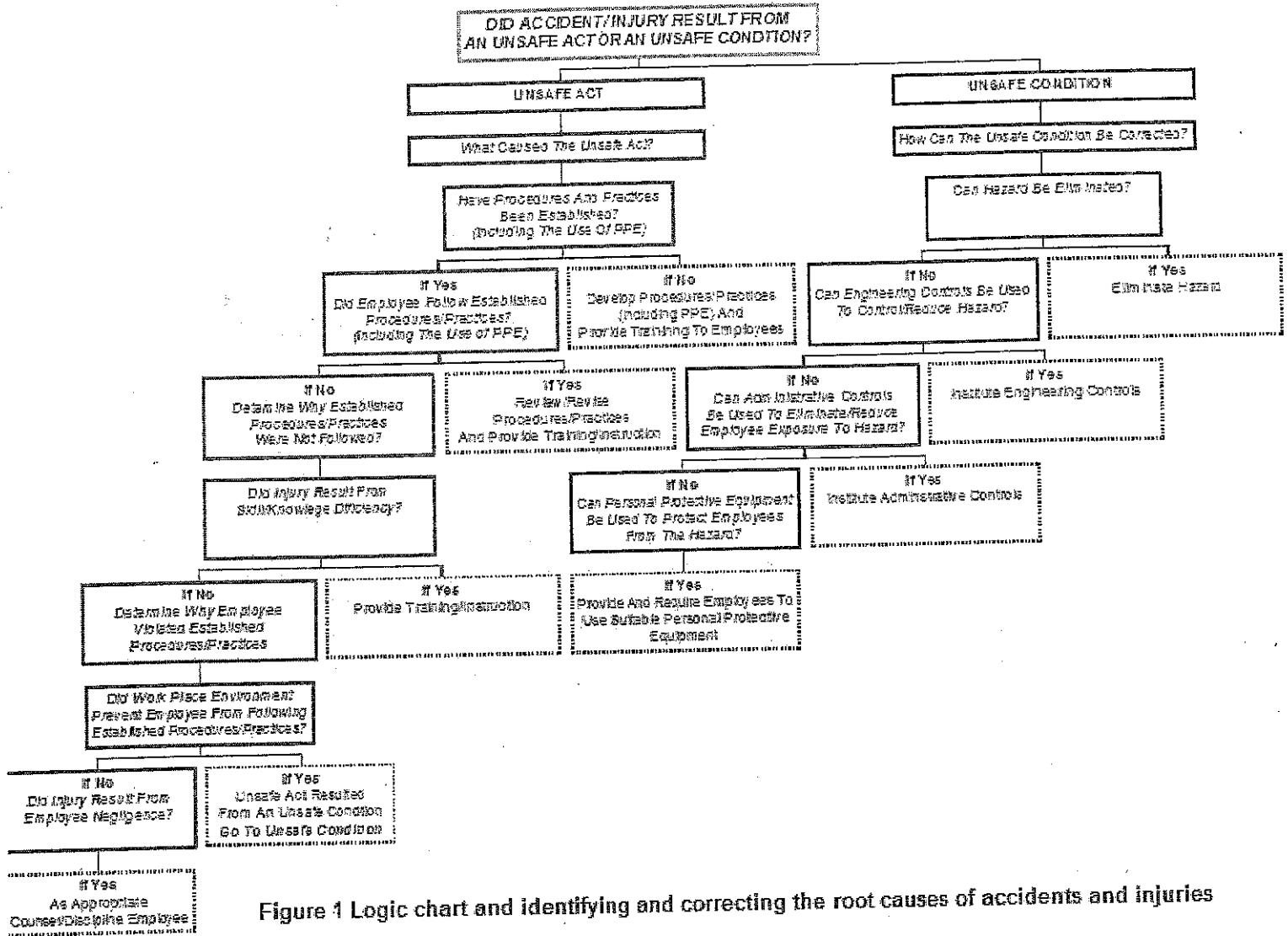


Figure 1 Logic chart and identifying and correcting the root causes of accidents and injuries

Program Evaluation

The AWAIR Act requires employers to review the entire program at least annually and document the findings. Program review is vital, because it serves as a check to see if the organization is making progress towards its goal of creating a safer, healthier workplace for all employees. The annual review keeps the program fresh, accurate and an integral part of the organization.

The AWAIR Program Audit Form (Form SP 9) shall be used as a tool and record of the annual audit.

Appendix A

NAICS Codes

21190 Other General Government Support

221310 Water Supply and Irrigation Systems

221320 Sewage Treatment Facilities

238320 Painting and Wall Covering Contractors

237310 Highway, Street, and Bridge Construction

238990 All Other Specialty Trade Contractors

488490 Other Support Activities for Road Transportation

561110 Office Administrative Services

561730 Landscaping Services

713930 Marinas

921110 Executive Offices

921190 Other General Government Support

922120 Police Protection

922160 Fire Protection

922190 Other Justice, Public Order, and Safety Activities

924120 Administration of Conservation Programs

925110 Administration of Housing Programs

926110 Administration of General Economic Programs

FORMS

FORM SP-1 HAZARD INVENTORY

This checklist provides general guidance for the identification of common work place hazards. It's not all inclusive. The employer must customize the form for the specific work place.

Check (✓) those hazards that are present or that are likely to be present in the work place. Identify the source and location of each hazard that is present or likely to be present in the workplace. Evaluate and provide for the control all hazards identified in accordance with applicable regulations. Provide for employee information and training on all hazards identified in accordance with applicable regulations.

Facility:	Area/Operation:		
Affected Positions:	Compiled By:	Date:	
Potential Hazard <small>(Identify hazard)</small>			
Source And Location Of Hazard <small>(Identify hazard)</small>			
ENVIRONMENTAL HAZARDS			
(✓) If Present	Potential Hazard	Potential Harm	
	Noise.	May cause stress, fatigue and/or loss of hearing. May interfere with communication and thereby contribute to accidents/injuries. May cause illness, injury and/or death.	
	Air contaminants.		
	Hot environments.	May cause heat cramps, heat exhaustion and/or heat stroke. Serious cases may cause delayed injury or death. May cause frostbite and/or hypothermia.	
	Cold environments.		
	Wet environments.	May cause illness or worker to slip, trip or fall. May result in injury or death.	
	Confined spaces.	May contain atmospheric, entrapment, engulfment and/or other serious hazards May result in injury or death. May interfere with worker's ability to recognize job site safety and health hazards. May result in injury or death.	
	Lighting.		
	Biological.	Disease causing organisms or agents. May cause illness or death.	
	Microwave and other non-ionizing radiation	May cause thermal burns and heat build up in body tissues or other bodily injury. May result in injury or death.	

This checklist provides general guidance for the identification of common workplace hazards. It is not all inclusive. The employer must customize the form for the specific work place.

		Potential Hazard	Potential Harm	Source And Location Of Hazard <small>(Identify hazard)</small>
(✓) If Present		HAZARDOUS MATERIALS		
Toxic substances.		May cause illness, injury or death.		
Flammable substances.		May cause fire/explosion and/or illness, injury or death.		
Reactive substances.		May react violently with other substances and/or cause illness, injury or death.		
Corrosive substances.		May corrode metal, react violently with other substances and/or cause illness, injury or death.		
Compressed gasses.		Cylinder may rupture and/or become a missile. Gas may be toxic, flammable, reactive, toxic and/or corrosive.		
Infectious materials or disease causing agents.		Disease causing organisms or agents. May cause illness or death.		
Radioactive materials.		May cause radiation burns and radiation sickness.		
Asbestos containing materials.		Asbestos is known to cause asbestososis, lung cancer and mesothelioma.		
Lead containing materials.		Lead is known to cause acute or chronic lead poisoning and/or injury to reproductive system. Know to cause birth defects.		
Known carcinogens.		Cancer. May result in illness, death deformations or genetic changes.		
Hot or molten materials.		May cause thermal burns. May produce harmful fumes.		
Cryogenic liquids.		May cause frostbite. High expansion ratio (liquid to gas). Gas may be toxic, flammable, reactive, toxic and/or corrosive.		

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Potential Hazard		Potential Harm	Source And Location Of Hazard <small>(Identify hazard)</small>
PHYSICAL HAZARDS			
<input checked="" type="checkbox"/> Present	Wet, slippery or cluttered floors, stairs or landings.	May cause worker to slip, trip or fall. May result in injury or death.	
	Floor openings or holes.	May cause worker to slip, trip or fall. May result in injury or death.	
	Unguarded platforms.	Worker may fall. May result in injury or death.	
	Rotating or moving machinery.	Worker may become caught between moving parts. May result in injury or death.	
	Hand and power tools.	Use may cause lacerations, abrasions, fractures, amputations and/or electrocutions. May result in injury or death.	
	Abrasive grinders.	Use results in flying particles. Wheel may explode. May cause face/eye injuries.	
	Compressed air for cleaning.	Use may result in flying particles. May cause face/eye injuries.	
	Pressure vessels - air, steam, water or gas.	Mechanical explosion. May result in injury or death.	
	Fixed electrical equipment.	Electrocution and/or fire. May result in injury or death.	
	Portable electrical equipment and extension cords.	Electrocution and/or fire. May result in injury or death.	
	Head hazards (e.g. falling objects/bumps to head).	Worker could be struck. May result in injury or death.	
	Eye/face hazards (e.g. flying particles, harmful light and chemicals).	May cause blindness or injuries to face (e.g. cuts, thermal burns and chemical exposure/burns). May result in injury or death.	
	Hand hazards (e.g. sharp objects, heat/fire and chemicals).	May cause lacerations, abrasions, thermal burns and chemical burns/exposure. May result in injury or death.	

This checklist provides general guidance for the identification of common workplace hazards. It is not all inclusive. The employer must customize the form for the specific workplace.

This checklist provides general guidance for the identification of common work place hazards. It is not all inclusive. The employer must customize the form for the specific work place.

		Source And Location Of Hazard <i>(Identify hazard)</i>	
		Potential Hazard	Potential Harm
ERGONOMIC HAZARDS			
	Workers routinely perform the same or pattern of motion within 30 seconds		May cause injuries to muscles, tendons and joints. May result in injury and/or disability.
	Workers routinely maintain a fixed or awkward posture.		May cause injuries to muscles, tendons and joints. May result in injury and/or disability.
	Workers routinely use vibrating tools or equipment.		May cause injuries to muscles, tendons and joints. May result in injury and/or disability.
	Workers engage in unassisted frequent heavy lifting.		May cause injuries to muscles, tendons and joints. May result in injury and/or disability.
	Workers routinely use forceful hand exertions.		May cause injuries to muscles, tendons and joints. May result in injury and/or disability.
	Workers use tools which are not designed for the job.		May cause injuries to muscles, tendons and joints. May result in injury and/or disability.
SHIFT WORK			
	Employees frequently work an extended or rotating shift schedule.	May cause stress and fatigue. May contribute to injuries and accidents.	
	Employees may be required to work double shifts.	May cause stress and fatigue. May contribute to injuries and accidents.	

This checklist provides general guidance for the identification of common work place hazards. It is not all inclusive. The employer must customize the form for the specific work place.

WORK RELATED HAZARDS		Potential Hazard <small>(Identify hazard)</small>	Potential Harm <small>(Identify hazard)</small>	Source And Location Of Hazard <small>(Identify hazard)</small>
<input checked="" type="checkbox"/> If Present				
		Employees handle/use hazardous chemicals.	May cause illness, injury or death.	
		Employees remove or encapsulate asbestos.	Ashbestos is known to cause asbestososis, lung cancer and mesothelioma. May result in illness and death.	
		Employees sand, grind, cut or weld on lead containing materials.	Lead is known to cause acute or chronic lead poisoning and/or injury to reproductive system. May result in illness and death.	
		Employees service or perform maintenance on equipment/machines.	Worker may become caught between moving parts. May result in injury or death.	
		Employees perform maintenance on electrical equipment.	Electrocution. May result in injury or death.	
		Employees enter permit confined spaces.	May contain atmospheric, entrapment, engulfment and/or other serious hazards. May result in injury or death.	
		Employees perform work from unguarded elevated surfaces.	Worker may fall. May result in injury or death.	
		Employees perform work in excavations and trenches.	Trench may cave-in. May result in injury or death.	
		Employees perform work on streets/roads	Worker may be struck by a vehicle. May result in injury or death.	
		Employees perform work in close proximity to heavy equipment.	Worker may be struck by a vehicle. May result in injury or death.	
		Employees operate heavy equipment (e.g. end loaders, trucks and ect.)	Vehicular accidents. May result in injury or death.	
		Employees operate forklifts.	Vehicular accidents. May result in injury or death.	
		Employees operate aerial lift trucks.	Boom could contact power line. Employee could fall. May result in injury or death.	

This checklist provides general guidance for the identification of common work place hazards. It is not all inclusive. The employer must customize the form for the specific work place.

(1) If Present	Potential Hazard	Potential Harm <i>(Identify hazard)</i>	Source And Location Of Hazard <i>(Identify hazard)</i>
WORK RELATED HAZARDS, continued			
	Employees operate fixed/mobile cranes and hoists.	Worker could be struck by a falling object. Boom could contact a power line - worker electrocuted. May result in injury or death.	
	Employees perform welding, cutting and brazing.	Fire and explosion. Electrocution. Workers may be exposed to toxic metal fumes. May result in illness, injury or death.	
	Employees perform abrasive blasting.	Workers may be exposed to respirable silica dust and/or lead dust. May result in illness, injury or death.	
	Employees perform spray painting.	Workers may be exposed to toxic mists and sprays. Fire/explosion hazard. May result in illness, injury or death.	
	Employees come into close contact with soil or trash.	May result in tetanus if worker receives a cut, scrape or puncture wound.	
	Employees come into close contact with blood and other body fluids.	May be exposed to HIV or HBV. May result in illness and death.	
	Employees operate noisy tools and equipment.	May cause stress, fatigue and/or loss of hearing.	
	Employees work on or near high voltage electrical equipment.	Electrocution. May result in injury or death.	
	Employees perform work from ladders and/or scaffolds.	Worker may fall. May result in injury or death.	
	Employees control processes that involve hazardous chemicals.	Fire, explosion and/or exposure to a toxic or corrosive chemical. May result in illness, injury or death.	
	Employees operate fixed machines and equipment.	Equipment failures may result in fire/explosion, electrocution and/or flying material. May result in injury or death.	

This checklist provides general guidance for the identification of common work place hazards. It is not all inclusive. The employer must customize the form for the specific work place.

		Source And Location Of Hazard <small>(Identify hazard)</small>	
		Potential Hazard	Potential Harm
(✓) If Present			
EMPLOYEE EMERGENCY RESPONSE DUTIES			
	Designated employees have a duty to provide first aid/CPR.	May be exposed to HIV or HBV. May result in illness and death.	
	Designated employees have a duty to extinguish fires.	May result in thermal burns and/or the inhalation of hot/toxic smoke. May result in injury or death.	
	Designated employees have a duty to respond to hazardous chemical spills.	May be exposed to flammable, reactive, toxic or corrosive chemicals. May result in illness, injury or death.	
	Designated employees have a duty to perform rescues.	May be exposed to atmospheric, entrapment, engulfment, fire, fall, electrical and/or moving equipment hazards. May result in injury or death.	
OTHER HAZARDS			

This checklist provides general guidance for the identification of common work place hazards. It is not all inclusive. The employer must customize the form for the specific work place.

FORM SP-2 SAFETY INSPECTION CHECKLIST

This checklist provides general guidance for the identification and correction of common work place hazards. It is not all inclusive. The employer must customize the form for the specific work place. Draw a line through those items that do not apply.

Check (✓) all unsatisfactory items/conditions and indicate location if applicable. Correct those unsatisfactory items/conditions that you are capable of correcting. Identify those items/conditions that need further action on reverse side. Note any new hazards. Review completed checklist with supervisor. Supervisors are to schedule corrective actions as required and submit completed checklist to safety committee.

Postings

- OSHA poster
- OSHA 200 (post 2/1 to 3/1 of each year)
- Hazards identified by signage
- Permit confined spaces signed
- Non-potable water identified by signage
- Floor load limits identified by signage
- No smoking areas identified by signage
- Emergency telephone numbers posted
- Escape routes/exits identified by signage
- Emergency equipment identified by signage
- NFPA 704 signs posted

Written Programs: Available To Employees

- Hazard Communication Program
- Respiratory Protection Program
- Hearing Conservation Program
- Hazardous Energy Control (Lo/To) Program
- Permit Confined Spaces Program
- Infection Control Program
- Fire Prevention/Emergency Action Plan
- Occupational Medicine Program

Tools/Equipment

- Condition of electrical cords
- Condition of hand/power tools
- Condition of abrasive grinders
- Air nozzles - pressure reduced to 30 psi
- Power tools - point of operation guarded

Electrical

- Breakers/panels identified
- Boxes/panels closed/covered
- Exposed conductors guarded
- Lights guarded/protected
- Condition of extension cords
- Circuits properly grounded

Fixed Machinery/Equipment

- Belts/pulleys guarded
- General maintenance
- Disconnects provided/identified
- Equipment properly grounded

Material Handling

- Condition of hoists/cranes
- Condition of slings/chains
- Condition of conveyors - trip line functional
- Condition of fork lifts

Material Storage

- Material neatly stacked and stable
- Shelves organized - no falling object hazard
- Accumulations of class A combustibles
- Aisle clear and free from obstructions
- General housekeeping

Hazardous Materials

- Proper containers
- Containers labeled
- MSDS's available
- Proper storage
- Flammables stored in approved cabinets
- Incompatibles separated
- Proper storage of compressed gas cylinders
- Flammable waste - containers emptied daily
- Damaged/deteriorated ACM

Working Surfaces/Housekeeping/Sanitation

- Aisle/floors/stairs kept clear/clean/dry
- General housekeeping
- Floor openings - covered/guarded
- Platforms/stairs guarded by railing
- Proper waste disposal
- Restrooms/locker rooms - clean/sanitary
- Eating areas - clean/sanitary

Ladders/Scaffolds

- Ladders - condition/proper use
- Fixed ladders - condition/fall protection
- Scaffolds - condition/proper use

Confined Spaces Entry Equipment

- Personal monitors - availability/calibration
- Retrieval equipment - availability/condition

Emergency Equipment

- First aid kit - in place/completely stocked
 - Availability of persons trained in F.A./CPR
 - Fire extinguishers - in place/charged
 - Fire alarm operates when actuated
 - Eye washes/showers - accessible/functional
 - Emergency lights - proper operation
 - Exits - accessible/not blocked
 - SCBA's/PPE - availability/condition

PPE: Condition/Storage

- Respirators
 - Hard hats
 - Face/eye protectors
 - Gloves
 - Protective footwear
 - Protective clothing
 - Electrical protective equipment
 - Personal fall protective equipment

Safe Work Practices: Employees

- Use proper lockout/tagout procedures
 - Use proper confined space entry procedures
 - Use suitable personal protective equipment
 - Barricade hazardous work areas
 - Guard temporary floor openings
 - Use proper excavation/trenching procedures
 - Use personal fall protective equipment
 - Use GFI's

Vehicles/Mobile Equipment

- Tires/brakes/steering/lights
 - General maintenance
 - Proper operation of special equipment
 - First aid kit - in place/completely stocked
 - Fire Extinguishers - in place/charged

Employee Medical/Exposure Records

- Available for employee review

Describe Other Unsatisfactory Items/Conditions And/Or New Hazards

1. _____

2. _____

3. _____

4. _____

5. _____

Summary Of Unsatisfactory Items That Need Further Action

Item	Location

Area/Vehicle Inspected: _____

Conducted By: _____ Date: _____

Date: _____

FORM SP-3 REPORT OF AN UNSAFE CONDITION

Instructions to employees: Briefly describe the location and nature of the unsafe condition. Identify any possible corrective actions. Sign/date the report. Submit report to your immediate supervisor.

To be completed by employee reporting the unsafe condition

Location: _____

Describe unsafe condition: _____

Suggested corrective actions: _____

Reported by: _____ Date: _____

To be completed by work unit supervisor

Received by: _____ Date: _____

- Suggested corrective actions taken
- Referred to safety committee

Comments/actions taken: _____

To be completed by safety committee

Date reviewed/acted upon: _____

Recommendation of safety committee: _____

- Corrective actions initiated by safety committee
- Corrective actions referred to work unit manager for review/initiation

To be completed by work unit manager

Date Acted Upon: _____

Actions taken: _____

FORM SP-4 HAZARD EVALUATION AND ELIMINATION/CONTROL WORKSHEET

This checklist provides general guidance for the evaluation and elimination/control of workplace safety and health hazards. It is not all inclusive. The employer must customize the form for the specific work place.

Use this worksheet to identify how hazards identified in the workplace hazard survey will be eliminated or controlled. (The worksheet may also be used to analyze specific operations or areas). For each hazard; identify the source and location of each hazard in column 1, identify the cause and severity of the hazard in column 2 and the means/methods of hazard eliminate/control in column 3.

Facility: _____	Area/Operation: _____	Compiled By: _____	Date: _____
Affected Positions: _____			
Hazard Source/Location	Hazard Evaluation <i>Identify cause and severity of hazard. Include results of personal monitoring if applicable.</i>	Methods/Means Of Hazard Elimination/Control <i>Identify means and methods that will be used to eliminate or control the hazard. Consider hazard elimination, engineering controls, administrative controls, procedures and work practices, employee training and personal protective equipment.</i>	

FORM SP-5 JOB HAZARD ANALYSIS

Instructions: Refer to OSHA publication 3071, Job Hazard Analysis for additional information and instructions.

Task:

Conducted By:

Datos:

Conducted By: _____ Date: _____

Job Step	Hazard	Cause	Preventive Measure

FORM SP-7 RESULTS OF PERSONAL EXPOSURE MONITORING

Facility:				Department or Area:
Operation:				Employee:
Employee SS Number:	Date:	Type of Respirator Used By Employee:	Temperature:	Relative Humidity:
Sample Type:	Comments/Observations:			
Calibration (date and results):	Sampling Device and ID. No.:			
Collection Media:	Settings/Range:			
Analysis Method:				
Sample Number	Start Time	Stop Time	Duration (minutes)	Calibration Flow Rate
				Volume (liters)
				Substance Sampled
				Amount Collected
				Concentration In Air
Substance Sampled			Actual Employee Exposure	
			Permissible Exposure Limit (PEL)	
Recommendations:				
Sampling Conducted By:				

FORM SP-9 SAFETY AND HEALTH PROGRAM AUDIT WORKSHEET

This worksheet provides general guidance for evaluating safety and health program effectiveness. It is not all inclusive. The employer must customize the form for the specific work place. Consider each program element to; (1) determine whether or not the element is in place, (2) estimate the element's overall effectiveness and (3) identify specific deficiencies and actions that can be taken to improve the effectiveness of the element.

Program Element	In Place (\)					Effectiveness (\)					Identify Specific Deficiencies And Actions That Can Be Taken To Improve Program Effectiveness
	Yes	No	1 (poor)	2	3 (Fair)	4	5 (Excellent)				
1. Employer Commitment Employer has adopted and endorsed an effective and proactive written safety and health program that encourages employee participation.											
 Employer has adopted a safety and health related vision (or policy) statement. Vision (or policy) statement has been communicated to managers, supervisors and employees.											
 Employer has adopted safety and health related policies, procedures and practices. Safety related policies, procedures and practices have been communicated to managers, supervisors and employees.											
 Employer has committed those human and material resources necessary to implement and manage the safety and health program.											

Program Element	Effectiveness (%)					Identify Specific Deficiencies And Actions That Can Be Taken To Improve Program Effectiveness
	Yes	No	1 <i>(poor)</i>	2	3 <i>(Fair)</i>	
Employer has established and communicated safety and health related responsibilities for managers, supervisors and employees.						
Employer has provide means and methods for managers, supervisors and employees to meet assigned safety and health related responsibilities.						
Employer has assigned accountability by adopting and enforcing a safety program compliance policy. Managers, supervisors and employees are required to comply with safety related policies, procedures and practices and are held accountable for their actions.						
Employer includes work place safety and health as an agenda item in staff meetings.						

FORM SP-6 INDOOR ENVIRONMENTAL AUDIT

WORK ENVIRONMENTAL AUDIT

This checklist provides general guidance for the identification of common workplace hazards. It is not all inclusive. The employer must customize the form for the specific workplace.

Name of Facility: _____

Program Element	Effectiveness (✓)					Identify Specific Deficiencies And Actions That Can Be Taken To Improve Program Effectiveness
	Yes	No	1 (poor)	2	3 (fair)	
4	5 (Excellent)					
Employer has provided employees with an effective means to report unsafe working conditions. Employees are not subjected to retaliation or harassment for reporting unsafe acts or conditions.						
Employer schedules safety meetings and training sessions during normal working hours and/or with employees in pay status.						
Employer has established an effective and proactive safety committee. Safety committee has defined goals and objectives. Safety committee meets on a scheduled basis. Safety committee activities are communicated to managers, supervisors and employees.						

Program Element	In Place (<input checked="" type="checkbox"/>)	Effectiveness (<input checked="" type="checkbox"/>)	Identify Specific Deficiencies And Actions That Can Be Taken To Improve Program Effectiveness				
			Yes	No	1 (poor)	2	3 (fair)
3. Hazard Control A Systematic survey has been conducted to identify all work place safety and health hazards. Results have been communicated to managers, supervisors and employees.							
Hazards posed by new processes, machines and chemical products are identified. Results are communicated to managers, supervisors and employees.							
Frequent walk-through safety inspections are conducted to identify unsafe acts and unsafe conditions. Results are communicated to managers, supervisors and employees.							
As a matter of routine first-line supervisors and employees report and/or correct unsafe acts and conditions.							

Program Element	In Place (✓)	Effectiveness (✓)					Identify Specific Deficiencies And Actions That Can Be Taken To Improve Program Effectiveness	
		Yes	No	1 (poor)	2	3 (fair)	4	5 (Excellent)
Appropriate methods are used to evaluate hazards to determine cause, severity and effective methods of elimination/control. Results are communicated to managers, supervisors and employees.								
Appropriate and suitable methods are used to eliminate or control safety and health hazards. When practical and feasible hazards are either eliminated, or controlled by engineering and/or administrative controls. Employer solicits employee input when considering hazard mitigation options.								
Work place safety and health hazards are promptly corrected by managers, supervisors and employees.								
Written safety and health programs have been implemented (and communicated to managers, supervisors and employees) as required by work place hazards, employee job duties and applicable OSHA regulations. Each program is effective in meeting it's intended purpose as is periodically reviewed.								

Program Element	In Place (<input checked="" type="checkbox"/>)	Effectiveness					Identify Specific Deficiencies And Actions That Can Be Taken To Improve Program Effectiveness		
		Yes	No	1 [poor]	2	3 [fair]	4		
5. Accident Analysis								All accidents, injuries and close calls are investigated to determine root cause and appropriate corrective measures. Results are acted upon and communicated to managers, employees and supervisors.	Accident and injury records are reviewed and analyzed to identify recurrent hazards. Results are acted upon and communicated to managers, employees and supervisors.

Program Element	In Place (\)	Effectiveness (\)					Identify Specific Deficiencies And Actions That Can Be Taken To Improve Program Effectiveness
		Yes	No	1 (poor)	2 (fair)	3 (good)	4
6. Occupational Medicine <small>An affective and proactive occupational medicine program has been established as required by workplace hazards and applicable regulations. All affected personal participate in the program. Results and recommendations are appropriately communicated and</small>							
7. Contractor Safety <small>Employer has established (and abides by) a policy of retaining only qualified contractors with a demonstrable record of employee safety and health and regulatory compliance.</small>							<small>Safety and health related duties and responsibilities for contractors (and subcontractors) are clearly stated in bid and/or contract documents.</small>

Program Element	In Place (\)	Effectiveness (\)					Identify Specific Deficiencies And Actions That Can Be Taken To Improve Program Effectiveness	
		Yes	No	1 (poor)	2	3 (fair)	4	5 (Excellent)
Employees are informed of work place safety and health hazards by appropriate signs, labels and tags.								
New employees are provided with effective training that includes information on work place hazards, safety related policies, procedures and practices, and instruction on specific job duties. First line supervisors and experienced employees take an active role in the training of new employees. The training is documented.								
In-service topical and refresher training and instruction is provided on routine and scheduled basis as required by applicable regulations, new hazards, procedural changes and deficient work practices. The training is documented.								
Work unit supervisors conduct frequent job briefings, tool box safety talks and/or tailgate safety talks to communicate safety and health related information and/or work specific hazards and hazard control procedures.								

Program Element	In Place (✓)	Effectiveness (✓)	Identify Specific Deficiencies And Actions That Can Be Taken To Improve Program Effectiveness				
			Yes	No	1 (poor)	2 (fair)	3 (good)
E. Emergency equipment (exits and exit ways, fire extinguishers, first aid kits, emergency eye wash stations and showers and emergency lights) is installed, inspected and maintained in accordance with applicable regulations. Emergency telephone numbers are conspicuously posted..							
Duties and procedures to be followed in all reasonably foreseeable emergencies have been identified in an emergency action plan. Plan has been communicated to managers, supervisors and employees.							
Managers, supervisors and employees are provided with emergency response training as required by assigned duties and applicable regulations.							
Personnel trained in CPR/first aid a readily available at work place.							
Local fire department has been informed of work place hazards in accordance with applicable regulations, has toured the facility and has developed emergency plan.							

Audit Conducted By:

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FORM SP-10 INJURY / ACCIDENT INVESTIGATION WORKSHEET

This worksheet provides general guidance for the investigation of injuries/accidents. It is not all-inclusive. The employer must customize the form for the specific work place.

Use this worksheet to collect relevant information. Determine root cause and contributing factors. Identify means and methods that can be used to prevent a similar injury/accident.

Name of Injured Employee	Job title Of injured Employee	
Age of Injured Employee	Injured Employee's Total Length Of Employment	Injured Employee's Length of Employment in Current Position
Identify Date/Time of Injury/Accident	Identify Work Location Where injury/Accident Occurred	
Describe Work Being Performed When Injury/Accident Occurred		
Describe Nature And Severity of Injury/Accident		
Determine if Employee Was Appropriately Trained/Instructed		
Determine if Employee Was Observing Established Procedures/Work Practices When injury/Accident Occurred		
Determine Type of PPE Worn by Employee When Injury/Accident Occurred		
Determine Root Cause Of Injury/Accident		
Determine Other Contributing Factors To Injury/Accident		
Identify Actions That Can Be Taken To Prevent a Similar Injury/Accident		
Identify Corrective Actions That Have Been Taken		

Name of Person Conducting Investigation: _____ Date: _____

FORM SP-8 CERTIFICATION OF EMPLOYEE TRAINING

Title of Training Session:			
Name of Facilitator:	Date:		
Location:	Start Time:	End Time:	

TRAINING SESSION OVERVIEW

(front)

ATTENDEES

(back)