

## **B. BIRMINGHAM INC.**

# INJURY AND ILLNESS PREVENTION PROGRAM

## DISCLAIMER

Although reasonable care has been taken in the preparation of this material, and information obtained from outside sources is considered to be reliable, there are no warranties, either expressed or implied, as to the accuracy of such information or the applicability of such information to any particular situation.

This document is presented with the understanding that the authors are attempting to provide a guide for the development of a written work-site Injury and Illness Prevention Program.

Any recommendations made are based upon current CAL-OSHA standards and requirements. We do not make any warranties, either expressed or implied, that your workplace is safe, healthful, or that it complies with all, laws, regulations, codes, or standards.

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### **IIPP IMPLEMENTATION**

(Check if complete)

- Step 1. Determine who will be responsible for the safety program. Ensure that all signature blocks are signed, and create a plan for delegation of duties if personnel are available.
  - Step 2. Determine how to identify, evaluate, and abate safety and health hazards. The core of this process is ensuring adequate inspection activity, investigating accidents, using appropriate programs as referenced (i.e., Hazard Communication Standard), and creating a system for employee feedback and response to that feedback.
  - Step 3. Create an inspection schedule for work areas, job sites, and equipment. Follow guidelines in this book as well as manufacturer's recommendations. Ensure that adequate documentation tools are available for inspection activities.
  - Step 4. Familiarize yourself with the investigation process. Be prepared to adequately investigate workplace injuries and illnesses.
  - Step 5. Create a training schedule for employees. Consider the weekly toolbox talk, as well as more in depth training on topics such as hazard communication, lockout-tagout, respiratory protection, etc.
  - Step 6. Ensure that the steps for communication with employees about safety are in order. These steps include posters, written handouts, safety meetings, one-on-one contact, employee feedback systems, and disciplinary procedures.
  - Step 7. Keep records according to the recordkeeping section of this IIPP. Establish a file system in a cabinet reserved exclusively for safety.
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## **SAFETY POLICY STATEMENT**

To our Employees:

Safety and Health in our business must be part of every operation. Without question, it is every employee's responsibility at all levels.

The personal safety and health of each employee of this company is of primary importance. Our objective is a safety and health program that will reduce the number of injuries and illnesses to an absolute minimum. Our goal is zero accidents and injuries.

It is the intent of this company to comply with all laws. To do this, we must constantly be aware of conditions in all work areas that can produce injuries. No employee is required to work at a job he/she knows is not safe or healthful. Your cooperation in detecting hazards and, in turn, controlling them, is a condition of your employment. Inform your supervisor immediately of any situation beyond your ability or authority to correct. No reprisal or punitive action will ever be taken against an employee for providing such hazard notice to company management.

In order for our company to succeed in this goal, it will be necessary for every employee to be responsible for following the procedures put forth by management to protect themselves and their fellow workers. We ask each of our employees to make the commitment to work safely in order to prevent injuries to persons or property.

Employees who violate safety and health rules, orders or standards or expose themselves or fellow employees to safety or health hazards will be subject to disciplinary measures.

B. Birmingham Inc.'s Department of Health, Safety & Training and its designees are responsible for implementation of this Illness and Injury Prevention Program for the company. If you have any questions regarding the program or the company's Employee Code of Safe Practices, which every employee is required to read, acknowledge, and sign, please contact the Safety Director or your immediate supervisor.

We look forward to joining with you in this opportunity to promote physical and financial well being for the company and all our employees.

Sincerely,

Bryan Birmingham

**TABLE OF CONTENTS**

	PAGE
1. AUTHORITY AND RESPONSIBILITY .....	1
2. SYSTEM FOR ENSURING EMPLOYEE COMPLIANCE.....	1
3. ELEMENTS IN THIS MANUAL.....	1
4. SYSTEM FOR COMMUNICATION.....	2
5. PROCEDURES TO IDENTIFY AND EVALUATE HAZARDS .....	2
6. PROCEDURES FOR INVESTIGATION.....	2-3
7. PROCEDURES TO CORRECT HAZARDS .....	3
8. PROCEDURES FOR TRAINING AND INSTRUCTION.....	3-4
9. RECORD KEEPING AND POSTING REQUIREMENTS.....	4
10. EXHIBITS.....	5-20
EXHIBIT A – RESPONSIBILITY STATEMENT .....	5
EXHIBIT B – EMPLOYEE SAFETY VIOLATION WARNING/DISCIPLINARY ACTION .....	6
EXHIBIT C – EMPLOYEE SAFETY REPORT.....	7
EXHIBIT D – INSPECTION CERTIFICATE/PROOF OF INSPECTION .....	8
EXHIBIT E – SAFETY REPORT CORRECTIVE ACTION FORM .....	9
EXHIBIT F – SAFETY MEETING ATTENDANCE, REST BREAK AND INJURY REPORT .....	10
EXHIBIT F - SAFETY MEETING ATTENDANCE, REST BREAK AND INJURY REPORT (SPANISH) ....	11
EXHIBIT G – ACCIDENT INVESTIGATION REPORT.....	12
EXHIBIT H – NEW EMPLOYEE SAFETY CHECKLIST .....	14
EXHIBIT I – SITE SAFETY EVALUATION – JOBSITE .....	15
EXHIBIT J – DEPARTMENTAL SELF INSPECTION CHECKLIST .....	16

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**AUTHORITY AND RESPONSIBILITY**

1. B. Birmingham Inc.s’ Department of Health, Safety & Training and it’s designees have the authority and responsibility to implement THE INJURY AND ILLNESS PREVENTION PROGRAM for **B. Birmingham Inc.**, hereinafter referred to as the “Company.” The responsibilities of this assignment are documented in the "Responsibility Statement” (**Exhibit A**).
2. In order to ensure that employees comply with safe and healthy work practices, Safety Officer will implement the following:

A) Recognition Program

The compliance of all employees with the Company’s Injury and Illness Prevention Program is mandatory and shall be considered to be a condition of employment. Although the strict adherence to safety policies and procedures is required of all employees, the Company will provide public recognition of safety-conscious employees with accident-free records.

B) Disciplinary System & Policy

The failure of an employee to adhere to safety policies and procedures will be considered a violation of the conditions of employment. Accordingly, they will be subject to disciplinary actions, up to and including termination and possible civil litigation. Violations will be noted on the "Employee Safety Violation Warning/Disciplinary Action” form (**Exhibit B**).

3. Elements Included in This IIPP

This IIPP includes all of the following required elements consistent with 8 CCR§3203, 8 CCR § 1509 and other applicable Cal-OSHA Regulations and Standards:

Injury and Illness Prevention Program Requirements:

- Authority and Responsibility
- Systems for ensuring employee compliance
- Systems for Communication
- Systems to identify and evaluate hazards
- Procedures for investigation
- Procedures to correct hazards
- Procedures for training and instruction
- Record keeping and posting requirements
- Emergency Action Planning
- Fire Prevention

Other mandatory, specific programs are covered in the Safety Handbook and include:

- |                                       |                               |
|---------------------------------------|-------------------------------|
| ▪ Work surface and work space safety  | ▪ Confined Spaces             |
| ▪ Hazard Communication                | ▪ Lead Exposure               |
| ▪ Personal Protective Equipment       | ▪ Chemical Safety             |
| ▪ Lockout/Tagout Hearing Conservation | ▪ Respiratory Protection      |
| ▪ Forklift / Material Handling        | ▪ Permissible Exposure Limits |

4. Communication with all employees on matters of safety and health in a form readily understandable will be done. Safety meetings will be held at a minimum every ten (10) days. Meeting attendance shall be documented on a "Safety Meeting Attendance, Rest Break and Injury Report" form (**Exhibit F**). The following are additional methods that may be used:

METHODS:

Safety Posters  
Written Handouts  
Individual Employee Contact  
Safety Seminars/Specific Training Sessions

If you wish to submit information anonymously on safety hazards or conditions, leave an anonymous message with our main office or submit an unsigned "Employee Safety Report" (**Exhibit C**) or note. There will be no consequence for this action. Corrective action will be documented and posted.

5. In order to identify and correct workplace hazards, safety inspections will be conducted of all work-sites, materials, company vehicles and procedures on a scheduled basis.

An inspection will take place prior to the start of a new project, and prior to the start of each working day on job sites. These inspections will be conducted by qualified personnel. Inspections will be completed using a hazard checklist, "Inspection Certificate" (**Exhibit D**), or job diary. The form will be noted to identify safety hazards, unsafe conditions, and work practices. The date the hazard is abated, and the corrective measures taken, will also be noted. An additional form may be used, the "Safety Report Corrective Action Form" (**Exhibit E**), to document the correction of hazards.

Additionally, unscheduled inspections will take place whenever any new substance, process, procedure, or equipment is introduced into the workplace. An inspection, investigation, and adoption of appropriate safeguards, including training and codes of safe practice if necessary, will take place whenever a new or previously unrecognized hazard is noted, or when new substances, processes, procedures, or equipment are introduced into the workplace (see **Exhibits I and J**).

Results of the inspections will be reviewed by the Health and Safety Department. Minor safety hazards, unsafe conditions and work practices identified by each inspection will be corrected as soon as possible. Serious safety hazards, unsafe conditions and work practices and those presenting an "imminent danger" to employees will be abated immediately. Failing this, all employees, except those correcting the hazard, shall be removed from the area of the imminent hazard until said hazard is corrected. The Company shall retain records of these inspections for a period of no less than one (1) year after the date of the inspection.

6. All work related accidents will be investigated by the appropriate employee's immediate supervisor in a timely manner.

Investigating work related accidents will provide information regarding accident prevention as well as pointing out "trends" which indicate problems that need to be corrected. The investigation will determine what factors, conditions, and/or practices contributed to the accident. The investigation is not intended to assign "blame" for the accident.

All accidents which cause injury will be investigated. All accidents, regardless of how minor, need to be reported to the Supervisor.

Accidents will be investigated using the "Accident Investigation Report" form (**Exhibit G**) according to the following principles:

- A) Accident scene will be visited as soon as possible -- while facts are fresh and before witnesses forget important details.
- B) If possible, the injured will be interviewed at the scene of the accident.
- C) All interviews will be as private as possible. Witnesses will be interviewed privately.
- D) When possible, details will be documented graphically using sketches, measurements, diagrams and photos as needed.
- E) The investigation will focus on causes and hazards.
- F) Every investigation will conclude with an action plan for preventing the accident in the future.

Accident reports shall be retained by the Company for a period of not less than one (1) year after the accident.

- 7. The method and procedure to correct unsafe or unhealthy conditions, work practices and work procedures is detailed in paragraph 4. Timeliness of correction will be based on the severity of the hazard. This will include when a hazard is observed or discovered or if an imminent hazard exists. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.
- 8. New employees will receive a safety orientation from their Supervisor or the Company Safety Officer. Please refer to the "Safe New Employee Safety Checklist" form (**Exhibit H**).

All employees will receive appropriate training on all of the equipment, methods, and vehicles they use.



Employees will receive training when:

- A) Given new job assignments.
- B) Whenever new substances, processes, procedures, or equipment are introduced.
- C) When made aware of new or previously unrecognized hazard(s).
- D) For supervisors to familiarize them with the safety and health hazards to which their employees under their direction and control may be exposed.
- E) Training shall be documented and records available at the Company's main office.

9. Record Keeping and Posting Requirements

Training Program records will be maintained using TrainLog Software located and maintained in the Health and Safety Office. All Training and Qualification files on employees are kept in a fire safe cabinet and located in the Health and Safety Department.

The injury and illness prevention program and the safety performance of those responsible for carrying it out will be reviewed every twelve (12) months by Safety Officer. Records that document Implementation of this IIPP will be maintained by the responsible person/s. The following records will be kept for the period indicated, at a minimum:

- |  |                                      |
|--|--------------------------------------|
| ▪ The Written IIPP                             | Indefinitely                         |
| ▪ OSHA Log 300 forms                           | 5 Years                              |
| ▪ Inspection Forms                             | 1 Year                               |
| ▪ Investigation forms                          | 1 Year or 5 Years if Log 300 Injury  |
| ▪ Employee training forms                      |                                      |
| • Personnel Records                            | Duration of Employment               |
| • Training Sign-up Sheets                      | 1 Year                               |
| • Employee Suggestion/Questions and Responses  | 3 Years                              |
| • Disciplinary Actions                         | 3 Years                              |
| ▪ All Other Non-Access Standard Safety Records | 3 Years                              |
| ▪ Medical and Employee Exposure Records        | Duration of Employment Plus 30 Years |

Poster Policy: It is the policy of this employer that all posters required by federal and state occupational safety, health, and labor laws and regulations will be posted in the workplace and at each job site as appropriate.

**Exhibit A**  
**RESPONSIBILITY STATEMENT**

Subject: Responsibility of Injury and Illness Prevention Program

To: All Employees

In accordance with our policy to provide a safe and healthy working environment, I, Sean Treacy, Officer, will assume responsibility to develop, implement and maintain our company's Injury and Illness Prevention Program.

Specifically, this will include the following duties:

1. Develop a code of safe practices for each function of company operations.
2. Develop safe operating rules for operation of mechanical equipment based on manufacturer's operating instructions.
3. Develop a system to encourage employees to report unsafe conditions.
4. Instruct supervisors in their safety responsibilities.
5. Develop a program of employee safety and health education into company policy and work practices.
6. Conduct periodic inspections of facilities, equipment, and work areas to identify and correct unsafe conditions and work practices.
7. Maintain records of training, periodic inspections, corrective actions, and accident investigations for a minimum of one (1) year.

## **Exhibit B**

### **Employee Safety Violation Warning / Disciplinary Action**

Employee's Name: \_\_\_\_\_ Clock/Payroll No.: \_\_\_\_\_

Date of Warning: \_\_\_\_\_ Dept.: \_\_\_\_\_ Shift: \_\_\_\_\_

Type of Violation:      Attendance        Carelessness        Disobedience  
                                   Safety                Tardiness            Work Quality  
                                   Other: \_\_\_\_\_

Violation Date: \_\_\_\_\_ Violation Time: \_\_\_\_\_ a.m./p.m.

COMPANY STATEMENT: \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYEE STATEMENT:  
 I concur with the Company's Statement.  
 I disagree with the Company's statement for the following reasons: \_\_\_\_\_

I have entered my statement of the above matter.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **WARNING DECISION**

Approved by: \_\_\_\_\_  

Name
Title
Date

List all previous warnings below I have read this Warning Decision and understand it.  
 (when warned and by whom)

1<sup>st</sup> Warning: \_\_\_\_\_    Verbal \_\_\_\_\_  
                                 Date                  Written Employee's Signature                     Date

2<sup>nd</sup> Warning: \_\_\_\_\_    Verbal \_\_\_\_\_  
                                 Date                  Written Signature of Person who prepared warning             Date

3<sup>rd</sup> Warning: \_\_\_\_\_    Verbal \_\_\_\_\_  
                                 Date                  Written Title   Date

\_\_\_\_\_  
 Supervisor's Signature   Date

Suspension Dates: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Copy Distribution:    Employee    Personnel Dept.    Supervisor    Foreman    Union Rep.

**Exhibit C**  
**EMPLOYEE SAFETY REPORT**

This form is to be used by employees as a means to provide suggestions for safety improvements or to inform management of an unsafe workplace condition or practice that may lead to an injury or illness.

1. Unsafe Workplace Condition or Practice Description:

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2. Are There Any Known Contributing Factors Or Causes?

---

---

---

3. Suggestions for Improving Safety:

---

---

---

Have you or has someone reported this matter to a supervisor, manager, or safety representative? (Circle one)  
Yes                      No

Reporting Party Name (optional): \_\_\_\_\_

Area/Department/Equipment: \_\_\_\_\_

Person to whom reported: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

It is illegal for the employer to take action against an employee in reprisal for reporting conditions that may be unsafe. This form allows freedom of the employee to be involved in the safety communication provision of the IIPP.

The reported condition on this form must be investigated and abated or addressed according to the provisions of Title 8 CCR. The correction or resolution actions must be provided to the reporting employee at his/her request.

**Exhibit D**

**INSPECTION CERTIFICATE/PROOF OF INSPECTION**

Company name: \_\_\_\_\_

Area/Jobsite Inspected: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicable Checklists: (circle the appropriate one used for this inspection)

General Checklists: Work Spaces and Surfaces    General/Office areas

**Inspection Item Checklists:**

- |                          |                              |
|--------------------------|------------------------------|
| Confined Spaces          | Lockout-Tagout               |
| Excavation/Trenching     | Forklift                     |
| Daily Pre-job (Site)     | Pressure Vessels             |
| Vehicle Operation/Safety | Construction Activities      |
| Fire Prevention          | Fall Protection              |
| Machine Guarding         | Material Handling/Ergonomics |
| Tunnel Inspection        | Other: _____                 |

Description of Inspection activities if checklist not attached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deficiencies Noted and Corrective Action:

<b>Noted Deficiency</b>	<b>Corrective Action</b>

**Exhibit E**  
**SAFETY REPORT CORRECTIVE ACTION FORM**

Date of Employee Safety Report      \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of reporting party (If available)      \_\_\_\_\_

**Nature of unsafe condition as reported on employee safety report:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee's Suggestion for improving safety:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Corrective Action Taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If no corrective action, reasons:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature, Correcting Individual

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Exhibit F**

**B. Birmingham Inc.**

**SAFETY MEETING ATTENDANCE, REST BREAK AND INJURY REPORT**

This form is mandatory documentation of your attendance at our construction safety meeting, of confirmation that you have taken all daily rest breaks, meal breaks, and that you have not suffered a work-related injury. Our company also requires that employees immediately report all work-related injuries or missed breaks to their supervisors; this form is verification that there has been no such occurrence.

Your signature on this form indicates that:

- You have attended and understand the content of the construction safety meeting.
- You have taken all daily rest breaks since our last tailgate meeting.
- You have taken all daily meal breaks since our last tailgate meeting.
- You have not suffered a work-related injury that has not yet been reported.

\*If you do not understand any of the content discussed during the safety meeting, have not taken a rest break(s), or have an injury that has not been reported, before signing this form, please report it to your supervisor within 5 working days.

Failure to report a work-related injury may delay or even prevent you from receiving your legally entitled workers' compensation benefits.

If you need medical treatment, even after regular working hours, you are required to see a company designated medical provider, unless you have previously filed a written notice that you have chosen your own provider.

**PROP 65 WARNING!** This area contains one or more chemicals known to the State of California to cause cancer, birth defects or reproductive harm. California Health and Safety Code 25249.6

Date: _____	Jobsite: _____	Supervisor: _____
Safety Topic: _____		

PRINT NAME:

SIGNATURE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\* Si usted no entiende lo que fué discutido durante la junta, no ha tomado todos sus descansos, o si usted sufre de una herida a causa de su trabajo, por favor, antes de firmar este informe, comuníquese con su supervisor dentro de 5 días de trabajo.

**Exhibit F**

B. Birmingham Inc.

**DOCUMENTO DE ASISTENCIA PARA JUNTAS DE SEGURIDAD, DESCANSOS Y  
REPORTE DE HERIDAS**

Este documento indica que usted ha asistido a la Junta de Seguridad del Trabajo, que ha tomado todos sus descansos y períodos de la comida requeridos, y que no ha sufrido una herida causada por el trabajo. Según la Póliza de la compañía, es necesario que todos los empleados comuniquen cualquier herida sufrida en el trabajo a sus supervisores inmediatamente. Este informe verifica que usted no ha sufrido una herida causada por su trabajo.

Al firmar este informe, usted está indicando lo siguiente:

- Que usted ha asistido a la Junta de Seguridad en el trabajo y que ha entendido lo que fué discutido;
- Que usted ha tomado todos sus descansos requeridos desde la última Junta de Trabajo;
- Que usted ha tomado todos sus períodos de la comida requeridos desde la última Junta de Trabajo;
- Que usted no ha sufrido una herida en el trabajo, que no ha sido reportada a su supervisor.

Si usted no entiende lo que fué discutido durante la junta, no ha tomado todos sus descansos, o si usted sufre de una herida a causa de su trabajo, por favor, antes de firmar este informe, comuníquese con su supervisor dentro de 5 días de trabajo.

La falta de informar a su supervisor de una herida causada en su trabajo puede demorar o eliminar su derecho a recibir sus Beneficios de Compensación al Trabajador que están establecidas en la Ley.

Si usted necesita tratamiento médico, aún cuando no sea durante el horario de trabajo, es necesario que usted acuda con un(a) doctor(a) designado(a) por la compañía a menos que usted haya presentado notificación por escrito indicando que usted ha elegido su propio doctor.

**PROP 65 ;AVISO!** Esta área contiene una o más sustancias químicas conocidas por el Estado de California de causar el cancer, los defectos del nacimiento o el daño reproductivo. La Salud de California y la Seguridad Codifican 25249.6

Fecha: \_\_\_\_\_ Lugar de Trabajo: \_\_\_\_\_ Supervisor(a): \_\_\_\_\_

Tema Tratado: \_\_\_\_\_

ESCRIBA SU NOMBRE CON LETRAS DE MOLDE:

FIRME:

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_



**Exhibit G**

**ACCIDENT INVESTIGATION REPORT (page 1 of 2)**

Name of injured employee \_\_\_\_\_ Company Name \_\_\_\_\_

have received a copy of the EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS			
<b>Name of Injured Employee</b>	<b>Signature of Injured Employee</b>	<b>Date</b>	<b>Time</b>

Injury Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM (circle) Date employer was notified of injury \_\_\_\_\_

Did employee lose at least one full day's work after the injury?  No  Yes, date last worked \_\_\_\_\_

**WITNESSES:** Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where did accident occur? (address) \_\_\_\_\_  
 County \_\_\_\_\_ Job # \_\_\_\_\_ On jobsite No  Yes

What was employee doing when injured (such as: walking, lifting, operating machines, etc.)? Be specific:  
 \_\_\_\_\_

**ACCIDENT TYPE:** (check one)  Struck against sharp or rough object;  Struck by;  Caught on, or in between;  
 Fall on same level;  Fall to different level;  Slip (not fall) or overextension;  Extreme temperature;  
 Inhalation;  Absorbed through skin;  Ingestion (eat/drink);  Other \_\_\_\_\_

**DESCRIPTION OF EVENTS:**  
 What happened? \_\_\_\_\_

What substances or objects were closely connected with the injury? (machine, tool, ladder, chemical, etc.) Be specific. Give brand, model and serial number. Include building fixtures and features such as walls or stairs. Take photographs. \_\_\_\_\_

Describe injury or illness (e.g., cut, strain, skin rash, etc.) \_\_\_\_\_

Part of body affected (e.g., back, left wrist, right eye, etc.) \_\_\_\_\_

Name and address of attending physician \_\_\_\_\_

If hospitalized, name and address of hospital \_\_\_\_\_

Was code of safe practices violated?  No  Yes If yes, which ones? \_\_\_\_\_

Did other persons contribute to the accident directly or by creating a hazard?  No  Yes or possibly  
 Name(s) \_\_\_\_\_

If other persons are not our company's employees, give names, address and telephone number.

Names \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**ACCIDENT INVESTIGATION REPORT (page 2 of 2)**

**CAUSES OF ACCIDENT: INVESTIGATE FIRST, THEN CHECK EACH ONE**

**TOOLS, EQUIPMENT, OR SUBSTANCE**

Main Cause	Minor Cause	Not a Cause	Don't Know	
				Incorrect use
				Wrong tool/equipment/substance used
				Tool/equipment needs repair/cleaning
				Failure to inspect tool or equipment
				Tool or equipment failure/poor design
				Faulty tool, equipment or _____
				Guard removed
				Ineffective guard
				Ineffective grounding
				Equipment moving – not shut off
				Other _____

**WORKING CONDITIONS**

Main Cause	Minor Cause	Not a Cause	Don't Know	
				Clutter/housekeeping/obstructions
				Improper shoring
				Improper guardrail or toe board
				Improper traffic control
				Noise
				Light conditions
				Sanitation/hygiene
				Ventilation
				Condition of floors or
				Working in improper area
				Other Trade/Non-Employee
				Another employee
				Congestion
				Other

**WORK METHOD**

Main Cause	Minor Cause	Not a Cause	Don't Know	
				Improper Lifting
				Lifting excessive weight
				Torn, frayed or loose clothing
				Improper body position
				Doing two-person job alone
				Horseplay/socializing
				Fatigue or handicap
				Incomplete instructions
				Operating without authority
				Taking a safety device inoperative
				Not following instructions
				Working at unsafe speed
				Other _____

**PERSONAL PROTECTIVE EQUIPMENT**

Main Cause	Minor Cause	Not a Cause	Don't Know	
				Hard hat
				Gloves
				Safety Glasses
				Goggles
				Face Protection
				Apron
				Safety belt and lifeline
				Respiratory protection
				Foot protection
				Hearing protection
				Long sleeves or pants
				Other

Explain causes: \_\_\_\_\_

What corrective action do you plan to take to prevent such an accident from happening again? \_\_\_\_\_

Can training be improved to prevent such an accident from happening again?  YES  NO If yes, how? \_\_\_\_\_

Approximate date condition will be corrected: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor Date

**TO BE COMPLETED BY OFFICE**

Verification that unsafe action was corrected. Corrective action taken: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Person Date

Has employee returned to work?  No  Yes – date returned: \_\_\_\_\_

Exhibit H

B. BIRMINGHAM INC.-SAFE NEW EMPLOYEE SAFETY CHECKLIST

This report to be completed by the Supervisor and the new employee within 7 days after employment and filed by The Safety Director.

EMPLOYEE NAME (PRINT) FIRST MIDDLE LAST DATE EMPLOYED DATE CHECK LIST COMPLETED

DEPARTMENT ASSIGNED TYPE OF WORK

ASK EMPLOYEE: "Do you have any physical conditions or handicaps which might limit your ability to perform this job? Yes No If yes, what reasonable accommodation can be made by us?

THE SUPERVISOR AND THE NEW EMPLOYEE ARE TO REVIEW THE FOLLOWING SAFETY CONCERNS, CHECK AND DISCUSS THOSE WHICH APPLY:

CHECKOFF

DISCUSS WHERE APPROPRIATE

- 1. Company safety policies and Employee Code of Safe Practices read and signed
2. Safety rules and hazards, both general and specific to job assignment
3. How, when and where to report injuries
4. Emergency action plan
5. When known, training on any toxic materials employee might be exposed to
6. Company policy on medical treatment for work related injuries

SUPERVISOR'S SIGNATURE

EMPLOYEE'S SIGNATURE

DATE

DATE

**Exhibit I  
SITE SAFETY EVALUATION  
Jobsite**

Job Name/ Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Time: \_\_\_\_\_

	Yes	No	N/A		Yes	No	N/A
<b>Safety &amp; Health Documents</b>				<b>Personal Protection (PPE)</b>			
IIIPP & MSDS on Site				Hard Hats			
Orientation				Eye & Face Protection			
Toolbox Meetings				Hearing Protection			
Incidents Investigated				Gloves/Clothing			
Posting (OSHA) Government				Footwear			
Code of Safe Practices				Fall Protection			
Emergency Phone Numbers				<b>Hand &amp; Power Tools</b>			
First Aid Kits and/or Stretcher				Guarded			
Drinking Water				Grounded Properly			
Equipped Toilets				Working Properly			
Hand Wash Facilities							
<b>Environment</b>				<b>Ladders</b>			
Housekeeping				Extension Ladder Condition			
Ventilation				3" Above Landing			
Excavations – Barricades/Shored				Braced & Tied			
Floor/Roof Openings Guarded/Covered-Marked				Worker Level			
Stairs/Walkways Guarded				Step Ladder Set Up			
Rebar Capped				Correct Height			
Equipment/Material Storage				<b>Scaffolds/Shoring</b>			
Traffic/Public Safety				Planks			
Warning: Signs Posted				Railed Properly/Toeboards			
Fire Extinguishers				Tied to Structure			
Flammable Materials Storage/Labeling				Base Plates Level & Supported			
USA Called				Ladder Access			
<b>Electrical Safety</b>				<b>Scissors Lifts/Zoom Booms/Lift Trucks</b>			
Lighting				Instruction Given			
Cords, Plugs & Receptacles				<b>Scissors Lifts/Zoom Booms/Lift Trucks</b>			
GFI Boxes & Grounding				Controls Operative			
Overhead Lines				Safety Chains in Place			
<b>Personnel Hoists &amp; Cranes</b>				<b>Welding &amp; Cutting</b>			
Inspections & Maintenance				Harness & Lanyards (JLG's)			
Crane Set Up & Swing Protection				Operator Skills & Training			
Rigging & Loads Secured				<b>Welding &amp; Cutting</b>			
				Cylinders – Use & Storage			
				Torches, Hoses, Gauges, Backflow Arrestors			
				Weld Cables, Holders & Grounds			
				Fire Protection			

**Corrective Action:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Conducted By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

The company's personnel and subcontractor employees are responsible for performing activities in a safe and healthy manner. The purpose of the Site Safety Evaluation is to increase your awareness of the need for safe work habits and a positive attitude towards loss prevention.

**Exhibit J**  
**DEPARTMENTAL SELF INSPECTION**  
**Checklist**

Department: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

Location: \_\_\_\_\_ By: \_\_\_\_\_

All questions must be answered by checking YES, NO or N/A. Corrective action taken for all "NO" items should be explained in comment section of form. The comment section should also be used for additional suggestions or information.

**ALL DEPARTMENTS**

1. Are aisle, floors and stairs in good repair and free of obstruction? .....  YES  NO  N/A
2. Are all necessary lights working throughout office, storage area, halls and stairs? .....  YES  NO  N/A
3. Are extension cords and other temporary wiring periodically checked for breaks fraying, broken plugs, or other defects? .....  YES  NO  N/A
4. Are electrical panels clear and accessible? .....  YES  NO  N/A
5. Are proper permanent extension cords used – 3 wire type for equipment grounding - maximum length 10 feet? .....  YES  NO  N/A
6. Is all material stored, piled or handled with regard to their fire characteristics? .....  YES  NO  N/A
7. Is material storage stable, secured from falling or collapse? .....  YES  NO  N/A
8. Do all employees know what to do in an emergency? .....  YES  NO  N/A
9. Are emergency telephone numbers posted where they can be seen easily in case of emergency? .....  YES  NO  N/A
10. Do you have a working procedure for handling in-house employee (SB198) complaints regarding health and safety? .....  YES  NO  N/A
11. Are material safety data sheets available for all toxic materials used? .....  YES  NO  N/A
12. Are employees instructed on the correct procedures for lifting heavy objects? .....  YES  NO  N/A
13. Is there a list of toxic chemicals used in your workplace? .....  YES  NO  N/A

**MACHINE GUARDING (Shop, Distribution, Test Lab, Maintenance, & Quality)**

14. Are all machines or operations that expose operators or other employees to rotating parts, pinch points or flying chips, particles, or sparks adequately guarded? ...  YES  NO  N/A
15. Are all machinery and equipment kept clean and properly maintained? .....  YES  NO  N/A
16. Are grinding wheel tool rests set to within 1/8 inch or less of the wheel? .....  YES  NO  N/A
17. Is there a system for inspecting small hand tools for burred ends, cracked handles, etc.? .....  YES  NO  N/A

**INJURY AND ILLNESS PREVENTION PROGRAM**

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- 18. For welding, are only authorized, trained personnel permitted to use such equipment?  YES  NO  N/A
- 19. Is a fire extinguisher provided at the welding site? .....  YES  NO  N/A
- 20. Is there a list of toxic chemicals used in your workplace? .....  YES  NO  N/A
- 21. Are material safety data sheets available for all chemicals used? .....  YES  NO  N/A
- 22. Are employees instructed on the correct usage and limitations of respirators? .....  YES  NO  N/A

**ELEVATED SURFACES (All Departments)**

- 23. Is a permanent means of access and egress provided to elevated storage and work surfaces? .....  YES  NO  N/A
- 24. Is material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling, or spreading? .....  YES  NO  N/A

**EXITING OR EGRESS (All Departments)**

- 25. Are all exits marked with an exit sign and illuminated by a reliable light source? .....  YES  NO  N/A
- 26. Are the direction to the exits, when not immediately apparent, marked with visible signs? .....  YES  NO  N/A
- 27. Are all exit doors kept free of obstruction unlocked? .....  YES  NO  N/A

**PORTABLE LADDERS (All Departments)**

- 28. Are all ladders in your area maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached and moveable parts operating freely without binding or undue plane? .....  YES  NO  N/A
- 29. Are non-slip safety feet provided on each ladder? .....  YES  NO  N/A

**HAND TOOLS AND EQUIPMENT (All Departments)**

- 30. Are all tools and equipment (both company and employee-owned) used by employees at their workplace in good condition? .....  YES  NO  N/A
- 31. Are employees made aware of the hazards caused by faulty or improperly used hand tools? .....  YES  NO  N/A
- 32. Are appropriate safety glasses, face shields, etc. used while using hand tools or equipment that might produce flying materials or be subject to breakage? .....  YES  NO  N/A
- 33. Is there adequate training and supervision to ensure employees are following safe machine operating procedures? .....  YES  NO  N/A
- 34. Is there a regular program of safety inspection of machinery and equipment? .....  YES  NO  N/A

**MACHINE GUARDING (All Departments)**

- 35. Is there a training program of safety inspection of machinery and equipment? .....  YES  NO  N/A
- 36. Are grinders, saws, and similar equipment provided with appropriate safety guards?...  YES  NO  N/A
- 37. Is the adjustable tongue on the top side of the grinder used and kept adjusted to within ¼ inch of the wheel? .....  YES  NO  N/A

**INJURY AND ILLNESS PREVENTION PROGRAM**

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- 38. Do side guards cover the spindle, nut and flange and 75 percent of the wheel diameter? .....  YES  NO  N/A
- 39. Are goggles and face shields always used when grinding? .....  YES  NO  N/A
- 40. Is there a power shut-off switch within reach of the operator's position at each machine? .....  YES  NO  N/A
- 41. Are splash guards mounted on machines that use coolant to prevent the coolant from reaching employees? .....  YES  NO  N/A

**LOCKOUT TAGOUT PROCEDURES (Shop, Test Lab, Distribution, & Maintenance)**

- 42. Are provisions made to prevent machines from automatically starting when power is restored after a power failure or shutdown? .....  YES  NO  N/A
- 43. Is all machinery or equipment capable of movement required to be de-energized or disengaged and blocked or locked-out during cleaning, servicing, adjusting, or setting up operations whenever required? .....  YES  NO  N/A
- 44. Is the locking-out of control circuits in lieu of locking-out main power disconnects prohibited? .....  YES  NO  N/A
- 45. Are all equipment control valve handles provided with means for locking-out? .....  YES  NO  N/A
- 46. Does the lock-out procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked-out for repairs? .....  YES  NO  N/A

**COMPRESSORS AND COMPRESSED AIR (Shop, Test Lab, & Quality)**

- 47. Are compressors equipped with pressure relief valves and pressure gauges? .....  YES  NO  N/A
- 48. Are compressor air intakes installed and equipped so as to ensure that only clean uncontaminated air enters the compressor? .....  YES  NO  N/A
- 49. Are safety devices on compressed air systems checked frequently? .....  YES  NO  N/A
- 50. Is it strictly prohibited to direct compressed air towards a person? .....  YES  NO  N/A
- 51. Are employees in your department prohibited from using compressed air for cleaning purposes? .....  YES  NO  N/A

**COMPRESSED GAS CYLINDERS (Shop, Test Lab, & Maintenance)**

- 52. Are compressed gas cylinders with a water weight capacity over 30 lbs., equipped with means for connecting a valve protector device, or with a collar or recess to protect the valve? .....  YES  NO  N/A
- 53. Are compressed gas cylinders legibly marked to clearly identify the gas contained? ....  YES  NO  N/A
- 54. Are compressed gas cylinders stored in areas which are protected from external heat sources such as flame impingement, intense radiant heat, electric arcs, or other high temperature sources? .....  YES  NO  N/A
- 55. Are cylinders stored or transported in a manner to prevent them from creating a hazard by tripping, falling, or rolling? .....  YES  NO  N/A

**INJURY AND ILLNESS PREVENTION PROGRAM**

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- 56. Are valve protectors always placed on cylinders when the cylinders are not in use or connected for use? .....  YES  NO  N/A
- 57. Is each overhead electric hoist in your area equipped with a limit device to stop the hook travel at its highest and lowest point of safe travel? .....  YES  NO  N/A
- 58. (Maintenance Dept. Only) Will each hoist automatically stop and hold any load up to 125 percent of its rated load, if its actuating force is removed? .....  YES  NO  N/A
- 59. Is the rated load of each hoist legibly marked and visible to the operator? .....  YES  NO  N/A
- 60. Are the controls of hoist plainly marked to indicate the direction of travel or motion? .  YES  NO  N/A
- 61. Is it prohibited to use the hoist rope or chain wrapped around the load as a substitute for a sling?.....  YES  NO  N/A
- 62. Are only employees who have been trained in the proper use of hoists and/or forklift permitted to operate the device?.....  YES  NO  N/A
- 63. Are the required lift truck operating rules posted and enforced?.....  YES  NO  N/A
- 64. Does each forklift have a warning horn, whistle, gong, or other device which can be clearly heard above the normal noise in the areas where operated?.....  YES  NO  N/A
- 65. (Maintenance/Vendor Inspection)  
Are the brakes on each forklift capable of bringing the vehicle to a complete and safe stop when fully loaded? .....  YES  NO  N/A
- 66. Will the forklift's parking brake effectively prevent the vehicle from moving when unattended?.....  YES  NO  N/A
- 67. Are the forklifts so designated that the brakes are applied, and power to the drive motor shuts off when the operator releases his or her grip on the device that controls the travel? (This pertains to electric forklifts only) .....  YES  NO  N/A

**FLAMMABLE AND COMBUSTIBLE MATERIALS (All Departments)**

- 68. Are combustible scrap, debris, and waste materials (oily rags, etc.) stored in covered metal receptacles and removed from the worksite daily? .....  YES  NO  N/A
- 69. Is proper storage practiced to minimize the risk of fire, including spontaneous combustion? .....  YES  NO  N/A
- 70. Are approved safety containers used for handling and disposal of flammable solvents and materials?.....  YES  NO  N/A
- 71. Are approved containers and tanks used for storage and handling of flammable and combustible liquids?.....  YES  NO  N/A
- 72. Are all flammable liquids kept in closed containers when not in use (e.g., parts, cleaning tanks, pans etc.)?.....  YES  NO  N/A
- 73. Have fire extinguishers been selected and provided for the types of materials in your area? Class A. Ordinary combustible material fire; Class B. Flammable liquid, gas, or grease fires; Class C. Energized-electrical equipment fires?.....  YES  NO  N/A



- 74. Are extinguishers free from obstructions or blockage?.....  YES  NO  N/A
- 75. Are all spills of flammable or combustible liquids cleaned up promptly? .....  YES  NO  N/A

**HAZARDOUS CHEMICAL EXPOSURES (Shop, Quality, Test, Lab, & Maintenance)**

- 76. Are employees trained in the safe handling practices of hazardous chemicals such as acids, caustics, etc. used in your responsible area(s)?.....  YES  NO  N/A
- 77. Are employees aware of the potential hazards involving various chemicals stored or used in the workplace such as acids, bases, caustics, etc.?.....  YES  NO  N/A
- 78. Are eye-wash fountains and safety showers provided in areas where corrosive chemicals are handled?.....  YES  NO  N/A
- 79. Are eye wash fountains inspected and logged monthly?.....  YES  NO  N/A
- 80. Are employees prohibited from eating in areas where hazardous chemicals are present?.....  YES  NO  N/A
- 81. Where needed for emergency use, are respirators stored in a convenient, clean, and sanitary location?.....  YES  NO  N/A
- 82. Are employees instructed on the correct usage and limitations of respirators?.....  YES  NO  N/A
- 83. Are hazardous substances identified which may cause harm by inhalation, ingestion, skin absorption or contact? .....  YES  NO  N/A
- 84. Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics, etc.?.....  YES  NO  N/A
- 85. Is the work area's ventilation system appropriate for work being performed? .....  YES  NO  N/A
- 86. Are employees who use respirators trained in use, selection and maintenance of respirators? .....  YES  NO  N/A
- 87. Are employees who use respirators subject to fit and fitness examinations? .....  YES  NO  N/A

\_\_\_\_\_  
Dept. Manager Signature

\_\_\_\_\_  
Date

**INJURY AND ILLNESS PREVENTION PROGRAM**

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