The Raymond Group

Safety and Health Program

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Southern California - 243645, 104881, 877824
Northern California - 307786
Nevada - 35448, 37659, 37484, 39983, 46243, 68579, 68584, 68582, 68581, 68583
Arizona - ROC236764
Louisiana - 29558
Texas - Cert. of Authority# 00108299

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ROLES AND RESPONSIBILITIES

President, Chief Executive Officer

- Issues the Raymond Safety and Health Policy and sets the example for the Safety and Health culture.
- Is responsible for the overall implementation of the Raymond Safety and Health Program.
- Provides the time and personnel necessary to complete the required training, obtain the necessary safety equipment and provide supervision to monitor safety activities meeting Raymond's safety policies.

Senior Management

- Provides visible guidance and operational leadership for implementing the culture, and the Safety and Health Program consistently with the organization's policy in all facilities and operations.
- Assess information provided during a management review, and direct actions to continually improve the Safety and Health Program and reduce risk in the workplace.

Directors, Managers and Department Heads

- Communicate and implement the organization's Safety and Health Program and its requirements to employees, visitors, and contractors.
- Direct individuals under your supervision, including but not limited to supervisors; regular and temporary employees, contractors, and other affected personnel to obtain any required Safety and Health Program - related training.
- Develop a process to maintain incident/illness prevention and Safety and Health programs.
- Develop a process to perform risk assessments.
- Determine that Safety and Health Program objectives and needs for units/departments are met.
- Incorporate Safety and Health Program requirements and responsibilities into each appropriate job description, and ensure that system requirements and expectations are communicated to each employee.
- (Engineering) Assess the Safety and Health impact of new processes and equipment, and incorporate appropriate controls.
- (Procurement/Contractor) Include Safety and Health Program performance when evaluating and selecting suppliers and contractors.
- Maintain and improve programs for occupational health, hazardous materials management, radiation safety, general safety, incident/fire prevention, and biological safety.

Directors, Managers and Department Heads (cont.)

- Conduct periodic Safety and Health audits (hazards, risks, and management systems) of work areas and/or facilities.
- Maintain and improve emergency action and disaster preparedness plans that provide clear roles and responsibilities for all personnel, in order to ensure familiarity and coordination between facility personnel and emergency responders.

Supervisors

- Implement the Safety and Health Program and all other organizational safety practices and programs under your supervision or control.
- Require all employees under your direction to successfully complete required Safety and Health Program training.
- Recommend, and implement Safety and Health Program improvements.
- Collect appropriate data per the Safety and Health Program.
- Ensure that there is a process in place to maintain workplaces and equipment under your direction that are safe, well kept, and in compliance with the Safety and Health Policy.
- Ensure that procedures are developed for the safe use of hazardous chemical, physical, radiological, and biological substances.
- Conduct or arrange for risk assessments.
- Conduct incident investigations.
- Meet all Safety and Health needs for units/departments (e.g., engineering controls, training, personal protective equipment, and corrective measures including non-compliance items identified in Safety and Health audits).

Employees

- Comply with the organization's Safety and Health Policy and all other Safety and Health practices, programs, and procedures.
- Successfully complete required Safety and Health Program training.
- Participate in the Safety and Health Program by reporting incidents or near misses, attending Safety and Health meetings, reporting problems and recommending improvements, and other related activities.
- Inform a supervisor or instructor of any safety hazards or system deficiencies in the workplace.

Safety and Health Department

- Advise management and employees about responsibilities regarding the Safety and Health Program.
- Develop a process that prepares documents and guidelines for programs to ensure individual and organizational compliance with relevant Safety and Health laws, regulations, policies, and guidelines.
- Recommend programs and actions for compliance.
- Develop effective programs for occupational health, hazardous materials management, general safety, accident and fire prevention, biological safety, and disaster preparedness and emergency response.
- Provide guidance and technical assistance to supervisors and managers in departments and other work units in identifying, evaluating, and correcting Safety and Health hazards.
- Provide guidance and assistance in performing risk assessments.
- Provide training and materials assistance to ensure safe and healthful work practices.
- Conduct analyses of occupational incidents and injuries.
- Analyze injury and illness and monitoring data for trends.
- Monitor compliance with the Safety and Health Program including Safety and Health statutes and regulations and organizational Safety and Health policies, programs, and guidelines.
- Note instances of noncompliance, and recommend improvements of the Safety and Health Program.

SAFETY PROGRAM COMPLIANCE

Raymond's Safety and Health Program contains a series of program elements to ensure employees comply with safe and healthy work practices. The program contains both positive and negative reinforcement methods which include the following:

1. Incentive Program
2. Training/Retraining Programs
3. Discipline Program

1. Incentive Program

a. The Raymond Safety Incentive Program has been established to recognize safe job performance, develop/maintain safety awareness, and to provide positive reinforcement to safety program compliance. The program is viewed as an addition to, not a substitute for, our Company safety program.

b. The incentive program will be reviewed and updated each year. Factors to be considered when reviewing the program include results of the program, safety statistical results, and safety goals/ objectives for the new year. An explanation of the current year's program is provided at appendix A.

2. Training/Retraining Program

Another way in which positive reinforcement of safety program compliance can be achieved is through training/ retraining. Refer to Section III of this written program for an explanation of Raymond's Training Program.

3. Discipline System

Raymond expects all of its employees to be motivated to work safely and to conform to our program of safe work practices. If non-compliance on the part of our employees does occur, the following disciplinary guidelines shall be used as a minimum.

Non-Exempt Employees:

1. First infraction: Written warning - 1 day off without pay.
2. Second infraction: Written warning - 2 days off without pay.
3. Third infraction: Written warning - 1 week off without pay.
4. Fourth Infraction: Termination of employment.

Non-bargaining employees shall be disciplined according to the policies set forth in Raymond's Employee Handbook.

- An infraction is defined as; any safety related non compliance item.
- Disciplinary action may be expedited at anytime based on the severity of the infraction.
- A disciplinary notice will be given to employees using the form at appendix B.

COMMUNICATING AND TRAINING

An open line of communication within the Raymond organization between management and employees concerning safety and health matters must be fostered and remain open at all times. This will include continuous encouragement of employees to inform management of workplace hazards.

This system of communication is to be accomplished through a readily understandable format using the following activities:

- Safety Committee meetings
- Safety/Tailgate meetings
- Safety Suggestion program
- Safety Training programs
- General Training
- Emails/Letters
- Field Employee Incentive Program

It shall be a Raymond policy that employees can discuss or notify management of workplace hazards without the threat of punishment or reprisal. If appropriate, communications shall be documented with date, persons involved and topic(s) covered/discussed. Documentation procedures for the various communication activities are explained in the activity descriptions which follow:

1. Safety Meeting (Office/Warehouse)
Safety meetings shall be conducted quarterly by warehouse and office supervisors. During these meetings, each supervisor shall discuss with the employees under his/her direct supervision such issues as:

a. New hazards that have been introduced or discovered in the workplace.

b. Causes of recent accidents or injuries and the methods adopted by the company to prevent similar incidents in the future.

c. Any health or safety issue deemed by the supervisor to require reinforcement.

d. Topics provided by the company.

Office safety meetings shall be documented using the form provided at appendix C. Completed forms should be sent to the Safety Department in Orange.

Warehouse safety meetings will be documented using the form provided in appendix C. A copy should be kept in a binder. Completed forms should be sent to the Safety Department in the Orange office.

2. Tailgate Safety Meeting (Job Sites)

Tailgate safety meetings shall be conducted by job-site supervisors on a weekly basis, and shall include all Raymond employees on the job site. Issues/topics to be discussed include the weekly safety topic and/or those items listed in paragraph 1, a-c for Safety Meeting (Office/Warehouse).

Tailgate safety meeting shall be documented using the form provided at appendix C. Distribution of the documentation shall be as follows:

- Original (White) to job file.
- Copy to General Contractor.

3. Safety Suggestion Program

Raymond has established a Safety Suggestion Program to provide employees an opportunity to suggest to the company a better way to maintain a safe and healthy work environment. Suggestions should be submitted in writing using the form provided at appendix D. The written suggestion should be sent to the appropriate office where the suggestion will be investigated/evaluated in a prompt and thorough manner.

4. Safety Training Program

The Raymond organization realizes that safety training is a key element in the success of our Safety Program. All employees will be instructed in general safe and healthy work practices and provided with special instructions concerning hazards specific to each employee's job assignment.

a. Training shall be provided for all employees when the training program is first established.

b. Training shall be provided to all new employees and to all employees given a new job assignment. This includes both general safe work practices and safe practices specific to the job. Training topics include, but are not limited to, the following:
    i. Employee Code of Safe Practices
    ii. New employee orientation presented by Supervisor
    iii. General or individual on job training provided by Supervisor
    iv. Tailgate meetings/Safety Meetings
    v. Formal seminars or classroom training sessions

4. Safety Training Program (cont.)

c. Employees shall be trained whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard and whenever the employer receives notification of a new previously unrecognized hazard.

d. Supervisors must be knowledgeable of the safety and health hazards to which employees under their direction and control may be exposed. This knowledge can be obtained by the following:
   i. Experience
   ii. Prior training
   iii. Knowledge of Federal, State and local standards
   iv. Safety department or safety designee
   v. Formal seminars or classroom training sessions

e. All training shall be documented using one of the following forms:
   - Safety Meeting (Office) appendix C
   - Safety Meeting (Warehouse/Yard) appendix C
   - Tailgate Safety Meeting, appendix C
   - Site Safety Orientation, appendix E
   - Supplemental Training (i.e. forklift, fall protection, 1st Aid) appendix F

5. Employee Safety Orientation

Many on the job accidents and injuries occur to employees who are new to the job, even though they may have years of experience in our type of work. The employee orientation for both employees new to Raymond and employees transferred from other Raymond job sites is one effort to solve this problem and can be effective if applied with a conscientious effort.

Every new and transferred employee shall receive a verbal and written safety orientation by their supervisor. The purpose of the orientation is multiple. It informs the employee of the emphasis placed on safety and creates a degree of safety awareness in their mind, usually in proportion to the quality of the orientation. It also provides them with knowledge of specific requirements and hazards which may be unique to a particular job or which may be particularly hazardous.

a. New and transferred employees shall receive their orientation on the first day they report for work.

b. The amount of information provided to an employee who is new to Raymond will be more detailed than a transferred employee who is already familiar with Raymond's safety program. Subjects to be covered during the orientation are listed on the form provided at appendix E. An orientation discussion guide is provided on the reverse side of the form's first page.

c. The importance of the supervisor's role in orientations is discussed in the article provided as appendix E.

HAZARD ASSESSMENT AND CONTROL

Hazard identification is an important part of the total Safety and Health Program. Efficient hazard identification systems will help to detect and to eliminate typical accident producing situations and help prevent injuries and property damage. One of the most effective means of hazard identification is work area/job site safety inspections. Other methods of hazard identification to be used are:

1. Hazards reported by employees.
2. Periodic safety surveys made by Raymond safety personnel, insurance representatives or independent qualified consultants.
3. Incident investigation reports.
4. Information gained at safety meetings or training sessions.
5. Safety suggestions.

Once hazards are identified they shall be corrected in a timely manner based on the severity of the hazard and the potential of injury to Raymond employees. Hazards which are not correctable upon identification are to be monitored until corrected. Monitoring to be conducted by Foreman, Superintendents, Managers, Supervisors and Safety Department Personnel.

Procedures used to achieve risk reduction include:

1. Elimination of the hazard
2. Engineering controls
3. Warnings
4. Administrative Controls
5. Use of personal protective equipment
6. Substitution of less hazardous materials, processes, operations or equipment

1. Periodic Scheduled Inspections
Periodic inspections shall be conducted using the following schedule:

a. Job site – daily with documentation on the form provided at appendix G.

b. Scaffolds – daily when scaffolding is present at a job site. Documentation on the form provided at appendix H, I, or J.

c. Forklift – daily when a forklift is being used at a job site. Inspection to be completed by the forklift operator before the forklift is placed into operation. Documentation on the form provided at appendix K.

d. Aerial Devices – daily by operator when aerial devices are being used at a jobsite. Document on form provided in appendix L or M.

e. Welding Equipment – daily when welding equipment is used on a jobsite. Document on form provided in appendix N.

f. Office – at least quarterly with documentation provided at appendix O.

g. Warehouse/Yard – monthly with documentation on the form provided at appendix P.

2. Unscheduled Inspections
In addition to scheduled inspections and ongoing review, the Safety Department shall arrange for unscheduled inspections. Subjects for these inspections shall be chosen randomly but with particular emphasis placed on previously identified hazards, employee suggestions and recommendations, and incident causal factors.

During the unscheduled or scheduled inspections the employer who created or exposed any hazard, will be notified by issuing copies of the inspection reports, a RFI memo, email, during a Jobsite General Foreman Meeting, Safety Jobsite Surveys or by any other means of communication not listed here.

3. New Matters
The Safety Department shall arrange for an inspection and investigation of any new substance, process, procedure, or equipment introduced into the workplace. The Safety Department shall also arrange for an inspection and investigation whenever the Raymond organization is made aware of a new or previously unrecognized hazard.

4. Employee Reporting of Hazards
Raymond employees are encouraged to report unsafe conditions/hazards at their worksite without fear of reprisal. Reports can be either verbal or written. Written reports will be submitted using the form provided at appendix D. Use of names is optional.

INCIDENT INVESTIGATION REPORTING PROCEDURES

We will report all incidents including:

- **Employee & Non-Employee Injury Incidents**
- **Unsafe Conditions**
- **Near Mishaps**
- **Property Damage**
- **Theft**
- **Auto Accidents**
- **Fatalities**

Employee Injury Incidents

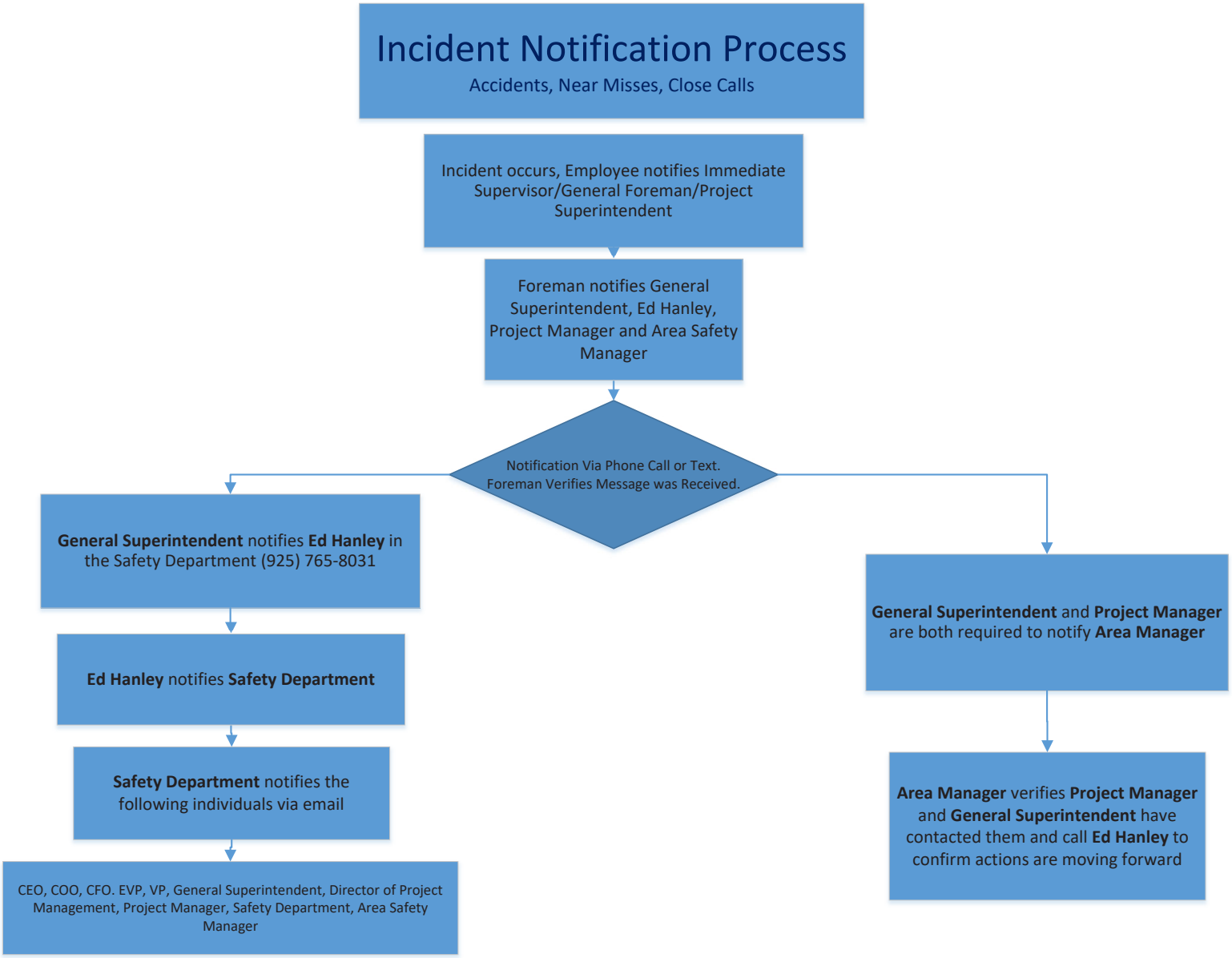
1. Render assistance; call 9-1-1 if necessary.
2. Notify the employee's supervisor of the incident immediately.
3. Employee's supervisor must notify the Safety Department immediately.
   e-mail: Safety-Dept@RaymondGroup.com; Phone #: (715) 288- 8151 ext. 301
4. All injured employees will be accompanied to the designated medical treatment facility by their supervisor.
5. Perform a thorough incident investigation. Investigations must be performed for by someone who has received Qualified Incident Investigation Training.
6. Complete an Incident Investigation Report (appendix Q). This report cannot be completed by the injured employee or any employee involved in the incident.
7. Within 24 hours, send or fax initial information to the Safety Department. If more time is needed to complete the investigation, please notify the Safety Department.
   e-mail: Safety-Dept@RaymondGroup.com; Phone #: (715) 288- 8151 ext. 301
8. Injured employee must call Margie Loya immediately after doctor visit to report results.

   e-mail: Safety-Dept@RaymondGroup.com; Phone #: (715) 288- 8151 ext. 301

FAILURE TO REPORT INJURIES ON TIME IS A MANDATORY WRITTEN WARNING WITH 1 DAY OFF. Subsequent violations will result in disciplinary action, up to and including termination.

Non-Employee Injury Incidents (Subcontractors, general public, vendors, etc.)

1. Render assistance; call 9-1-1 if necessary.
2. Notify the Safety Department of the incident immediately.
3. Perform a thorough incident investigation. Investigations must be performed for by someone who has received Qualified Incident Investigation Training.
4. Complete the Incident Investigation Report (appendix Q). This form must **only** be completed by a Raymond qualified incident investigator.
5. Within 24 hours, e-mail (Safety-Dept@RaymondGroup.com) a complete incident report to the Safety Department. If more time is needed to complete the investigation, please notify Margie Loya. (E-mail: Safety-Dept@RaymondGroup.com; Phone #: (715) 288- 8151 ext. 301)


Incident Notification Process
Accidents, Near Misses, Close Calls
Incident occurs, Employee notifies Immediate Supervisor/General Foreman/Project Superintendent
Foreman notifies General Superintendent, Ed Hanley, Project Manager and Area Safety Manager
Notification Via Phone Call or Text. Foreman Verifies Message was Received.
General Superintendent notifies Ed Hanley in the Safety Department (925) 765-8031
Ed Hanley notifies Safety Department
Safety Department notifies the following individuals via email
CEO, COO, CFO. EVP, VP, General Superintendent, Director of Project Management, Project Manager, Safety Department, Area Safety Manager
General Superintendent and Project Manager are both required to notify Area Manager
Area Manager verifies Project Manager and General Superintendent have contacted them and call Ed Hanley to confirm actions are moving forward

Vehicle Accident Reporting

These reporting procedures apply to all drivers of company owned or leased vehicles as well as employees who drive personal vehicles or rental cars for company business.

1. Render assistance to anyone injured; call 9-1-1 if necessary.
2. Call Police and give the location and nature of the accident.
3. Call the Safety Department immediately to report incident at Safety-Dept@RaymondGroup.com or by phone at (714) 288-8151 ext. 301.
4. If a company owned or leased vehicle was involved in the accident, follow the directions on the envelope in your glove compartment. Complete Driver's Accident Report (pages 17 & 18). Send a copy to the Safety Department at Safety-Dept@RaymondGroup.com.
5. For all other vehicle accidents, complete the Incident Investigation Report (appendix Q). Within 24 hours, e-mail initial information to the Safety Department. E-mail the Safety Department a complete incident report after all information has been gathered (within 24 hours). If more time is needed to complete the investigation, please notify the Safety Department.
   E-mail: Safety-Dept@RaymondGroup.com; Phone # (714) 288-8151 ext. 301.

DRIVER'S REPORT AT ACCIDENT SCENE

☑ **Checklist**

- ☐ **Stop and Investigate**
- ☐ **Set Warning Devices**
- ☐ **Help the Injured**
- ☐ **Protect Your Vehicle and Cargo from Theft and Further Damage**
- ☐ **Do Not Move Your Vehicle Until Police Arrive**
- ☐ **Contact Supervisor as Soon as Possible. (Use accident notification card if you can't leave)**
- ☐ **Discuss Accident Only with Proper Authorities**
- ☐ **Obtain Names and Addresses of Witnesses. (Use Witness Cards supplied)**
- ☐ **Complete this Card at the Scene of Accident**
- ☐ **Comply with any required Alcohol/Drug Test**
- ☐ **RETURN ENTIRE PACKET TO SUPERVISOR**

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(800) 327-6868 * jjkeller.com * Printed in the United States

33F-2 Rev. 2/12
RM 5815

ACCIDENT DESCRIPTION

Explain in your own words what happened.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Draw a diagram of accident using [1] as your vehicle, [2] as vehicle No. 2 etc..

WITNESSES

Name: _____
Address: _____
_____
Phone: _____
Workplace: _____
Driver: _____

ACCIDENT DATA

Date: _____ Time: _____ ☐ A.M. ☐ P.M.

Place: _____
(Town, City, State)

Roadway: _____
(Rt.#, Street, Intersecting Hwys)

Landmark: _____
(Near Bridge, Milepost, etc..)

DEATH AND INJURY

Persons Killed: _____

Persons Injured: _____

Was anyone taken away from scene for medical treatment? _____
(Who & Where Taken)

INVESTIGATION

Was Accident Investigated by Police _____

Department _____ Badge # _____

Officer _____

Citation Issued? _____

List persons cited or arrested & charges

YOUR VEHICLE

Were any mechanical defects apparent at the time of the accident?
_____ Explain _____

Were you wearing safety belts? _____

VEHICLE NO. 2

Type _____ Make _____

Model _____ Year _____

Driver _____

Address _____

License # & State _____

Owner _____

Address _____

Phone _____ Insurance Co. _____

Policy No. _____

VEHICLE NO. 3

Type _____ Make _____

Model _____ Year _____

Driver _____

Address _____

License # & State _____

Owner _____

Address _____

Phone _____ Insurance Co. _____

Policy No. _____

Incident Investigation Procedures

Incident Investigation is a tool used to prevent injuries. Every incident will be investigated no matter how minor, to prevent its reoccurrence.

We will report all incidents. We will investigate the following incidents using the Raymond Incident Investigation severity matrix as a guide:

- **Unsafe Conditions**
- **Near Misses**
- **Property Damage**
- **Auto Accidents**
- **Theft**
- **Employee Injuries and Illnesses**

Incident Investigation Guidelines

All incidents will be reported immediately and investigation will be started **within 4 hours**.

Within 24 hours, e-mail a complete incident report after all information has been gathered to the Safety Department. If more time is needed to complete the investigation, please notify the Safety Department.
E-mail: Safety-Dept@RaymondGroup.com; Phone # (714) 288 - 8151 ext. 301

All incidents will be reported using the **Incident Investigation Report Form** (appendix Q)

Trained investigator must determine the incident severity level to determine who should make up the investigation team. If you have any questions about the severity level, contact your Regional Safety Department personnel.

Severity Levels

There are four Incident Investigation Severity Levels:

Level 1 Incidents

- **Fatalities**
- **Property damage in excess of $500,000**
- **Vehicle accident resulting in a fatality**
- **Near miss or unsafe condition that could have resulted in a fatality or major property loss**

Level 2 Incidents

- **Someone admitted to hospital or probable permanent disability**
- **$100,000 to $499,000 of property damage**
- **Hazmat incident with over $50,000 in property damage**
- **Public evacuation**
- **Spill/fire of radioactive or infectious materials**
- **Near miss with a high risk for serious injury or potential for permanent disability or serious property damage**

Level 3 Incidents

- **Injured so unable to perform regular duties**
- **Property damage between $10,000 and $99,000**
- **Vehicle incident where injured need medical treatment away from the scene and/or where the vehicle is towed.**
- **Near miss or unsafe condition with significant risk for potential injury, property damage or product loss.**

Level 4 Incidents

- **Injured but able to perform regular duties**
- **Less than $10,000 in property damage**
- **Vehicle accident with no injury or tow-away**

Investigation Team Responsibilities

All investigators will receive Qualified Incident Investigation training.

The following employee positions will receive the Qualified Incident Investigation training:

- **Vice President/Area Manager**
- **Superintendents**
- **Safety Managers/Coordinators**
- **Foremen**
- **Safety Committee Members**
- **Managers**

Employees initially at the scene should take pictures and gather information without disturbing the scene until investigators arrive. Take down names of witnesses and collect as much information as possible.

Level One Investigation Team

The investigation team will consist of:

- **Director of Safety**
- **Regional Safety Manager/Coordinator**
- **Vice President/Area Manager**
- **Area Superintendent**
- **General Foremen (Job Site)**
- **Foremen (Job Site)**

The Investigation Team Leader will be the Vice President/Area Manager or Director of Safety.

Level 2 Investigation Team

The investigation team will consist of:

- **Regional Safety Manager/Coordinator**
- **Area Superintendent or Department Manager**
- **Foremen (Job Site)**
- **If additional investigators are needed, use trained Safety Committee members or additional trained Superintendents.**

The Investigation Team Leader will be the Area Superintendent or the Regional Safety Manager/Coordinator.

Level 3 Investigation Team

The investigation team will consist of:

- **Regional Safety Manager/Coordinator**
- **Area Superintendent or Department Manager**
- **Foremen (Job Site)**
- **If additional investigators are needed, use trained Safety Committee members or additional trained Superintendents.**

The Investigation Team Leader will be the Jobsite Foremen.

Level 4 Investigation Team

The investigation team will consist of:

- **Foremen (Job Site) or Department manager**
- **If additional investigators are needed, use trained Safety Committee members or additional trained Superintendents.**

The Investigation Team Leader will be the Foremen (Job Site) or Department Manager.

In all cases, once the Investigation Team has been established, follow the investigation guidelines outlined in the Raymond Incident Investigation Handbook.

How to Handle the Media

If an incident attracts the attention of the media, all questions and/or interviews must be directed to an employee authorized to make statements for the company. The only people authorized to make public statements for Raymond are listed at the end of this section.

Completing the Safety Incident Investigation Report

This report must be completed by a Raymond Foremen or higher who has been trained in Raymond's incident investigation procedures.

This report cannot be filled out by the injured employee or anyone involved in the incident.

Completing Page 1

Date of Incident – enter date that incident occurred

Incident # - will be assigned by the safety department

Name of Injured Person – enter the name of the person that was injured

Select employee, subcontractor or general public – fill out the information under the appropriate category

Area – check where the incident occurred

Job Site Description – check the job site description where incident occurred

Witnesses – collect information on any witnesses to the incident. Get as much information as possible. Use additional paper if needed

Name of Person(s) Reporting Incident – enter the name of the person completing the form. This must be a Raymond Foreman or higher

Name of Person(s) Completing Report – enter name

Cell Phone # of Person Completing This Report – enter cell phone #

Employee Number – of person(s) completing the report

Completing Page 2

Project Name – enter the project name

Job Number – enter job number

Address – enter jobsite address

Incident No. – leave blank

Incident Information – select the main incident (choose only one)

If Injury/Illness, Enter Person's Name – enter injured person's name here

OSHA Recordability of Injury – leave blank

Date of Incident – enter time

Date Reported – enter the date the incident was reported (incidents should be reported the same day they occur)

Date of Investigation – enter the date the incident investigation was conducted

Exact location of incident – enter the address where the incident occurred

Severity Level – determine using Incident Severity Levels outlined above

Sequence of Events – use this area to describe what happened before, during, and after the incident. Use additional paper if needed

Primary Type of Contact – choose only one

Cause(s) of Incident (substandard behaviors) – select all that apply based on your incident investigation

Completing Page 3

Cause(s) of Incident (Substandard Conditions) – select all that apply based on your incident investigation

Brief Description For Each Item Checked – brief explanation for why an item was checked

Property Theft – enter quantity of items; description of loss; cost of each item and total cost. Use additional paper if necessary

Police Department Name – enter from information card issued by Police Office.

Police Report Number – enter from information card issued by Police Office.

Basic or Root Causes – focus on finding the basic causes rather than merely reciting immediate causes present at the scene.

Brief Description For Each Item Checked – brief explanation for why an item was checked

Corrective Actions – based on the thorough investigation, make recommendations for what needs to be done to correct the immediate situation and to keep it from occurring again. What short and long term actions need to be taken to prevent this type of incident from occurring in the future? Every action should state **who** is to do **what** by **when** (or how often).

Approvals -

1. Investigation leader must sign and date
2. General Superintendent must sign and date
3. Senior Risk Manager must sign and date
4. The Director of Safety must approve all reports

FOR INJURIES OR ILLNESSES page 4 of the report must also be completed.

After the Investigation

Immediately send a copy of all completed incident investigation reports to the Safety Department. Include any pictures, sketches of the scene, or other documentation gathered. Then the Safety Department will send a copy of all completed Incident Investigation Reports to the C.E.O., the Director of Safety, the Vice President/Area Manager, the Area General Superintendent, and the Regional Safety Manager/Coordinator.

Secure all damaged and related equipment materials or tools involved in the incident, and send to the Safety Department.

The Safety Department will review the findings and recommendations on the reports for accuracy, completeness, corrective actions, etc. using an Incident Investigation Report Review.

The Safety Department will review all incomplete incident investigation reports monthly to ensure corrective action is being taken. They will use the corrective action tracking system and will follow up via phone or e-mail on all outstanding items on a monthly basis.

Incidents will be discussed in Safety Committee meetings, Operation Meetings and Foremen Safety Meetings.

OSHA 300A log will be posted February 1 to April 30 each year in all areas.

Relevant incident findings and corrective actions will be e-mailed or hand copied to the person reporting the incident, personnel with similar jobs/situations, and all affected personnel. The Safety Director will determine which incidents and to what extent notification is required.

Sample sharing format:

- **Description of Incident**
- **Nature of Injuries**
- **What we've learned so far**
- **Does your site have any suggestions or recommendations from past experience to help prevent this type of incident from occurring in the future?**

This Incident Investigation Procedure will be evaluated for effectiveness annually.

Tracking Employee Incidents

Reports will be run periodically to identify employees with multiple incidents. All employees with two or more incidents will be further evaluated. The Safety Director will look at the severity of the incident, attendance, safety training participation, any reports of substandard behavior, etc.

Employees involved in an incident will be given additional training based on the type of incident,(i.e. back injury will receive back safety training). The employee will also be asked to complete an Employee Accident Recap.

Employees involved in serious incidents, a recordable injury or multiple incidents may also be required to attend an individual meeting with Management to discuss the incidents, root causes, management system, work system design, etc. Recommendations will be made based on the meeting (adequate PPE, training, adequate tools, work environment, enough management support, etc.) At the meeting, a Health and Safety Improvement Plan will be developed. (The employee's supervisor/manager will be brought in as necessary.)

Examples of topics that could be included in a Health and Safety Improvement Plan include:

- **Attending all required training**
- **Attending (cause of incident) training**
- **Participating on a Safety Committee**
- **Getting adequate PPE**

All incidents will be reviewed to determine if disciplinary action should be taken for the involved employee or their manager.

Corrective Action Tracking Report

Area	Date of Incident	Brief Description	Recommended Corrective Action	Person Assigned	Estimated Date of Completion	Actual Date of Completion

EMPLOYEE ACCIDENT RECAP

Name: _____ Date: _____

Job Title: _____ Location: _____

Years with Company: _____ If less than a year, number of months: _____

Events leading up to the incident: _____

_____

_____

What were you doing when injury occurred? _____

_____

_____

Workplace conditions at time of incident: _____

_____

_____

Safety equipment in use: _____

_____

Recommendations to prevent recurrence: _____

_____

_____

What management factors may have contributed to this incident? _____

_____

Do you feel additional training; tools or support is needed in this particular area? If so, what: ____

_____

_____

_____ _____

Signature Print Name

_____

Telephone Number

How to Handle the Media

From time to time, situations may occur concerning our company, which are considered by the media to be newsworthy. If such a situation arises on your job and you are questioned or asked for an interview or statement by TV, radio, or newspaper reporters, do not make any statements. Incorrect statements, misquotes, items out of context, etc., can be very dangerous, damaging, and costly to Raymond.

The primary contact should be Travis Winsor. If he is not available, contact the Area Manager.

The only people authorized to make public statements for Raymond are:

Area Manager	Area	Phone #
Travis Winsor	All	(714) 714-7670 ext. 262
David Shedd	All	(714) 714-7670 ext. 221
Tom O'Brien	All	(714) 714-7670 ext. 247
Michael Potter	All	(714) 771-7670 ext. 120
Jeffrey Shriver	Orange	(714) 714-7670 ext. 231
Forrest Shaffer	San Diego	(858) 292-4499 ext. 123
Ray Gilbert	Martinez	(925) 602-4924 ext. 257
Kim Lorch	Las Vegas	(702) 891-8875 ext. 435

APPENDICES

Appendix A	Job Site Safety Incentive Program
Appendix B	Employee Disciplinary Warning Notice
Appendix C	Tailgate Meeting
Appendix D	Employee Safety Suggestion
Appendix E	Site Safety Orientation (Transfers Only)
Appendix F	Training / Meeting Attendance Roster
Appendix G	Daily Job Site Safety Inspection
Appendix H	Daily Scaffold Inspection
Appendix I	Daily Masterclimber Inspection
Appendix J	Daily Suspension Scaffold Inspection
Appendix K	Forklift Operator Daily Checklist
Appendix L	Daily Scissors Lift Safety Inspection
Appendix M	Daily Boom Lift Inspection
Appendix N	Welders Daily Jobsite Checklist
Appendix O	Office Safety Inspection
Appendix P	Warehouse/Yard Inspection Checklist
Appendix Q	Incident Summary Report
Appendix R	Supervisory Role in New Employee Training

JOB SITE SAFETY INCENTIVE PROGRAM

PURPOSE

The purpose of the Raymond Job Site Safety Incentive Program is to recognize and commend job site employees for their noteworthy achievements in safety performance. This awards program is being implemented in an effort to enhance the responsibility of all job site employees to make **HEALTH & SAFETY – A PRIORITY.**
It is the belief of Raymond, that this pro-active approach will preserve the life of our employees as well as their quality of life, protect against equipment losses, preserve capital, and build and maintain a good reputation for all involved. Additionally, all employees must assume individual responsibility for performing work safely and maintaining safety awareness. Consistent with this approach, the Awards Program will be evaluated on an on-going basis to ensure that these objectives are being achieved.

Great Safety Performance requirements: Great record of Daily Safety Inspections, timely and accurate incident reporting and no serious jobsite violations.

LEVEL 1
Larger Jobs With Safety Performance

- Reach the milestone of working a minimum of 50,000 hours or 120 days with a great safety performance.

  This is the Big Deal Safety Recognition Lunch that includes Senior Management attendance and a full on celebration of their ultimate success in safety performance. The Corporate Safety budget will fund these celebrations.

❖ **After initially achieving this accomplishment, applicable job sites can have multiple celebrations every 120-days thereafter, in which their Safety Performance Record remains the same. The 120-day period will commence the day after each recognition lunch.**

LEVEL 2
Larger Jobs with less than a perfect Safety record, But showing Improved Safety Performance.

- Work 120-days or 50,000 hours.

Los Angeles/Orange
San Francisco Bay Area
San Diego | Las Vegas

The Raymond Group
520 West Walnut Avenue
Orange, California 92868

Phone: 714.771.7670
Fax: 714.633.1558
CA License No. 243645

This is an Abbreviated Recognition Lunch that does not come with the participation of Division Management. It is to be hosted by the General Foreman, Project Manager, and Superintendent. Even though these jobs do not have a stellar overall safety record, we still want the crews to feel a sense of accomplishment in "aiming for the goal" of a safer work place. In the course of this lunch, their safety record would be emphasized and discussion of continuing the trend, with indications of bigger things to come if they can hold the line. The cost of these lunches will be charged back to the job.

LEVEL 3
Smaller Jobs

While these jobs vary greatly in terms of scope, duration and man hour requirements, if they run with favorable safety records, we want the Superintendents and Project Managers to monitor and request job site 'safety celebrations'. These would be toward the end of the jobs and would be times to acknowledge and reward the crew while still manned up, and before the crew disperses to other jobs. The cost of these lunches will be charged back to the job.

REMEMBER: THE AWARD IS NOT THE MAIN FOCUS OF THIS PROGRAM; IT IS MERELY AN INCENTIVE TO GO FOR THE REAL GOAL. THE REAL GOAL IS A HEALTHY AND SAFE WORKPLACE WHERE EMPLOYEES ARE PRODUCTIVE AND SAFE.

- **ALL RECOGNITION LUNCHES MUST BE REQUESTED BY OPERATIONS AND RECEIVE PRIOR AUTHORIZATION FROM THE RAYMOND SAFETY DEPARTMENT**

Revised 10/20/17

EMPLOYEE DISCIPLINARY WARNING NOTICE

Employee Name: _____ Employee No.: _____

Date of Violation/Warning: _____ Job Trade: _____

Job Name: _____ Job No.: _____

Foreman: _____ Project Manager: _____

First Infraction – Written Warning / 1 Day Off _____

Second Infraction – Written Warning / 2 Days Off _____

Third Infraction – Written Warning / 1 Week Off _____

Fourth Infraction – Termination of Employment _____

Type of Violation

- ☐ Conduct on the job
- ☐ Ignoring directions or warnings
- ☐ Safety
- ☐ Other _____

Explanation of the Infraction: _____

_____

_____

_____

_____

_____

_____ Supervisor Signature

_____ Employee Signature

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Number of days without injury

TAILGATE MEETING

Foreman: _____ Date: _____

Job Site: _____ Job Number: _____

Additional Foreman: _____

_____

Tailgate Subject(s): _____ Attachment #: _____

Employee #	Print Name	Signature

EMPLOYEE SAFETY SUGGESTIONS

Please complete this form to provide a safety suggestion or report an unsafe workplace condition or practice and return completed form to your foreman.

Employee's Suggestion for Improving Safety _____

_____

_____

Description of Unsafe Condition or Practice _____

_____

_____

Cause or Other Contributing Factors _____

Has this matter been reported to the Safety Coordinator or Other Management?

Yes ____ No____ - If Yes, name of person advised: _____

Date advised:_____

Employee Name (optional) _____

Date _____

Employees are encouraged to report unsafe conditions or practices in the workplace .We will promptly investigate all safety reports and take action to correct any unsafe conditions or practices that are discovered. We thank you for your effort to help provide a safe, healthy and productive work environment.

See Spanish on reverse side (En espanol al reverso)

SUGERENCIAS DE LOS EMPLEADOS SOBRE
MEDIDAS DE SEGURIDAD

Les agradeceremos llenen este formulario con las sugerencias que deseen se implementen para mejorar las medidas de seguridad, o reporte cualquier situación peligrosa o práctica riesgosa, en el lugar de trabajo. Cuando termine de llenar el formulario entrégueselo a su capataz.

Sugerencias del empleado para mejorar las medidas de seguridad: _____

_____

_____

Descripción de la situación o práctica peligrosa: _____

_____

_____

Causa u otros factores que contribuyen: _____

_____

_____

¿Se le han reportado estos riesgos al Coordinador de Seguridad o a algún otro miembro de la Administración?

Si _____ No_____ Si la respuesta es Sí, escriba el nombre de la persona a quien se lo reportó:

_____

Fecha que lo reportó: _____

Nombre del empleado (opcional): _____

Fecha: _____

Instamos a los empleados que reporten condiciones o prácticas inseguras o riesgosas en el lugar de trabajo. Todos los reportes sobre las medidas de seguridad los investigaremos con la mayor brevedad posible y tomaremos las medidas que se consideren necesarias para corregir las situaciones o prácticas riesgosas que descubramos. Le agradecemos de antemano por su esfuerzo en darnos la información que conduzca a un entorno de trabajo más seguro, saludable y productivo.

SITE SAFETY ORIENTATION (TRANSFERS ONLY)

Date of Orientation: _____ Region: _____ Job Trade: _____

Employee Name: _____ Employee ID: _____

Job Site Name: _____ Job Site #: _____

Supervisor Name: _____

I have received instruction regarding the following topics:

TOPICS	Check Here ☑
1. Safety & Health Program Location	☐
2. Job Specific Rules	☐
3. Progressive Discipline Policy	☐
4. Incident / Unsafe Condition Reporting	☐
5. First Aid Kit Location / Use	☐
6. Review Site Fire / Emergency Evacuation Plan	☐
7. Minimum Raymond / Site PPE Requirements / Use	☐
8. Safety Data Sheets (SDS) Applicable to Work Assignment	☐
9. All Minimum Training / Certifications Current or Report Boom Lift: ☐ Scaffold User or Erector: ☐ OSHA 10 (Las Vegas ONLY): ☐ ☐ OSHA 30 (Las Vegas Foreman ONLY) ☐ Respirator Card (Painters ONLY)	
10. Employee Has the Following Required PPE: Raymond Hard Hat (Proper Pin Strip if Applicable): ☐ ANSI Z87 approved Safety Glasses: ☐ Full Fingered Cut Resistant Gloves: ☐ Safety Vest: ☐ Hearing Protection: ☐	

Employee Signature: _____

Employee Name (please print) _____

Supervisor Signature: _____

Supervisor Name (please print) _____

**Discussion Guide on next page.*

ORIENTATION DISCUSSION GUIDE

1. Safety and Health Program Location.

2. Review job specific rules. (Raymond's & General Contractor's)

3. Explain discipline policy. (Chapter 12, Raymond Safety & Health Program)

4. How to report injury … Report injury immediately … Reporting unsafe conditions … Near mishaps.

5. First aid kit location.

6. Review jobsite fire/evacuation plans … Assembly locations, etc …

7. Hardhat wear (Beak to front except when welding/sextant use) … Hardhat pinstripe program … Safety glasses … Dust masks … Cut resistant gloves … Earplugs … Work boots … Pants … Shirts.

8. Review Safety Data Sheets (SDS), (i.e. Safety sheets on chemical items) Applicable to job … Review Safety Precautions / First Aid / Personal Protective Equipment required by SDS.

9. If the employees name is on the certification report provided in the job start package, request a copy of an unexpired certification. If not available, the employee must be sent home until provided.

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Training / Meeting Attendance Roster

Class/Course Title: _____

Start Date: _____ Start Time: _____ End Time: _____

Location: _____ Job Number: _____

Instructor: _____ _____
(Print Name) (Signature)

	Employee Number or Last 4 of SS#	Employee Name (Print or Type)	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

PLEASE PRINT CLEARLY

FAVOR DE IMPRIMIR CLARAMENTE

RAYMOND
BUILDING THE FUTURE SINCE 1936

DAILY JOB SITE SAFETY INSPECTION

Job Site: _____ Job Number: _____

Inspector: _____ Week Ending: _____

Mark "✓ " for no correction | **Mark "X" for not applicable** | **Mark "C" for correction needed**

		M	T	W	T	F	S	S
1.	Required safety posters posted?							
2.	First Aid Kit available/stocked?							
3.	Written safety program (IIP/ WWSP) on site?							
4.	Applicable Safety Data Sheets (SDS) available?							
5	Adequate sanitation facilities, drinking water?							
6.	Personal protective equipment available/used?							
7.	Fire protection equipment available?							
8.	Ground fault interrupter system available/used?							
9.	Tools in good condition with appropriate guarding in place?							
10.	Electric tools grounded with heavy duty extension cords used?							
11.	Perimeter and floor openings guarded?							
12.	Handrails provided for stairways?							
13.	Walkways, halls, stairs and ramps clear of obstacles?							
14.	Ventilation/illumination adequate?							
15.	Ladders: in good condition, adequate working height, free of grease and oil?							
16.	Housekeeping and material storage practices satisfactory?							
17.	Warning signs (i.e. laser, powder tools) posted, if applicable?							

All listed maintenance items have been inspected.
Items marked **"C"** have been corrected except for the following: _____

_____

_____

RAYMOND
BUILDING THE FUTURE SINCE 1936

DAILY SCAFFOLD INSPECTION

Job Site: _____ Job Number: _____

Inspector: _____ Week Ending: _____

Mark "✓" for no correction | **Mark "X" for not applicable** | **Mark "C" for correction needed**

		M	T	W	T	F	S	S
1.	Scaffold components/planking in safe conditions?							
2.	Base plates/screw jacks in contact with sills/frames?							
3.	Base plates for all legs?							
4.	Scaffold level and plumb?							
5	Scaffold legs properly braced?							
6.	Proper access provided?							
7.	Guard railings in place on all open sides and ends?							
8.	Toe Boards/Screens installed where required?							
9.	Scaffold tied to structure every 30' in length / 26' in height?							
10.	Scaffold free of makeshift devices (i.e. boxes, pails, ladders) to increase height?							
11.	Working level platforms fully planked between uprights?							
12.	Maximum of 12" plank overlap and 6" extension beyond supports?							
13.	Planks overlap only over supports?							
14.	Planks in good condition?							
15.	Hazardous conditions provided for:							
	a.) Power Lines?							
	b.) Wind loading?							
	c.) Possible washout of footings?							
	d.) Uplift and overturning moments?							
16.	Personnel instructed in safe use?							
17.	Scaffold release forms sighed for other trades?							

All listed maintenance items have been inspected.
Items marked **"C"** have been corrected except for the following: _____

_____

_____

RAYMOND
BUILDING THE FUTURE SINCE 1936

DAILY MASTERCLIMBER INSPECTION

Job Site: _____ Job Number: _____

Inspector: _____ Week Ending: _____

Mark "✓" for no correction | **Mark "X" for not applicable** | **Mark "C" for correction needed**

		M	T	W	T	F	S	S
1.	Base & Ground – Check ground to ensure no movement due to weather conditions.							
2.	Outriggers – Check placement of cribbing (i.e. shoring used to level outriggers with climber's main body)							
3.	Check building for any objects protruding into the masterclimber's route of travel.							
4.	Check wheels & tires.							
5	Check trailing cable (i.e. electrical cable) is free of obstructions and can hang freely.							
6.	Check all guardrails, end fencing, and planking are properly installed / secured.							
7.	Check gate interlock switches (i.e. open gate and push "UP" button)							
8.	Check limit switches.							
9.	Check brake release levers separately (i.e. take climber up approx. 4 ft. and push one lever down 2 inches, the other motor / brake should hold load. Repeat pushing down on other lever)							
10.	Check the emergency stop button.							
11.	Check guides & rollers, rack & pinion, mast & fittings.							
12.	Check bolts, nuts, and lock washers of the mast and building anchors.							

All listed maintenance items have been inspected.
Items marked **"C"** have been corrected except for the following: _____

_____

_____

_____

_____

RAYMOND
BUILDING THE FUTURE SINCE 1936

DAILY SUSPENSION SCAFFOLD INSPECTION

Job Site: _____ Job Number: _____

Inspector: _____ Week Ending: _____

Mark "✓ " for no correction | **Mark "X" for not applicable** | **Mark "C" for correction needed**

		M	T	W	T	F	S	S
1.	Check support systems (i.e. Tie back ropes, outriggers, counterweighs, beams, clamps, etc.) for condition/security							
2.	Check condition/security of stage/cage parts (i.e. Rails, rungs, deck, rollers, guard rails, toe boards)							
3.	Check capacity plate –DO NOT EXCEED MAXIMUM							
4.	Check that stage stirrups are in line with roof supports							
5	Check condition/security of hoist components (i.e. Wire rope, hoists, electric cable/air hose, strain relief)							
6.	Wire rope long enough to touch the ground							
7.	Each employee on stage has their own independent fall-arrest system							
8.	Roof edge protection provided for lifelines							
9.	Check to see that lifelines are attached to an independent anchor point at roof level							
10.	Check to ensure equipment is clear of overhead power lines (10-foot minimum) and obstacles							
11.	DO NOT use equipment in bad weather (i.e. High winds, rain storms, snow/ice)							
12.	Report all equipment/operation problems immediately DO NO USE until problems are resolved							

All listed maintenance items have been inspected.
Items marked **"C"** have been corrected except for the following: _____

_____

_____

_____

RAYMOND
BUILDING THE FUTURE SINCE 1936

FORKLIFT OPERATOR DAILY CHECK LIST

Operator's Name: _____ Week Ending: _____

Job Site: _____ Job Number: _____

Forklift Make: _____ Forklift Number: _____

Rental Company: _____ Type: ☐ LP ☐ Gas

Mark "✓" for no correction | **Mark "X" for not applicable** | **Mark "C" for correction needed**

	M	T	W	T	F	S	S
1. Fuel level							
2. Engine oil level							
3. Radiator water level							
4. Brakes (service & parking)							
5 Lights (head, tail & warning)							
6. Horn							
7. Damage & leaks							
8. Fluid leaks							
9. Tire condition							
10. Steering							
11. Hydraulic controls							
12. Seat belt							
13. Battery water level							
14. Back-up alarm							

All listed maintenance items have been inspected.
Items marked **"C"** have been corrected except for the following: _____

_____

_____

_____

_____

RAYMOND
BUILDING THE FUTURE SINCE 1936

DAILY SCISSORS LIFT SAFETY INSPECTION

Date: _____ Job Site: _____

Inspector: _____ Equipment I.D.# _____

Week Ending: _____ Rental Company: _____

Mark "✓ " for no correction | **Mark "X" for not applicable** | **Mark "C" for correction needed**

		M	T	W	T	F	S	S
1.	ROUTE OF TRAVEL/WORKING AREA FREE OF OBSTACLES, CORDS, FLOOR ELEVATION CHANGES, RAMPS & DEBRIS?							
2.	Check 'Operating' and 'Emergency' controls.							
3.	Check visual /audio safety devices							
4.	Check emergency stops and tilt sensor							
5	Check upper control override							
6.	Visually check for hanging wires; bent, broken, missing or loose parts							
7.	Visually check air hydraulic, oil and fuel systems							
8.	Placards, warning labels, control markings present and readable?							
9.	Rated capacity and maximum travel height plates present?							
10.	Operating manuals present?							
11.	If installed, inspect condition / operation of outriggers / stabilizers							
12.	Visually check condition / operation of front axels, steering mechanism, tires, wheels, brakes, lug nuts, pins, etc.							
13.	Visually check battery for leaks / fluid levels							
14.	Guardrails / toe boards in place and in serviceable condition?							
15.	Work platform clean, no holes or cracks & slip resistant surface?							
16.	Check condition of access ladder and safety chain							
17.	Check condition / operation of platform extension							
18.	Check for electrical wires / overhead obstructions (i.e. HVAC Ducts, Sprinklers / Overhead Power Lines)							
19.	Adequate ventilation for gas / propane powered units?							

- All listed 'Inspection' items have been inspected.
- Items marked '**C**' have been corrected or need corrective action.
- See next page.

RETAIN IN JOBSITE SAFETY BINDER

REMOVE INSPECTION PAD WHEN RETURNNG EQUIPMENT

DEFICIENCY / RECOMMENDATION REPORT

The following correction action(s) have been made to items marked **'C'** on the previous page. Indicate whether the item is a deficiency **'D'** or a recommendation **'R'**. Enter the item number and the date of the inspection.

D / R	Item # - Date	Corrective Action	Date Corrected
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	

RAYMOND
BUILDING THE FUTURE SINCE 1936

DAILY BOOM LIFT SAFETY INSPECTION

Date: _____ Job Site: _____

Inspector: _____ Equipment I.D.# _____

Week Ending: _____ Rental Company _____

Mark "✓ " for no correction | **Mark "X" for not applicable** | **Mark "C" for correction needed**

		M	T	W	T	F	S	S
1.	ROUTE OF TRAVEL/WORKING AREA FREE OF OBSTACLES, CORDS, FLOOR ELEVATION CHANGES, RAMPS & DEBRIS?							
2.	Check 'Operating' and 'Emergency' controls.							
3.	Check visual / studio safety devices							
4.	Check emergency stops and tilt sensor							
5	Check upper control override							
6.	Visually check for hanging wires; bent, broken, missing or loose parts							
7.	Visually check air hydraulic, oil and fuel systems							
8.	Placards, warning labels, control markings present and readable?							
9.	Rated capacity plate present?							
10.	Operating manuals present?							
11.	Inspect condition / operation of outriggers / stabilizers							
12.	Visually check condition / operation axels, steering mechanism, tires, wheels, brakes, lug nuts, pins, etc.							
13.	Visually check battery for leaks / fluid levels							
14.	Guardrails / toe boards in place and in serviceable condition?							
15.	Work platform clean, no holes or cracks & slip resistant surface?							
16.	Check basket / bucket access gate and latches							
17.	Check boom and lifting cylinders							
18.	Check security of counterweight							
19.	Personal fall protection (i.e. Body Harness / Lanyard) present?							
20.	Check for electrical wires / overhead obstructions (i.e. HVAC Ducts, Sprinklers / Overhead Power Lines)							
21.	Adequate ventilation for gas / propane powered units?							

- All listed 'Inspection' items have been inspected.
- Items marked 'C' have been corrected or need corrective action.
- See next page.

SEND COMPLETED INSPECTION SHEETS TO THE OFFICE WEEKLY

REMOVE INSPECTION PAD WHEN RETURNING EQUIPMENT

DEFICIENCY / RECOMMENDATION REPORT

The following correction action(s) have been made to items marked **'C'** on the previous page. Indicate whether the item is a deficiency **'D'** or a recommendation **'R'**. Enter the item number and the date of the inspection.

D / R	Item # - Date	Corrective Action	Date Corrected
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	
		Rental Co. called ☐ Yes ☐ No & Date : _____ Contact Name: _____	

RAYMOND
BUILDING THE FUTURE SINCE 1936

WELDERS DAILY JOBSITE CHECKLIST

Job Site: _____

Job Number: _____ Welder Number: _____

Inspector: _____ Week Ending: _____

Mark "✓" for no correction | **Mark "X" for not applicable** | **Mark "C" for correction needed**

		M	T	W	T	F	S	S
1.	Has the "Hot Work Permit" been obtained?							
2.	Install "Caution Tape" around work area if needed to keep other worker from being burned below work.							
3.	Ensure adequate ventilation.							
4.	Check surrounding area for flammable or combustible materials.							
5	Fire extinguisher positioned in work area and if required firewatch personnel.							
6.	Check oil and gas in gas powered welders.							
7.	Vent exhaust gases outside, if required for gas powered welders.							
8.	Hard hat and welding helmet with the proper number eye shade.							
9.	Protective clothing available (non-flammable dry gloves /leathers /respiratory protection) must be worn.							
10.	Before starting operations, have the leads been firmly attached to the welder?							
11.	Check power cords, ground leads and stinger lead for cuts, nicks or loose connections.							
12.	Check machine for loose connections at lead terminals, tighten if necessary.							
13.	Welding leads on ground not lying over perimeter cables or metal objects.							
14.	Electrodes and holders that are not in use shall be protected so they cannot make electrical contact with employees or conducting objects.							
15.	When changing welding rods, use dry, hole-free welding gloves.							
16.	When practical, provide welding screens for protection of non-welders.							

All listed maintenance items have been inspected.
Items marked **"C"** have been corrected except for the following: _____

_____

_____

Report all equipment / operation problems immediately to foreman.
TAG and **DO NOT USE** until problems are resolved.

OFFICE SAFETY INSPECTION

Date _____ Inspected By _____

Location _____

CHECK ONE Yes	No	GENERAL	Note locations, nature of violations and recommendations for improvements
_____	_____	Emergency procedures and duties preplanned and periodically reviewed with employees?	
_____	_____	One or more employees currently certified in first aid?	
_____	_____	First aid kit available and contents replenished as used?	
_____	_____	Emergency phone numbers (e.g., doctor, ambulance and fire dept.) conspicuously posted?	
_____	_____	Warning signs bilingual, if English is not the predominant language?	
_____	_____	Local Fire Department acquainted with premises and operations?	
_____	_____	Proper number, size and type of fire extinguishers clearly marked, mounted and serviced annually?	
_____	_____	Employees trained in correct use of firefighting equipment?	
_____	_____	Smoking prohibited in stock, fuel storage and fuel dispensing area with signs posted?	
_____	_____	Electrical systems and equipment provided with adequate overload protection and properly grounded?	
_____	_____	Only controlled use of heavy duty grounded extension cords allowed?	
_____	_____	Adequate outlets provided with controlled use of gang plugs?	

SAFE WORK PRACTICES

_____	_____	1.	Employees use care in smoking - observe rules
_____	_____	2.	No evidence of horseplay or other unsafe acts
_____	_____	3.	Unattended files and/or desk drawers closed
_____	_____	4.	Only one file drawer open at a time
_____	_____	5.	Equipment used properly
_____	_____	6.	Employees keep work area (floors, furniture, storage) clean and neat

HOUSEKEEPING

_____	_____	1.	Floors free of trash and debris. Rugs and floors in good condition
_____	_____	2.	Sufficient number of trash containers, conveniently spaced and good condition
_____	_____	3.	Containers emptied on a regular basis (no overflow)
_____	_____	4.	Floors, aisles and stairways in good repair
_____	_____	5.	Liquid spills cleaned promptly
_____	_____	6.	Cleaning supplies readily available and properly stored
_____	_____	7.	Stair railings secure
_____	_____	8.	Office furniture in good condition, free of sharp edges, etc.
_____	_____	9.	Cleaning supplies properly stored
_____	_____	10.	Heating equipment free of defects, properly insulated and dust free
_____	_____	11.	Floors free of wires and other tripping hazards

CHECK ONE Yes	No		Note locations, nature of violations and recommendations for improvements
		FIRECONTROL	
_____	_____	1. Fire doors close, free of obstructions	
_____	_____	2. Fire extinguishers readily available	
_____	_____	3. Extinguishers marked for type of use and tagged for inspection and maintenance	
_____	_____	4. Machines free of dirt and grease	
		ELECTRICAL	
_____	_____	1. Permanent wiring boxes, switches, outlets and lights secure and free of defects	
_____	_____	2. Breaker and fuse boxes properly maintained	
_____	_____	3. No overloading of outlets	
_____	_____	4. Wires and plugs securely connected	
_____	_____	5. Lighting adequate and spaced to eliminate shadows	
_____	_____	6. Electrical systems and equipment provided with adequate overload protection and properly grounded?	
_____	_____	7. Only controlled use of heavy duty grounded extension cords allowed?	
_____	_____	8. Adequate outlets provided with controlled use of gang plugs?	
		HEALTH AND SANITATION	
_____	_____	1. Eating facilities adequate	
_____	_____	2. Bathroom clean and properly maintained	
_____	_____	3. Noise level OK - can hear normal conversation without raised voices	
_____	_____	4. First aid supplies readily available and adequately maintained	
		BULLETIN BOARD AND RECORDS	
_____	_____	1. OSHA Poster and phone listings posted	
_____	_____	2. OSHA records file current	

ADDITIONAL COMMENT BY INSPECTOR

_____

_____

_____

_____

_____

_____

_____

WAREHOUSE/YARD INSPECTION CHECKLIST

An essential part of loss prevention is the recognition and removal or correction of hazards before a loss can occur. This checklist should serve as a tool, indicating those areas needing attention. A"NO" response to any question indicates corrective action is necessary. After completion, forward to Program Administrator for review.

GENERAL

		YES	NO
1.	Emergency procedures and duties preplanned, periodically reviewed with employees?	_____	_____
2.	One or more employees currently certified in first aid?	_____	_____
3.	First aid kit available and contents replenished as used?	_____	_____
4.	Emergency phone numbers (e.g. doctor, ambulance and fire dept.) conspicuously posted?	_____	_____
5.	Warning signs bilingual, if English is not the predominant language?	_____	_____
6.	Local Fire Department acquainted with premises and operations?	_____	_____
7.	Proper number, size and type of fire extinguishers clearly marked, mounted, and serviced annually?	_____	_____
8.	Employees trained in correct use of firefighting equipment?	_____	_____
9.	Smoking prohibited in stock, fuel storage, and fuel dispensing area with signs posted?	_____	_____
10.	Electrical systems and equipment provided with adequate overload protection and properly grounded?	_____	_____
11.	Only controlled use of heavy duty, grounded extension cords allowed?	_____	_____
12.	Adequate outlets provided with controlled use of gang plugs?	_____	_____

FLAMMABLE LIQUIDS

1.	Flammable and combustible liquids (e.g. paints, fuel and solvents) in metal safety cabinets or in a properly constructed storage vault?	_____	_____
2.	Bulk fuel and solvent tanks properly vented, vent pipes terminate away from air intakes, fuel pipes marked?	_____	_____
3.	Flammable liquid dispensing equipment bonded, grounded and protected from vehicular damage?	_____	_____
4.	Explosion or vapor proof electrical lights, motors, switches and wiring provided in hazardous areas?	_____	_____
5.	Ignition sources (e.g., open flames, heaters, cutting torches, etc.) eliminated from hazardous areas?	_____	_____
6.	Solvent soaked rags stored in properly marked containers?	_____	_____

MATERIAL HANDLING

1.	Hoisting and lifting equipment, including ropes and chains, inspected on a scheduled basis, written records maintained and capacity limits posted?	_____	_____

EQUIPMENT

1.	Lock-out procedures established and followed on maintenance and adjustment of machinery and equipment?	_____	_____
2.	Hydraulic and pneumatic lines and connections inspected daily, with defects corrected immediately?	_____	_____
3.	Oxygen and fuel gas cylinders properly segregated?	_____	_____
4.	Compressed gas cylinders marked, chained and capped?	_____	_____
5.	Torches and hoses properly connected, checked for deterioration and in good condition?	_____	_____

VEHICLE OPERATIONS

	YES	NO
1. Driving records ordered and reviewed prior to hiring and annually, for all employees who operate company vehicles?	_____	_____

FORKLIFTS

1. Adequate aisle space provided for forklift operations?	_____	_____
2. Lift truck fueling and/or charging areas free of combustible and ignition sources, with gasoline fueling done outside?	_____	_____
3. Liquefied petroleum gas cylinders stored outside and protected from traffic?	_____	_____
4. Battery charging area well-ventilated and vent caps in place when charging?	_____	_____
5. Emergency facilities available for flushing and neutralizing battery acid spills or splashes?	_____	_____
6. Personal protective equipment (e.g., face shield, gloves, aprons) worn by employees handling and/or charging batteries?	_____	_____

PUBLIC AREAS

1. Walking and working areas free of slip, trip or fall hazards and well illuminated?	_____	_____

PARKING AREAS

1. Parking area(s) well-illuminated with designated entrance(s) and directional sign(s)?	_____	_____
2. Areas designated for pick-up and delivery?	_____	_____

SPRINKLER PREMISES

1. System equipped with water flow alarm device, connected to Central Station or Fire Department?	_____	_____

COMMENTS

_____

_____

_____

_____

This checklist is not intended to cover all possible hazardous conditions or unsafe acts that may exist. Other unsafe acts or hazardous conditions should also be noted and corrective action taken.

_____ _____

Inspected By Date

_____ _____

Corrected By Date

RAYMOND
BUILDING THE FUTURE SINCE 1936

Incident Summary Report

Date of Incident: _____ Incident # _____
(To be completed by Insurance Manager)

Name of Injured Person: _____

Check One:

☐ Employee - Job Title _____ Employee ID# _____

☐ Subcontractor Employee's _____

Company Name _____

Trade _____

Address _____

Telephone Number _____

☐ General Public - Address _____

Telephone Number _____

Region (Check One)

☐ Orange ☐ San Diego
☐ Las Vegas ☐ Other _____
☐ Martinez

Incident Job Site Description (Check One)

☐ Construction ☐ Office ☐ Other _____

List witnesses: *(attach witness(es) statement to report)*

Name:	Employee No.	Company Name, Address, and Phone Number

Name of Person(s) Completing Report _____

Cell Phone Number _____ Employee Number _____

Return the Completed Report to the Safety Department within 48 Hours

RAYMOND
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Incident Summary Report

Job Number:	Project Name:	Incident No. *(to be assigned by the Safety Dept.)*
	Address of Location *(street, city, zip):*	

Incident Information

Primary Type of Incident:

- ☐ Chemical Spill Or Release
- ☐ Environmental
- ☐ Fire/Explosion
- ☐ Hazard Observation
- ☐ Illness
- ☐ Injury
- ☐ Near Miss/Close Call
- ☐ Product Damage
- ☐ Property Damage
- ☐ Security
- ☐ Vehicle Damage
- ☐ Property Theft
- ☐ Workplace Violence

If Injury/Illness, Enter Person's Name	OSHA Recordability of Injury/Illness (To be completed by Insurance Manager) (*OSHA Recordable)
	☐ First Aid ☐ Medical Treatment, Non-Recordable ☐ Medical Treatment, Recordable* ☐ Modified/Lost Workday* ☐ Fatality*

Date of Incident	Time of Incident	Date Reported	Date of Investigation

Exact Location of Incident (i.e. Southwest corner, 5th floor)	Severity Level (1-4)**

Sequence of Events *(Describe what happened before, what happened during and after the incident. Use additional sheets if necessary.)*

Primary Type of Contact: *(select one)*

- ☐ Absorption
- ☐ Bodily Reaction
- ☐ Caught In, Under Or Between
- ☐ Exposure To, Contact With
- ☐ Inhalation, Swallowing
- ☐ Overexertion
- ☐ Repetitive Motion
- ☐ Rubbed Or Abraded
- ☐ Slip, Trip, Fall
- ☐ Struck Against/Struck
- ☐ By Temperature Extremes
- ☐ Loss of Property

Causal Analysis

Reason Why Incident Occurred: *(select all that apply)*

- ☐ Driving Actions
- ☐ Equipment Operator Actions
- ☐ Safe Work Practices Or Rules
- ☐ Need for Assistance
- ☐ Lockout/Tagout
- ☐ Failure To Secure
- ☐ Personal Protective Equipment
- ☐ Warning Or Instruction
- ☐ Horseplay Or Fighting
- ☐ Lifting, Pushing, Or Pulling
- ☐ Loading Or Stacking
- ☐ Placement Or Storage
- ☐ Positioning For Task
- ☐ Use Of Equipment Or Tools
- ☐ Awareness of Surroundings
- ☐ Grip Or Hold
- ☐ Intentional Act/Sabotage
- ☐ Mobile Radio/Cell Phone Use
- ☐ Authority To Operate Equipment
- ☐ Operating Speed
- ☐ Safety Devices
- ☐ Servicing Equipment In Operation
- ☐ Drugs Or Alcohol
- ☐ Mixing Or Combining Substances
- ☐ Using Of Equipment
- ☐ Clothing *(other than P.P.E.)*

**See the Severity Level Matrix

Level 1	Fatality
Level 2	Admitted to hospital or permanent disability
Level 3	Person injured and unable to perform regular duties
Level 4	Injured and can perform regular duties

Causal Analysis *(continued)*

Secondary Reason Why Incident Occurred: *(select all that apply)*

- ☐ Workspace Conditions *(congested or restricted access/egress)*
- ☐ Environmental Conditions (Gases, Dusts, Smoke, Fumes)
- ☐ Equipment Failure
- ☐ Exposure To Cold Temperatures
- ☐ Exposure To Hot Temperatures
- ☐ Walking Or Working Surface
- ☐ Fire/Explosion Hazard
- ☐ Guards Or Barriers
- ☐ Protective Equipment
- ☐ Illumination
- ☐ Ventilation
- ☐ Warning System
- ☐ Labeling
- ☐ New Or Modified Equipment
- ☐ New Or Modified Procedure
- ☐ Noise
- ☐ Housekeeping
- ☐ Visibility
- ☐ Weather Conditions
- ☐ Tools/Equipment Availability
- ☐ Radiation
- ☐ Vibration
- ☐ Other

Write A Brief Description For Each Box Checked Above (if necessary attach additional paper)

Root Causes (Facts why this incident happened): *(select all factors that apply)*

- ☐ Abuse or Misuse
- ☐ Equipment Wear And Tear
- ☐ Engineering or Design
- ☐ Inspections
- ☐ Maintenance
- ☐ Management Systems
- ☐ Mental Or Psychological Capability
- ☐ Physical Capability
- ☐ Procurement/Purchasing
- ☐ Risk Assessment
- ☐ Supervision Or Leadership
- ☐ Tools, Equipment, Or Materials
- ☐ Training
- ☐ Work Standards Or Procedures
- ☐ Motivation
- ☐ Employee Knowledge
- ☐ Employee Skill
- ☐ Mental Stress Or Fatigue
- ☐ Physical Stress Or Fatigue

Write A Brief Description For Each Box Checked Above

Property Theft (use additional sheet if necessary)

Quantity	Description of Loss	Cost Each	Total Cost

Polic

Corrective Actions

Corrective Actions *(To prevent incident from occurring again)*	Date to be completed by	Name of person completing task

Approvals (signatures)

Person Writing Report	Date
General Superintendent or Next Level Supervisor	Date
Safety Department Representative Review	Date
Approved By *(Director of Safety)*	Date

If injury/illness is involved, complete page 4.

The information gathered in this report is not to be deemed a finding of fact or law. This report shall not be deemed completed unless and until reviewed and signed by the Director of Safety

This Page To Be Completed For All Injuries Or Illnesses:

Injured Person's Time on Task *(hours)*	Job Title	Injured Person's Years of Experience

Nature of Injury/Illness *(select all that apply)*

- ☐ Allergies/Sensitivities
- ☐ Amputation
- ☐ Asphyxiation
- ☐ Bruise/Contusion
- ☐ Burn-Chemical
- ☐ Burn-Radiation
- ☐ Burn-Thermal
- ☐ Carpal Tunnel Syndrome
- ☐ Cold Related Condition
- ☐ Concussion With Loss Of Consciousness
- ☐ Concussion Without Loss Of Consciousness
- ☐ Contagious Conditions
- ☐ Cut, Puncture, Open Wound
- ☐ Dermatitis
- ☐ Dislocation
- ☐ Disorders Associated With Repeated Trauma
- ☐ Disorders Due To Physical Agents
- ☐ Dust Diseases Of Lungs
- ☐ Electric Shock
- ☐ Foreign Body-Eye
- ☐ Foreign Body-Other Than Eye
- ☐ Fracture
- ☐ Hearing Loss
- ☐ Heart Condition
- ☐ Heat Related Conditions
- ☐ Hernia/Rupture
- ☐ Infection
- ☐ Inflammation/Irritation of Joints, Tendons or Muscles
- ☐ Internal Bleeding
- ☐ Occupational Skin Diseases Or Disorders
- ☐ Pneumoconiosis
- ☐ Poisoning
- ☐ Respiratory Conditions
- ☐ Scratch/Abrasion
- ☐ Sprains/Strains-Joints, Muscles, Tendons
- ☐ Stress, Mental
- ☐ All Other Occupational Illnesses

Part of Body Affected *(select all that apply and if applicable, check R=Right, L=Left or B=Both)*

- ☐ Abdomen/Internal Organs
- ☐ Ankle ☐R ☐L ☐B
- ☐ Arm ☐R ☐L ☐B
- ☐ Lower Arm (ulna/radius)
- ☐ Upper Arm
- ☐ Back (lower, mid, upper)
- ☐ Cervical Spine
- ☐ Chest (including ribs)
- ☐ Chest, Frontal
- ☐ Chest, Frontal & Lateral
- ☐ Circulatory System
- ☐ Digestive System
- ☐ Ear - External ☐R ☐L ☐B
- ☐ Ear - Internal (hearing) ☐R ☐L ☐B
- ☐ Elbow
- ☐ Eye ☐R ☐L ☐B
- ☐ Face
- ☐ Femur
- ☐ Fingers
- ☐ Index (first) Finger
- ☐ Middle (second) Finger
- ☐ Ring (third) Finger
- ☐ Little (fourth) Finger
- ☐ Thumb
- ☐ Foot ☐R ☐L ☐B
- ☐ Groin
- ☐ Hand ☐R ☐L ☐B
- ☐ Head/Skull/Scalp
- ☐ Hip ☐R ☐L ☐B
- ☐ Jaw
- ☐ Knee ☐R ☐L ☐B
- ☐ Leg (above ankle) ☐R ☐L ☐B
- ☐ Lumbar Spine
- ☐ Mouth/Teeth
- ☐ Multiple Parts
- ☐ Neck
- ☐ Nervous System
- ☐ Nose
- ☐ Prosthetic Devices
- ☐ Respiratory System
- ☐ Shoulder ☐R ☐L ☐B
- ☐ Thoracic Spine
- ☐ Throat
- ☐ Tibia/Fibula
- ☐ Fifth Toe
- ☐ Fourth Toe
- ☐ Great (first) Toe
- ☐ Toes
- ☐ Second Toe
- ☐ Third Toe
- ☐ Wrist ☐R ☐L ☐B

Agency of Injury/Illness *(select all that apply)*

- ☐ Air Pressure
- ☐ Animals/Insects/Birds/Reptiles
- ☐ Asbestos
- ☐ Boiler
- ☐ Building/Structures
- ☐ Chemicals
- ☐ Chips
- ☐ Clothing/Shoes
- ☐ Cold
- ☐ Containers (boxes, barrels, packages)
- ☐ Containers (carts, bins, cages)
- ☐ Conveyer
- ☐ Debris/Scrap
- ☐ Drugs/Medicine
- ☐ Electrical Apparatus
- ☐ Excavation/Trenching
- ☐ Fasteners
- ☐ Fire/Smoke
- ☐ Food
- ☐ Glass Items
- ☐ Hand Tools
- ☐ Heat
- ☐ Hoisting Apparatus/Elevator
- ☐ Ladders
- ☐ Liquids
- ☐ Logs
- ☐ Lumber/Other Wood Items
- ☐ Machine Parts
- ☐ Metal Items
- ☐ Mineral Items - Metallic/Nonmetallic
- ☐ Mobile Equipment
- ☐ Noise
- ☐ Office Equipment
- ☐ Pallets Paper/Pulp
- ☐ Items
- ☐ Particles, Unidentified
- ☐ Pathogens (airborne, bloodborne)
- ☐ Petroleum Products
- ☐ Plants/Trees
- ☐ Plastic Materials
- ☐ Power Tools
- ☐ Radiating Substances
- ☐ Silica
- ☐ Slivers
- ☐ Soaps/Detergents
- ☐ Steam
- ☐ Tarps
- ☐ Transportation Equipment (including vehicles)
- ☐ Work Area Or Environment
- ☐ Working Surface - Elevated
- ☐ Working Surface - Floors/Stairs
- ☐ Working Surface - Outside

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EMPLOYEE ACCIDENT RECAP

Name: _____ Date: _____

Job Title: _____ Location: _____

Years with Company: _____ If less than a year, number of months: _____

Events leading up to the incident: _____

_____

_____

What were you doing when injury occurred? _____

_____

_____

Workplace conditions at time of incident: _____

_____

_____

Safety equipment in use: _____

_____

Recommendations to prevent recurrence: _____

_____

_____

What management factors may have contributed to the incident? _____

_____

Do you feel additional training; tools or support is needed in this particular area? If so, what?

_____

_____

_____
Signature

_____
Print Name

_____
Telephone Number

THE SUPERVISOR'S ROLE
IN NEW EMPLOYEE INDOCTRINATION

The first day on a new job is very important to your people. Many of the attitudes and impressions they form on that day will have a lasting effect on them. Put yourself in their shoes for a few minutes. They are anxious to please. They are nervous. They have many questions. They want to be assured that the new Company they have joined will be a good place to work.

When the new employee is brought to you, there are a number of things you can do to complete the indoctrination in top-notch fashion.

First - make the new person feel welcome. Introduce the other people in the department. At the time of the introductions you have an opportunity to take the new operator on a tour of your department. This affords a good chance to show all the processes in your operation and to discuss the hazards associated with each one of them. This can lead to an explanation of 'why' we have personal protective equipment and 'why' there are rules requiring that it is worn or used.

It is a well-known fact that when people understand the reasons for rules, they comply with them much more readily. So you have an opportunity on the new employee's first day to make your enforcement of the safety rules a much easier task.

After the general tour, it's a good idea to show the new employee the operation he or she will be doing. At this point you can do several things:

1. Show how important the new employee's operation is in the overall picture. Point out how the contribution from this operation is vital to the functioning of the end product. Begin building in job satisfaction right from the start.

2. Discuss the personal protective equipment needed for the job and tell the new employee:

   How to get it.

   What to do if it needs repair or replacement, and

   Why it's essential to safe operations.

In addition, you will want to answer the many other questions your new employee is concerned with, such as:

What are the exact starting and quitting times?
When is my department's lunch period?
Where may we eat lunch?
Where do I hang my jacket and keep personal items?
Where is the nearest washroom?
Are there scheduled clean up' periods in the department?

You can make a very good checklist of items to be covered with your new employees by putting yourself in their shoes and listing the questions you would ask if you were a new employee starting here today. Perhaps it would be useful for you to pause right now and hold a brainstorming session to make up such a list. A sample list is included that you can add to and improve to suit your particular operations.

One of the most important items for you to cover with your new people is what to do if they are injured. As you know, you want them to report any injury to you immediately, no matter how minor. In this way you can be certain that the proper action will be taken in the event of an injury. It is also a good idea to have the new employee report all accidents, even if no one is hurt. That way you can be sure that any equipment damage that may have occurred is rectified before production is resumed.

We all know that a 'new pair of eyes' can frequently spot hazards that the rest of us have been missing as we go through the department every day. You want to get the benefits from this new 'set of eyes' by having your new employees report to you immediately any unsafe condition he or she may see. Not only will this help you to improve your accident prevention program, it will help your new people to get a feeling of belonging much sooner.

By all means encourage your people to ask questions. And go over any items needed to give them complete answers to any questions.

It's a good idea to have a short follow-up session with the new employee the third or fourth day on the job. By that time it's likely there will be more questions you can answer. In the follow-up session, you will have a chance to evaluate how good a job you did on the person's first day.

You will find that getting your new people started on the right foot will have these benefits:

Your people's safety performance will improve.

Rules will be easier to enforce.

Injuries will be fewer among your new people.

Your new employees turnover will be reduced, and

Your people will know you care about them.