



The Raymond Group

Safety and Health Program

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ROLES AND RESPONSIBILITIES

President, Chief Executive Officer

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

Senior Management

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

Directors, Managers and Department Heads

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

Directors, Managers and Department Heads (cont.)

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

Supervisors

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

Employees

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

Safety and Health Department

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

SAFETY PROGRAM COMPLIANCE

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

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

1. Incentive Program

- a. The Raymond Safety Incentive Program has been established to recognize safe job performance, develop/maintain safety awareness, and to provide positive reinforcement to safety program compliance. The program is viewed as an addition to, not a substitute for, our Company safety program.
- b. The incentive program will be reviewed and updated each year. Factors to be considered when reviewing the program include results of the program, safety statistical results, and safety goals/objectives for the new year. An explanation of the current year's program is provided at appendix A.

2. Training/Retraining Program

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

3. Discipline System

Raymond expects all of its employees to be motivated to work safely and to conform to our program of safe work practices. If non-compliance on the part of our employees does occur, discipline shall be issued in accordance with the following minimum guidelines:

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.
5. Other appropriate and reasonable discipline may be issued as determined by Directors, Managers, and Department Heads.

SECTION (a)(2) Safety Program Compliance

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

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

COMMUNICATING WITH EMPLOYEES

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

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

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 to the Safety Department. The written suggestion should be sent to the appropriate office where the suggestion will be investigated/evaluated in a prompt and thorough manner.

IDENTIFICATION AND EVALUATION OF HAZARDS

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, illnesses, 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.

1. Periodic Scheduled Inspections

Periodic inspections shall be conducted using the following schedule:

- a. Job site – May use the form provided at appendix G or Safety Reports.
- b. Scaffolds – daily when scaffolding is present at a job site and being used. May use document forms provided at appendix H, I, or J.
- c. Forklift – daily when a forklift is being used at a job site. Inspection to be completed by the forklift operator before the forklift is placed into operation. Documentation on the form provided at appendix K.
- d. Mobile Elevated Work Platforms – daily by operator when MEWP devices are being used at a jobsite. Document on form provided in appendix L or M.
- e. Welding Equipment – daily when welding equipment is used on a jobsite. Document on form provided in appendix N.
- f. Office – periodically with documentation provided at appendix O.
- g. Warehouse/Yard – periodically with documentation on the form provided at appendix P.

2. Unscheduled Inspections

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

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

3. New Matters

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

4. Employee Reporting of Hazards

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

INCIDENT INVESTIGATION REPORTING PROCEDURES

We will report all incidents to Superintendents, Managers, Supervisors and Safety Department Personnel including:

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

Supervisor will initiate the investigation.

Supervisor will perform an incident investigation consistent with the nature of the hazard. When an employee injury or illness is involved, the supervisor shall complete an Incident Investigation Report. Email complete incident report to the Safety Department.

Accident/Exposure Investigations

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Interviewing injured workers and witnesses;
2. Examining the workplace for factors associated with the accident/exposure;
3. Determining the cause of the accident/exposure;
4. Taking corrective action to prevent the accident/exposure from reoccurring; and
5. Recording the findings and actions taken.
6. With regard to incidents involving employee injuries that exceed mere first aid, the company's Director of Safety shall be consulted prior to commencement of each accident investigation to determine the scope of the investigation.

HAZARD CORRECTION

Once hazards are identified they shall be corrected in a timely manner based on the severity of the hazard and the potential of injury or illness to Raymond employees. Hazards which are not correctable upon identification are to be monitored and employees shall be removed from the area until the hazard is corrected (except employees who may be necessary to safely correct the hazard). 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

TRAINING

1. Safety Meeting Training (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.

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

2. Tailgate Safety Meeting Training (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 (Warehouse).

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

- Original to job file.
- Copy to General Contractor.

3. General 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.

3. General 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 learns 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. Formal, informal, or on-the-job training
 - ii. Experience
 - iii. Prior training
 - iv. Knowledge of Federal, State and local standards
 - v. Formal seminars or classroom training sessions
- e. All training should be documented using one of the following forms (or similar):
 - Safety Meeting (Office) appendix C
 - Safety Meeting (Warehouse/Yard) appendix C
 - Tailgate Safety Meeting, appendix C
 - Site Safety Orientation, appendix E
 - Supplemental Training (i.e. forklift, fall protection, 1st Aid) appendix F

4. Employee Safety Orientation Training

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

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

- a. New and transferred employees shall receive their orientation on the first day they report for work.
- b. The amount of information provided to an employee who is new to Raymond will be more detailed than a transferred employee who is already familiar with Raymond's safety program. Subjects to be covered during the orientation are listed on the form provided at appendix E. An orientation discussion guide is provided on the reverse side of the form's first page.
- c. The importance of the supervisor's role in orientations is discussed in the article provided as appendix E.

ACCESS TO THE PROGRAM

Employees shall have access to this IIPP in a reasonable time, place, and manner, but in no event later than five (5) business days after a written request for access is received from an employee or designated employee representative. Copies may also be produced upon a verbal request.

One printed copy of the IIPP will be produced free of charge unless the employee/representative requests a digital copy, in which case a digital copy will be produced via email.

A digital copy of the IIPP is also available in the downloads section of the company's Website:
<https://www.raymondgroup.com/>.

APPENDICES

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



JOB SITE SAFETY INCENTIVE PROGRAM

PURPOSE

The purpose of the Raymond Job Site Safety Incentive Program is to recognize and commend job site employees for their noteworthy achievements in safety performance. This awards program is being implemented in an effort to enhance the responsibility of all job site employees to make **HEALTH & SAFETY – A PRIORITY.**

It is the belief of Raymond, that this pro-active approach will preserve the life of our employees as well as their quality of life, protect against equipment losses, preserve capital, and build and maintain a good reputation for all involved. Additionally, all employees must assume individual responsibility for performing work safely and maintaining safety awareness. Consistent with this approach, the Awards Program will be evaluated on an on-going basis to ensure that these objectives are being achieved.

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

LEVEL 1

Larger Jobs With Safety Performance

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

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

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

LEVEL 2

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

- Work 120-days or 50,000 hours.

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

LEVEL 3

Smaller Jobs

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

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

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



EMPLOYEE DISCIPLINARY WARNING NOTICE

Employee Name: _____ Employee No.: _____

Date of iolation/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 iolation

☐ Conduct on the job

☐ Ignoring directions or warnings

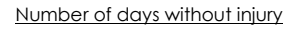
☐ Safety

☐ Other _____

Explanation of the Infraction: _____

Supervisor Signature

Employee Signature





EMPLOYEE SAFETY SUGGESTIONS

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

Employee's Suggestion for Improving Safety _____

Description of Unsafe Condition or Practice _____

Cause or Other Contributing Factors _____

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

Yes ___ No ___ - If Yes, name of person advised: _____

Date advised: _____

Employee Name (optional) _____

Date _____

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

See Spanish on reverse side (En español 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 situaci3n peligrosa o pr3ctica riesgosa, en el lugar de trabajo. Cuando termine de llenar el formulario entr3gueselo a su capataz.

Sugerencias del empleado para mejorar las medidas de seguridad: _____

Descripci3n de la situaci3n o pr3ctica peligrosa: _____

Causa u otros factores que contribuyen: _____

Se le han reportado estos riesgos al Coordinador de Seguridad o a alg3n otro miembro de la Administraci3n

Si ____ No ____ Si la respuesta es S, escriba el nombre de la persona a quien se lo report3:

Fecha que lo report3: _____

Nombre del empleado (opcional): _____

Fecha: _____

Instamos a los empleados que reporten condiciones o pr3cticas 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 pr3cticas riesgosas que descubramos. Le agradecemos de antemano por su esfuerzo en darnos la informaci3n que conduzca a un entorno de trabajo m3s seguro, saludable y productivo.



SITE SAFETY ORIENTATION (TRANSFERS ONLY)

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

Employee Name: _____ Employee ID: _____

Job Site Name: _____ Job Site #: _____

Supervisor Name: _____

I have received instruction regarding the following topics:

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

Employee Signature: _____

Employee Name (please print) _____

Supervisor Signature: _____

Supervisor Name (please print) _____

**Discussion Guide on next page.*

ORIENTATION DISCUSSION GUIDE

1. Safety and Health Program Location.
2. Review job specific rules. (Raymond's & General Contractor's)
3. Explain discipline policy. (Chapter 12, Raymond Safety & Health Program)
4. How to report injury ... Report injury immediately ... Reporting unsafe conditions ... Near mishaps.
5. First aid kit location.
6. Review jobsite fire/evacuation plans ... Assembly locations, etc...
7. Hardhat wear (Beak to front except when welding/sextant use) ... Hardhat pinstripe program ... Safety glasses ... Dust masks ... Cut resistant gloves ... Ear plugs ... Work boots ... Pants ... Shirts.
8. Review Safety Data Sheets (SDS), (i.e. Safety sheets on chemical items) Applicable to job ... Review Safety Precautions / First Aid / Personal Protective Equipment required by SDS.
9. If the employees name is on the certification report provided in the job start package, request a copy of an unexpired certification. If not available, the employee must be sent home until provided.



Training / Meeting Attendance Roster

Class/Course Title: _____

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

Location: _____ Job Number: _____

Instructor: _____
(Print Name) (Signature)

	Employee Number or Last 4 of SS	Employee Name (Print or Type)	Signature
1			
2			
3			
4			
5			
6			
1			
11			
12			
13			
14			
15			
16			
1			
1			
1			
2			

PLEASE PRINT CLEARLY

FAVOR DE IMPRIMIR CLARAMENTE

Appendix F

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							
. Fire protection equipment available							
. Ground fault interrupter system available/used							
. Tools in good condition with appropriate guarding in place							
1 . 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. entilation/illumination adequate							
15. Ladders: in good condition, adequate working height, free of grease and oil							
16. Housekeeping and material storage practices satisfactory							
1 . 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: _____

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							
. Guard railings in place on all open sides and ends							
. Toe Boards/Screens installed where required							
. Scaffold tied to structure every 3 ' in length / 26' in height							
1 . Scaffold free of makeshift devices (i.e. boxes, pails, ladders) to increase height							
11. Working level platforms fully planked between uprights							
12. <u>Maximum</u> 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							
1 . Scaffold release forms signed for other trades							

All listed maintenance items have been inspected.

Items marked "C" have been corrected except for the following: _____



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.							
. Check gate interlock switches (i.e. open gate and push UP button)							
. Check limit switches.							
. 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)							
1. 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: _____

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, counterweights, 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							
Each employee on stage has their own independent fall-arrest system							
Roof edge protection provided for lifelines							
Check to see that lifelines are attached to an independent anchor point at roof level							
Check to ensure equipment is clear of overhead power lines (10-foot minimum) and obstacles							
DO NOT use equipment in bad weather (i.e. High winds, rain storms, snow/ice)							
Report all equipment/operation problems immediately DO NOT USE until problems are resolved							

All listed maintenance items have been inspected.

Items marked "C" have been corrected except for the following: _____



FORKLIFT OPERATOR 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							
. Damage & leaks							
. Fluid leaks							
. Tire condition							
1 . 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: _____

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. usually check for hanging wires; bent, broken, missing or loose parts							
. usually check air hydraulic, oil and fuel systems							
. Placards, warning labels, control markings present and readable							
. Rated capacity and maximum travel height plates present							
1 . Operating manuals present							
11. If installed, inspect condition / operation of outriggers / stabilizers							
12. usually check condition / operation of front axels, steering mechanism, tires, wheels, brakes, lug nuts, pins, etc.							
13. usually 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							
1 . Check condition / operation of platform extension							
1 . Check for electrical wires / overhead obstructions (i.e. HVAC Ducts, Sprinklers / Overhead Power Lines)							
1 . 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 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 <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____ _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____ _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____ _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____ _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____ _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____ _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____ _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____ _____	

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. usually check for hanging wires; bent, broken, missing or loose parts							
usually check air hydraulic, oil and fuel systems							
Placards, warning labels, control markings present and readable							
Rated capacity plate present							
Operating manuals present							
11. Inspect condition / operation of outriggers / stabilizers							
12. usually check condition / operation axels, steering mechanism, tires, wheels, brakes, lug nuts, pins, etc.							
13. usually 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 <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____	

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.							
ent exhaust gases outside, if required for gas powered welders.							
Hard hat and welding helmet with the proper number eye shade.							
Protective clothing available (non-flammable dry gloves /leathers /respiratory protection) must be worn.							
Before starting operations, have the leads been firmly attached to the welder							
11. Check power cords, ground leads and stinger lead for cuts, nicks or loose connections.							
12. Check machine for loose connections at lead terminals, tighten if necessary.							
13. Welding leads on ground not lying over perimeter cables or metal objects.							
14. Electrodes and holders that are not in use shall be protected so they cannot make electrical contact with employees or conducting objects.							
15. When changing welding rods, use dry, hole-free welding gloves.							
16. When practical, provide welding screens for protection of non-welders.							

All listed maintenance items have been inspected.

Items marked "C" have been corrected except for the following: _____

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



OFFICE SAFETY INSPECTION

Date _____

Inspected By _____

Location _____

CHECK ONE		GENERAL	Note locations, nature of violations and recommendations for improvements
Yes	No		
_____	_____	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
_____	_____	. Stair railings secure
_____	_____	. Office furniture in good condition, free of sharp edges, etc.
_____	_____	. Cleaning supplies properly stored
_____	_____	7. Heating equipment free of defects, properly insulated and dust free
_____	_____	11. Floors free of wires and other tripping hazards

CHECK ONE

Yes No

FIRECONTROL

Note locations, nature of violations
and recommendations for improvements

- | | | |
|-------|-------|---|
| _____ | _____ | 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 |
| _____ | _____ | . Only controlled use of heavy duty grounded extension cords allowed |
| _____ | _____ | . Adequate outlets provided with controlled use of gang plugs |

HEALTH AND SANITATION

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Eating facilities adequate |
| _____ | _____ | 2. Bathroom clean and properly maintained |
| _____ | _____ | 3. Noise level OK - can hear normal conversation without raised voices |
| _____ | _____ | 4. First aid supplies readily available and adequately maintained |

BULLETIN BOARD AND RECORDS

- | | | |
|-------|-------|--|
| _____ | _____ | 1. OSHA Poster and phone listings posted |
| _____ | _____ | 2. OSHA records file current |

ADDITIONAL COMMENT BY INSPECTOR

WAREHOUSE/YARD INSPECTION CHECKLIST

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

GENERAL		YES	NO
1.	Emergency procedures and duties preplanned, periodically reviewed with employees	<input type="checkbox"/>	<input type="checkbox"/>
2.	One or more employees currently certified in first aid	<input type="checkbox"/>	<input type="checkbox"/>
3.	First aid kit available and contents replenished as used	<input type="checkbox"/>	<input type="checkbox"/>
4.	Emergency phone numbers (e.g. doctor, ambulance and fire dept.) conspicuously posted	<input type="checkbox"/>	<input type="checkbox"/>
5.	Warning signs bilingual, if English is not the predominant language	<input type="checkbox"/>	<input type="checkbox"/>
6.	Local Fire Department acquainted with premises and operations	<input type="checkbox"/>	<input type="checkbox"/>
	· Proper number, size and type of fire extinguishers clearly marked, mounted, and serviced annually	<input type="checkbox"/>	<input type="checkbox"/>
	· Employees trained in correct use of firefighting equipment	<input type="checkbox"/>	<input type="checkbox"/>
	· Smoking prohibited in stock, fuel storage, and fuel dispensing area with signs posted	<input type="checkbox"/>	<input type="checkbox"/>
1.	Electrical systems and equipment provided with adequate overload protection and properly grounded	<input type="checkbox"/>	<input type="checkbox"/>
11.	Only controlled use of heavy duty, grounded extension cords allowed	<input type="checkbox"/>	<input type="checkbox"/>
12.	Adequate outlets provided with controlled use of gang plugs	<input type="checkbox"/>	<input type="checkbox"/>
FLAMMABLE LIQUIDS			
1.	Flammable and combustible liquids (e.g. paints, fuel and solvents) in metal safety cabinets or in a properly constructed storage vault	<input type="checkbox"/>	<input type="checkbox"/>
2.	Bulk fuel and solvent tanks properly vented, vent pipes terminate away from air intakes, fuel pipes marked	<input type="checkbox"/>	<input type="checkbox"/>
3.	Flammable liquid dispensing equipment bonded, grounded and protected from vehicular damage	<input type="checkbox"/>	<input type="checkbox"/>
4.	Explosion or vapor proof electrical lights, motors, switches and wiring provided in hazardous areas	<input type="checkbox"/>	<input type="checkbox"/>
5.	Ignition sources (e.g., open flames, heaters, cutting torches, etc.) eliminated from hazardous areas	<input type="checkbox"/>	<input type="checkbox"/>
6.	Solvent soaked rags stored in properly marked containers	<input type="checkbox"/>	<input type="checkbox"/>
MATERIAL HANDLING			
1.	Hoisting and lifting equipment, including ropes and chains, inspected on a scheduled basis, written records maintained and capacity limits posted	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT			
1.	Lock-out procedures established and followed on maintenance and adjustment of machinery and equipment	<input type="checkbox"/>	<input type="checkbox"/>
2.	Hydraulic and pneumatic lines and connections inspected daily, with defects corrected immediately	<input type="checkbox"/>	<input type="checkbox"/>
3.	Oxygen and fuel gas cylinders properly segregated	<input type="checkbox"/>	<input type="checkbox"/>
4.	Compressed gas cylinders marked, chained and capped	<input type="checkbox"/>	<input type="checkbox"/>
5.	Torches and hoses properly connected, checked for deterioration and in good condition	<input type="checkbox"/>	<input type="checkbox"/>

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

THE SUPER ISOR'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.