The Raymond Group

Safety and Health Program

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Arizona - ROC236764
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Includes Required Elements of:

CAL OSHA Title 8 CCR 3202 Injury and Illness Prevention Program

Nevada Revised Statute 618.383 Written Workplace Safety Program

WA Administrative Code 296.800.14005 Written Accident Prevention Plan

Revised January 2018

RAYMOND®
BUILDING THE FUTURE SINCE 1936

Our Safety and Health Vision

To be the safest specialty contractor in each of our market areas.

Our Safety and Health Objective

Prevention of all injuries and illness at work.

Our Safety and Health Policy

We promote and protect the health and well-being of our employees, subcontractors and visitors and effectively manage illness and injury to reduce cost.

SAFETY AND HEALTH POLICY SUMMARY

Policy

Our foremost objective is the prevention of injury and illness at work. We will promote and protect the health and well being of our employees and effectively manage illness and injury to reduce cost.

Expectations

We will:

- Operate in full compliance with all applicable Federal, State and Local codes and regulations.
- Establish and support procedures and rules that promote health and safety of people and operations.
- Treat injured employees with dignity and respect and provide the best medical treatment for workplace injury and illness.
- Maintain a workplace absent of the effects of alcohol and other drugs of abuse.
- Maintain a high level of awareness within the company regarding health and safety, including ongoing promotion and support of healthy and safe personal lifestyles for our employees and their families.

Employee Responsibilities

Employees are responsible for:

- Working diligently to protect their own health and safety and that of their co-workers on the job.
- Maintaining safety awareness during off-the-job activities.
- Understanding the benefits of wellness behavior and principles for a healthy lifestyle.

Every employee has the responsibility and the right to refuse to perform work they believe is unsafe without fear of reprisal.

If you have concerns as to whether or not a task is safe for you to perform, please discuss the situation with your manager or you may contact the Safety Department

Supervisor Responsibilities

Manager's responsibilities include:

Planning

- Establishing health and safety goals.
- Helping to develop health and safety procedures and rules, and enforcing their use.
- Helping develop, practice and maintain emergency procedures.
- Keeping updated on current health and safety practices.
- Providing a clean, orderly operating environment that is free of physical, chemical, mechanical, biological and ergonomic hazards.

Education

- Providing education and training regarding job hazards and ways to eliminate risks.
- Encouraging employee feedback regarding job safety.
- Modeling and reinforcing safe and healthy behaviors.
- Developing and maintaining an environment that supports the practice of healthy lifestyles and encourages employee involvement in health and safety activities.

Investigation and record keeping

- Ensuring thorough critical incident investigation.
- Ensuring accurate reporting and recording of incidents.
- Documenting corrective actions taken to avoid recurring incidents.

Evaluations and audits

- Evaluating health and safety performance using tools such as internal audits and inspection checklists.

Consequences Failure to comply with this policy could lead to:

- Adverse fines and legal actions taken against the company.
- Disciplinary action taken against an employee, up to and including dismissal.

Safety and Health culture is taken into consideration for job promotion and pay increases.

Approval Approved by Senior Management Team May, 2017.

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APPENDICES

POLICY

The Raymond Group is committed to protecting the safety and health of each employee as a value of the organization. The implementation of actions to help achieve a healthy, injury-free work environment is a leadership responsibility. To help ensure that policy commitments are translated into appropriate actions, we recognize the importance of employee participation. We have a commitment to continual improvement of employee safety and health. Finally, the organization must conduct operations in compliance with applicable law and regulations, as well as in conformance with its own safety and health standard. To assure the success of our policy, the company has implemented this Safety and Health Program. The program encompasses the following items:

- Identifying roles and responsibilities.
- Providing you with workplace safety practices.
- Conducting safety and health inspections to find and eliminate unsafe working conditions or health hazards.
- Investigating workplace accidents promptly and thoroughly to find the cause and to make corrections so that it does not happen again.
- Training all employees in good safety and health practices.
- Establishing communications regarding workplace safety and health.
- Developing and enforcing safety and health rules and requiring employees to follow these rules as a condition of employment.
- Recognizing employees for safe practices or performance, and counseling employees for failure to follow safe and healthful practices.

Raymond recognizes that safety is a shared responsibility. These responsibilities can be met only by working continuously to promote safe work practices among all employees and to maintain property and equipment in safe operating condition. By working together we can maintain a safe working environment for all employees.

Every employee has the responsibility and the right to refuse to perform work they believe is unsafe without fear of reprisal.

Travis W. Winsor, Chief Executive Officer

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.

CODE OF SAFE WORK PRACTICES

1. **General Rules**
   a. Horseplay, scuffling, and other acts that tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
   b. Observe all signs intended to caution and/or instruct employees.
   c. Report any unsafe condition to your supervisor immediately.
   d. Report any accident or injury to your supervisor immediately when the injury occurs.
   e. No one is allowed to work under trucks solely supported by jacks. Trucks must be secured with stands.
   f. No employee shall be permitted to remove or make ineffective any safeguard/safety device in use for personnel protection.
   g. Use only tools in good condition; check them prior to use.
   h. Never operate machinery or equipment unless authorized and qualified to do so.
   i. Employees who drive on company property must obey speed limit (5 m.p.h.).
   j. Only authorized employees may make repairs to machinery and equipment. Advise your supervisor when repairs are needed.
   k. The use of drugs or alcoholic beverages is prohibited during working hours. Anyone known to be under the influence of drugs or alcohol shall be subject to immediate dismissal.
   l. No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.
   m. When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
   n. Inappropriate footwear or shoes with thin or badly worn soles shall not be worn.
   o. Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.
   p. Use "whip checks" at all concrete pump hose line connections, and on air compressor hoses that do not have a positive means to prevent accidental disconnection.
   q. Always wear rubber gloves when working with paints or solvents.
   r. Seatbelts must be worn at all times. This includes; driving forklifts, driving company vehicles, and driving personal vehicles while conducting company business.

2. Housekeeping

a. Each employee is responsible for keeping his/her work area clean and in order.

b. Working areas are to be kept free from all debris and waste materials (no trash should hit the ground).

c. Return all tools and other equipment to proper places after use.

d. Flammable liquids, waste and other materials must be stored in approved, marked containers.

e. Do not place materials in aisle ways or doorways which block the passage of others.

f. Keep all extension cords out of the middle of walkways, and as close to wall as possible.

3. Injury Reporting

a. Every injury sustained while at work, no matter how small, must be reported immediately to your supervisor.

b. All employees requiring medical treatment must notify their supervisor prior to obtaining treatment except in cases of emergency. Employees requiring emergency care shall be taken to the nearest medical facility as soon as possible. In severe cases, the transportation shall be provided by an ambulance.

4. Ladders

a. Use care in placing a ladder. The foot of the ladder shall be one fourth of the ladder length away from the support.

b. Always place ladders against a solid backing.

c. Always face the ladder and use both hands when ascending and descending.

d. Do not use metal ladders to work on or near electrical circuits or power lines.

e. Never work above the second rung from the top of a ladder or stepladder (except for platform ladders).

f. Do not use broken or damaged ladders.

g. Do not leave tools on top of a stepladder or on any other elevated place.

h. Don't over-reach - relocate the ladder.

i. Do not use a stepladder as a straight ladder.

j. Place ladders on hard level surfaces.

k. Must be trained by a Competent Person.

5. Stilts

a. Work areas shall be inspected and should be clear of obstructions and debris prior to daily tasks.

b. Work areas shall have holes and other tripping hazards identified and clearly marked prior to daily tasks.

c. Daily inspections shall be documented.

5. Stilts (cont.)

d. Elevated surface shall be used for stilts being put on and when stilts are taken off.

e. Altered/modified stilts will not be permitted on Raymond jobsites.

f. Stilt use in stairwells or on ladders shall not be permitted on Raymond jobsites.

g. Guardrail height shall be increased or other protection will be added when daily tasks require work near potential Fall Hazards.

h. Area Superintendent and Safety Department shall review potential hazards and Safe Work Practices, before use of stilts on a large area scaffold.

i. Safe Work Practices shall be used when Tapers are working with hand tools, Bazookas, Boxes, sanding poles and sanding sponges while on stilts.

6. Scaffolds - General

a. A qualified/competent person shall inspect scaffolds each morning to ensure they are safe.

b. Guardrails, midrails, and toeboards shall be installed where required.

c. Keep platforms free from debris and waste materials.

d. Notify your supervisor of any unsafe scaffold so that it can be repaired. **Do not work on unsafe scaffolding.**

e. Use ladders to mount and dismount the scaffold. **Do not jump to or from the scaffold. Do not use guardrails or cross braces to climb scaffolds.**

Do not use a scaffold that is not tied securely to a building.

f. All employees working over 6 feet will use appropriate fall protection equipment/provisions.

g. Work from scaffolds is prohibited when exposed to storms or high winds in excess of 30 mph, or when conditions are determined to be unsafe by a competent person.

h. Ensure that all scaffolds in use are properly tagged according to their condition. Red – Do not use, Yellow – Warning, Green – Safe for access.

7. Rolling Scaffolds

a. Where height of scaffold exceeds three times the width of the base, use outriggers.

b. Caster brakes must be locked when climbing or working from scaffolds.

c. Riding on a Self-Propelled Scaffold. One employee may ride on and move a rolling scaffold while on the platform without assistance from others below provided the following conditions are met:

i. The floor or surface is within 3 degrees of level, and free from pits, holes, or obstructions.

ii. The wheels are equipped with rubber or similar resilient tires.

iii. The scaffold platform shall not be more than 4 feet above the floor level.

iv. The working platform shall be no less than 20 inches in width with a maximum 1 inch space between platform planks.

7. Rolling Scaffolds (cont.)

v. Wheels or casters of rolling scaffolds shall be provided with an effective locking device or rolling scaffolds shall be provided with an effective device that is used to prevent movement of the scaffold when workers are climbing or working on the scaffold.

vi. The use of power systems such as motor vehicles, add-on motors, or battery powered equipment to propel a rolling scaffold is prohibited

8. Aerial Work Platforms

a. Only certified operators will operate specific models.

b. Ensure the operator is familiar with the Aerial Work Platform to be operated.

c. When operating a Boom-assisted lift, Personal Fall Restraint System will be worn.

d. An equipment inspection will be conducted, by the operator prior to use, every shift and kept with the equipment; along with the Owner's Manual & Safety Manual.

e. When moving in any direction (up, down, forward, back) clear & loud communication will be used, announcing your direction of movement.

f. When at all possible, DO NOT roll/drive over electrical cords. NEVER rest a lift over an electrical cord.

g. Inspect the work area obstructions. Keep a clear path of travel when moving. BE AWARE OF YOUR SURROUNDING.

9. Equipment - Trucks, Mixers, Pumps, Compressors

a. Only authorized employees may make repairs to machinery and equipment. Advise your supervisor when repairs are needed.

b. The operator shall inspect equipment at the beginning of each shift. Any unsafe condition must be reported to the job supervisor or to the company mechanic immediately.

c. Do not remove protective guards from equipment.

d. Do not attempt to make repairs or adjustments to moving equipment. **Lock-out procedures will be used.**

e. Inspect hoses each day for cuts, abrasive wear, or weak casings.

f. Do not wear loose or frayed clothing around operating equipment

g. Use extreme caution when refueling equipment to avoid the danger of fire and/or explosion.

10. Hand and Power Tools

a. General

i. All hand tools shall be kept in good repair and used only for the purpose for which designed.

ii. Do not drop or throw tools from one location to another.

10. Hand and Power Tools (cont.)

iii. Sharp edged or pointed tools shall not be carried in employee's pockets.

iv. Only non-sparking tools shall be used in locations where sources of ignition may cause a fire or explosion.

v. Do not operate a saw, grinder, drill, rivet gun or any other power tool unless you have been authorized to do so by your supervisor.

vi. Never use a saw or grinder without the blade or wheel guard in place.

vii. Never leave an operating machine unattended. Turn off and wait for blade, wheel, etc. to stop.

viii. Do not use chisels, hammers or other tools on which the heads have become mushroomed.

ix. All operators shall make a careful inspection of their machinery and tools at the beginning of each shift.

b. Grinding tools

i. Grinding wheels shall be guarded for at least three fourths of the circumference.

ii. Work or tool rests shall not be adjusted while grinding wheel is in motion. Tool rests on power grinders shall not be allowed to be more than 1/8" distance from the wheel.

iii. Cracked or damaged grinding wheel shall not be used and must be reported to your supervisor. DO NOT DROP grinding equipment.

c. Power Saws

i. Portable circular power saws must be equipped with guards that automatically and completely enclose the cutting edges when not in use.

ii. Cracked, bent, or damaged blades must not be used.

iii. Power saws shall not be left running while unattended.

iv. Hearing protection shall be worn when operating power saws.

d. Pneumatic Tools

i. Safety clips or retainers shall be installed on pneumatic impact tools to prevent dies and tools from being accidentally expelled from the barrel.

ii. Leaking, or defective hoses shall be removed from service and reported to your supervisor.

iii. Hoses shall not be laid over ladders, steps, scaffolds or walkways in such a manner as to create a tripping hazard.

iv. The use of compressed air for blowing dirt from hands, face, or clothing is prohibited.

v. All pneumatic tools shall have an approved safety check-valve installed at the manifold outlet of each supply line.

vi. When required by manufacturer's recommendations, hearing protection shall be worn when operating pneumatic tools.

11. Material Handling

a. Always lift properly. Keep back straight and lift with leg muscles. Get assistance where needed.

b. Wear full fingered cut/puncture resistant gloves when handling sharp or rough materials.

c. Never relocate compressed gas cylinders without first properly securing them so as to prevent their falling or striking an object during transit.

d. Stack, pile or rack materials in a stable manner, so as to prevent tipping, rolling, falling, etc...

e. Do not place materials in aisle ways or doorways which block the passage of others.

12. Forklifts

a. Only drivers authorized by the company and trained in the safe operations of industrial trucks or industrial tow tractors shall be permitted to operate such vehicles.

b. Drivers shall check the vehicle at least once per shift, and if it is found to be unsafe, shall report it immediately to the manager, superintendent, or supervisor, and the vehicle shall not be put in service until it has been made safe. Attention shall be given to the proper functioning of tires, horn, lights, battery, controller, brakes, steering mechanism, and the lift system of fork lifts (forks, chains, cable and limit switches).

c. No riders shall be permitted on, or in vehicles unless provided with adequate riding facilities.

d. Stunt driving and horseplay are prohibited.

e. Loaded vehicles shall not be moved until the load is safe and secure.

f. When leaving a vehicle unattended, the power shall be shut off, brakes set, the mast brought to the vertical position, and forks left in the down position. When left on an incline, the wheels shall be blocked.

Note: A powered industrial truck is unattended when the operator is 25 or more feet away from the vehicle which remains in his/her view, or whenever the operator leaves the vehicle and it is not in his/her view.

g. When the operator of an industrial truck is dismounted and within 25 feet of the truck still in his view, the load engaging means shall be fully lowered, controls neutralized, and the brakes set to prevent movement.

h. The forks shall always be carried as low as possible, consistent with safe operation.

i. The driver shall slow down and sound the horn at cross aisles and other locations where vision is obstructed. If the load being carried obstructs forward view, the driver shall be required to travel with the load trailing.

j. Trucks shall not be loaded in excess of their rated capacity.

k. The load engaging device shall be placed in such a manner that the load will be securely held or supported.

13. Personal Protective Equipment

a. Use the protective equipment indicated by the job you are doing.

b. No employee shall be permitted to remove or make ineffective any safeguard/safety device in use for personal protection.

c. All personal protective equipment must be maintained in proper condition.

d. Where there is a risk of receiving eye injuries such as punctures, abrasions, contusions, or burns as a result of contact with flying particles, hazardous substances, projections or injurious light rays which are inherent in the work or environment, shall be safeguarded by means of ANSI Z87 approved face shield and eye protection. In addition, ANSI Z87 safety glasses shall be worn by all employees at all times on job sites.

e. When removing fireproofing or similar materials ANSI Z87 approved safety goggles shall be worn.

f. All personnel must wear hard sole work boots while on job sites.

g. Hard hats shall be worn by all employees at all times on job sites.

h. Full fingered cut resistant gloves shall be worn by all employees at all times on job sites.

i. Hearing protection shall be worn when:

   i. Firing powder actuated tools.

   ii. Operating any electric powered saw.

   iii. Noise levels in the work area exceed Permissible Exposure Limits or require you to shout in order to be heard.

j. Employees working in any area where dust is generated, sanding or sweeping joint compound, should wear a N95 particulate respirator. Additional respirator types may be required based on the hazards identified in the applicable MSDS.

14. Welding and Cutting

a. Wear required protective clothing when welding or cutting.

b. Protect others by using shields when required.

c. Always keep acetylene and oxygen cylinders secured by use of a safety chain.

d. Cylinders shall be maintained in an upright position at all times.

e. Never transport cylinders without first properly securing them, so as to prevent their falling or striking an object during transit.

f. Only authorized persons are permitted to do any welding or burning.

g. Never use oil around oxygen, since a highly flammable mixture is formed.

h. Rod ends shall not be allowed to accumulate on floors. Rod buckets shall be utilized.

i. Never lay a burning torch aside.

j. Open valves slowly - never force open. 1/4 to 1/2 turn is sufficient.

k. Turn off valves completely when not in use. Keep protective cap over a valve.

l. If gas leaks are detected, notify your supervisor immediately.

15. Powder Actuated Tools

a. The operator **must** possess a valid OPERATOR'S CARD for the tool which he uses.

b. Each tool should be tested each day before loading to see that the safety devices are in proper working condition.

c. No tool should be loaded unless it is being prepared for immediate use, nor should a loaded tool be left unattended.

d. No tool should be stored loaded. Tools should be stored with barrels removed or breach open.

e. Cartridges or shells should be kept in the original containers and charges of different force should be kept separated from each other. **Cartridges must never be carried loose in the operator's clothing.**

f. Eye or face and hearing protection should be worn by the operators and assistants when tool is in use.

g. Powder actuated tools should always be handled like firearms, with hand clear of the muzzle, and barrel pointed away from all persons, especially when the tool is being closed or assembled after loading.

h. Appropriate caution signs shall be posted.

i. A lockable container shall be provided and kept with each tool. The words "POWDER-ACTUATED TOOL" shall appear in plain sight on the outside of the container.

j. Powder-actuated tools and power loads shall be locked in a container and stored in a safe place when not in use and shall be accessible only to authorized personnel.

k. A loaded tool shall never be left unattended (not in sight of operator, or more than 25 feet away while in sight of operator).

l. Power loads of different power levels and types shall be maintained and stored in such a way that they do not become intermixed.

m. All misfired loads shall be collected and stored in a labeled container that is kept in a lockable gang box. Once full the labeled container shall be sent into the warehouse for proper disposal. All empty (fired) loads shall be disposed of in the trash.

16. Fire Protection and Prevention

a. Use the proper type of extinguisher for each class of fire.

b. Know where the fire extinguishers are located in your work area. If one is not located within 75 feet of the work area, then one must be provided. All fire extinguishers shall be properly mounted.

c. Portable fire extinguishers shall be fully charged, inspected monthly and serviced annually.

d. Follow these fire prevention rules:

   i. Keep oily or greasy rags in closed metal containers.

   ii. Never use gasoline or other highly flammable liquids for cleaning purposes.

16. Fire Protection and Prevention (cont.)

iii. Store flammable liquids in approved closed storage cans and keep containers properly marked.

iv. When refueling a vehicle or machine, turn motor off and use correct refueling procedure.

v. Never pour flammable liquids in sewer or drains.

vi. Keep all exits and fire doors and fire fighting equipment clear of obstruction.

vii. Report all fire hazards to your manager, superintendent, or supervisor immediately.

viii. Observe NO SMOKING signs.

17. Laser Safety

a. Only qualified and trained employees shall be assigned to install, adjust, and operate laser equipment.

b. Post work area with standard laser warning signage.

c. The laser beam shall not be directed at employees.

d. Laser equipment shall bear a label to indicate maximum output.

e. Beam shutters or caps shall be utilized, or the laser turned off, when laser transmission is not actually required. When the laser is left unattended for a substantial period of time, such as during lunch hour, overnight, or at change of shifts, the laser shall be turned off.

f. When it is raining or snowing, or when there is dust or fog in the air, the operation of laser systems shall be prohibited where practicable; in any event, employees shall be kept out of range of the area of source and target during such weather conditions.

18. Machinery and Vehicles

a. For that machinery and vehicles which require rider operation, seat/safety belts shall be worn at all times.

b. Loose or frayed clothing, or long hair, dangling ties, finger rings, etc., shall not be worn around moving machinery or other sources of entanglement.

c. Machinery shall not be serviced, repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safeguards to protect the person performing the work.

d. Where appropriate, lock-out procedures shall be used.

e. Employees shall not work under vehicles supported by jacks or chain hoists without protective blocking that will prevent injury if jacks or hoist should fail.

f. Air hoses shall not be disconnected at compressors until hose line has been bled.

19. Fall Protection

a. Raymond employees shall not be exposed to fall hazards. 100% continuous fall protection for fall hazards greater than six (6) feet will be enforced for the duration of the project (Exception: Washington is greater than four (4) feet). See below for application to work on ladders.

b. All floor holes and floor openings in areas where employees may be exposed must be covered as required by OSHA standards.

c. All fall protection equipment / systems used on this project shall comply with OSHA standards and all project safety guidelines. The primary fall protection equipment / systems to be used by Raymond are guardrails / cables and personal fall arrest systems. Fall protection is required, as a minimum, under the following examples.

   i. When working on either fixed or rolling scaffold platforms above 6 feet, guardrails will be the primary fall protection system. If rails are removed, for any reason, fall protection will be provided by personal fall arrest systems.

   ii. If working from a telescoping, articulating, or rotating type lift, personnel shall wear a full body harness attached to a shock absorbing lanyard, secured to an appropriate anchorage point.

   iii. When working off of an extension ladder higher than ten (10) feet from a solid surface for more than 5 minutes, then fall protection will be provided using a personal fall arrest system.

   iv. When working on the project's roof area and more than ten (10) feet from the building's perimeter the primary means of fall protection will be perimeter safety cables.

   v. When working on the project's roof area within ten (10) feet of the building's perimeter or if perimeter safety cables have been removed, a lifeline system (i.e. lifeline, body harness, rope grab lanyard, appropriate anchorage point) will be used.

20. Electrical

a. All portable electrical tools and equipment must be grounded or be of the double insulated type.

b. All extension cords must have ground pin in place and undamaged.

c. Exposed wiring and cords with frayed or deteriorated insulation must be placed out of service and sent into the yard for repair or replacement. All flexible cords and cables must be free of splices or taps.

d. Ground-fault circuit interrupters shall be installed on each temporary 15 or 20 ampere, 120 volt AC circuit at locations where construction, demolition, modifications, alterations or excavations are being performed.

21. Employee Responsibilities

a. Work diligently to protect your own health and safety and that of your co-workers on the job.

b. Comply with the Raymond Safety and Health Policy and all other safety and health practices, programs, illness, near mishaps, and property damage.

c. Report all work related incidents, which include: injury, illness, near mishaps, and property damage.

EVERY EMPLOYEE HAS THE RESPONSIBILITY AND THE RIGHT TO REFUSE TO PERFORM WORK THEY BELIEVE IS UNSAFE WITHOUT FEAR OF REPRISAL

If you have any safety concerns please notify your supervisor immediately or contact the Safety Department:

Director of Safety:	Edward Hanley	(925) 602-4924 ext. 348
Insurance Program Manager	Margie Loya	(714) 771-7670, ext. 241

EQUAL EMPLOYMENT OPPORTUNITY
It is Raymond's policy to employ, retain, promote, terminate, and otherwise treat all employees and job applicants on the basis of merit, qualifications, and competence. This policy shall be applied without regard to any individual's sex, race, color, religion, national origin, ancestry, pregnancy, age, sexual orientation, creed, veteran status, marital status, physical and mental handicap or medical condition/ disability. Raymond complies with the law regarding reasonable accommodation for handicapped and disabled employees.

HARASSMENT POLICY
It is the policy of The Raymond companies to prevent and prohibit misconduct on the job, including sexual harassment and harassment because of race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation or any other basis protected by federal, state or local law or ordinance or regulation. All such harassment is unlawful. Policy violations shall be subject to appropriate disciplinary action, including warnings, reprimands, suspensions, and/or discharges.

UNLAWFUL HARASSMENT may take many forms, including;

VERBAL CONDUCT such as epithets, derogatory comments, slurs or unwanted sexual advances, invitations, or comments.

VISUAL CONDUCT such as derogatory posters, cartoons, drawings, or gestures.

PHYSICAL CONDUCT such as assault, blocking normal movement, or interference with work directed at you because of your sex or other protected basis.

THREATS AND DEMANDS to submit to sexual requests in order to keep your job or avoid some other loss, and offers of job benefits in return for sexual favors.

RETALIATION for having reported the harassment.

If you believe you have been unlawfully harassed, report your complaint to one of the following:

Insurance Program Manager (Field Issues):	Margie Loya	714-771-7670, ext. 241
HR/Personnel Dept. (Office Issues):	Scott Johnson	714-771-7670, ext. 215
Chief Executive Officer:	Travis Winsor	714-771-7670, ext. 262
HR Hotline:		800-97STOPIT / 900-997-8674

Your Supervisor: *Supervisors will refer all harassment complaints to Insurance Program Manager or HR.*

COMMUNICATING SAFETY, HEALTH, AND TRAINING ISSUES

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
- Check attachments/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 B. Completed forms should be sent to the Safety Department in Orange.

Warehouse safety meetings will be documented using the 3-part form provided at appendix K. Distribution of the documentation shall be as follows:

- Original (White) to the Safety Department for review/file.
- Yellow to be discarded.
- Pink retained in booklet.

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 B. Distribution of the documentation shall be as follows:

- Original (White) to job file.
- Yellow 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 C. 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 A
   - Safety Meeting (Warehouse/Yard) appendix B
   - Tailgate Safety Meeting, appendix B
   - Employee Safety Orientation, appendix D
   - Supplemental Training (i.e. forklift, fall protection, 1st Aid) appendix A

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 D. 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 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 F.

b. Scaffolds – daily when scaffolding is present at a job site. Documentation on the form provided at appendix G, W or X.

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 H.

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

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

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

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

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 C. 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 Margie Loya immediately.
   e-mail: MargieL@RaymondGroup.com; Phone # (714)231-4317
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 L). 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 attention Margie Loya. Send or e-mail Margie a complete incident report after all information has been gathered (within 72 hours). If more time is needed to complete the investigation, please notify Margie Loya.
   e-mail: MargieL@RaymondGroup.com; Phone # (714) 231-4317
8. Injured employee must call Margie Loya immediately after doctor visit to report results.

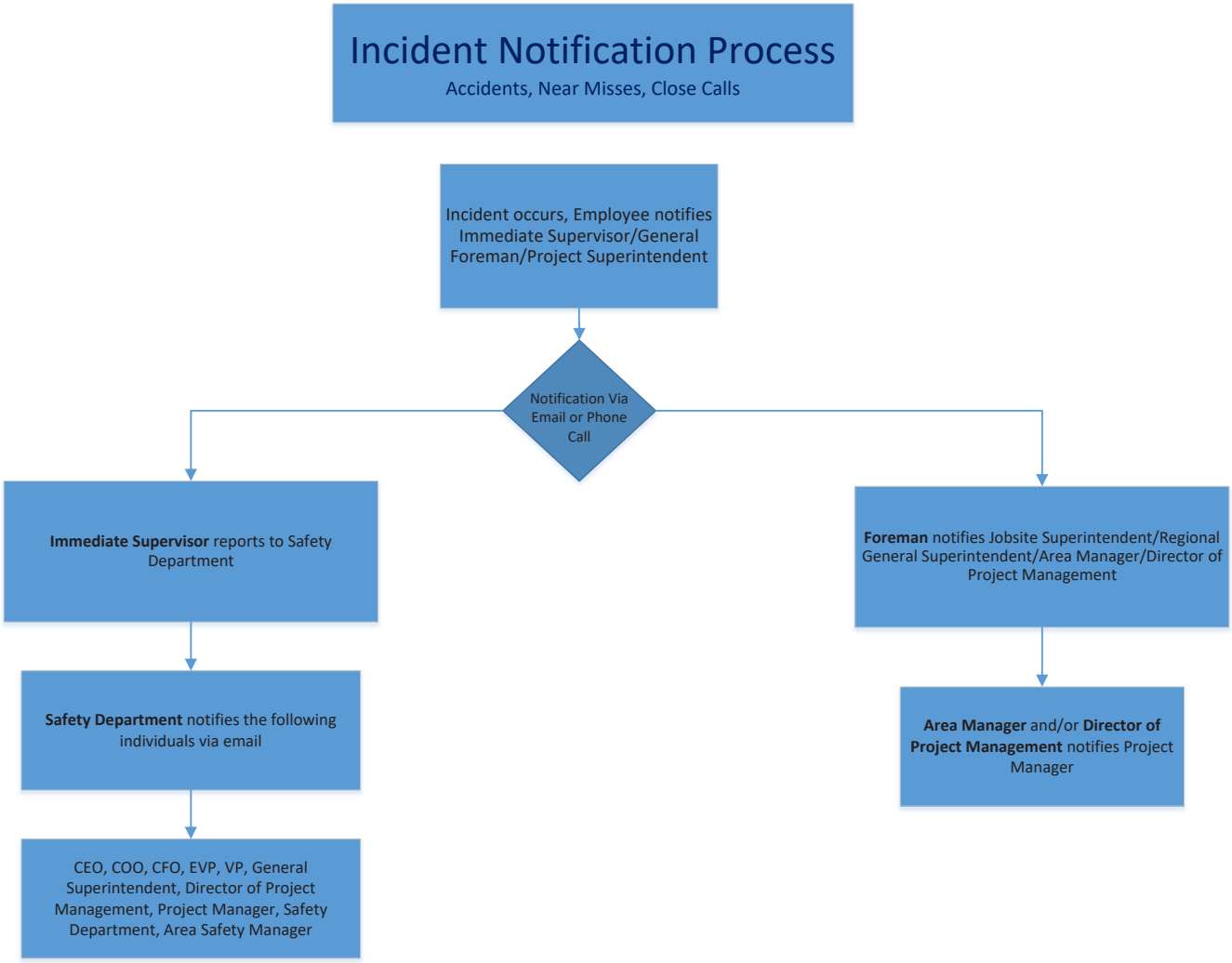
   e-mail: MargieL@RaymondGroup.com; Phone # (714) 231-4317

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 Margie Loya in 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 L). This form must **only** be completed by a Raymond qualified incident investigator.
5. Within 24 hours, e-mail (MargieL@RaymondGroup.com) initial information to Margie Loya in the Safety Department. E-mail Margie a complete incident report after all information has been gathered (within 72 hours). If more time is needed to complete the investigation, please notify Margie Loya. (E-mail: MargieL@RaymondGroup.com; Phone # (714) 231-4317)


Incident Notification Process
Accidents, Near Misses, Close Calls
Incident occurs, Employee notifies Immediate Supervisor/General Foreman/Project Superintendent
Notification Via Email or Phone Call
Immediate Supervisor reports to 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
Foreman notifies Jobsite Superintendent/Regional General Superintendent/Area Manager/Director of Project Management
Area Manager and/or Director of Project Management notifies Project Manager

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 Margie Loya immediately to report incident at MargieL@RaymondGroup.com or by phone at (714) 231-4317.
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 19.5 & 19.6). Send a copy to Margie Loya at MargieL@RaymondGroup.com.
5. For all other vehicle accidents, complete the Incident Investigation Report (appendix AI). Within 24 hours, e-mail initial information to Margie Loya in the Safety Department. E-mail Margie a complete incident report after all information has been gathered (within 72 hours). If more time is needed to complete the investigation, please notify Margie Loya.
   E-mail: MargieL@RaymondGroup.com; Phone # (714) 231-4317

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

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. _____

VEHICLE NO. 3

Type _____ Make _____

Model _____ Year _____

Driver _____

Address _____

License # & State _____

Owner _____

Address _____

Phone _____ Insurance Co. _____

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 initial information to Margie Loya in the Safety Department. E-mail Margie a complete incident report after all information has been gathered (within 72 hours). If more time is needed to complete the investigation, please notify Margie Loya. E-mail: MargieL@RaymondGroup.com; Phone # (714) 231-4317

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

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**
- **Superintendants**
- **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

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

Completing Page 2

Name of person reporting incident – enter the name of the person completing the form. This must be a Raymond Foremen or higher.

Site (business and location) – enter the project name or office name.

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

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

Severity Level – determine using Incident Severity Levels outlined above.

Date and Time of Incident – enter date and time incident occurred

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

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

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. Immediate supervisor of the investigation leader must sign and date.
3. Safety Representative (Regional Safety Manager/Coordinator) 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 Margie Loya. Include any pictures, sketches of the scene, or other documentation gathered. Then Margie 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, attention Margie Loya.

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

FALL PROTECTION

Purpose Written fall protection procedures establish guidelines to be followed whenever an employee works on ladders, at heights, or with fall protection at our company. The rules established are to be followed to:

- Provide a safe working environment, and
- Govern use of fall protection procedures and equipment.

The effectiveness of the written fall protection procedures depends upon the active support and involvement of all employees who work with procedures and jobs requiring it. This written plan is intended to be used in implementing procedures to ensure that work with fall protection is carried out safely to minimize the possibility of injury or harm to our employees.

These written fall protection procedures establish uniform requirements designed to ensure that fall protection training, operation, and practices are communicated to and understood by the affected employees. These requirements are also designed to ensure that procedures are in place to safeguard the health and safety of all employees.

It is the policy of Raymond to permit only employees trained in fall protection procedures to work in areas where fall hazards occur, to reduce likelihood of fall accidents and to help ensure a safe workplace.

Specific Requirements

- When working on either fixed or rolling scaffold platforms, safety rails (i.e. top and mid) will be the primary fall protection system. If rails are removed, for any reason, fall protection will be provided by personal fall arrest systems.
- If working from a telescoping, articulating, or rotating type lift, personnel shall wear a full body harness attached to a shock absorbing lanyard, secured to an appropriate anchorage point.
- When working on a ladder higher than six (6) feet from a solid surface, or if a vertical ladder extends twenty (20) feet or greater, then fall protection will be provided using a personal fall arrest system.
- When working on the project's roof area and more than ten (10) feet from the building's perimeter the primary means of fall protection will be perimeter safety cables.

Specific Requirements (cont.)

- When working on the project's roof area within ten (10) feet of the building's perimeter or if perimeter safety cables have been removed, a lifeline system (i.e. lifeline, body harness, rope grab lanyard, appropriate anchorage point) will be used.

Administrative Duties

The Director of Safety or designee is responsible for developing and maintaining this written Fall Protection Plan. The Director of Safety or designee is solely responsible for all facets of the plan and has full authority to make necessary decisions to ensure the success of this plan. The Director of Safety is also qualified, by appropriate training and experience that is commensurate with the complexity of the plan, to administer and oversee our fall protection plan and conduct the required evaluations of plan effectiveness.

If, after reading this plan, you find that improvements can be made, please contact the Director of Safety or designee. We encourage all suggestions because we are committed to creating a safe workplace for all our employees, and a safe and effective Fall Protection program is an important component of our overall safety plan. We strive for clear understanding, safe work practices, and involvement in the program from every level of the company.

List of Affected Areas

It shall be the policy and intent of Raymond to ensure employees shall be protected from fall hazards at all times. A fall exposure occurs any time an employee's feet are six (6) feet or more from a work surface.

This fall protection plan shall be developed on all projects. This plan shall include an initial assessment of the work location and shall include:

- Identification of all potential hazards in the work area.
- Methods of fall restraint that will be provided.
- Inspection methods for the fall protective devices.
- The method for prompt, safe rescue of suspended workers.
- Description of the employee's role in fall protection.

Pre-Work Check

Prior to beginning work in any area or on any device where fall hazards exist, a pre-work check must be completed that includes the following items:

Stairs

- All required covers or guardrails must be in place.
- All handrails or guardrails are in place on stairways.
- All treads and risers on stairs are in good repair.
- Non-slip surfaces are in place on stairs.
- All stairs meet OSHA and ANSI specifications for design and safety.

Ladders

- Gripping safety feet in place and secure on ladders.
- Wooden ladders are coated with suitable protective material.
- All parts and fittings on ladders are secure.
- Non-slip surfaces are in place on ladder rungs.
- When setting ladder up, footing of ladder is secure on a firm, level, and non-skid surface and top of ladder is placed against a solid, stationary object.
- All ladders meet OSHA specifications for design and safety.

Platforms

- Guardrails are in place and securely attached.
- Toeboards are in place and secure.
- All platforms meet OSHA specifications for design and safety.

Floor & Wall Openings

- All floor and wall openings are safely covered or blocked from access.
- If not safely covered and blocked from access, the opening has someone assigned for constant attendance to it.

Work Procedures

If any one of the conditions described in Pre-Work Check is not met for the area or piece of equipment posing a potential fall hazard, then employees may not perform that work until the condition is corrected. If the condition cannot be remedied immediately, a supervisor must be notified of the problem.

If the situation calls for use of fall protection devices such as harnesses or lanyards and belts because the fall hazard cannot be reduced to a safe level, then the employee must don such protective equipment before beginning the work and use it as intended throughout the duration of the work. Before permitting employees into work areas where fall hazards exist, the operations manager shall:

- Ensure the fall protection plan covers the work performed.
- Ensure employees are trained in the fall protection technique.
- Ensure that fall protection equipment has been inspected.

To prevent slipping, tripping, and falling, all places of employment, job sites passageways, storerooms, and service rooms must be kept clean and orderly and in a sanitary condition. The floor of every area will be maintained in a clean and, so far as possible, dry condition. Where wet processes are used, drainage will be maintained and false floors, platforms, mats, or other dry standing places are provided where practicable.

To facilitate cleaning, every floor, working place and passageway will be kept free from protruding nails, splinters, holes, or loose boards.

Rescue Procedures

For employees that have been subject to a fall and whose lanyard is of the self rescue type, they can climb the attached ladder to the nearest secure location.

Once someone has fallen and is hanging in their safety harness, it is imperative that rescue efforts begin immediately. Additional serious injury could result if the person is not rescued from his/her harness within 15 minutes. The procedure is as follows:

CALL 911-Notify the local Fire/Rescue/Paramedic agency and let them know that a construction worker is hanging in his harness. Provide the address/location and then send a co-worker out to the main street to intercept the first responder team and direct them to the actual location of the injured worker.

Determine if the victim is conscious and unhurt. If so, see how he/she may be able to reduce the tension on the leg straps. If he/she can pull up and sit on the rear strap of the harness, thereby releasing the pressure on his leg straps, or if there is another logical, safe way to otherwise relieve the pressure on the legs, that will reduce the 'urgentness' of the rescue effort. He/she should be safe in the harness without stress on the leg arteries and once this is done, will reduce the complications of the rescue effort.

DON'T ACT HASTILY! HASTE MAKES WASTE! DON'T BECOME ANOTHER VICTIM!

Maintain order at the scene of the rescue. Keep everyone away that is not part of the rescue effort. Have a co-worker notify the General Contractor on site and see if they have resources that can assist. (Some OCIPs have Emergency Response Teams that should be able to help. Have a co-worker notify your General Superintendent).

Survey the scene. Maintain control and order over the situation. Look around and see what resources are available for rescue. Look for ladders, forklifts, scissors or boomlifts. Plan your rescue. If you can get a source of platform lifted under the subject (approved man basket on forklift, Scissorslift or boomlift) and get the subject body weight lifted from the leg straps of the harness, this will release the crimping of the leg arteries and allow blood to flow freely throughout the body again.

Alternately, if the subject is awake and aware, he may be able to assist in his own rescue.

Training Program

Under no circumstances will an employee work in areas of high fall hazards, do work requiring fall protection devices, or use fall protection devices until he/she has successfully completed the Fall Protection Training program. This includes all new employees, regardless of claimed previous experience.

The training program includes classroom instruction and operational training on each specific area of fall hazard involved in the work of the employee. The Director of Safety or designee is responsible for conducting the training.

Classroom training consists of:

- The nature of fall hazards.
- The correct procedures for inspecting and using fall protective equipment.
- The types of fall protective equipment that Raymond commonly uses.
- Review of these written procedures by employee.
- Review of fall protection training video.
- Successful completion of examination.
- Retraining when needed.

Operational training consists of:

- Pre-operational check.
- Operational review of use of lanyards and belts, accessing of areas with fall hazards.

Recordkeeping

The Raymond Safety Department maintains training records, which include the following information:

- The date the training was provided,
- The specific area of fall hazard involved in the work of the employee, and
- A certification signed by the employee receiving the training.

These training records are kept by the Raymond Safety Department.

Disciplinary Procedures

Constant awareness of and respect for fall protection procedures and compliance with all safety rules are considered conditions of employment. Supervisors and individuals in the Safety Department reserve the right to issue disciplinary warnings to employees, up to and including termination, for failure to follow the guidelines of this program.

Program Evaluation

Although we may not be able to eliminate all hazards, we try to eliminate as many as possible to improve employee protection and encourage employee safe practices. Therefore, the Director of Safety or designee is responsible for evaluating and updating this written plan. The evaluation will include a review of reported accidents, as well as near misses, to identify areas where additional safety measures need to be taken.

The Director of Safety or designee will also conduct a periodic review to determine the effectiveness of the program. This review may include:

- A walk-through of the facility, and
- Interviews with employees to determine whether they are familiar with the requirements of this program and if safety measures are being practiced.

HAZARD COMMUNICATION

OSHA requires every employer using or producing hazardous chemicals to develop and implement a written hazard communication program that includes provisions for labels and other forms of warning safety data sheets (SDS), and employee information and training. The Raymond Hazard Communication Program has been developed to include all OSHA requirements. Employee Rights under the Raymond program are provided at attachment O.

1. Responsibilities

Management

Operations management personnel shall effectively enforce compliance with the Hazard Communications Program as set forth in this document. Accordingly; management must realize that whenever a breakdown in the system occurs, that they are ultimately responsible and must act accordingly to impose disciplinary actions as deemed necessary on supervisory employees found not enforcing the policy herein. All disciplinary actions will be handled according to the company's standard disciplinary procedure for failure to comply with location Safety Rules and Procedures.

Safety and Health Department

The Director of Safety is responsible for interpreting OSHA requirements and publishing safety standards to reflect those OSHA regulations as they affect our industry and specific operations. The Safety and Health Department will conduct periodic facility inspections to determine compliance and is responsible for notifying upper management when deficiencies are identified.

Employees

As a condition of employment all employees are expected to abide by company safety rules. Employees must follow the guidance of all training programs established by the company to protect their well-being.

2. Labels and Other Forms of Warning

a. Raymond's policy is that no container of hazardous substances will be released for use until and unless the containers are labeled, tagged, or marked with the following information:

- Identity of the hazardous substance(s) contained therein.
- Appropriate hazard warnings.

b. The responsibility for ensuring correct labeling rests with office managers, warehouse/yard supervisors, and job-site supervisors.

c. Labels are not required on portable containers into which hazardous substances are transferred from labeled containers and which are intended only for the immediate use of the employee who performs the transfer.

3. Safety Data Sheets (SDS)

a. Copies of SDS for all hazardous substances to which Raymond employees may be exposed are kept in all warehouse locations and on all job sites. Staff employees involved in bid submittal/job start paperwork and publications are responsible for obtaining and maintaining all SDS for their respective office/area. SDS are reviewed for completeness by the Safety Department.

b. SDS for specific job sites are assembled during bid submittal/job start activities. One set is provided to the general contractor and one to our job site supervisor. Raymond supervisors are responsible for reviewing SDS provided by other subcontractors on a job. The general contractor will maintain a master SDS file on site for review by all subcontractors.

c. SDS are to be maintained in such a manner so as to be available to all Raymond employees for review.

d. The Raymond Safety Department will be responsible for supplying copies of SDS which are requested by employees or their designated representative/physician.

e. The Raymond hazardous substance list is provided at appendix N. The appendix also provides a personal protective equipment assessment/assignment matrix.

f. Information on how to read/use an SDS is provided at appendix P.

4. Employee Information and Training

a. Employees will be provided information and training on hazardous substances using the following schedule:

- At the time of hiring (i.e. New Employee Safety Orientation - - appendix D).
- Whenever a new hazardous substance is introduced into their work area - - appendix A).
- Refresher training in hazard communication elements will be given periodically - - appendix A).

b. Employee training will include the following topics:

- A summary of the OSHA Hazard Communication Standard and employee rights under the standard.
- Where hazardous substances are present.
- Location of the written hazard communication program.
- Physical and health effects of the hazardous substances.
- How to lessen or prevent exposure to these hazardous substances.
- Steps that have been taken to lessen or prevent exposure to these substances.
- First aid procedures to follow if employees are exposed to hazardous substances.
- How to read labels and review MSDS to obtain appropriate hazard information.

Note: When new hazardous substances are introduced or refresher training is provided, only the appropriate items from above will be reviewed.

5. Hazardous Non-Routine Tasks

a. Periodically, employees may be required to perform hazardous non-routine tasks. Each affected employee will be given information by their supervisor about hazards to which they may be exposed during the activity.

b. Training information will include the following:

- Specific hazards, related to non-routine tasks.
- Protective/safety measures which are required.
- Measures the company has taken to lessen the hazards including ventilation, respirators, presence of another employee and emergency procedures.

Raymond Silica Exposure Control Plan

Purpose

This Respirable Crystalline Silica Program was developed to prevent employee exposure to hazardous levels of Respirable Crystalline Silica that could result through construction activities or nearby construction activities occurring on worksites. Respirable Crystalline Silica exposure at hazardous levels can lead to lung cancer, silicosis, chronic obstructive pulmonary disease, and kidney disease. This program is intended to meet the requirements of the Respirable Crystalline Silica Construction Standard (29 CFR 1926.1153) established by the Occupational Safety and Health Administration (OSHA AND CAL/OSHA). (Title 8, Division 1, Chapter 4, Section 1532.3) established by the State of California Occupational Safety and Health Administration (OSHA AND CAL/OSHA). This program will be reviewed annually and updated as necessary thereafter. Copies of this program along with its resource documents are readily available upon request.

All work involving chipping, cutting, drilling, grinding, or similar activities on materials containing Crystalline Silica can lead to the release of respirable-sized particles of Crystalline Silica (i.e. Respirable Crystalline Silica). Crystalline Silica is a basic component of soil, sand, granite and many other minerals. Quartz is the most common form of Crystalline Silica. Many materials found on constructions sites include Crystalline Silica; including but not limited to — cement, concrete, asphalt, pre-formed structures (inlets. pipe. etc.) and others. Consequently, this program has been developed to address and control these potential exposures to prevent our employees from experiencing the effects of occupational illnesses related to Respirable Crystalline Silica exposure.

Scope

This Respirable Crystalline Silica Program applies to all employees who have the potential to be exposed to Respirable Crystalline Silica when covered by the OSHA AND CAL/OSHA Standard. The OSHA AND CAL/OSHA Respirable Crystalline Silica Construction Standard applies to all occupational exposures to Respirable Crystalline Silica in construction work, except where employee exposure will remain below 25 micrograms of Respirable Crystalline Silica per cubic meter of air (25 µg/m3) as an 8-hour time-weighted average (TWA) under any foreseeable conditions.

Responsibilities

1. Management: Raymond Group firmly believes protecting the health and safety of our employees is everyone's responsibility. This responsibility begins with upper management providing the necessary support to properly implement this program. However, all levels of the organization assume some level of responsibility for this program including the following positions.

2. Safety Department:

- Conduct job site assessments for Silica containing materials and perform employee Respirable Crystalline Silica hazard assessments to determine if an employee's exposure will be above 25 gg/m3 as an 8-hour TWA under any foreseeable long with senior and mid management personnel to ensure safe work practices.
- Select and implement the project's Exposure Control Plan (ECP) the appropriate control measures (see appendix B, Site Specific ECP) in accordance with the Construction Tasks identified in OSHA AND

CAL/OSHA's Construction Standard Table 1; and potentially including (but not limited to)- a written Exposure Control Plan (ECP), exposure monitoring, Hazard Communication training, medical surveillance, housekeeping and technical assistance.

- NOTE: OSHA AND CAL/OSHA 's Construction Standard Table 1 is a list of 18 common construction tasks along with acceptable exposure control methods and work practices that limit exposure for those tasks.
- Ensure that the materials, tools, equipment, personal protective equipment (PPE), and other resources (such as worker training) required to fully implement and maintain this Respirable Crystalline Silica Program are in place and readily available if needed. (Also. see Appendix A for certified Industrial Hygienist test data).
- Ensure that supervisory personnel and employees are educated in the hazards of Silica exposure and trained to work safely with Silica in accordance with OSHA AND CAL/OSHA 's Respirable Crystalline Silica Construction Standard and OSHA AND CAL/OSHA 's Hazard Communication Standard. Supervisory personnel may receive more advanced training than other employees.
- Maintain written records of training (for example, proper use of respirators), ECPs, inspections (for equipment, PPE, and work methods/practices), medical surveillance (under lock and key), respirator medical clearances (under lock and key).
- Maintain written records of training (for example, proper use of respirators), ECPs, inspections (for equipment, PPE, and work methods/practices), medical surveillance (under lock and key), respirator medical clearances (under lock and key).

3. Competent Person and/or Site Manager (Superintendent, Foreman, Etc.):

- Make frequent and regular inspections of job sites, materials, and equipment to implement the written ECP.
- Identify existing and foreseeable Respirable Crystalline Silica hazards in the workplace and take prompt corrective measures to eliminate or minimize them.
- Notify the Project Manager and/or Safety Department of any deficiencies identified during inspections to coordinate and facilitate prompt corrective action.
- Assist the Project Manager and Safety Department in conducting job site assessments for Silica containing materials and perform employee Respirable Crystalline Silica hazard assessments in order to determine if an ECP, exposure monitoring, and medical surveillance is necessary.

4. Employees:

- As a condition of employment with Raymond all employees are expected to abide by company safety rules. Employees must follow the guidance of all training program established by the company to protect their well- being.
- Follow recognized work procedures (such as the Construction Tasks identified in OSHA AND CAL/OSHA 's

Construction Standard Table 1) as established in the project's ECP and this program.

- Use the assigned PPE in an effective and safe manner.
- Participate in Respirable Crystalline Silica exposure monitoring and the medical surveillance program if applicable.
- Report any unsafe conditions or acts to the Site Manager and/or Competent Person immediately.
- Report any exposure incidents or any signs or symptoms of Silica illness immediately.

Definitions

If a definition is not listed in this section, please contact your supervisor. If your supervisor is unaware of what the term means, please contact the Competent Person or your Safety Department.

- Action Level means a concentration of airborne Respirable Crystalline Silica of 25 µg/m3, calculated as an 8-hour time weighted average (TWA).
- Competent Person means an individual who is capable of identifying existing and foreseeable Respirable Crystalline Silica hazards in the workplace and who has authorization to take prompt corrective measures to eliminate or minimize them.
- Employee Exposure means the exposure to airborne Respirable Crystalline Silica that would occur if the employee were not using an approved respirator.
- High-Efficiency Particulate Air (HEPA) Filter means a filter that is at least 99.97 percent efficient in removing monodispersed particles of 0.3 micrometers in diameter.
- Objective Data means information, such as air monitoring data from industry-wide surveys or calculations based on the composition of a substance, demonstrating employee exposure to Respirable Crystalline Silica associated with a particular product or material or a specific process, task, or activity (See appendix A). The data must reflect workplace conditions closely resembling or with a higher exposure potential than the processes, types of material, control methods, work practices, and environmental conditions in the employer's current operations.
- Permissible Exposure Limit (PEL) means the employer shall ensure that no employee is exposed to an airborne concentration of Respirable Crystalline Silica in excess of 50 ug/m3, calculated as an 8-hour TWA.
- Physician or Other Licensed Health Care Professional (PLHCP) means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all of the particular health care services required by the Medical Surveillance section of the OSHA AND CAL/OSHA Respirable crystalline Silica standard.
- Respirable Crystalline Silica means Quartz. Cristobalite, and/or Tridymite contained in airborne particles that are determined to be respirable by a sampling device designed to meet the characteristics for respirable-particle size selective samplers specified in the International Organization for Standardization (ISO) 7708:1995: Air Quality Particle Size Fraction Definitions for Health-Related Sampling.
- Specialist means an American Board Certified Specialist in Pulmonary Disease or an American Board\

Certified Specialist in Occupational Medicine.

Silica Health Hazards

Silica exposure is predominantly associated with the inhalation of crystalline silica. In general, quartz is the predominant form of crystalline silica; however, cristobalite does exist in certain materials. Exposure to silica is usually in the form of an airborne dust; however, other forms of airborne exposures are possible as well, such as mists. Silica inhalation is concerned with the respirable fraction of the dust. This is the fraction that is small enough to get deep into the lung where gas exchange takes place.

Crystalline silica dust can cause a disabling, sometimes fatal disease called silicosis. The fine particles are deposited in the lungs, causing thickening and scarring of the lung tissue. The scar tissue restricts the lungs' ability to extract oxygen from the air. This damage is permanent, but symptoms of the disease may not appear for many years.

A worker may develop any of three types of silicosis, depending on the concentrations of silica dust encountered and the duration of exposure:

- Chronic silicosis—develops after 10 or more years of exposure to crystalline silica at relatively low concentrations
- Accelerated silicosis—develops 5 to 10 years after initial exposure to crystalline silica at high concentrations
- Acute silicosis—develops within a few weeks to a few years, after exposure to very high concentrations of crystalline silica

Initially, workers with silicosis may have no symptoms; however, as the disease progresses, a worker may experience:

- Shortness of breath
- Severe cough
- Weakness

Exposure Control Methods

Engineering, administrative and work practice controls are the primary means utilized to reduce employee silica exposures. Under certain circumstances, the selected exposure control method is supplemented with personal protective equipment such as respiratory protection. Restricting employee access to certain work areas is also an effective means of exposure control. Restricting access to work areas requires communication and coordination with all project Entities regarding individual work processes and their potential for exposure. Posting warning signs in work areas with the potential for silica exposure is recommended.

Raymond has conducted activities with potential Silica exposure to be consistent with OSHA AND CAL/OSHA 's Construction Standard Table 1. and option 2 results shown below.

Silica Exposure Control Methods Table 1

Table 1: Task ii	Engineering and Work Practice Control Methods	Required Respiratory Protection and Minimum Assigned Protection Factor (APF)	
(ii) Handheld power saws (any blade diameter)	Use saw equipped with integrated water delivery system that continuously feeds water to the blade.		
	Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.		
	When used outdoors.	None	APF 10
	When used indoors or in an enclosed area.	APF 10	APF 10

Table 1: Task iii	Engineering and Work Practice Control Methods	Required Respiratory Protection and Minimum Assigned Protection Factor (APF)	
(iii) Handheld power saws for cutting fiber-cement board (with blade diameter of 8 inches or less)	For tasks performed outdoors only:		
	Use saw equipped with commercially available dust collection system.	None	None
	Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.	None	None
	Dust collector must provide the air flow recommended by the tool manufacturer, or greater, and have a filer with 99% or greater efficiency.		

Table 1: Task x	Engineering and Work Practice Control Methods	Required Respiratory Protection and Minimum Assigned Protection Factor (APF)
(x) Jackhammers and handheld powered chipping tools	Use tool with water delivery system that supplies a continuous stream or spray of water at the point of impact. - When used outdoors. • When used indoors or in an enclosed area. • OR • Use tool equipped with commercially available shroud and dust collection system. • Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. • Dust collector must provide the air flow recommended by the tool manufacturer, or greater, and have a filter with 99% or greater efficiency and a filter-cleaning mechanism. • - When used outdoors. • - When used indoors or in an enclosed area.	None APF 10 APF 10 APF 10 None APF 10 APF 10 APF 10

Table 1: Task xii	Engineering and Work Practice Control Methods	Required Respiratory Protection and Minimum Assigned Protection Factor (APF)	
(xii) Handheld grinders for uses other than mortar removal	For tasks performed outdoors only: • Use grinder equipped with integrated water delivery system that continuously feeds water to the grinding surface. • Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. • OR • Use grinder equipped with commercially available shroud and dust collection system. • Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. • Dust collector must provide 25 cubic feet per minute (cfm) or greater of airflow per inch of wheel diameter and have a filter with 99% or greater efficiency and a cyclonic pre-separator or filter-cleaning mechanism.	None	None
	• - When used outdoors.	None	None
	• - When used indoors or in an enclosed area.	APF 10	APF 10

Table 1: Task vii	Engineering and Work Practice Control Methods	Required Respiratory Protection and Minimum Assigned Protection Factor (APF) <4hrs.	>4hrs.
(vii) Handheld and stand-mounted drills (including impact and rotary hammer drills)	Dust collector must provide the air flow recommended by the tool manufacturer, or greater, and have a filter with 99% or greater efficiency and a filter-cleaning mechanism. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. Use drill equipped with commercially available shroud or cowling with dust collection system. Use a HEPA-filtered vacuum when cleaning holes.	None	None

Alternative Exposure Control Methods Table 2

Alternative Exposure Control Methods will apply for tasks not listed in OSHA AND CAL/OSHA 's Construction Standard Table 1, testing data. Below is a chart showing the results of our engineering and work practices for each work duty that may result in exposure to respirable silica.

Note:

#1 Task	Silica Control Method	Required Respritory Protection
• Area Sanding Drywall	• Power Sander w/ Commercial Vac & Fleece Bag • Pole Sander w/ Commercial Vac & Fleece Bag	• None • Voluntary

#2 Task	Silica Control Method	Required Respritory Protection
• Standard Pole Sander • Sponge Sanding / Detail Sanding	• Ensure work area is well ventilated	• None • Voluntary

#3 Task	Silica Control Method	Required Respritory Protection
• Routering Drywall for Outlet & Light Boxes	• Ensure work area is well ventilated	• None • Voluntary

#4 Task	Silica Control Method	Required Respritory Protection
• Fireproofing mixing operations • Fireproofing Spraying Operations	• Ensure work area is well ventilated	• None • Voluntary

#5 Task	Silica Control Method	Required Respritory Protection
Plaster Mixing using a silo setup Plaster Spraying/Gunman	Ensure work area is well ventilated	• None • Voluntary

#6 Task	Silica Control Method	Required Respritory Protection
Plaster Mixing Dry Bags Plaster Hand Finish	Ensure work area is well ventilated	• None • Voluntary

#7 Task	Silica Control Method	Required Respritory Protection
Plaster Products Pre-Mixed From Manufacturer	Ensure work area is well ventilated	• None • Voluntary

#8 Task	Silica Control Method	Required Respritory Protection
GFRC Installation	Ensure work area is well ventilated Use Water w/ Mechanical Sprayer Or Dust collector with 25 CFM or greater per inch of wheel diameter and a filter with 99% or greater efficency	• When out doors No Respirtory protection will be required. • When indoors and working more than a >4hr. shift an N95 will be required.

#9 Task	Silica Control Method	Required Respritory Protection
• GFRG Installation	• Ensure work area is well ventilated	• None • Voluntary

#10 Task	Silica Control Method	Required Respritory Protection
• House Keeping	• Use Wet Method Green Kleep Sweep	• None • Voluntary

Respiratory Protection

Where respiratory protection is required by this program, Raymond will provide each employee an appropriate respirator that complies with the requirements of the company's Respiratory Protection program and the OSHA Standard (29 CFR 1910.134) and CAL/OSHA (Subchapter 7.Group 16. Article 107, §5144.

Respiratory protection is required where specified by the OSHA AND CAL/OSHA Construction Standard Table 1, for tasks not listed in Table 1, please follow The Raymond Group Silica Exposure Control Methods Exposure Plan Table 2.

Housekeeping

Raymond does not allow dry sweeping or dry brushing where such activity could contribute to employee exposure to Respirable Crystalline Silica unless wet sweeping, HEPA-filtered vacuuming, wet sweeping compound, or other methods that minimize the likelihood of exposure are not feasible.

Raymond does not allow compressed air to be used to clean clothing or surfaces where such activity could contribute to employee exposure to Respirable Crystalline Silica unless:

- The compressed air is used in conjunction with a ventilation system that effectively captures the dust cloud created by the compressed air; or
- No alternative method is feasible.

Medical Exams

1. Medical Evaluation:
   A medical evaluation will be required for each employee prior to wearing a N95 respirator.

   The employee will complete a medical questionnaire. The medical questionnaire will be reviewed and approved by a physician. A medical clearance will be issued. If required, a chest x-ray will have requested. After the physician's approval, a medical clearance will be issued.

The employee will also be fit tested prior to being issued a respirator.

2. Medical Surveillance:
Will be made available to employees who will be exposed to silica at the PEL or higher and will be required by the regulation to wear a respirator 30 days or more per year. To be conducted within the first 30 days of the assignment, and every three years after the initial exam if the worker continued to meet the trigger for the exam. Employee will be required to follow the Medical Surveillance procedures.

Employees will be sent to a designated medical clinic and will be required to complete the following procedures.

a. Medical and Work History
b. Physical Exam with emphasis on respiratory system
c. Chest X-ray conducted by NIOSH certified B reader
d. Pulmonary Function test
e. Tuberculosis test (initial only)
f. Any other tests deemed appropriate by the physician

All records will be confidential and maintained by the company.

Hazard Communication

Raymond Group will include Respirable Crystalline Silica in the company's Hazard Communication Program established to comply with the OSHA AND CAL/OSHA Hazard Communication Standard (29 CFR 1910.1200).
Subchapter 7. Group 16. Article 109. 55194. Hazard Communication
Raymond Group will ensure that each employee has access to labels on containers of Crystalline Silica and those containers respective Safety Data Sheets (SDS's).

All employees will be trained in accordance with the provisions of the OSHA AND CAL/OSHA Hazard Communication Standard and the Training Section of this program.

This training will cover concerns relating to cancer, lung effects, immune system effects, and kidney effects.

The Raymond Group will ensure that each employee with the potential to be exposed at or above the Action Level for Respirable Crystalline Silica can demonstrate knowledge and understanding of at least the following:

- The health hazards associated with exposure to Respirable Crystalline Silica;
- Specific tasks in the workplace that could result in exposure to Respirable Crystalline Silica;
- Specific measure have been implemented to protect employees from exposure to
- Respirable Crystalline Silica, including engineering controls, work practices, and respirators to be used;

- The contents of the OSHA AND CAL/OSHA Respirable Crystalline Silica Construction Standard;
- The identity of the Competent Person designated by Raymond Group.

Record Keeping

The Raymond Group will make and maintain an accurate record of all exposure measurements taken to assess employee exposure to Respirable Crystalline Silica (See Appendix A). This record will include at least the following information:

- The date of measurement for each sample taken;
- The task monitored;
- Sampling and analytical methods used;

Training

All employees will be provided Silica awareness & Our Written Silica Exposure Control methods to control and reduce exposure to the silica hazard below the action level of 25 µg/m3 Training shall consist of but not limited to tailgate meetings and awareness classes. Training will be issued at time of employment or when there is a new process or new materials introduced to the work process.

Training topics include:

- Health hazards of silica
- Operations that can contribute to exposure
- Engineering controls and safe work practices used to protect against exposure
- The importance of proper equipment control and maintenance
- Housekeeping procedures
- Proper use and care of personal protective equipment
- Hazard assessment procedures
- Medical surveillance

RESPIRATORY PROTECTION PROGRAM

Purpose In the control of those occupational diseases caused by breathing air contaminated with harmful dust, fumes, mists, gases, smokes, sprays or vapors, Raymond's primary objective shall be to protect employee health and well-being. This program's basis is to establish the use of respiratory protection where employees are exposed to potential respiratory hazards.

Scope The requirements of this standard apply to all Raymond employees, contractors and visitors who normal job duties may require them to wear or use a respirator, or who spend a majority of their time in operational or laboratory areas, or who are emergency responders.

Policy The control of atmospheric contamination of work areas shall be accomplished as far as feasible by accepted engineering control measures such as enclosure, local exhaust ventilation and general building ventilation.

Respiratory protection shall be provided:

- When effective engineering controls are not feasible,
- As an interim measure pending installation of engineering controls,
- As a safeguard in addition to engineering controls,
- For work in atmospheres where exposure levels are unknown or oxygen levels are deficient.
- For emergency services use.

Definitions

Air-purifying respirator	Respirators that use filters or absorbents to remove harmful substances from the air.
Ceiling Limit	An airborne concentration of a toxic substance in the work environment, which should never be exceeded.
Dusts	Solid particles generated by handling, crushing, grinding, rapid impact and detonation.
End of Service Life Indicator	(ESLI) means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.
Engineering Controls	Methods of controlling employee exposures by modifying the source of or reducing the quantity of contaminants released into the workroom environment.

Exhalation valve	A device that allows air to leave a respirator, prevents outside air to leave a respirator and prevents outside air from entering through the valve.
Fume	Airborne particles formed by the evaporation of solid materials, e.g., metal fume emitted during welding.
Gas	A state of matter in which the material can expand and contract in response to changes in temperature and pressure and uniformly distributes itself throughout any container.
Immediately Dangerous to Life and Health (IDLH)	Very hazardous atmospheres where employee exposure can cause serious injury or death within a short time or serious delayed health effects.
Inhalation valve	A device that allows respirable air to enter the facepiece and prevents exhaled air from leaving the facepiece through the intake opening.
Mists	Suspended liquid droplets generated by condensation from the gaseous to the liquid state. Mists are formed by splashing, foaming or spraying.
National Institute for Occupational Safety and Health (NIOSH)	A federal agency which conducts research on health and safety concerns, tests and certifies respirators, and trains occupational health and safety professionals.
Occupational Safety and Health Administration (OSHA)	A federal agency responsible for promulgating and enforcing workplace safety standards.
Odor	The property of a substance that affects the sense of smell.
Permissible Exposure Limit	(PEL) An exposure limit that is published and enforced by OSHA as a legal standard.

Protection factor (PF)	The ratio of the ambient airborne concentration of the contaminant to the concentration inside the facepiece.
Respirator	A device to protect the wearer from inhalation of harmful contaminants.
Short-term exposure limit (STEL)	Maximum concentration to which workers can be exposed for a short period of time, 15 minutes, for only four (4) times throughout the day with at least one (1) hour between exposures.
Threshold Limit Value	A time-weighted average concentration, determined by the ACGIH, under which most people can work consistently for 8 hours a day, day after day, with no harmful effects.
Time-weighted average (TWA) concentration	Concentrations of airborne toxic materials which have been weighted for a certain time duration, usually eight (8) hours.
Vapors	Process by which a liquid is evaporated and mixed with the surrounding air.

Roles and Responsibilities

The Director of Safety shall be responsible for:

- Coordination of the respiratory protection program,
- Ensuring a respiratory protection program is established where hazardous or potentially hazardous atmospheres may be encountered,
- Ensuring employees in the respiratory protection program receive periodic medical evaluations and annual fit-testing
- Ensuring employees in the respiratory protection program receive periodic training per OSHA requirements.
- Assuring only NIOSH/MSHA approved respirators are used in the facility
- Coordinating employee evaluations prior to respirator usage. Evaluation options may include utilizing U.S. Healthworks or a suitable contract service. Based on an employee's results, the medical agency shall determine whether an individual is physically capable of performing routine tasks with respiratory equipment assigned.

Foremen and Supervisors shall be responsible for:

- Ensuring that respiratory protection is available,
- Ensuring the proper use of respiratory equipment,
- Ensuring that respiratory equipment is maintained and is periodically inspected,
- Performing and documenting employee respiratory training,
- Ensuring the equipment is worn when required,
- Conducting periodic random checks of employee usage and enforce the use of respirators when necessary,
- Evaluating employee facial conditions, which may interfere with, face seal. For example: Growth of facial hair greater than 24-hours, sideburns, the absence of dentures, weight gain or loss, etc.

Employees in the respiratory protection program shall be responsible for:

- Using only approved respiratory protection equipment in accordance with the instruction and training received,
- Guarding against damage to the respirator and returning to the supervisor for disposal after use,
- Reporting any malfunction of the respirator to the supervisor,
- Being physically able to wear a respirator, i.e., maintaining facial hair to provide proper seal and notifying the supervisor of any condition(s) which may affect face seal,
- Wearing the proper respirator designated for the hazard to which the employee is exposed,
- Notifying their supervisor in the event they have experienced a physical or psychological symptom, illness, or an injury that may temporarily or permanently affect their health and safety when wearing an assigned respirator.

Respirator Selection

Selection of respiratory protective equipment shall be based upon the hazard, the protection factor (PF) required and the odor-warning properties of the chemical(s) involved. Only respirators certified by NIOSH and/or MSHA and so labeled shall be used.

- In order to specify respiratory protection equipment for other than emergency use, a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form must be evaluated.

Emergency Use:

- Respirators shall be provided where appropriate for emergency escape.
- "ESCAPE ONLY" respiratory protection (ELSA) may be used for egress from a contaminated area.

Available Respiratory Protection

- Disposable dust/mist masks, half-face, full face air-purifying respirators are available to applicable employees. Additionally, appropriate cartridges are provided which protect from exposure to organic vapors, organic vapors/acid gas.
- Employee job requirements shall be reviewed by the supervisor at the beginning of new assignments and at least annually thereafter to ensure proper respirator and cartridge use. Employees "crossing over" into several job activities should be assigned respirator cartridges providing protection across all activities as required.

Limitations

Air purifying respirators shall not be used in atmospheres containing less than 19.5% oxygen or those considered immediately dangerous to life and health (IDLH).

- Air-purifying respirators do not protect against oxygen deficiency, or hot or cold temperature extremes.

Cartridges, canisters, filters and respirators ARE NOT interchangeable among manufacturers. Interchanging of parts voids NIOSH/MSHA approval and is expressly prohibited.

Cartridge Service Life

Cartridges or canisters used for protection against gases or vapors with concentrations AT OR BELOW the threshold limit value shall be replaced at the end of the work shift or a maximum accumulated period of sixty (60) minutes, as long as odors are not detected.

Cartridges or canisters used for protection against gases or vapors with concentrations ABOVE the threshold limit value shall be replaced as directed in the cartridge change schedule for the product or process.

- The Cartridge Change Schedule will be included in the work instructions or posted at the Process.

Mechanical filters (dust pre-filters as an example) shall be replaced whenever noticeable breathing resistance occurs.

Training

Training is necessary on all types of respirators. Training ensures that employees encountering potentially hazardous atmospheres are familiar with respiratory protective equipment. Moreover, employees become knowledgeable about those hazardous atmospheres they may meet.

All employees' assigned respirators shall receive annual training in accordance with the subject outline below.

- No employee may be assigned a respirator until training has been conducted.
- No employee shall be assigned to a job requiring the use of a respirator until training and fit-testing has occurred.

Respirator training shall be conducted by persons trained in the proper use and fitting of respirators as accepted and designated by the Raymond Safety Department. At a minimum, the following topics must be discussed:

- The reasons for the need of respiratory protection.
- The nature of airborne contaminants against which the wearer should be protected, why the protective device is the proper one for the particular purpose, and the device's capabilities and limitations and health effects from overexposure if the respirator is not worn.
- Operations that require the use of respirators (Appendix AD).
- Cartridge Change Schedule and how to determine when it applies.
- Reviewing the requirement that prohibits facial hair from interfering with the sealing surface of a respirator
  - Discussing the importance of a good face-fit seal and of adhering to the facial hair policy.
- Reviewing the purpose of qualitative and quantitative fit testing.
- Instruction in inspecting, donning, checking the fit (negative and pressure check) of and wearing the respirator.
- Allow employees the opportunity to handle the respirator, read labels and instructions for its use and maintenance, to wear it in an uncontaminated atmosphere.
- An explanation of how to clean and store the respirator.
- Discussing the written Respiratory Protection Program, employee responsibility for compliance, OSHA regulations and Raymond policies concerning respirator use.

Facial Hair

Facial hair such as long side burns, long mustaches, goatees, beards and beard stubble that interferes with the facepiece-to-face seal is not allowed. Employees whose normal job duties may require the use of respirators, or who spend a majority of their time in operational or who are emergency responders are required to maintain facial hair to insure interference with the respirator-to-face seal does not occur.

Respirator Fitting and Fit testing

Every respirator user will receive fitting instructions including demonstrations and practices in how the respirator will be worn, how to adjust it, and how to determine if it fits properly.

Respirators shall not be worn when conditions that could prevent a good face-to-surface seal exist. Such conditions may be a growth of beard, sideburns, or temple pieces on glasses. Also, absence of dentures can seriously affect respirator fit.

Fit-testing will be conducted annually in conjunction with respiratory training. Results of the fit-testing must be documented. Documentation of the fit testing shall be forwarded to the responsible party.

Medical Evaluation surveys must be completed by each employee and reviewed by licensed health care professional BEFORE any fit testing or use of a respirator.

Maintenance, Care and Inspection

Air purifying respirators

- Check exhalation and inhalation seals to see that they are in-place. Valves must not be deformed, torn or cracked, and/or tainted with dirt or lint on the valve seating surfaces.
- Check the facepiece for damage that may impair visibility or prevent a seal.
- Where applicable, check to see that the cartridge seating surfaces is not damaged. Ensure that threads are not damaged.
- Inspect cartridges from damage to threads or cartridge housing. (Over torquing cartridges during installation will eventually strip threads).
- Check straps and buckles to ensure they are present, flexible and in good working order without breaks, tears or frays.
- Defective or questionable respirators should be submitted to a supervisor for suitable replacement.

DO NOT USE A RESPIRATOR THAT IS FOUND TO BE DEFECTIVE OR QUESTIONABLE IN ANY RESPECT.
The Supervisor shall conduct semi-annual respirator inspection during the second and fourth quarter. These inspections shall be conducted and documented.

Storage of Air Purifying Respirators

- Cleaning is recommended at least once week. For heavy use, daily cleaning may be required.
- Remove cartridges before cleaning, if applicable. Dispose of cartridges as appropriately based on usage.
- Clean facepiece, straps, valves and gaskets by immersing in warm water containing mild soap (i.e. dish detergent). DO NOT use harsh cleansers (e.g. ammonia, abrasive). Scrub all surfaces with a soft cloth or brush.
- Rinse in fresh, warm water and air dry in a non-contaminated atmosphere (e.g. locker).
- When dry, replace in plastic zip-lock bag for future use. Store at room temperature.

Program Evaluation

Annual documented evaluation of the effectiveness of the respiratory protection program is essential to ensure adequate respiratory protection is continually provided. Program evaluation will be documented using Appendix AD of this standard and shall include:

- Adequacy of the type, make and model of the respirator for the contaminants, concentrations and situations encountered.

Proper donning, inspection and wearing of respirators.

- Proper maintenance and storage of respirators.

EMERGENCY ACTIONS

The importance of an effective workplace safety and health program can not be overemphasized. The benefits of such a program are clearly worth the effort; however, accidents still occur in spite of efforts to prevent them. Therefore, proper planning for emergencies is necessary to minimize employee injury and property damage.

Effectiveness in the management of emergencies, including disasters, depends on the amount of planning and training performed. For planning purposes the possible types of emergencies/disasters which may be anticipated include, but are not limited to:

- Fire or Explosion
- Power failure, flood, or severe weather
- Hazardous materials, spill/release
- Water or fuel shortages
- Bomb threat
- Earthquake
- Telephone outage
- Others as designated by the Raymond organization

Accidents involving physical injuries or property damage will be handled using the policies and procedures outlined in Chapter 6, "Incident Investigation & Reporting" of this written program. Responsibility for the management of emergency disaster procedures and actions rest with office supervisors, warehouse/yard supervisors, and job-site supervisors at each Raymond operating location.

1. Supervisory Responsibilities (Office, Warehouse/Yard)

a. Ensure that all office, warehouse/yard employees are aware of company emergency procedures and their individual responsibilities.

b. Establish employee assembly or safe refuge area (s) and procedures for accounting for employees.

c. Maintain an up-to-date listing of telephone numbers for all individuals who need to be notified in the event of an emergency/disaster.

d. Maintain up-to-date emergency evacuation route floor plans/signs and ensure they are posted throughout employee work areas.

e. Direct all actions taken in response to an emergency/disaster until the appropriate emergency/disaster response agency arrives on scene.

2. Supervisory Responsibilities (Job Sites)

a. The general foreman or supervisor in charge of Raymond company activities on a job site will ensure all employees respond to emergencies/disasters according to the Emergency Actions Plan of the general contractor.

b. A copy of the general contractor's Emergency Actions Plan will be maintained at the job site so as to provide Raymond employees access if desired.

3. Training

Supervisors will advise each employee of his/her responsibilities under the Raymond Company's Emergency Actions Plan at the following times:

1. Initially when the plan is developed,
2. Whenever the employee's responsibilities or designated actions under the plan change, and
3. Whenever the plan is changed.

Emergency/disaster responses and tips which can be used when training employees and are provided at appendix T. A Bomb Threat checklist is shown in appendix U.

4. Communications

a. Emergency situations often cause confusion and panic which, in turn, can cause more injuries or damage than the situation itself. It is for this reason that timely and clear communication is used to alert employees to the nature of the emergency and action (s) to be taken. Possible means of communication are:

- Fire alarm system
- Paging/Intercom System
- Telephone
- Personal contact

b. The supervisor for the facility or job site experiencing an emergency will be responsible for selecting the type of communication to be used.

5. Press/TV Control

Information on emergencies and/or disasters will not be released to the news media until reviewed and approved by the CEO or other designated senior management.

6. Fire Protection

The potential loss from fire to our operations both in the field and office/warehouse can be devastating. The prevention of loss to fire is, therefore, of primary concern to all employees.

a. The responsibility for fire prevention rests with office managers, warehouse/yard supervisors, and job-site supervisors at each Raymond operating location.

b. Responsibilities include good housekeeping practices, proper storage of flammable material, proper handling of potential ignition sources, maintenance of fire detection/fighting equipment, and training all employees in fire safety and prevention.

c. Supervisors will review all Safety Data Sheets (SDS) which cover material used and/or stored in their area(s) of responsibility. Refer to Chapter 8 of this written program for additional information on SDS' and hazardous materials.

d. Inspection checklists designed to monitor housekeeping and storage practices are discussed in Chapter 5 of this written program.

e. Training employees in fire safety and prevention will follow the guidelines outlined in Chapter 4 of this written program.

f. Fire detection/fighting equipment (i.e. alarms, sprinkler systems, fire extinguishers) will be placed on a periodic maintenance schedule. Responsibility for the maintenance program is assigned to facility/equipment managers at each Raymond operating location.

ELECTRICAL SAFETY/GENERAL COMPANY POLICY

The purpose of this program is to inform interested persons, including employees, that Raymond is complying with the OSHA Standards by determining that this workplace needs written procedures for preventing electric shock or other injuries resulting from direct/indirect electrical contacts to employees working on or near energized or deenergized parts. This program applies to all work operations at Raymond where employees may be exposed to live parts and/or those parts that have been deenergized.

The Director of Safety or designee is the person having overall responsibility for the Electrical Safety Program. The Director of Safety or designee will review and update the program, as necessary. Under this program, Raymond employees receive instructions in the purpose and use of energy control procedures, as well as the other required elements of the Control of Hazardous Energy standard. This policy includes the deenergizing of equipment, applying locks and tags, verifying deenergization, and equipment reenergizing.

If, after reading this program, you find that improvements can be made, please contact the Safety Department. We encourage all suggestions because we are committed to creating a safe workplace for all our employees and a successful electrical safety program is an important component of our overall safety plan. We strive for clear understanding, safe work practices, and involvement in the program from every level of the company.

Electricity has become an essential element of modern life, both at home and on the job. As a source of power, electricity is accepted without much thought to the hazards encountered; however, electricity has long been recognized as a serious job site hazard, exposing employees to such dangers as electrical shock, electrocution, fires, and explosions.

Electrical accidents are caused by one or more of the following reasons:

- Unsafe equipment and/or installation.
- Unsafe workplaces caused by environmental factors.
- Unsafe work practices.

Protection from electrical hazards is one way to prevent accidents. Protective methods include insulation, electrical protective devices, guarding, grounding, personal protective equipment (PPE), and safe work practices.

The most common electrical hazard encountered at construction job sites is ground fault electrical shock. This hazard can be eliminated by the following methods: (1) ground fault circuit interrupters (GFCIs) for receptacle outlets, or (2) an assured equipment grounding conductor program.

Ground Fault Circuit Interrupters (GFCIs)

a. Most of the portable electric tools used by Raymond employees have either an equipment grounding conductor or are double insulated. However, these two protection methods are not fool proof. A grounding wire could break or a cord could become defective. Using a GFCI overcomes problems associated with insulation problems and eliminates the potential for ground fault electrical shock.

b. The use of GFCIs to prevent electrical shock is the preferred method for all Raymond employees using portable electric tools.

c. Raymond job site supervisors are responsible for ensuring a sufficient number of GFCI protected electrical power boxes are provided for Raymond work activities.

Training Program

Every employee at Raymond who faces the risk of electric shock from working on or near energized or deenergized electrical sources receives training in electrical related safety work practices pertaining to the individual's job assignment.

The goal of our electrical safety-training program is to ensure that all employees understand the hazards associated with electric energy and that they are capable of performing the necessary steps to protect themselves and their co-workers.

Our electrical training program covers these basic elements:

- Lockout and tagging of conductors and parts of electrical equipment and systems.
- Safe procedures for deenergizing circuits and equipment.
- Application of locks and tags.
- Verification that the equipment has been deenergized.
- Procedures for reenergizing the circuits or equipment.
- Other electrically related information which is necessary for employee safety.

In our facility, all the persons working on or near energized or deenergized electric sources are considered "qualified" to work safely with electrical energy and have received the appropriate training and certification to do so. In addition to the basic training elements, our "qualified" employees are trained in the skills and techniques necessary to identify exposed live parts, determine nominal voltages, clearance distances and corresponding voltages.

Lockout and Tagging Program

It is a Raymond policy that circuits and equipment must be disconnected from all electric energy sources before work on them begins. We use lockout and tagging devices to prevent the accidental reenergization of circuits or equipment. These lockout and tagging procedures are the main component of our electrical safety program. The safety procedures that make up our lockout and tagging program include these elements:

Deenergizing circuits and equipment. We disconnect the circuits and equipment to be worked on from all electric energy sources and we release stored energy that could accidentally reenergize equipment.

- Application of locks and tags. Only authorized employees are allowed to place a lock and tag on each disconnecting means used to deenergize our circuits or equipment before work begins. Our locks prevent unauthorized persons from reenergizing the equipment or circuits and the tags prohibit unauthorized operation of the disconnecting device.
- Verification of deenergized condition of circuits and equipment. Prior to work on the equipment, we require that a "qualified" employee verify that the equipment is deenergized and cannot be restarted or reenergized.
- Reenergizing circuits and equipment. Before circuits or equipment are reenergized, we follow these steps in this order:
    1. A "qualified" employee conducts tests and verifies that all tools and devices have been removed.
    2. All exposed employees are warned to stay clear of circuits and equipment.
    3. Authorized employees remove their own locks and tags.
    4. We do a visual inspection of the area to be sure all employees are clear of the circuits and equipment.

Enforcement

Constant awareness of and respect for electrical hazards, and compliance with all safety rules are considered conditions of employment. Supervisors and individuals in the Safety Department reserve the right to issue disciplinary warnings to employees, up to and including termination, for failure to follow the guidelines of this 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 R.

2. Training/Retraining Program

Another way in which positive reinforcement of safety program compliance can be achieved is through training/ retraining. Refer to Chapter 4 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 M

ASBESTOS AND LEAD POLICY

Buildings Containing Asbestos/Lead

Raymond does not perform any class/type of asbestos or lead abatement work and does not expose its employees to environments that contain these materials. The following materials must be treated as asbestos-containing, unless specified procedures are followed to determine otherwise, in compliance with current EPA and OSHA standards.

1. Thermal System Insulation (TSI) and surfacing materials which are defined as material that is sprayed, troweled-on or otherwise applied to surfaces (such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing, and other purposes) in buildings or substrates constructed in 1980 or earlier.
2. Asphalt and vinyl flooring material installed in 1980 or earlier.
3. Any other materials (i.e. Taping mud, plaster, etc.) that the building owner has actual knowledge that is, or should have known it to be, asbestos and/or lead containing.

Building owners are assigned specific responsibilities under the EPA and OSHA asbestos and lead standards to identify asbestos/lead containing materials, retaining records of all activities involving asbestos/lead materials, and conveying this information to all employees working in or on their building.

Early in the bidding/contract process the question of whether asbestos containing materials are present shall be determined.

A "RFI" (attachment A1) to the general contractor is the required method. The letter must address the following:

1. Written documentation there is no ACM/LCM within the project area; or,
2. Written documentation identifying the location and quantity of ACM and/or LCM and method of prior abatement; and,
3. Is any Demolition and/or abatement activity to be done?

When an abatement contractor abates asbestos/lead a "Certificate/Report of Abatement," will be prepared by the abatement contractor. You shall acquire a copy of the certification/report before evaluating how to proceed with work in the area.

Note: Abatement may involve removal or encapsulation in place (EIP). If EIP is done, you shall confirm that our scope of work will not require activity which will disturb the encapsulation.

Raymond employees do not work in areas containing ACM/LCM if there is any potential for disturbing the material until abatement is completed and certificate/report of abatement documentation is provided. Also, do not move equipment and materials into an abatement area until the certificate/report of abatement is provided. Equipment and materials can become contaminated requiring their abatement (cleaning and/or disposal) at significant cost.

Raymond employees must be briefed on all asbestos/lead issues/activities before starting work. The Raymond Safety Department will assist you with the employee training and briefing documentation.

Summary

If your project involves a building(s) constructed in 1980 or earlier you must presume the presence of asbestos and/or lead until you have documentation showing otherwise. Documentation required:

1. Written documentation there is no ACM/LCM within the project area; or,
2. Written documentation identifying the location and quantity of ACM and/or LCM and method of prior abatement.
3. Is any Demolition and/or abatement activity to be done?
    - Don't wait until the last minute to ask questions.
    - Use the same process for lead that you use for asbestos.
    - Do not accept verbal assurance…get it in writing.

Installation of Lead Products

The installation of lead products is normally associated with health care facilities (i.e. x-ray room walls). No estimating or project management activity concerning the installation of lead products will occur, until the Raymond Safety Director and CEO are fully briefed and approve the project. There are NO exceptions.

Attachments – See Appendix AB

A. *A1 / A2 Sample pre bid RFI templates (2).*

B. *Sample letter template for initial project inquiry concerning asbestos and/or lead.*

C. *Sample letter template for follow up on the initial inquiry concerning asbestos and/or lead.*

D. *Sample exclusions and qualifications appropriate to lead and asbestos.*

MOLD POLICY

While mold is not a new issue, its rapid growth in some buildings and fears of potential adverse health effects are a more recent development. Whether these concerns are justified or not, mold has become a serious issue in the construction industry and will remain so for the foreseeable future.

The key to avoiding mold is the management of moisture at each step of construction from manufacturing to finishing a building. Raymond's role in this construction cycle is primarily limited to receiving materials which are subject to moisture damage, material storage, and installation activities. Our focus should be directed toward prevention steps and remediation activities conducted under the direction of a general contractor and/or building owner.

It must be clearly understood that Raymond is not a mold expert nor do we intend to acquire the expertise; however, there are proactive steps we can take to minimize or prevent losses from moisture and mold throughout the building cycle. These steps are:

Pre-Construction:

1. At the initial review of contract documents, evaluate the schedule to determine if materials susceptible to water damage (i.e. Wallboard and insulation) will be installed before the building is "dried-in."
2. Notify the General Contractor either in writing, through RFI"s, qualifications, or other methods of the potential for water intrusion/damage.
3. Use the bidding process to inform potential Raymond customers of the various mold resistant products available as a possible solution to any scheduled installation of products susceptible to water damage prior to "dry-in."

Note: Confirm whether the job is classified as a LEED project. If it is, contact the (LEED) consultant to determine if the installation schedule requires the building(s) to be "dried-in" before wallboard is installed.

Material Delivery/Storage:

1. Do not have material, subject to water damage, delivered prematurely during forecasted or actual inclement weather unless protected storage is available.
2. Inspect materials being delivered to ensure there is no water damage. If there is damage, document it and inform supplier in writing as soon as possible.
3. Separate any water damaged materials immediately and place in a quarantine area if they cannot be returned immediately. Note: Separating water damaged from undamaged material is important so as to prevent mold migration.
4. Inspect stored materials frequently for signs of wet conditions, potential protective cover leaks, condensation or visible mold.

Pre-Installation:

1. If the installation schedule creates a situation where materials, subject to water damage, are to be installed before appropriate protection from inclement weather and/or wet processes (i.e. Fireproofing) is in place; the potential for water damage needs to be brought to the attention of the general contractor in writing. Refer to attachment 1 for a sample letter.
2. Do not proceed to the installation phase until the general contractor has acknowledged, in writing, your concerns over potential water damage if installation proceeds as scheduled. If the general contractor directs Raymond, in writing, to install as scheduled; ensure the letter also releases Raymond from liability if water damage occurs.
3. The pre-installation phase provides another opportunity to advise the general contractor of the new mold resistant products and chemical sprays which are available to minimize/ eliminate mold resulting from water intrusion.

Installation:

1. During the job, foremen need to establish a daily routine to check for and document actual and/or potential damage to materials.
2. Inspect the work area at the beginning of each day for mold, water intrusion and/or dirt.
3. Complete end-of-shift inspections to ensure that protective measures have been implemented (i.e. Wall openings covered, windows/doors closed, etc.)
4. The handling of water, wet materials, and waste represents an important concern in regard to material damage. Areas for mixing materials should be set up to keep water from draining into adjacent workspaces or on to finished work. All spills should be cleaned up immediately.
5. The practice of using stacks of material (i.e. Wall board) as lunch/break tables should be avoided since food residue and spills provide an excellent medium for mold growth.

Water Damage/Mold Remediation:

1. Raymond will conduct water damage/mold remediation only under the direction of the general contractor. Directions must identify clearly and specifically areas requiring product removal/replacement. An excellent method of identifying remediation areas is the use of a floor diagram showing the areas in color.
2. Contact the Safety Department before beginning remediation activities for guidance in appropriate PPE to be used, training requirements, and remediation procedures.
3. Remediation documentation options can include one or more of the following: Photographs, timelines, T & M tickets, change orders, Foreman's Job Log, and floor diagrams indicating completed work in color.

Special Issues & Challenges:

- Documentation is essential to help correct and assign responsibility for the resolution of moisture and mold problems that may occur in our scope of work on a specific project. The following are basic to the documentation process:

  1. Verify and document that the material is dry and free of mold at the time it is handed off to the next party in the process.
  2. Verify and document that water or mold damaged materials are returned or quarantined.
  3. Verify and document conditions on the construction site prior to installation.
  4. Document any events that may result in the introduction of water, moisture or mold during the installation process, such as leaks or floods.
  5. Verify and document the condition of the completed work.

- Documentation should generally consist of a written record of the event or transaction and photographs. The Foreman's Job Log is an excellent option for a written record. The water Intrusion Incident Event Form is also an excellent documentation tool. The documentation will be most useful if it is done at the time of the event or transaction. It should include an indication of who was present or involved at the time.

- Again, Raymond is not, nor will we become an expert on mold. Our involvement with mold is limited to advising the general contractor of possible product damage if the building schedule is followed when water damage, for any reason, is possible; reporting observed water damage; and damaged product removal/replacement under the direction of the general contractor.

- It is extremely important to re-emphasize that at no time does Raymond attempt to delineate areas of mold impact; determine the nature/scope or remediation; and, in any manner, state/indicate that actions taken resolve the problem.

Attachments – See Appendix AC

1. *Sample letter template for advising of potential water damage.*
2. *Sample letter template advising of water damage.*
3. *Water Intrusion Incident Event form.*
4. *PPE Protocols for Product Removal.*
5. *Qualifications/Exclusions*

EMPLOYEE SAFETY & HEALTH COMMITTEE'S CONSTITUTION AND BY-LAWS

ARTICLE I - REQUIREMENTS

There will be a Raymond Safety & Health Committee that will represent all employees.

ARTICLE II - OBJECTIVES

Committee objectives/mandates are under the direction of the Raymond Safety Department:

A. To assure company policies comply with State and Federal Safety Regulations.

B. To review and make recommendations to prevent incidents.

C. To promote safety training for all employees.

D. To promote the health of all employees.

E. Enforcement of safety rules, policies, and procedures

ARTICLE III - MEMBERSHIP

The Safety & Health Committee shall consist of representatives from labor, management and support personnel. Membership may include warehouse, field and office employees.

Section 1. Membership: The Safety & Health Committees shall consist of at least 3 bargaining unit employees and 3 management employees in each region. One representative from Management must sit on the committee. The committee will be guided under the direction of the elected Chairperson and Co-Chairperson. At the end of each year the committee will elect a new Co-Chairperson from current members who voluntary choose candidacy. At the beginning of the next year, the elected Co-Chairperson will serve as the committee Chairperson. The elected Chairperson will serve on the committee for one full (1) year. The elected Co-Chairperson will serve on the committee for (2) years.

Section 2. Rotation of Members: In order to give the broadest exposure to all employees, an employee shall serve at least one (1) year with the exception of the Committee Chairperson and Co-Chairperson. An employee shall not normally serve more than (2) consecutive terms. A minimum of six (6) months inactive time between terms shall be required.

New members will be on a voluntary basis. In the event a representative from the specified area does not volunteer, the committee will ask the appropriate Supervisor to appoint an employee.

Section 3. Selection Criteria:

A. Ideally, choose a member from a department not already represented.

B. Has not served within the last six months.

C. Is committed to safety.

D. Wants to serve on the committee.

E. Willing to serve for a minimum of one year.

F. Will participate in inspections, incident investigations, safety training/activities, and wellness activities.

The Committee Chairperson must notify managers of all direct reports serving on a Committee.

Section 4. Responsibilities: The Safety & Health Committee shall be responsible for:

A. Conducting monthly inspections (on a rotating basis).

B. Reporting violations of Raymond Safety Policy and make suggestions for improvement.

C. Reviewing the Company's accident investigation reports.

D. Assisting in the development and refinement of safety processes.

E. Assisting with emergency response.

F. Publicizing the safety program through display of pertinent literature.

G. Assisting with the promotion of safety training activities for employees.

H. Participating in safety and health training.

I. Assisting in developing and participating in company wellness activities.

J. Monitoring the effectiveness of safety and health activities.

K. Getting input from all departments affected by policy changes.

Section 5. Meetings:

A. The Safety & Health Committee shall meet monthly.

B. Agenda should be published one week prior to the meeting. The Safety Department will be copied on all agendas.

C. The committee members shall notify their Supervisors one (1) week prior to scheduled meetings.

D. Attendance must be documented.

E. Written minutes will be distributed to committee members no later than five (5) working days following the meeting. The minutes will be posted in each office and posted on the web. The Safety Department will be copied on all minutes.

F. Minutes will be kept on file for a minimum of 3 years.

G. Should a member miss more than three (3) meetings without reasonable cause, he/she will automatically be replaced by committee action. (time & workload is not considered reasonable)

H. The suggested order of business to be observed at the Safety & Health Committee Meetings is as follows:

1. Call to order.
2. Report on status of outstanding recommendations.
3. Review incidents.
4. Discuss recommendations.
5. New Business.
6. Adjournment.

I. Where the committee does not agree on any issue, a vote will be taken. The Chairperson will cast the swaying vote when there is a tie.

J. Safety Department personnel will not participate in voting, but will provide guidance and oversight to ensure that all decisions made by the committee are aligned with Raymond Safety Policies and Procedures, along with State and Federal Safety Regulations

K. A Safety & Health Committee effectiveness evaluation should be performed annually to rate the effectiveness of each committee and to determine what was accomplished, etc.

Section 6. Special Projects:

A. Assign sub-committees for special projects.

B. Document meeting attendance.

C. Publish minutes for review at regular Safety & Health Committee meetings.

D. Track assignments to completion. Document who will do what, by when.

ARTICLE IV - INSPECTIONS

Section 1. Select members of the Safety & Health Committee shall perform monthly inspections of Raymond operations.

Section 2. Inspections should be scheduled at the convenience of each inspector's departmental needs.

Section 3. The Chairperson shall appoint committee members to make inspections.

POLICY ON ALCOHOL, DRUGS, NARCOTICS AND OTHER UNLAWFUL SUBSTANCES

Revised February, 2009

THE RAYMOND COMPANIES

Include:

George M. Raymond Co.

Raymond-Northern California, Inc.

Raymond-San Diego, Inc.

Raymond-Southern California, Inc.

The Raymond Group

THE RAYMOND COMPANIES

POLICY ON
ALCOHOL, DRUGS, NARCOTIC AND
OTHER UNLAWFUL SUBSTANCES

Alcohol, Drug and other illegal substances use in the work place is detrimental to health and safety of the user, other employees and other people on the jobsites. It also contributes to increased absenteeism, tardiness, medical costs and decreased productivity, as well as resulting in danger to, or loss of, equipment and property.

The Raymond Companies (including George M. Raymond Co., Raymond Southern-California, Inc, Raymond Northern California, Inc. ,and Raymond-San Diego, Inc.) are committed to maintaining a safe work environment, free from intoxicants, illegal drugs and substance abuse. We believe that we have an obligation to take all necessary steps to provide a safe work environment which is free from avoidable hazards.

Accordingly, except as set forth below (EXCEPTIONS), The Raymond Companies including George M Raymond Co., Raymond-Southern California, Inc. Raymond Northern-California, Inc. and Raymond-San Diego, Inc, ("Company") has adopted the following policy:

1. The Company strictly prohibits the possession, use, sale, distribution or transfer of alcohol, drugs, narcotics, intoxicants or other illegal substances while performing work for the Company or while on Company property. Company property for the purposes of this policy includes all property owned, leased, used or under the control of The Raymond Companies, its affiliates and subsidiaries, including, but not limited to, structures, buildings, offices, installations, parking lots, vehicles and jobsites of a client. All employees must comply with this policy on Company property, whether they are on duty or not.

2. An employee may not report to work or remain on duty impaired or under the influence of alcohol, drugs or intoxicants.

3. An employee who uses, possesses, sells or provides illegal drugs, controlled substances, or intoxicants off duty may be subject to discipline or discharge if the off-duty conduct adversely affects job performance or has a negative impact on the safety of Company personnel or property.

4. All employees are required to notify the Company of any criminal drug statute conviction within five (5) days after the conviction, if the conviction is based on a workplace violation or otherwise relates to the employee's ability to perform his job safely or efficiently. The employee will be subject to discipline or termination for either a first offense or a subsequent offense.

DEFINITIONS

1. "Employee" means any person employed by The Raymond Companies and its subsidiaries or divisions, including both hourly and management personnel.

2. "Drug" or "Intoxicant" means any substance that has known mind or function-altering effects on a human subject, including but not limited to alcohol, ethanol, amphetamines, barbiturates, other hypnotics, cocaine, narcotics (opiates such as heroin, morphine and codeine) PCP and other hallucinogens, marijuana and all substances prohibited or controlled by state or federal controlled substance laws.

3. "Possess" means to have on one's person or in one's personal effects or under one's control.

4. "Under the Influence" means that an employee is affected by alcohol, drugs or intoxicants. This may, but need not, be demonstrated by observable symptoms or behavior consistent with impairment such as slurred speech, or difficulty in maintaining balance. A determination of use, influence or impairment may be established by professional opinion, testing, or a layperson's opinion. Drugs in an amount detectable by a test administered under the terms of this policy and constituting a positive result according to certified laboratory cut-off guidelines, or applicable labor agreement is presumptive of a violation of this policy.

5. In the event of a conflict between the provisions set forth in this policy, and any terms or conditions of any labor agreements covering persons subject to this policy, the existing labor agreements will take precedence over this policy.

EXCEPTIONS

1. Social Events. Alcohol may be used on company property during organized social occasions with the expressed permission of the Company's CEO, President or his/her designee.

2. Prescribed and Over-the Counter Drugs. The use of prescription or over-the-counter drugs, or possession incident to such use, is not prohibited if: (a) the drug has been legally obtained and is being used for the purpose for which it was prescribed and manufactured; and (b) the drug is being used at the dosage prescribed or authorized; and (c) the use of the drug is not inconsistent with the safe and efficient performance of the employee's duties.

An employee who is using a prescribed or over-the-counter drug and who has been informed and has reason to believe or feels that the use of any such drug may affect his or her ability to perform his or her duties safely and/or efficiently, is required to report such drug use to his or her supervisor. A supervisor who has been informed or has reason to believe an employee is being prescribed or over-the-counter drugs that may affect the employee's ability to perform his or her job safely or effectively shall report that information to the job site superintendent and the Company's Safety Director. In those circumstances where the use of a prescribed or over-the-counter drug is inconsistent with the safe and efficient performance of duties, an employee may be required to take a leave of absence or other action determined to be appropriate by the Company.

DISCIPLINE

An employee who violates this policy's provisions concerning the use, possession, sale, distribution, transfer, reporting to work, or working under the influence of alcohol, drugs or intoxicants will be subject to immediate termination of employment.

TESTING

TESTING WILL BE PERFORMED BY A LABORATORY CERTIFIED BY THE NATIONAL INSTITUTE ON DRUG ABUSE.

1. Pre-employment. All applicants considered favorable for employment will be required to submit to a drug and alcohol screen. Candidates who refuse to undergo such testing: use chemicals to alter their testing sample; or fail to pass such testing, will not be eligible for employment. Employees who are laid off due to the lack of work activity will not be subject to pre-employment drug testing if they are rehired within 120 days of the lay off date.

2. Prior Testing. Applicants who can provide satisfactory evidence (said satisfaction to be determined within the discretion of the Company), of successfully passing a drug screen administered by the Union representing that candidate within 120 days prior to the application for employment with the Company, will not be subject to pre-employment drug testing.

3. Reasonable Cause. Where there is reasonable cause to believe that an employee is impaired, the employee shall be asked to submit to drug testing. Observation must be made by at least two (2) persons, one of whom may be a Union Member employee. For employees who refuse to take the test where the prerequisites set forth in this paragraph have been met, there will be a rebuttable presumption that the test result would have been positive for an unlawful substance.

4. Post Accident. Employees who are a contributing factor to an accident requiring medical care other than first aid treatment or any property damage in excess of $500 will be required to submit to a drug screen where there is reasonable cause to believe that the accident resulted from drug or alcohol usage.

5. Refusal to Test/Alteration of Testing Sample/Failure to Pass. Employees who refuse to test; to alter their testing sample; or fail to pass the drug/alcohol testing will be immediately terminated.

6. Condition of Contract Award. In the event the Company is required, as a condition of a contract award, to abide by the terms and conditions of an owner's drug policy, the company will notify the Union Representatives of employees who will be subject to said policy before implementing the policy, and all employees of the Company will be informed that the program they are working under differs from the Company's standard policy. Employees shall have the right to request that they be assigned to another project with no inferences being made.

7. The Company will pay the cost of each applicants' and employees' drug test and will pay each

applicant and employee who take and pass the test for the time it takes to undergo the drug screen up to a maximum of two hours travel time, plus time at the clinic or collection site. Applicants or employees who undergo a drug screen which results in positive results will not be entitled to any compensation for their time to take the test.

8. The Company will take care to administer the testing program in a fair, non-discrimnatory manner, and to maintain the confidentiality of the results. There will be no disclosure of information concerning test results, corrective action or treatment to a third party who does not have a need to know.

9. The Company may use, on a voluntary basis, an oral fluid test or an equivalent as an effective low-cost tool for substance abuse screening for pre-employment, reasonable cause, and post accident testing. Testing procedures shall be conducted in a manner consistent with the product manufacturers' specifications. The employer will maintain a confidential written record of all oral fluid tests administered for a period of three years. Any "non-negative" test result shall be designated as "inconclusive" and shall be confirmed by a urine test at a certified laboratory in accordance with the drug testing procedures set forth below.

10. A sufficient amount of a sample shall be taken to allow for an initial test and a confirmation test. The initial test will be by Enzyme Multiplied Immunoassay Technique (EMIT). In the event a question or positive result arises from the initial test, a confirmation test must be utilized before action will be taken against the employee or applicant. The confirmation test will be Gas Chromatography – Mass Spectrometry (GC/MS). The cutoff levels for both the intial test and confirmation test will be those established by the National Institute on Drug Abuse, Substance Abuse Management Health Service Association, or specific cutoff levels stated in the labor agreement. Which of these cutoff levels are used will be that defined by the appropriate labor agreements. Confirmed positive samples will be retained by the testing laboratory in secured long term frozen storage for a minimum of one year. Handling and transportation of each sample must be documented through strict chain of custody procedures.

11. The Company will notify the employee of results from any test that is positive for any substance included in the procedure. In the case of a positive result, the employee will be provided with an opportunity to explain the presence of the identified substance prior to taking disciplinary action. This requirement will be considered satisfied if the employee has been asked in connection with the sample collection procedure to provide information concerning all drugs or medications used within the past three weeks. A drug test that is received with a diluted result, will be reviewed using the DOT guidelines. Employees not passing the drug screen will be immediately removed from the Employer's payroll. In those jurisdictions where permitted, recreational use of any of the controlled substances listed in this policy is not substantiation or justification for positive test results.

12. An employee or applicant who tests positive may request a second confirmation test of the original urine specimen at his/her own expense.

13. Present employees who tests positive must enroll in a rehabilitation program at his/her own expense to

be considered for rehire. When such program has been successfully completed, and proof has been presented, the employee may re-apply for employment. The Company reserves the right to determine, within its discretion, the sufficiency of any proof or certificate of completion from any rehabilitation program. If work for which the employee is qualified exists after he/she completes a rehabilitation program, he/she shall be reinstated. Employees shall be considered for reinstatement only after a rehabilitation program has been completed.

14. An applicant who test positive has the option of reapplying for employment and retesting after six (6) months from the date of testing positive, with or without completing a rehabilitation program. An applicant will only be eligible for employment after all of the conditions of employment are satisfied and there is available work suited for that individual's qualifications. This policy shall in no way limit the ability of the Company to exercise its discretion when offering at will employment to any individual. At all times the Company shall not discriminate for any reason against any person who has tested positive according to the provisions of this policy. The drug test used in the retesting situation described above shall be a urine test at a certified laboratory in accordance with procedures set forth previously in this policy.

15. Any dispute under this policy shall be submitted to the grievance and arbitration procedure set forth in the applicable Union agreement or dispute resolution procedure set forth in the Employee Handbook.

16. Employees must report ALL injuries IMMEDIATELY to their supervisor whether the injury requires medical treatment or first aid only. Late reporting of any injury may result in discipline and denial of a claim.

17. Subcontractors: The Raymond Companies require that all subcontractors participate in efforts to prevent and detect the abuse of alcohol and illegal substances by their employees. It is forbidden to use, possess, distribute, be under the influence, or manufacture illegal drugs or alcohol while on the jobsite premises. Subcontractors should maintain a substance abuse and prevention policy as one method to accomplish this. When requested, subcontractors will provide a copy of their program.

18. If an employee or applicant has attended a rehabilitation program, three times and failed a drug test three times, they will not be eligible for re-employment.

19. The Company reserves the right to use its discretion in the enforcement or waiver of any provision of this policy to ensure its fair and equitable application. Any use of this discretion will be in a non-discriminatory manner and consistent with any relevant union agreements and any other applicable laws.

DRUG USE IN OUR COUNTRY HAS BECOME EPIDEMIC

FACTS

Illegal drug and substance abuse endangers us all. We are all at risk while using public transportation, driving, working or at play.

We are a country of great personal freedom but drug use endangers us all and cannot be permitted. We all must help eliminate the problem through our attitude and responsible use of peer pressure.

The Raymond Companies accept their responsibility as a corporate citizen to influence employees away from the harmful and dangerous effects of drug use. We have adopted a drug policy which is not intended to be punitive, but rather to provide a safe, secure workplace for our employees and those of our subcontractors.

LET'S ALL WORK TOGETHER TO SOLVE THE PROBLEM.
DON'T USE DRUGS AND DO YOUR BEST TO DISCOURAGE DRUG USE BY OTHERS.

EMPLOYEE ACKNOWLEDGEMENT

The undersigned employee acknowledges that he/she has received and read this drug and substance abuse policy, and understands that this policy is effective for all employees who are hired or remain employed after January 1, 2018. Any employee who performs services for the Company on or after that date shall be deemed to have consented to testing as required by this policy.

EMPLOYEE # _____ EMPLOYEE NAME (Please Print) _____

SIGNATURE _____ DATE _____

HEAT ILLNESS PREVENTION

Introduction

The heat illness prevention standard is applicable to any outdoor workplace, whenever environmental risk factors for heat illness are present. This plan meets or exceeds the T8 CCR 3395 standard.

Definitions

"Access to shade" means employees suffering from heat illness or believing a preventative recovery period is needed shall be provided access to an area with shade that is either open to the air or provided with ventilation or cooling for a period of no less than five minutes. Such access to shade shall be permitted at all times.

"Acclimatization" means temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it. Acclimatization peaks in most people within four to fourteen days of regular work for at least two hours per day in the heat.

"Heat Illness" means a serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope and heat stroke.

"Environmental risk factors for heat illness" means working conditions that create the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat from the sun and other sources, conductive heat sources such as the ground, air movement, workload severity and duration, protective clothing and personal protective equipment worn by employees.

"Personal risk factors for heat illness" means factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medications that affect the body's water retention or other physiological responses to heat.

"Preventative recovery period" means a period of time to recover from the heat in order to prevent heat illness.

"Provision of water/source" means employees shall have access to potable drinking water. Where it is not plumbed or otherwise continuously supplied, it shall be provided in sufficient quantity at the beginning of the work shift to provide one quart per employee per hour for drinking for the entire shift. Water sources are centrally located in each work area, by a 5 gallon water jug with pump. Employees may begin the shift with smaller quantities of water if they have effective procedures for replenishment during the shift as needed to allow employees to drink one quart or more per hour. The frequent drinking of water shall be encouraged.

"Shade" means blockage of direct sunlight. Canopies, umbrellas and other temporary structures or devices may be used to provide shade. One indicator that blockage is sufficient is when objects do not cast a shadow in the area of blocked sunlight. Shade is not adequate when heat in the area of shade defeats the purpose of shade, which is to allow the body to cool. For example, a car sitting in the sun does not provide acceptable shade to a person inside it, unless the car is running with air conditioning.

Signs and Symptoms

Heat illnesses are the result of elevated body temperatures due to dehydration and an inability to dissipate the body's heat. Common early symptoms and signs of heat illness include headache, muscle cramps, and unusual fatigue. However, progression to more serious illness can be rapid and include unusual behavior, nausea/vomiting, weakness, rapid pulse, excessive sweating or hot dry skin, seizures, and fainting or loss of consciousness.

Always remember that mild heat illnesses have the potential of becoming severe life threatening emergencies if not treated properly.

Table 1 Heat Illness in Ascending Order of Severity

Type of Heat Illness	Signs and Symptoms	Treatment
Heat Edema	Swelling of the hands, feet and ankles is common during the first few days in a Hot environment.	Heat edema is usually self-limiting and typically does not require any treatment.
Heat Rush	Sweat ducts become plugged, resulting in itchy, red, bumpy rash on areas of the Skin kept wet from sweating.	Cool and dry the affected skin and avoid conditions that may induce sweating.
Heat Cramps	Painful muscle spasms or cramps that usually occur in heavily exercised muscles. Spasms often begin when a person is resting after exercise.	Rest in a cool environment and gently apply steady pressure to the cramped muscle. Drink cold water containing a small amount of salt or diluted sports hydration beverage.
Heat Syncope (Fainting)	Faintness, dizziness, headache, in creased pulse rate, restlessness, nausea, Vomiting and possibly even a brief loss of consciousness.	This is the most common type of heat illness. Stop all exertion and move to a cool shaded place. Remove constrictive clothing. Drink water with salt or sports hydration beverages. Fan and cool by placing ice or cold packs along neck, chest, armpits and in groin - (do not place ice directly on skin).
Heat Stroke	**Hot skin** and **abnormal mental state** are the key symptoms of heat Stroke. Victims may seem confused, Disoriented, and may still be sweating. Anyone with an elevated temperature and an altered mental state should be considered a victim of heat stroke. The victim will also likely have increased Heart and breathing rates. Seizures, Coma and death are possible.	**Call 911 or seek medical help immediately. Heat stroke is one of the few life threatening medical emergencies. A victim can die within minutes if not properly treated.** Efforts to reduce body temperature must begin immediately! Move (gently) to a cooler spot or shade. Fan and cool by placing ice or cold packs along neck, chest, armpits and in groin - (do not place ice directly on skin). Do not give anything to drink due to the risk of vomiting and aspiration.

Environmental Risk Factors

Working conditions that contribute to the risk of heat illness include air temperature, relative humidity, radiant heat from the sun or other sources, conductive heat from the ground or other sources, air movement, workload severity and duration, and clothing worn by employees. The following "Heat Index" may be used to help determine if conditions present an increased risk of heat illness. The Heat Index (HI) is the temperature the body feels when heat and humidity are combined.

Daily weather conditions will be discussed, by Foreman, at "daily-huddle" (communication) area, informing the employees what the current day's and week's weather forecast is to be with any significant information.

Table 2 Heat Index (HI) based on Temperature (°F) and Relative Humidity (%)

°F	90%	80%	70%	60%	50%	40%
80	85	84	82	81	80	79
85	98	96	92	90	86	84
90	121	113	105	99	94	90
95	>135	133	122	113	105	98
100	>150	>150	142	129	118	109
105	>150	>150	>150	148	133	121
110	>150	>150	>150	>150	>150	135

Heat Index	Possible Heat Disorder
80°F - 90°F	Fatigue possible with prolonged exposure and physical.
90°F - I05°F	Sunstroke, heat cramps and heat exhaustion possible.
I05°F - 130°F	Sunstroke, heat cramps and heat exhaustion likely, and heat stroke possible.
130°F or greater	Heat stroke highly likely with continued exposure.

Personal Risk Factors

Factors such as an employee's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medications may affect the body's water retention and other physiological response to heat.

Procedures for Preventing Heat Illness

Supervisors are responsible for ensuring the following measures are used, as appropriate, to help prevent heat illness among employees.

Take Breaks - Workers must be provided a "preventative recovery period" in shade to recover from heat in order to prevent heat illness. Rest breaks also provide an opportunity to drink water. Workers will be monitored for signs and symptoms of Heat Illness.

Allow for Acclimatization - Acclimatization means a temporary adaptation of the body to work in the heat that occurs gradually as a person is exposed to hot conditions. Acclimatization peaks in most people within 4 to 14 days of regular work for at least 2 hours per day in the heat. Cal/OSHA reported that 80% of the heat illness cases investigated in 2005 involved employees that had been on the job for fewer than 4 days; 46% of the incidents occurred on the worker's first day on the job. Training about heat illness prevention is needed before starting work in hot climates and, when possible, workers will be encouraged to take more breaks and perform less strenuous tasks during the acclimatization period.

New employees who are not acclimated to the projects environment and weather conditions will be assigned to an acclimated employee for 5 days, being constantly observed and encouraged to hydrate and drink water.

When the temperature is predicted to reach 80°, a new employee shall be closely monitored by a Supervisor or their designee. When the weather prediction is a prolonged 80° or higher temperature, a New Employee will be closely monitored by a Supervisor or their designee for the employees first 14 days.

Provide Access to Shade - The direct heat of the sun can add as much as 15 degrees F to the heat index. Wide brimmed hats can decrease the impact of direct heat. If possible, work should be performed in the shade. If not, supervisors should provide a shaded area for breaks such as canopies, umbrellas, or other structures or devices that block direct sunlight. Shade is not considered adequate for breaks if heat in the area defeats the cooling purpose of shade; for example, a car sitting in the sun does not provide acceptable shade to a person inside it, unless the car is running with air conditioning.

Shade will be provided for employees on the worksite when the temperature reaches 80 degrees F (80°F). The area of shade shall be large enough to accommodate the number of employees on recovery or rest periods; and the number of employees on meal period who remain onsite, provided cooled interior spaces are not available. The shaded area will be sufficiently large enough to accommodate employees, sitting in a normal posture, fully in the shade without having to be in physical contact with one another.

The Site Specific Heat Illness Prevention Plan (SSHIPP) will specify the main provision of shade (interior structure/pop-up tents/air conditioned job trailer/etc.).

Drink Water - Keep hydrated. Frequent drinking of water is encouraged. Supervisors must ensure employees have access to potable drinking water in sufficient quantity to provide each employee one quart (4 cups) of water per hour for the entire shift when the work environment is hot. During periods of high risk of heat illness, drinking water is very important; avoid caffeinated or alcoholic beverages. Generally, dark yellow colored urine indicates dehydration and the need to drink more water.

Fresh, pure and suitably cool water will be identified in the SSHIPP and will be communicated to employees on a daily basis. Employees will provide their own drinking containers and will be responsible for its sanitary condition. Water cooling will be identified in the SSHIPP.

Water availability and inventory will be checked twice, per 8-hour shift, by Raymond personnel, or their designees in their absence.

Identify, Evaluate, and Control Exposures - Employees, supervisors, and safety committees should periodically discuss and/or update procedures to identify, evaluate and control exposures to the environmental and personal risk factors for heat illness. Supervisors should monitor employees closely for signs and symptoms of heat illness, particularly when they have not been working in heat for the last few days, and a heat wave occurs.

All workers should be accounted for during and at the end of a work shift. There is no absolute cutoff below which work in heat is not a risk. As a general rule, actions to prevent heat illness should be implemented when temperatures approach 80 degrees F. During heat waves, it is advised that strenuous outdoor work be performed, if necessary, early in the morning or late in the afternoon when heat is less intense.

Procedures for Responding to Heat Illness

Employees suffering from heat illness, or believing a preventative recovery period is needed, must be provided access to an area with shade that is either open to the air or provided with ventilation or cooling for a period of no less than five minutes. Such access must be permitted at all times.

Other measures for signs and symptoms and treatment to specific heat illnesses are listed in Table 1.

High Heat Procedures

High Heat is considered 95°F or hotter. A pre-shift meeting (huddle) will be conducted to review heightened awareness ("watching out for the other guys"), identifying signs and symptoms of potential heat related illnesses, encouraging and emphasizing water consumption, the employees right to take a cool-down rest period when necessary, as well as emergency procedures.

Ensure that continuous verbal, visual and/or electronic (electronic means may be a cellular phone call or text) communication/monitoring is maintained with employees, when the temperature meets or exceeds 95°F. A mandatory "buddy-system" will be in place.

Employees will be closely monitored by a Supervisor, or their designee, when 20 or fewer employees are in the workforce. Drink Water!

Obtaining Emergency Medical Services

Supervisors should reiterate to all employees the importance of immediately reporting any symptoms or signs of heat illness in themselves or co-workers and should remind employees what to do in case emergency medical treatment is needed. Procedures for contacting emergency medical services and transporting employees to a point where they can be reached by an emergency medical provider must be provided.

Refer to site specific Emergency Action Plan for Emergency Response Procedures. Also refer to included Clinical and Hospital maps and contact information.

A Supervisor, as identified in the SSHIPP, or their designee(s) in their absence, will be the Authorized/Designated Person to call Emergency Medical Services (EMS/911). When an Authorized/Designated Person is not available, any employee may call for EMS/911. Clear and concise directions and explanations of events will be required.

In non-remote areas throughout the United States, emergency medical service is generally available by calling 911. Supervisors are to ensure that employees are able to provide clear concise directions to their work site. In remote field locations, developing procedures for emergency medical services may require extensive planning, and supervisors must ensure employees are informed of exactly how and where medical attention may be received.

Documented Training

Documented employee training on the material summarized in this fact sheet shall be provided to all applicable workers before they begin work in hot environments.

Employee Training - Training in the following topics shall be provided to all supervisory and non-supervisory employees.

A. The environmental and personal risk factors for heat illness
B. The employer's procedures for complying with the requirements of this standard.
C. The employer's responsibility to provide water, shade, cool-down rests and access to first aid.
D. The employees right under the Heat Illness Prevention standard without retaliation.
E. The importance of frequent consumption of small quantities of water, up to 4 cups per hour, when the work environment is hot and employees are likely to be sweating more than usual in the performance of their duties.
F. The importance of acclimatization
G. The different types of heat illness and the common signs and symptoms of heat illness.
H. The importance to employees of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves, or in co-workers.
I. The employer's procedures for responding to symptoms of possible heat illness, including how emergency medical services will be provided should they become necessary.
J. The employer's procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider.
K. The employer's procedures for ensuring that, in the event of emergency, clear and precise directions to the work site can and will be provided as needed to emergency responders.
L. Employee notification that Heat Illness symptoms can rapidly progress from mild symptoms to serious and life threatening illness.

Supervisor training

Prior to assignment to supervision of employees working in the heat, training on the following topics shall be provided:

A. The procedures the supervisor is to follow to implement the applicable provisions in this section.
B. The procedures the supervisor is to follow when an employee exhibits symptoms consistent with possible heat illness, including emergency response procedures.

The Employer's procedures shall be in writing and shall be made available to employees and to representatives of OSHA upon request.

RAYMOND
BUILDING THE FUTURE SINCE 1936

Training / Meeting Attendance Roster

Class/Course Title: _____

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

Location: _____ Job Number: _____

Instructor: _____ _____
(Print Name) (Signature)

	Employee Number or SS#	Employee Name (Print or Type)	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
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PLEASE PRINT CLEARLY

FAVOR DE IMPRIMIR CLARAMENTE

Appendix A

RAYMOND®
BUILDING THE FUTURE SINCE 1936

17751

Number of days without injury _____

TAILGATE MEETING

Foreman's Name_____ Date: _____

Job No.:_____ Job Site:_____

Additional Job Site Foremen:_____

_____

Tailgate Subject(s):_____

_____Attachment#: _____

EMPLOYEE #	SIGNATURE	EMPLOYEE #	SIGNATURE

WHITE - OFFICE YELLOW - GEN. CONT. PINK - RETAIN IN BOOK

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.

☐New Employee

☐Transfer Employee

EMPLOYEE SAFETY ORIENTATION

DATE OF ORIENTATION	EMPLOYEE NAME	EMPLOYEE ID	JOB TRADE
SUPERVISOR NAME	JOBSITE # / NAME		REGION

I have received instruction in the following topics:

MARK √ FOR SUBJECTS COVERED

MARK **X** FOR TOPICS NOT APPLICABLE

SAFETY TOPIC*	**CHECK HERE ☑**
1. Company Safety Policies / Programs	☐
2. Safety Rules - - General / Job Specific	☐
3. Progressive Discipline Policy	☐
4. Accident / Unsafe Condition Reporting	☐
5. First Aid Kit Location / Use	☐
6. Review Fire / Emergency Evacuation Plans	☐
7. Safe Work Clothing	☐
8. Proper Lifting Technique	☐
9. Housekeeping Procedures	☐
10. Personal Protective Equipment Requirements / Use	☐
11. Fall Protection	☐
12. Scaffold Use / Safety	☐
13. Tool Use / Safety	☐
14. Laser Use / Safety	☐
15. Powder Activated Tool Use / Safety / License	☐
16. Forklift Operation	☐
17. MSDS Applicable to Work Assignment	☐
18. Heat Illness Prevention Policy	☐
19. Basic Safety Rules for Construction Handout (New Employees Only)	☐

20. Training Completed and Current:

Forklift: ☐ Yes ☐ No Scissor Lift/Boom Lift: ☐ Yes ☐ No Scaffold User: ☐ Yes ☐ No

First Aid/CPR: ☐ Yes ☐ No

Supervisor Signature

Employee Signature

Instructor Name

Instructor Signature

*Discussion Guide on Back of Page

REV. 3/09 GREEN - Office WHITE – Safety Dept. YELLOW - General Contractor PINK - Retain in Book

ORIENTATION DISCUSSION GUIDE

1. Safety and Health Program Location ... Ask questions when in doubt ... Review Safety program Compliance (Chapter 12, Raymond Safety & Health Program).

2. Employee has Code of Safe Practices? ... Ask for code acknowledgement form ... Review job specific rules (Raymond's & General's).

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

4. How to report injury ... Report day injury occurs ... Location of clinic ... Work status reports ... Reporting unsafe conditions ... Suggestion Program.

5. First aid kit location.

6. Review jobsite fire / evacuation plans ... Assembly points.

7. Pants, shirts w/sleeves, work boots at a minimum.

8. Review stretching and lifting.

9. Job Site housekeeping rules.

10. Hardhat wear (Beak to front except when welding/sextant use) ... Safety glasses ... Dust masks ... gloves for clean-up activities ... Ear plugs.

11. Guardrails ... Body harness / lanyard / tie-off procedures ... When to use fall arrest/restraint protection.

12. Scaffold types on job ... access to scaffolds ... scaffold inspections ... Scissor lift chains ... Tool issue procedures.

13. GFI use ... Electrical cords/plugs (i.e. 3rd prong) ... Saw guards ... DO NOT USE tags ... Tool issue procedures.

14. Qualified employees only ... Warning signs.

15. Check for Operator Card … Storage Procedures ... Warning signs.

16. Check if employee has been trained ... If needed, arrange training through the **General Superintendent and the Safety Department.**

17. Review MSDS (i.e. Safety sheets on chemical items) Applicable to job ... Review safety precautions / 1st Aid / Personal protective equipment required by MSDS.

18. Review Heat Illness Prevention Policy in Raymond Safety & Health Program.

19. Give Basic Safety Rules for Construction Handout (New Employees Only) and collect last page Signed Acknowledgement Form. Attach and Return with Safety Orientation Form. Available in Spanish upon request.

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.

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

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: _____

_____

_____

_____

_____

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	
_____	_____	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

_____

_____

_____

_____

_____

_____

_____

REFUSAL TO FILE WORKERS' COMPENSATION BENEFITS

I_____while employed by The Raymond Group have stated I
(Employee Name)

sustained a work related injury on_____while _____,
(Date of Injury) (Type of Work Activity)

at the _____.
(Project/Job Site)

However, I am of my own free will choosing not to file a Workers' Compensation claim against The Raymond Group.

I was supplied by_____with a claim form and the
(Raymond Representative)

opportunity to file a claim, but I do not wish to file a claim or seek approved medical care.

By signing this document I am indicating that I completely understand its meaning and purpose. It is of my own free will that I have signed this document under no duress.

_____ _____
Employee Date

_____
Employee Print Name

_____ _____
Raymond Representative Date

www.RaymondGroup.com

Los Angeles/Orange
San Francisco/Concord
Las Vegas | San Diego | Seattle

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Fax: 714.633.1558
CA License No. 243645

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

Incident Investigation Report Form

Date of Incident: _____ Incident # _____

Name of Injured Person: _____

Check One:

☐ Employee - Job Title _____ Employee ID# _____

☐ Subcontractor Employee's - SS # _____

Company Name _____

Trade _____

Address _____

Telephone Number _____

☐ General Public - Address _____

Telephone Number _____

Region (Check One)

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

Incident Job Site Description (Check One)

☐ Construction Site
☐ Office
☐ Other _____

List witnesses:

Name:	Telephone Number and Address

Cell Phone Number of Person Completing the Report ( ) _____

Return the Completed Report to the Safety Department

RAYMOND
BUILDING THE FUTURE SINCE 1936

Incident Investigation Report

Name of Person Reporting Incident	Site *(business and location)*	Incident No. *(to be assigned by the Safety Dept.)*

Incident Information

Primary Type of Incident: *(select one)*

- ☐ Chemical Spill Or Release
- ☐ Environmental
- ☐ Fire/Explosion
- ☐ Hazard Observation
- ☐ Illness
- ☐ Injury
- ☐ Near Mishap
- ☐ Product Damage
- ☐ Property Damage
- ☐ Security
- ☐ Vehicle DOT
- ☐ Vehicle Non-DOT
- ☐ 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*

Exact Location of Incident	Severity Level (1-4)**	Date and Time of Incident	Date Reported	Date of Investigation

Sequence of Events *(Describe what happened before, 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

Causal Analysis

Substandard Behaviors: *(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

Causal Analysis *(continued)*

Substandard Conditions: *(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

Write A Brief Description For Each Box Checked Above

Basic Or Root Causes: *(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

Corrective Actions

Corrective Actions *(actions short term, intermediate, and long term)*	By When	By Whom

Approvals

Investigation Leader's Signature	Date
2nd Level Review *(Immediate Supervisor of Investigation Leader)*	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

TIPS FOR INCIDENT INVESTIGATIONS

1. REMEMBER! Accident investigation is fact - finding, not fault - finding.

2. Talk with the injured person, if possible. Talk to witnesses.

   - Show concern for the employee's injury, no matter how minor it is.
   - Explain why the investigation is necessary.
   - Use a friendly approach.
   - If possible, discuss the accident at the scene.
   - Get the injured employee's story before asking questions.
   - Check your understanding of the story.
   - Listen carefully. Avoid interruptions.
   - Use tact in clearing up discrepancies in the employee's story.
   - Avoid sarcasm, blame, and threats.
   - Discuss ways to prevent recurrence of the accident.

3. Encourage people to give their ideas for preventing a similar accident.

4. Study possible causes - - unsafe acts, unsafe conditions, procedure deficiencies, system deficiencies (i.e. Using an unsafe tool/cord is an unsafe act; however, the system used for tool repair/requisition should be examined to see if it contributed to the situation.) Look for ROOT causes.

5. Confer with interested persons about possible solutions/correct action (s).

6. Write your accident report giving a complete, accurate account of the accident. Do not offer opinions.

7. Follow-up to make sure conditions are corrected.

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

RAYMOND

Hazardous Substance List

	Chemical Hazard	Health Hazard	Personal Protection	Treatment
1.	Monokote Accelerator (fireproofmg material)	Eye contact irritant Burns to skin if prolonged contact	Safety glasses Protective gloves and Long sleeved clothing	Wash eye for 15 minutes Wash exposed skin area with water
2.	Monokote, MK-6 (fireproofing material)	Eye contact	Safety glasses Respirator mask	Flush with water, consult a doctor
3.	Propane	Flash point 156 degrees Eye contact Asphyxiation	Evacuate area Face shield Ventilation	Call fire department Flush with water Pure oxygen
4.	Aerosols, Paint-Lead Acrylic Lacquer (spray paint)	Flammable Fumes Eye irritant	Keep away from heat Respirator mask Safety goggles	Use fire extinguisher Fresh air Flush with water; call doctor
5.	General Purpose Adhesive #77 (taping compound)	Eye and skin irritant	Safety glasses and gloves	Flush with water
6.	Fibrous Glass Insulation	Eye irritant	Safety glasses and gloves	Flush with water
7.	Dens glass drywall board	Eye and skin irritant Burns to skin if prolonged contact	Safety glasses Protective gloves and Long sleeved clothing	Wash eye for IS minutes, call doctor Wash exposed skin area with water
8.	Dolomitic Hydrated Lime	Eye and skin irritant	Safety goggles Protective gloves and Long sleeved clothing	Flush with water Wash exposed skin area with water, call doctor

THE RIGHTS OF AN EMPLOYEE

The Hazard Communication Program

1. You have a right to information about hazardous substances in your workplace. The law specifies a number of ways for this information to be provided to you by your employer. These are:

    a. A notice posted at each jobsite.

    b. Material Safety Data Sheet (MSDS). Copies will be available to employees. their designated representatives, and their treating health care professional within 10 days of a written request.

    c. Annual training to routinely exposed employees. Transferred employees must be trained prior to beginning their new work assignment.

    d. Containers of toxic substances are labeled with the chemical name(s) and appropriate hazard warnings. Additionally, appropriate information is available on the Hazardous Substance List,

    e. You will be trained in the personal use of protective equipment for each hazardous substance.

2. Employees may refuse to work with a substance on the Hazardous Substance List if the employer has not supplied to employee with a Material Safety Data Sheet after it has been requested in writing, and if the employer has not made a good faith effort within a time limit to get the Material Safety Data Sheet from the supplier or manufacturer.

3. You may not be discharged or otherwise disciplined or discriminated against in any manner by the employer for exercising your rights under the law.

4. If you believe you have been denied your rights under the Right To Know Law, you (or your representative) may file a complaint with the State Department of Labor.

5. You may petition your State Department of Labor to make additions to the Hazardous Substance List. The Department of Labor Will consider any such requests annually at a public hearing.

6. Your representatives are entitled to specific Material Safety Data Sheets in the possession of your employer within 10 days of a written request.

7. Your personal physician is entitled to receive, upon a written request to the employer, any Material Safety Data Sheets in the employer's possession regardless of whether or not the substance is on the Hazardous Substance List.

LOS DERECHOS DEL EMPLEADO

Programa de Comunicación de Peligros

1. Cada uno de los empleados tiene derecho a disponer de información sobre las sustancias peligrosas en el lugar de trabajo. La ley especifica varias maneras en que el empleador debe darle a los empleados esa información. Entre los cuales se encuentran las siguientes:
    a. Notificaciones publicadas en cada lugar de trabajo.
    b. Hojas de datos sobre la seguridad de los materiales (MSDS). Los empleados, así como los representantes designados, proveedores de atención médica y respectivos profesionales, pueden obtener copias en el trascurso de 10 días de solicitar la información por escrito.
    c. Anualmente presentaremos cursos rutinarios de adiestramiento a los empleados expuestos a estas sustancias. A los empleados traslados se les dará adiestramiento antes de que inicien su trabajo en los nuevos trabajos que hayan sido asignados.
    d. Los contenedores de sustancias tóxicas deben llevar etiquetas con el/los nombres de los químicos y las advertencias correspondientes. Además, la información pertinente se encuentra también en la Lista de Sustancias Peligrosas (Hazardous Substance List).
    e. Cada empleado recibirá adiestramiento en el uso del equipo protector personal, para cada sustancia peligrosa

2. Todo empleado puede negarse a trabajar con cualquier sustancia que aparezca en la Lista de Sustancias Peligrosas, si el empleador no le ha provisto al empleado las Hojas de Datos sobre la Seguridad del Material, después de haberla solicitado por escrito, y si el empleador no ha hecho un esfuerzo de buena fe, dentro de un límite de tiempo prudente, para obtener las Hojas de Datos sobre la Seguridad del Material provisto por el proveedor o fabricante.

3. No se puede despedir a ningún empleado ni ser sometido a acciones disciplinarias o discriminatorias de ninguna naturaleza, de parte del empleador, por ejercitar sus derechos de acuerdo con lo establecido por la ley en cuanto a sustancias peligrosas.

4. Si algún empleado cree que se le han negado sus derechos de acuerdo con la Ley Sobre el Derecho a Saber, dicho empleado (o su representante) puede interponer una demanda con el State Department of Labor (departamento laboral del estado)

5. El empleado le puede pedir al departamento laboral del estado que agregue algunas sustancias a la Lista de Sustancias Peligrosas. El departamento laboral del estado tomará en consideración dicha solicitud durante la audiencia pública que se celebra cada año.

6. Los representantes de los empleados tienen derecho a recibir copias específicas de Hojas de Datos sobre la Seguridad de los Materiales, en poder del empleador, en el trascurso de 10 días de haber recibido la solicitud por escrito.

7. El médico de cabecera del empleado tiene derecho a recibir, cuando lo pida por escrito, las Hojas de Datos de la Seguridad del Material en poder del empleador bien sea o no que la sustancia esté o no en la Lista de sustancias peligrosas.

HOW TO USE SAFETY DATA SHEETS

The safety data sheet (SDS) can be a valuable tool in safeguarding employees who are or might reasonably be exposed to hazardous substances in the workplace. Several state and federal OSHA regulations specify the use of SDS's for obtaining information on hazardous materials and using them to train workers on the hazards. Industrial Indemnity suggests that material safety data sheets be made part of a loss control program relating to the storing, handling, use and disposal of hazardous chemicals and substances.

Need for Safety Data Sheets

Labels on containers for chemicals may carry a trade name, but offer little information on toxicity, special precautions, flammability potential. For example, a label might read: Hi-Tech Solvent, contains Chlorinated solvents. Use with adequate ventilation ... Which chlorinated solvents? What is adequate ventilation? These are questions left for the user to answer.

In contrast, an SDS provides much more information, including data on:
Composition of the material
Physical characteristics (vapor pressure, odor, etc.)
Fire and explosion potential
Health hazard information
Special protection requirements
Reactivity data and spill/cleanup procedures

An SDS can serve as a single reference source on the specific hazards for a material. While the sheet may not give all the information on a substance, it can be a starting point for answering questions about chemical handling, safety procedures (including exposure controls), fire protection and safe disposal. Currently, not all SDS's are equally comprehensive; some may provide less information than may be required to deal with the hazards created.

Employee Information and Training

Employers have a responsibility not only to inform employees of the hazards of the materials they work with and/or are exposed to, but also to train workers in the safe handling of the materials. Both of these tasks can be accomplished in part by using the information on an SDS.

THE SDS

The SDS gives employers and workers detailed information about the hazards of specific materials and how to control them.

SDSs are available to workers in the area where each hazardous material is used.

Each SDS should tell you the following:

- The common name and the chemical name of the material, unless this information is a trade secret
- The name, address and phone number of the manufacturer
- Emergency numbers you can use to get immediate information on specific hazards
- The date the form was written or last revised
- Any hazardous ingredients in the chemical
- Information about the chemical's hazards, if the material is a trade secret.
- Physical information that will help you identify the chemical and how it behaves.

Fire and explosion information:

- The material's flash point, auto ignition temperature, and upper and lower flammability limits
- Materials to use to put out fires involving this chemical
- Special fire-fighting techniques and equipment
- Any unusual fire or explosion hazards.

Dangers from chemical reactions with this material:

- Whether the chemical itself is stable or unstable
- Conditions and other materials which can cause reactions with this chemical
- Any dangerous substances that can be produced when it reacts.

Measures to control the chemical's hazards:

Engineering controls

Personal protective equipment

Safe storage of the chemical

Safe handling practices.

Information about the chemical's health hazards:

Safe exposure limits, such as the Permissible Exposure Limit (PEL) and the Threshold Limit Value (TLV)

Acute and chronic symptoms of exposure

The chemical's main routes of entry into the body

Medical conditions that can be made worse by exposure

Whether the chemical can cause cancer

Emergency and first-aid treatments.

How to deal with spills and leaks:

Clean-up techniques

Personal protective equipment to be used during clean-up

How to dispose of waste materials.

The information on the SDS can help you make your workplace safe.

Know where the SDS for every hazardous chemical in your work area is kept.

Be familiar with the most important points for each hazardous material you use.

Check the SDS whenever you need more information.

Be ready to find emergency response information on your company's SDS form quickly.

Follow the safety practices the SDS gives you.

OSHA FORM 300

Log & Summary of Occupational Injuries & Illnesses

- OSHA Form 300 for office/warehouse and long term jobsites will be prepared using the following schedule:

  a. Concord - Prepared in Concord office.
  b. Las Vegas, Orange and San Diego - Prepared in the Orange office.

- Long term jobsites are those which have a house trailer onsite or a temporary office established inside the building/structure being worked on. Jobs being supervised out of a gang box will be included on the log kept in their respective office.

- Copies of the log will be maintained in this appendix. During the month of February the summary portion of the log will be posted for employee review.

- The OSHA Form 300 will not be posted year round – February through April ONLY.

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 note worthy achievements in accident/loss prevention. 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.

LEVEL 1

Larger Jobs With A Recordable Incident Rate (RIR) Below Industry Average

- Reach the milestone of working a minimum of 15,000 hours or 90 days with a Recordable Incident Rate below industry average of 5.9

  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 90-days thereafter, in which their RIR remains below the goal of 5.9. The 90-day period will commence the day after each recognition lunch.

LEVEL 2

Larger Jobs With A Recordable Incident Rate Above Industry Average, But Improved Safety Performance

- Work 90-days or 36,000 hours without a recordable incident, since the last recordable incident.

  This is an Abbreviated Recognition Lunch that does not come with the participation of Division Management, no awards. It is to be hosted by the General Foreman, Project Manager and Superintendent. Even though these jobs do not have a stellar overall safety and injury control record, we still want the crews to feel a sense of accomplishment in "turning the corner" towards 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 timed 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 ACCIDENT-FREE WORKPLACE WHERE EMPLOYEES ARE PRODUCTIVE AND UNINJURED.

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

- ALL OTHER RECOGNITION LUNCHES MUST BE APPROVED BY THE GENERAL SUPERINTENDENT

- ANY EMPLOYEE WHO FAILS TO REPORT AN INJURY, OR IS INVOLVED IN ANY MANIPULATION OF DATA OR EVENTS, OR ATTEMPTS TO MANIPULATE DATA OR EVENTS; WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

- INCIDENT RATE GOAL SUBJECT TO CHANGE AT ANYTIME

EMERGENCY TIPS

EVACUATION

DON'T
- Run
- Smoke
- Use elevators
- Take personal effects
- Take wheelchairs, crutches, etc.

DO
- Walk to nearest exit
- Remain calm
- Follow instructions

FIRE

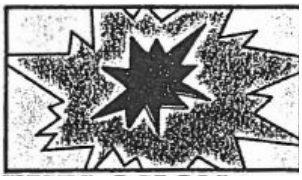
DON'T
- Panic
- Open hot doors
- Use elevators
- Try to fight the fire
- Turn lights on/off

DO
- Remain calm
- Turn in alarm
- Walk to exit
- Move away from the building

EARTHQUAKE

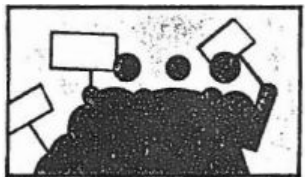
DON'T
- Panic
- Go near windows, glass
- Use elevators
- Use phones
- Smoke

DO
- Remain calm
- Take cover
- Follow instructions
- Stay inside



DON'T
- Panic
- Go near windows, glass

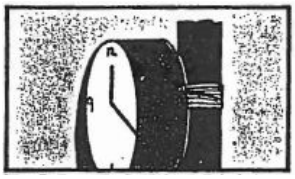
DO
- Remain calm
- Take cover
- Move crosswind
- Follow Instructions



CIVIL DISORDER

DON'T
- Leave the building
- Use phones
- Confront demonstrators

DO
- Remain in the work area
- Move away from windows, doors
- Stay in building
- Follow instructions



BOMB THREAT

DON'T
- Panic
- Go near windows, glass

DO
- Refer to Supervisor
- Follow Instructions

EMERGENCY/DISASTER RESPONSES

1. What to do in Case of Fire:
   - DON'T PANIC - Remain calm and listen to instructions.
   - DON'T OPEN HOT DOORS - Before opening any door, touch it near the top to see if it's hot. Don't break windows; oxygen feeds fires.
   - Evacuate when instructed to do so, using your assigned stairway. If assigned exit is not usable, take nearest stairs. DO NOT USE ELEVATORS.
   - Keep to right on stairway, grasp handrail, walk, keep silent, follow your Supervisor's instructions.
   - Do not assist fire-fighting personnel unless asked to do so.
   - Do not leave the area or return to the building until so instructed by the communications system or Fire Department personnel.
   - DO NOT RISK EMPLOYEE SAFETY WITH FUTILE ATTEMPTS TO PUT OUT THE FIRE.
   - DO NOT attempt to salvage items as this could cause a delay resulting in injury to yourself and others.
   - DO NOT BE A SPECTATOR - Head away from the problem area to a designated safe refuge area.
   - Once outside, proceed to designated safe/assembly area. Supervisors will take role to ensure all employees have evacuated.

2. What to do in Case of Earthquake:
   - Take cover under a desk or strong table or in a doorway; or sit or stand against an inside wall or structural pillar.
   - Stay inside the building unless instructed otherwise.
   - Stay away from windows, glass, bookcases and outside doors.
   - DO NOT USE ELEVATORS.
   - DO NOT USE TELEPHONES.
   - If the earthquake should be followed by fire, then follow procedures which are included in the Fire Section .
   - DO NOT light a cigarette or strike a match until gas lines are checked out.
   - Do not attempt to leave the building during a severe earthquake because of the hazards of downed power lines, falling debris from the building, etc.
   - Move away from buildings and utility wires once you are outside.
   - Watch for falling glass, electrical wires, poles or other debris.
   - Proceed to designated safe/assembly area. Supervisors will take role to ensure all employees have evacuated.
   - Be familiar with the earthquake procedures included in the front of the telephone book. This "Survival Guide" has procedures for shutting off gas valves, etc.

3. What to do in Case of Explosion:

- Falling aircraft, chemical accidents, leaking gas or faulty boilers could all be the cause of life endangering explosions on or near the premises.
- Follow instructions to take cover under sturdy furniture or leave the building.
- Stay away from windows and glass.
- Follow instructions to leave the building.
- Move crosswind, never go up or downwind, to avoid toxic fumes.
- Do not take time to gather personal belongings.
- Help administer first aid, if necessary.
- Do not go back into the building until approved by the Fire Department.
- Once outside, proceed to designated safe/assembly area. Supervisors will take role to ensure all employees have evacuated.

4. What to do in Case of Civil Disorder:

- Remain in your respective work areas, continuing to perform your duties until instructed otherwise.
- No employees will be permitted to leave the building until it has been determined that it is safe to do so.
- If participants enter your office :
  a. Be courteous and do not provoke an incident.
  b. Notify your supervisor.
  c. Avoid unnecessary inquiry that will tie up the communications system.
  d. REMAIN CALM.
  e. Do not become a spectator. Leave or avoid the area to prevent injury or possible arrest.
- Lock all doors and close all drapes. (Make sure keys are available in case of fire.)
- Avoid all window areas.
- Do not argue or enter into debate with a participant.

RESPONSE TO BOMB THREAT

If you receive a bomb threat, you may be able to reduce the hazards in a real situation.

Instructions:

1. BE CALM; BE COURTEOUS; LISTEN.
2. DO NOT INTERRUPT THE CALLER.

Date _____ Time _____ Person receiving _____

Exact WORDS of person placing the call: _____

_____

Questions to Ask:

1. When is the bomb going to explode? _____
2. Where is the bomb right now? _____
3. What kind of bomb is it? _____
4. What does it look like? _____
5. Why did you place the bomb? _____

Try to determine the following:

Caller's Identity:	❑ Male	❑ Female	❑ Adult	❑ Juvenile	Age _____
Caller's Voice:	❑ Loud	❑ Soft	❑ High	❑ Deep	❑ Raspy
	❑ Pleasant				
Caller's Accent:	❑ Local	❑ Not Local	❑ Foreign Region	_____	
Caller's Speech:	❑Fast	❑ Slow	❑Distinct	❑ Disordered	
	❑ Stutter	❑ Slurred	❑Lisp		
Caller's Language:	❑ Excellent	❑ Good	❑ Fair	❑ Poor	
	❑ Foul	❑ Other			
Caller's Manner:	❑ Calm	❑ Angry	❑ Rational	❑ Irrational	
	❑ Coherent	❑ Incoherent	❑ Deliberate	❑ Emotional	
	❑ Righteous	❑ Laughing	❑ Intoxicated	❑ Drugged	
Background Noises:	❑ Office Machines		❑ Factory Machines		
	❑ Bedlam	❑ Train	❑ Music	❑ Quiet	
	❑ Voices	❑ Mixed	❑ Airplanes	❑ Party	
	❑ Street	❑ Traffic			

Time Caller Hung Up: _____

Additional Information: _____

Action to take immediately after the call:

1. NOTIFY YOUR SUPERVISOR AND THE ADMINISTRATOR.
2. TALK TO NO ONE ABOUT THE CALL OTHER THAN INSTRUCTED BY YOUR SUPERVISOR.
3. BE PREPARED TO REPEAT SAME NOTIFICATION TO POLICE DEPARTMENT, AS REQUESTED.

Contaminant Color Code Table

Atmospheric contaminants to be protected against	Colors assigned
Acid gases	white
Hydrocyanic acid gas	white W/ 1/2 inch green stripe near bottom of canister
Chlorine gas	white w/ 1/2 inch yellow stripe near bottom of canister
Organic vapors	black
Ammonia gas	green
Acid gases and ammonia gas	green W/ 1/ 2 inch white stripe near bottom of canister
Carbon monoxide	blue
Acid gases and organic vapors	yellow
Hydrocyanic acid gas and chloropicrin vapor	yellow W/ I/2 inch blue stripe near bottom of canister
Acid gases. organic vapors and ammonia gases	brown
Radioactive materials. except tritium and noble gases	purple (magenta)
Particulates in combination with any of the above gases or vapors	canister color for contaminant as designated above with 1/2 inch gray stripe near top of canister
All of the above contaminants	red W/ I/2 inch gray stripe near top of canister

Gray shall not be assigned as the main color for a canister designed to remove acids or vapors.

NOTE: Orange shall be used as a complete body or stripe color to represent gases not included in this table. The user will need to refer to the canister label to determine the degree of protection the canister will afford.

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

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.

RAYMOND
BUILDING THE FUTURE SINCE 1936

REQUEST FOR INFORMATION

PROJECT:
CONTRACTOR:
ATTENTION:
REFERENCE:

OUR JOB NO.:
DATE:

REQUEST:

The contract documents we have received indicate that the work which we are bidding will (or may) be placed in, or around, an existing structure constructed in 1980 or earlier. In order to assess the potential impact to our scope of work, please respond in writing advising whether the project does or does not contain asbestos (ACM) and/or lead (LCM). If the project is determined to have asbestos and/or lead present we will need documentation of the following:

1. Written documentation that there is no ACM/LCM within the project area; or,
2. Written documentation identifying the location and quantity of ACM and/or LCM; and,
3. All applicable abatement completion report(s).

If the requested information is not part of your bid package, the building's owner should be contacted. Under EPA and OSHA standards, building owners are assigned specific responsibilities in regard to asbestos and lead. These responsibilities include identifying ACM/LCM materials, keeping records on all activities involving ACM/LCM, and conveying this information to all employees and/or contractors working in or on their building.

I appreciate your assistance and cooperation in assisting Raymond's efforts in providing a safe and healthful workplace.

_____

To avoid a schedule delay, need reply by: _____

REPLY

_____
_____
_____
_____
_____
_____
_____
_____
_____

DATE: _____

_____
Signature

RAYMOND
BUILDING THE FUTURE SINCE 1936

REQUEST FOR INFORMATION

PROJECT:

OUR JOB NO.:

CONTRACTOR:

ATTENTION:

DATE:

REFERENCE:

REQUEST:

Gentlemen,

Please provide all documentation concerning the presense and/or abatement of asbestos, lead and/or other hazardous substances that may be present on the above referenced project. Specification section 1150 and/or the front end documents reference administrative and procedural requirements for mitigation/abatement of hazardous materials. Accordingly Raymond will require all correspondence related to the presense and mitigation of hazardous material including findings, and/or abatement reports. Please provide this information 48 hrs prior to bid date.

To avoid a schedule delay, need reply by: _____

REPLY

DATE: _____

_____
Signature

Mr. XXXX
XXX Construction Company
XXXX XXXX
XXXX XX XXXX

Re: Project XXXXX
Job # XXXXX

Dear XXXX,

I would like to take this opportunity to thank XXX Construction Company for making RAYMOND GROUP (Raymond Interior Systems/George M. Raymond Company) a member of the Project XXXXX Team. We are looking forward to a mutually successful and fulfilling relationship on this dynamic project.

Given the age of the structure(s) involved in the project, Raymond is concerned over the potential for asbestos and/or lead/lead products being present within the project. As you may be aware, according to current EPA and OSHA requirements, for any structure built in 1980 or earlier, we must assume products containing asbestos (ACM) and/or lead (LCM) were used in its construction unless shown otherwise. Given the possible liabilities and repercussions arising from a potential asbestos and/or lead exposure to employees and the public, please provide a response in writing advising whether the project does or does not contain asbestos and/or lead. If the project is found to have asbestos and/or lead present we will need copies of the following:

- Written documentation there is no ACM/LCM within the project area; or,
- Written documentation identifying the location and quantity of ACM and/or LCM.
- All applicable abatement completion report.

Also, be advised that Raymond will not start work on this project until the requested information is received and our employees are briefed on mitigation actions taken per current EPA and OSHA requirements.

I apologize for any delays my request may cause to the project, but providing a safe and healthful workplace for all employees and public is in our common interest. I appreciate your assistance and cooperation in this matter and continued attention to loss prevention on this project.

If you have any questions or concerns, please do not hesitate to call me at (XXX) XXX-XXXX ext XXX or our Safety Department at (714) 771-7670 ext 281.

Sincerely,

XXXX XXXXX

DATE

Mr. XXXXX
XXX Construction Company
XXX XXXXX
XXXXX XX XXXX

Re: Project XXXXX
Job # XXXXX

Dear XXXXX

This letter is a follow-up to my XX/XX/XX letter concerning the potential presence of asbestos (ACM) and/or lead (LCM) in the XXXX project. Until the asbestos/lead issue is resolved, my Safety Department has instructed that our employees will not be dispatched to the jobsite.

I apologize for any delays that this may cause to the project; however, the potential liabilities and repercussions because of potential asbestos/lead exposure to our employees and/or public is quite compelling. Raymond is committed to ensuring a safe working environment for all employees and public. Our concerns regarding the working conditions will serve to protect the employees of both our companies. Please advise at your earliest convenience when reports will be provided for our review.

Thank you for your consideration of our concerns, we are looking forward to beginning work on the XXX project as soon as possible.

Sincerely,

XXX XXXXX
XXXXXXX

XXXXXXXX
XXXXXXXX

Sample Exclusions / Qualifications

Exclusions:

- Any work involving asbestos containing materials and/or lead containing materials.
- All conditions related to abatement of/or protection from asbestos or lead.

Qualifications:

Assumes all work to be performed in an asbestos and/or lead exposure free environment.

Raymond will not mobilize or commence work in project areas involving exposure to hazardous asbestos and/or lead containing products.

The General Contractor or the building(s) Owner have determined that the project is free from exposure to asbestos (ACM) and/or lead containing material(s) (LCM), prior to Raymond starting work.

The presence of asbestos and/or lead containing products that have been abated prior to Raymond commencing work.

If Raymond has cause to suspect that asbestos and/or lead containing products, may be present in areas in which work will commence, sequence through, or be completed; Raymond reserves the right to request determination reports from third party inspectors retained by the owner. If asbestos and/or lead containing products, is present in areas in which work will be completed, Raymond reserves the right to request a formal abatement plan from the General Contractor and/or Owner, final reports indicating abatement has been completed. Furthermore, any costs associated with delays or disruptions to the work due to completing determination and abatement programs, Raymond reserves the right for compensation for loss resulting from such delays.

This proposal assumes that all presences of asbestos and/or lead containing products, have been assessed by the General Contractor and/or Owner and determination reports will be available upon request prior to the start or work. If reports indicate the presence of asbestos and/or lead, lead containing products, Raymond reserves the right to request a formal abatement plan from the General Contractor and/or Owner and final reports indicating abatement has been completed, Furthermore, any costs associated with delays or disruptions to work due to completing determination and abatement programs, Raymond reserves the right for compensation for loss resulting from such delays.

Mr. XXXX
XXX Construction Company
XXX XXXX
XXX XXXX

Re: Project XXXXX
Job # XXXX

Dear XXXXX,

I wish to bring to your attention that the existing construction schedule has created a potential environment in which installed gypsum board materials could be subject to water damage. (Describe the environmental conditions present: unprotected openings in the building, plumbing, fire sprinklers, or other trades/sbs creating wet conditions.)

I feel the following areas/locations are subject to potential water damage:

(Provide floor, sector, guideline, or quadrant)

Due to our concerns over potential water damage from the environmental factors described above, Raymond cannot proceed with gypsum board installation until we receive specific written authorization to continue with reference to this letter.

As you are aware, paper backed gypsum board which has been water damaged is very susceptible to mold growth. Because of this risk, Raymond cannot assume responsibility for any costs, delays or disruptions associated with installing drywall while the building is potentially exposed to water or moisture intrusion. Any such written direction to proceed in installing paper backed gypsum drywall in areas with potential for water intrusion releases Raymond from costs associated with rework, delays and/ or disruptions to the project.

Please contact me immediately if you have any questions or comments. Your cooperation in this matter is greatly appreciated.

Sincerely,

XXX XXXXX
XXXXXXXX

Mr. XXXX
XXXX Construction Company
XXX XXXXX
XXXX XXXXX

Re: Project XXXXX
Job# XXXXXX

Dear XXXX,

Please be advised the following building locations have experienced water intrusion/damage due to (Describe what caused the water damage):

(List the areas affected giving floor, sector, gridline, or quadrant)

Since paper backed gypsum drywall is very susceptible to mold growth when introduced to water or moisture, it is essential to take steps to prevent further water intrusion and determine actions to be taken for installed, water damaged wallboard. I have enclosed a copy of Raymond's Water Intrusion Incident Event form and photographs of water damaged wallboard.

Raymond, upon your written instructions, is prepared to assist in remediation activities. Our scope of work in this regard is limited to removal and replacement of damaged wallboard/product.

If you should have any questions or comments concerning this issue please contact me.

Sincerely,

XXXX XXXXXX
XXXXXXXXXX

Enclosures: Water Intrusion Incident Event Form
Water Damage Photographs
(other possible enclosure)
Floor Diagram with damage shown in color.

WATER INTRUSION INCIDENT EVENT FORM

(Provide a Copy of This Form to The GC)

Date:_____ Time:_____

Jobsite Location:_____

To be completed by the Foreman

1. Describe the incident: _____
_____

2. Was the cause of the event determined?
   Described:_____
_____
_____

3. Occupied Building? ___Yes ___No
   a. Are there any occupant/owner complaints?
      Describe:_____
      _____
      _____

   b. Were occupants relocated? ___Yes ___No

4. Were any of the following observed:
   __Visible Mold __Musty Odors
   __Water Stained Building Materials __Water Damaged Building Materials
   __Impact to the HVAC System __Sewage or Gray Water?

   Describe: _____
   _____

5. Was the Project Manager contacted? ___Yes ___No

_____ _____

Foreman Date

To be completed by the Project Manager

6. Was the customer contacted and direction requested?

   If yes: Customer: _____
   Contact:_____
   Date contacted:_____

7. What was the customer's direction?_____

8. What follow up precautions will be instituted? (If any)
   _____
   _____

9. Were the services of microbial consultant retained by the owner or GC?
   ___Yes ___No
   Consultant Name_____

10. Was Clearance Sampling performed? ___Yes ___No
    Attach Copy of Report

11. Are there any outstanding issues? ___Yes ___No
    Please explain:

11. Has the cause of the problem been repaired? ___Yes ___No

    If not, why?

12. What remediation activities were concluded by
    Raymond?_____

_____
_____

All reports filed must have accompanying photos.

_____ _____
Project Manager Date

PPE Protocols for Product Removal

- In the event Raymond is requested to remove water damaged products that may potentially contain mold, immediately contact the Safety Department for assistance in identifying appropriate PPE, training requirements, and remediation procedures.

- The U.S. EPA currently suggests the appropriate personal protective equipment (PPE) be based on the total surface area infected by mold. The following list of PPE considers worst case scenario:

  1. Paper protective suits
  2. Chemical goggles
  3. Chemical, long sleeve gloves
  4. N99 particulate respirators

  NOTE: The general contractor or mold specialist working for the general may require ½ face, cartridge respirators. If this occurs, keep in mind that medical evaluations must be done along with mask fitting. This process can take 2 to 3 days.

- Thoughts to ponder:

  1. Product removal conducted only under the direction of the general contractor.
  2. Minimize the disruption of mold on product being removed.
  3. Do not throw/drop mold infected product. Doing so will release mold spores into the air and they can infect other product in the area.
  4. Double bag infected product in plastic trash bags. The bags can be placed into ordinary trash/garbage containers.
  5. Employees should wash their hands before eating, smoking, or going home.
  6. Disposal, as appropriate, of PPE should also be in double, plastic bags.

Sample Qualifications/Exclusion

Qualifications:

- In order to reduce the potential for mold development, Raymond will not install interior gypsum board panels until the building(s) is weather tight, unless directed otherwise in writing.

- Raymond will not be held responsible for costs associated with gypsum drywall repair or mold removal due to excessive moisture and water damage for reasons outside of Raymond's control. All such requested repairs will be conducted on a time and material basis.

- Raymond has no expertise in mold related issues including (but not limited to) prevention, infection, detection, remediation or disposal of mold infected materials.

- Although not required by contract documents, there are new gypsum products available that manufacturer's claim can provide improved resistance to mold infection and growth. If after your review of manufactures' data, you chose to substitute such products, Raymond would be pleased to provide alternate pricing for your approval.

Exclusion:

- Prevention or protection against mold infection in gypsum board products.

Respiratory Protection - Appendix AD
Required Respirator Use

OPERATION	RESPIRATOR & CARTRIDGE TYPE
Open vessel, solvent charging and sampling when not equipped with adequate local exhaust ventilation	Half or Fullface with Organic Vapor cartridge
Clean-up of solvent (1 qt.)	Half or Fullface with Organic Vapor for solvents.
Solvent cleaning operations not equipped with adequate local exhaust ventilation	Half or Fullface with Organic vapor as a minimum, or in combination with Acid Gas optional
Machining operations (grinding, sanding, etc) not equipped with adequate local exhaust ventilation	Half-face dust/mist respirator as a minimum. Half or Fullface or cartridge respirator with dust/mist prefilters optional.
Jobs requiring respirators per SDS	Determined by hazard
Jobs determined by the Director of Safety to have high exposure potential	Determined by hazard

Raymond

RESPIRATORY PROTECTION PROGRAM EVALUATION

Date of Evaluation: ____/____/____ Evaluated by: _____

Area Evaluated: _____

A. Program Operation	Yes	No
1. Are work area conditions and worker exposures properly surveyed?		
2. Are respirators selected on the basis of hazards to which the worker is exposed?		
3. Are only certified respirators purchased and used? Do they provide adequate protection for the specific hazard and concentration of the hazard?		
4. Has a medical evaluation of the prospective user been made to determine physical and psychological ability to wear the selected respiratory protective equipment?		
B. Fitting and Donning		
1. Are users given the opportunity to try several respirators to determine the best fit?		
2. Is the fit tested at appropriate intervals?		
3. Are users prohibited from wearing contact lenses when using respirators?		
4. Are workers prohibited from wearing respirators in contaminated work areas when they have facial hair which may cause faceseal leakage?		
C. Respirator Usage		
1. Are respirators being worn correctly?		
2. Are workers using respirators during the appropriate job function?		
D. Maintenance, Storage and Inspection		
1. Are respirators cleaned and disinfected after each use or as frequently as necessary?		
2. Are proper methods of cleaning and disinfecting utilized?		
3. Are respirators stored in a manner to protect them from dust, sunlight, heat, excessive cold or moisture, or damaging chemicals?		
4. Are respirators inspected before and after each use during cleaning?		
5. Are qualified individuals/users instructed in inspection techniques?		
6. Is emergency use respiratory protective equipment inspected at least monthly and after each use?		
7. Is an inspection record kept of the emergency use respiratory protective equipment?		
E. Training		
1. Are users trained in proper respirator use, cleaning and inspection?		
2. Is the training documented?		
3. Are users trained on the limitations of respirators?		
4. Are respirators issued only to users who have receiving training?		
F. Comments		

Raymond

QUALATATIVE RESPIRATOR FIT-TEST DOCUMENTATION

Employee: _____ Date: _____

SSN/ID#: _____ Department: _____

RESPIRATORY PROTECTIVE EQUIPMENT		
Type:	Type:	Type:
Manufacturer:	Manufacturer:	Manufacturer:
Model:	Model:	Model:
Filter type:	Filter type:	Filter type:
Size:	Size:	Size:
Approved for wear? ☐ Yes ☐ No	Approved for wear? ☐ Yes ☐ No	Approved for wear? ☐ Yes ☐ No

Qualitative Fit-Test Technique (Please indicate technique performed)

☐ Isoamyl acetate (IAA) ☐ Irritant smoke ☐ Saccharine.

Fit-Test Exercises

☐ Normal breathing. ☐ Deep breathing ☐ Nodding

☐ Turning head from side-to-side ☐ Talking

Fit-Test Status

☐ Respirator(s) met all fit-test criteria for employee tested.

☐ Respirator(s) did not meet all fit-test criteria for employee tested. This employee was unable to obtain a good seal because:

- ☐ Interfering facial hair was present
- ☐ Absence/addition of dentures
- ☐ Facial scar
- ☐ Weight gain/loss
- ☐ Wears glasses
- ☐ Other_____

Respirator(s) issued:

☐ dust/mist ☐ half-mask, APR ☐ full-face, APR ☐ Other

Employee: _____ Issue date: _____

Signature: _____

By: _____ Date: _____

Signature: _____

RAYMOND
BUILDING THE FUTURE SINCE 1936

DAILY STILT CHECK LIST

Operator's Name: _____ Week Ending: _____

Job Site: _____ Job Number: _____

		M	T	W	T	F	S	S
1.	Check stilt condition (straps, footpads, all screws / nuts, no cracks or damage)							
2.	Condition of floor (wet, slippery, open holes, excess material)							
3.	Work areas should be clear of debris (broom swept)							
4.	Work areas should be clear of trip hazards (cords, ceiling wires, cables, excess material)							
5	Work areas should be clear of wet material (Taping Mud, Fireproof material and Plaster)							
6.	Work areas should be dry an clear of any liquids (water, oil)							
7.	Fall exposure must be addressed (shaft openings, stairways, floor penetrations, windows)							
8.	Equipment / Materials elevated for easy access							
9.	Elevated surface should be utilized for use / removal							
10.	All PPE							
11.	Report / discuss any unsafe conditions							
12.	Report / discuss injuries							

Comments: _____

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

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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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. _____

Corrective Action Tracking Report

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