

SAFETY COMMITTEE

Handbook



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March 3, 2008

CORPORATE SAFETY AND HEALTH POLICY STATEMENT

We believe that integrating safety and health into every operation at our corporation is of the utmost importance. The health and safety of our employees continues to be the first consideration in our operations.

To this extent, the Company strives to comply with all applicable laws and regulations that govern our operations. In so doing, we conduct our processes and operations in a manner that reduces or eliminates the conditions that are unhealthful or could cause injury to our employees. Employees are consistently urged to report unsafe conditions in their workplace, and work with the Company to alleviate these conditions where they may exist.

Quality or production goals do not supersede the safety of our employees. With this in mind, management and staff have implemented a Safety Management Program. This program provides for:

- The continual commitment of improving safety at our workplace
- Employee awareness and training with regard to safety issues
- A commitment to visitors, neighbors, and our community to lessen or eliminate any safety-related issues from our corporation that could impact them

Within the scope and applicability of our Safety Management Program, Fire Protection Service Corporation and Mountain Alarm has established a goal to have injury and illness incident rates below the industry average. To accomplish this goal, we ask each of our employees to commit not only to their own safety but to the safety of their co-workers and their community as well.

Michael Bailey, CFO
Safety Officer

Purpose of the Safety Committee:

- * Promote safety in the workplace.



Functions of the Committee:

- * Provides a forum to address and discuss health and safety issues.
- * Provides a channel through which improvements can be recommended for adoption by the corporation.
- * Generates ideas for improving health and safety.
- * Stimulate interest of employees.
- * Reviews and makes update recommendations for safety training and emergency plans.

Goals of the Safety Committee:

- * Increase safety awareness
- * Build enthusiasm for safety programs
- * Reduce and prevent injuries
- * Ensure site locations are complying with safety requirements



Committee Structure:

- * Meetings are held monthly. May meet more often to discuss safety issues as they come up.
- * Pre-schedules meeting dates.
- * Limits meeting to one hour.
- * Must have at least one employer selected-management representative and one employee-elected from each branch.
- * The term of employee-elected members must be a maximum of one year. (There is no limit to the number of terms a representative can serve.)
- * If there is an employee-elected member vacancy, a new member must be elected prior to the next scheduled meeting. Managers may not assign, nominate or vote in the employee election.
- * Has an elected chairman.
- * The meetings will be held by conference call or webinar.
- * Materials will be distributed by email.
- * Announce how materials unable to be disseminated via email will be forwarded.
- * Record and distribute meeting minutes.

Responsibilities of Member Positions:

Chairman

Committee-elected position. Organizes agenda items, speakers and other related materials for meetings. Forwards recommendations to Human Resources. Prepares periodic analysis reports/accident reports, safety improvements. Follows-up on past recommendations and reports status. Conducts meetings in orderly fashion.

Corporate Safety Trainer

Position assigned by Human Resources. Prepares meeting agenda and notify members of date(s), time(s) and format of meeting location. Gathers agenda items and related materials. Role call of members. Records and preserve minutes in the assigned email folder. Keeps Human Resources up to date with agenda items and minutes. Trains all new and transferred employees at New Employee Orientation. Trains supervisors on accident investigations and site orientations.

Members

Attend all meetings and actively participate. Set a positive example for safe performance. Conduct safety surveys according to schedule. Participate in accident investigation and review. Report unsafe acts or conditions on site(s). Assist with accident investigations as needed.

Meeting Requirements:

(The committee must cover these topics)

- Review safety and health inspection reports to help correct safety hazards.
- Evaluate the accident investigations conducted since the last meeting to determine if the cause(s) of unsafe situation was identified and corrected.
- Evaluate your workplace accident and illness prevention program and discuss recommendations for improvement, if needed.
- Document attendance.
- Write down subjects discussed.
- Determine the weekly training topics for the month. Based on the materials in the training kit.
- Preserve the minutes from each meeting for one year.

Safety Information Area Guidelines:

Each site location will have a safety information area for all employees. This information area should include a first aid kit, M.S.D.S. right-to-know, safety bulletin board and other safety information.

Safety Bulletin Board

- Install and maintain a safety bulletin board in every office. Make sure the bulletin board is large enough to post information such as the following:
 - Safety bulletins
 - Safety newsletters
 - Safety posters
 - Accident statistics (e.g. OSHA form 300A)
 - Other safety educational material
 - Log of Group Trainings



Hazard Communication

Each safety information area will have a “Right-to-Know” center with wire rack to hold the M.S.D.S. binder. Each truck will have a Right To Know binder containing safety manual and M.S.D.S.

First Aid

Make sure that first-aid personnel are available to provide quick and effective first aid.

Make sure appropriate first-aid supplies are readily available in each office and on each vehicle.

- Easily Accessible by all employees.
- Stored in containers that protect them from damage, deterioration or contamination.
- Containers must be clearly marked, not locked and may be sealed.
- Able to be moved to the location of an injured or acutely ill employee.

Safety Programs:

Accident Prevention Program

The safety committee will develop and maintain an Accident Prevention Program specific to each site. The committee will supervise and enforce training programs designed to improve the skill, awareness and competency of all employees in the field of occupational safety and health. The safety orientations will be included in the program.

▪ *Safety Orientation*

Each new employee will be required to attend a webinar with the corporate safety trainer. This training will cover the total safety and health program. It will cover how to report unsafe conditions and practices. It will cover the purpose and responsibilities of the safety committee.

- ***Site Safety Orientation***

Each new employee will be given; by their supervisor, an on-the-job orientation showing them what they need to know to perform their initial job assignments safely. How and when to report on-the-job injuries, including instruction about the location of first-aid facilities in the workplace. The use and care of personal protective equipment (PPE). What to do in an emergency including how to exit the workplace. Identification of hazardous gases, chemicals or materials used on-the-job and instructions about the safe use and emergency action to take after accidental exposure.

- ***Supervisor Training***

Each new supervisor will receive initial training in how to complete site safety orientations and accident investigations. Regular intervals of re-training will be mandated by the safety committee.

- ***Safety Manual***

The master safety manual will be maintained by Human Resources. Each site will have access to an electronic copy. This will be reviewed by the safety committee at least annually. Any recommendations will be forwarded to Human Resources. Final approval will be made by the company safety officer.

- ***Personal Protective Equipment (PPE)***

Sites will ensure that employees have use and care for the appropriate personal protective equipment (PPE).

- Complete a hazard assessment for PPE
- Provide appropriate PPE
- Train and retrain (if necessary) employees to use PPE
- Ensure PPE kept in safe and good condition

Accident Investigation

Accidents causing death or serious injury must receive a thorough investigation. Near-miss accidents that could have resulted in death or serious injury, as well as minor injuries should also be investigated. Investigations should be conducted to determine both the cause of the accident and the changes necessary to prevent a similar occurrence, not to determine where blame should be placed. The accident investigation also will assist the company in determining the facts useful in legal proceedings and will serve to publicize the hazard to employees. The Committee will assist supervisors with accident investigations. Supervisors will be trained to complete investigations and these will be reviewed by the committee. The committee will recommend actions to reduce the frequency and severity of accidents and illnesses.

A thorough investigation should yield at least the following information:

1. Part of the body injured and the type of injury sustained (i.e., fracture, burn),
2. Type of accident (i.e., hit by falling object, inhalation of chemical fumes)
3. Condition or act that caused or permitted the accident to occur (i.e., poor design, defect, adjusting machinery while in operation).
4. Equipment, machinery, substance, or structure directly involved in the accident (i.e., backhoe, conveyor belt, chemical).
5. Factors contributing to the accident (i.e., lack of training).

Persons appointed to investigate accidents should be experienced and able to carry out the investigation in an impartial manner. The supervisor is usually the most qualified investigator, due to his or her familiarity with the workplace and knowledge of the employees

involved and the work situation. However, the foreman, a safety professional, or a safety committee may also carry out the investigation.

The investigator should:

1. Begin investigating the accident, immediately after the injured person has been treated, before the scene can be changed and important evidence removed or destroyed. Look and listen for clues.
2. Discuss the accident with the injured person if possible, after first aid or medical treatment has been administered.
3. Talk with witnesses and those familiar with conditions immediately before or after the accident, preferably away from the distractions of the work area.
4. Probe for small details, which might yield clues to the cause of the accident. Sometimes having the witnesses recite the events in reverse chronological order can attain a clearer account of events. Encourage witnesses to give their ideas.
5. Reconstruct the events leading up to the accident from clues and eyewitness accounts.
6. Determine the most probable cause of the accident.
7. Write a detailed, accurate report of the accident and follow reporting and record keeping requirements. **Remember that any accident that is fatal or results in the hospitalization of three or more employees must be reported to the nearest OSHA office by Human Resources within eight hours of the accident so you must report this to Human Resources immediately.**

8. Correct any unsafe conditions or procedures discovered during the investigation or advise proper authorities of corrections that need to be made.

Additional steps should be taken when investigating a fatal accident including:

1. Cover the body, but do not move it.
2. Take accurate measurements to define the physical interrelationship between the body and any equipment and material involved.
3. Photograph the body, any body parts, machinery, equipment, and surrounding from all angles. These are important for litigation purposes.
4. Collect and identify any and all pertinent material. Mark it in relation to the accident scene for use during reconstruction.

Return-to-Work Program

The committee will support the return-to-work program. They will offer and encourage any suggestions for accommodations that can be for positions so an employee may return to work as quickly as possible to avoid any unnecessary loss-time claims.

The Return-To-Work program, Worker's Compensation and OSHA will be managed by Human Resources. This includes contact with the employee, physician's offices and Worker's Comp case manager. Areas of potential liability include, H.I.P.P.A., A.D.A., F.M.L.A. and other various items.

Supervisors and employees will work closely with Human Resources to close all cases and get employees back to work.

Appendix:

The following forms are to be used as needed:

- **Accident Investigation Report**
- **Sample Accident Investigation Question**
- **Hazard Assessment Checklist**
- **Job Hazard Analysis Worksheet & Sample**
- **Report of a Workplace Hazard**
- **Safety Committee Meeting Minutes**
- **Safety Meeting Roster**
- **New/Transfer Employee Orientation Checklist**
- **Safety Rules (for handbook & orientation)**
- **Safety Rule Violation Safety Rules**
- **Violation of Safety Rule**

Accident Investigation Report

Employee(s) name(s): _____

Time & date of accident/incident: _____

Job title(s) and department(s): _____

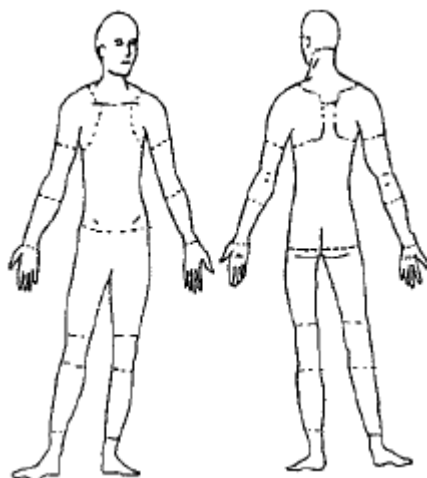
Job number: _____

Supervisor/lead person: _____

Witnesses: _____

Brief description of the accident or incident: _____

Indicate body part affected:



Did the injured employee(s) see a doctor? Yes No

If yes, did you file an employer's portion of a worker's compensation form? Yes No

Did the injured employee(s) go home during their work shift? Yes
No

If yes, list the date and time injured employee(s) left job(s): _____

Supervisor's Comments: _____

What could have been done to prevent this accident/incident? _____

Have the unsafe conditions been corrected? Yes No

If yes, what has been done? _____

If no, what needs to be done? _____

Employer or Supervisor's signature: _____

Date: _____

Additional comments/notes: _____

SAMPLE ACCIDENT INVESTIGATION QUESTIONS

HOW

- 1) How does the injured employee feel now?
- 2) How did the injury occur?
- 3) How could this accident have been prevented?

WHO

- 1) Who was injured?
- 2) Who saw the accident?
- 3) Who was working with the injured party?
- 4) Who had assigned the person to the work task?
- 5) Who had trained the person on the hazards and protective measures for this task?
- 6) Who else was involved?

WHAT

- 1) What were the casual factors of the accident?
- 2) What were the injuries?
- 3) What was the person doing when injured?
- 4) What had the person been instructed to do?
- 5) What tools was the person using?
- 6) What machinery was involved?
- 7) What training had been given?
- 8) What specific precautions were necessary?
- 9) What protective equipment was being used?
- 10) What protective equipment should have been used?
- 11) What will be done to prevent a recurrence?
- 12) What safety rules were in place to prevent this type of accident?
- 13) What safety rules were being followed?
- 14) What were the environmental conditions (i.e., lighting, floor surface, etc.)?

WHEN

- 1) When did the accident occur?
- 2) When did the person start this task?
- 3) When was the person assigned to this department?
- 4) When were the hazards of the operation addressed?
- 5) When had the supervisor last checked on job progress?

WHY

- 1) Why was the person injured?
- 2) Why did the person do what they did?
- 3) Why wasn't protective equipment used?
- 4) Why weren't specific instructions issued?
- 5) Why didn't the person check with the supervisor when they noted things weren't as they should be?
- 6) Why did the person continue to work under these circumstances?

WHERE

- 1) Where did the accident occur?
- 2) Where was the person at the time of the accident?
- 3) Where was the supervisor at the time?
- 4) Where were fellow workers?

Hazard Assessment Checklist

This checklist can help you do a hazard assessment to see if employees need to use personal protective equipment (PPE). You can make copies or develop a form that is appropriate to your workplace.

Some work activities are more hazardous than others. This list can help identify those activities that may create hazards for your employees. Read through the list, putting a check next to any word that describes an activity in your workplace. We've grouped the activities according to what part of the body might need PPE.

Eyes

Work activities

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> abrasive blasting | <input type="checkbox"/> grinding | <input type="checkbox"/> sanding |
| <input type="checkbox"/> chopping | <input type="checkbox"/> hammering | <input type="checkbox"/> sawing |
| <input type="checkbox"/> cutting | <input type="checkbox"/> intense light/welding | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> drilling | <input type="checkbox"/> punch press operations | |

Work related exposure to:

- airborne dust
- flying particles
- blood splashes
- hazardous liquid chemicals
- other: _____

Face

Work activities:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> cleaning | <input type="checkbox"/> mixing | <input type="checkbox"/> welding |
| <input type="checkbox"/> cooking | <input type="checkbox"/> painting | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> dip tank operations | <input type="checkbox"/> pouring molten metal | |
| <input type="checkbox"/> foundry work | <input type="checkbox"/> siphoning | |

Work related exposure to:

- hazardous liquid chemicals
- extreme heat
- cold
- potential irritants
- other: _____

Head

Work activities:

- | | |
|--|--|
| <input type="checkbox"/> building maintenance | <input type="checkbox"/> use of catwalks |
| <input type="checkbox"/> confined space operations | <input type="checkbox"/> use of conveyor belts |
| <input type="checkbox"/> construction | <input type="checkbox"/> use of crane loads |
| <input type="checkbox"/> electrical wiring | <input type="checkbox"/> utility work |

other: _____

Work related exposure to:

- beams
- exposed electrical wiring or components
- falling objects
- machine parts
- pipes
- other: _____

Feet

Work activities:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> building maintenance | <input type="checkbox"/> foundry work | <input type="checkbox"/> use of highly flammable materials |
| <input type="checkbox"/> construction | <input type="checkbox"/> logging | <input type="checkbox"/> welding |
| <input type="checkbox"/> demolition | <input type="checkbox"/> plumbing | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> food processing | <input type="checkbox"/> trenching | |

Work related exposure to:

- explosive atmospheres
- explosives
- exposed electrical wiring or components
- heavy equipment
- slippery surfaces
- tools
- other: _____

Hands

Work activities such as:

- baking
- cooking
- dental and health care services
- grinding

- hammering
- material handling
- sanding
- sawing

- use of computers
- use of knives
- welding
- working with glass
- other: _____

Work related exposure to:

- blood
- irritating chemicals
- tools or materials that could scrape, bruise, or cut
- other: _____

Inhalation

Work activities such as:

- cleaning
- compressed air or gas operations
- fiberglass installation

- mixing
- painting
- pouring

- sawing
- other: _____

Work related exposure to:

- extreme heat/cold
- irritating dust
- other: _____

Hearing

Work activities such as:

- generators
- ventilation fans
- grinding
- machining

- motors
- pneumatic equipment
- routers
- punch or brake presses

- sanding
- sawing
- use of conveyors
- other: _____

Work related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

General hazards

Work activities such as:

- building maintenance
- construction

- logging
- utility work

other: _____

Work related exposure to:

- working from heights of 10 feet or more
- working near water

other: _____

Skin

Work activities such as:

- baking or frying
- battery charging

- dip tank operations
- fiberglass installation

- irritating chemicals
- sawing

Work related exposure to:

- chemical splashes
- extreme heat/cold
- sharp or rough edges

Your name: _____

Name of your workplace: _____

Workplace address: _____

Dates of Hazard Assessment for PPE: _____

FPSC/Mountain Alarm Job Hazard Analysis Worksheet

Job: Grinding Iron Castings – Step 1 of 3

Analysis By: John Doe	Reviewed By: Jane Doe	Approved By: Jim Doe
Date: June 2, 2005	Date: June 3, 2005	Date: June 3, 2005
Sequence of Steps	Potential Accidents or Hazards	Preventative Measures
1. Reach into metal box to right of machine, grasp 15-pound castings, and carry to wheel.	Picking up a casting, the employee could drop it onto his/her foot. The casting's weight and height could seriously injure the worker's foot or toes.	<ol style="list-style-type: none"> 1. Remove castings from the box and place them on a table next to the grinder. 2. Wear steel-toe shoes with metatarsal protection. 3. Change protective gloves that allow a better grip. 4. Use a device to pick up castings.
	Castings have sharp burrs and edges that can cause severe lacerations.	<ol style="list-style-type: none"> 1. Use a device such as a clamp to pick up castings. 2. Wear cut-resistant gloves that allow a good grip.
	Reaching, twisting, and lifting 15-pound casting from the floor could result in muscle strain to the lower back.	<ol style="list-style-type: none"> 1. Move castings from the ground and place them closer to the workplace to minimize lifting. Ideally place them at waist height. 2. Train workers not to twist while lifting. Reconfigure work stations to minimize twisting during lifts.

FPSC/Mountain Alarm/CopperState Fire Protection Job Hazard Analysis Worksheet

Job:

Analysis:	Reviewed By:	Approved By:
Date:	Date:	Date:
Sequence of Steps	Potential Accidents or Hazards	Preventative Measures

Report of a Workplace Hazard

This is a form that either an employee or employer can use to report a hazard

If you complete this as an employee, give a completed copy to your employer. If you don't want to include your name on the form, make sure to give enough details about the hazard so your employer can recognize and correct it.

Employee's Description of a Workplace Hazard

Today's Date: _____

Your name (Optional): _____

Briefly describe the workplace hazard:

(Please give more details if you are filling this out anonymously. Use the back if you need more room)

Where is the hazard located? _____

Has the hazard been reported to your employer? _____

If so, who was it reported to? _____

• **Briefly describe what's been done to correct the hazard.** _____

• **Who took action to correct the hazard?** _____

FPSC/Mountain Alarm/CopperState Fire Protection Safety Committee Meeting Minutes

This form can help document the minutes of safety committees and safety meetings in your workplace. This particular form isn't required, but shows the kind of information you need for your records. You can either copy this form or make your own.

Remember, you must:

- Keep meeting minutes for one year.
- Cover specific topics in your meetings.

Agenda:

Review of minutes of last meeting: Approved? Yes No

Corrections: _____

1. **Unfinished business from last meeting:** _____

2. **Any hazards reported during this time period?** _____

3. **Describe any accident investigations conducted since last meeting. Did you identify and correct the cause of the unsafe situation(s)?** _____

4. **Is your accident and illness prevention program working?** Yes No

If no, describe any recommendations to improve it. _____

5. **What other safety-related topics did you cover in this meeting?** _____

Employer: _____

Worksite location: _____

Date: _____ **Meeting Start Time:** _____ **Meeting End Time:** _____

Who attended this meeting?

Minutes written by: _____

Meeting Leader: _____

Next meeting will be on (date): _____

Next meeting location: _____

FPSC/Mountain Alarm/CopperState Fire Protection Safety Meeting Roster

Date: _____ Time: _____

Location: _____

Safety Topic: _____

Discussion Leader: _____

Persons Attending:

Print Name:

Signature:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |
| 14. _____ | _____ |
| 15. _____ | _____ |
| 16. _____ | _____ |
| 17. _____ | _____ |
| 18. _____ | _____ |

Employee Comments and Suggestions:

FPSC/Mountain Alarm/CopperState Fire Protection NEW/TRANSFER EMPLOYEE ORIENTATION CHECKLIST

Employee Name: _____ Employee #: _____

Date of Hire: _____ Supervisor: _____

The new/transfer employee and his supervisor must initial the following items.

	Supervisor	Employee
1. I have read and/or someone has explained to me the safety rules for the organization and any specific rules for the jobsite.	_____	_____
2. I have been shown where the jobsite facilities are i.e., drinking water, and restroom.	_____	_____
3. I know where the first aid station is and where first aid kits are located.	_____	_____
4. I am familiar with the location of hazards on the jobsite and what areas to avoid.	_____	_____
5. I have received instruction on the use of fire extinguishers and their location.	_____	_____
6. I understand I must report all injuries to my supervisor immediately and/or any other claims management procedures.	_____	_____
7. I am familiar with my job assignment and any tasks I am expected to perform.	_____	_____
8. I understand what HAZCOM is and the location of the MSDS file.	_____	_____
9. The company disciplinary policies have been explained to me.	_____	_____
10. I have been issued the following equipment (initial if issued)		
Hard Hat	_____	_____
Safety Glasses	_____	_____
Fall Protection Harness	_____	_____
Hearing Protection	_____	_____
Respirator	_____	_____
11. I have read and signed the Designated Medical Provider form.	_____	_____
12. The evacuation plan, exit routes and the outside meeting point for employees have been explained to me.	_____	_____

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

FPSC/Mountain Alarm/CopperState Fire Protection SAFETY RULES

These safety rules are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter while employed at this organization. It would be impossible to cover every work situation. If you are in doubt about the safety of any condition, practice, or procedure, consult your supervisor for guidance.

GENERAL RULES:

1. **ACCIDENT REPORTING:** Report all accidents or near misses to your supervisor immediately. Falsification of company records, including employment applications, time records, or safety documentation will not be tolerated.
2. **HAZARD REPORTING:** Notifying a supervisor immediately of any unsafe condition and/or practice.
3. **ALCOHOL OR ILLEGAL DRUGS:** No illegal drugs or alcohol will be allowed on the worksite. Employees will notify their supervisor of any prescription drugs that might affect their judgment.
4. **DRIVING:** While driving a company vehicle or driving your own vehicle for company business, obey all traffic laws and signs at all times. Wear your seatbelt at all times. Do not drive past the posted speed limits.
5. **LIFTING:** When you are required to lift an item, always seek mechanical means first (fork lift, lift table, pallet jack, etc.). If an item must be lifted manually, please refer to the detailed lifting safety rules before performing the task.
6. **FALLS:** When working above a lower level (4 Feet in General Industry, 6 Feet in Construction) with unprotected sides, edges or openings, protect yourself by use of guardrails or an approved personal fall arrest systems (i.e. Lanyard, Harness, Anchor Point).
7. **PERSONAL PROTECTIVE EQUIPMENT:** Appropriate PPE must be worn at all times. If you have any questions or need PPE, please contact management and reference the PPE Hazard Assessment on page 7. Wear approved eye and face protection when sawing, grinding, drilling, using air tools, or performing any other task that could generate flying debris. When working with chemicals, wear the protective eyewear that is specified on the Material Safety Data Sheet. Wear gloves when handling metal, rough wood, fiberglass, and other sharp objects. Wear hard hats when there are overhead hazards. Appropriate footwear, long sleeved shirts, long pants, high visibility vest, etc. should also be worn as required.

EMPLOYEE POSITION: OFFICE WORKER

1. Do not stand on furniture to reach high places, always use a ladder or step stool.
2. Use the provided handrails when ascending or descending stairs or ramps.
3. Close all drawers to file cabinets after use to prevent tripping or bumping hazards.

DANGEROUS TASKS: GRINDING

1. Use the approved ANSI safety glasses and face shield.
2. Make sure the appropriate guards are in place.
3. Keep all flammables 20 feet away from grinding source.

EQUIPMENT OPERATION: FORKLIFT

1. Employees must wear seatbelts when operating a forklift.
2. Do not allow passengers to ride on the forklift unless a passenger seat with seatbelt is available.
3. Do not use a forklift to elevate workers unless an approved elevating platform is properly attached to the mast and forks.

COMBINATION /DANGEROUS TASK AND EQUIPMENT OPERATION: LIFT

1. Employees must wear harness when operating a lift.

I, (print name) _____ have read/been read and understand these safety rules. I agree to follow all safety rules at all times and understand any violation can result in disciplinary action including termination of employment. **I understand if a safety rule violation results in a work-related injury or illness, workers' compensation benefits by law, can be reduced by 50 percent.**

Employee Signature: _____ Date: _____

FPSC/Mountain Alarm/CopperState Fire Protection SAFETY RULE VIOLATION

Employee Name: _____ Date: _____

Type of Violation:

Result of Violation:

Disciplinary Action:

I, (print name) _____, have read/been read and understand the safety rules of Fire Protection Service Corp./Mountain Alarm/CopperState Fire Protection. I agree to act in accordance with the safety rules at all times while working, and understand that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Workers' Compensation benefits, by law, can be reduced by 50 percent if a work-related injury or illness is a result of a safety rule violation. Additionally, any future safety rule violations may result in suspension without pay and/or termination.

Glossary (to be added)

Index (to be added)