

INTRODUCTION

COMPANY SAFETY POLICY

It is the policy of our company to provide safe working conditions for all employees and to promote continuing, vital SAFETY AWARENESS at all levels, from top management to the individual worker. It is our belief that SAFETY AWARENESS is the basis on which a safety program must be founded; for, without this, safety is seriously compromised.

Our company recognizes a responsibility to furnish a place of employment which shall be safe for employees and visitors; to provide safety devices and mechanical safeguards; to use methods and processes to protect the life, health, safety and welfare of employees, visitors and the general public, and to maintain and enforce a program to fulfill this responsibility.

Therefore, it shall be considered each person's responsibility not to only assure his own personal safety, but to develop a concern for safety of all who work with him.

Employees shall at all times, while on our companies property, conduct themselves and perform work in a safe manner consistent with existing safety rules.

POLICY

SAFETY AND HEALTH IN THE WORKPLACE

It is our policy to have a safe and healthful workplace. To that extent, we have implemented the Injury and Illness Prevention Program that is outlined on the following pages.

Members of management are expected to do everything within their control to assure a safe environment and to always be in compliance with federal, state, and local safety regulations.

Employees are expected to obey safety rules, follow established safe work practices and exercise caution in all their work activities.

All employees are expected to immediately report any unsafe conditions to their supervisor. Employees at all levels of our organization who are responsible for correcting unsafe conditions should do so.

Working together, we can succeed in having a safe, healthful and profitable workplace from which we all will benefit

POLIZA

SEGURIDAD Y SALUD EN EL LUGAR DE TRABAJO

Es nuestra poliza tener un lugar de trabajo seguro y saludable. Al punto grado que hemos implementado un programa de prevención de heridas y enfermedades que se explica en las siguientes paginas.

Miembros de gerencia deberán de hacer todo lo posible para asegurar un ambiente seguro para siempre estar al cabal con las regulaciones de seguridad federal, estado y local.

Empleados deberán de obedecer las reglas de seguridad, seguir las practicas establecidas para un lugar de trabajo seguro y usar precaución en todas sus actividades de trabajo.

Todos los empleados deberán reportar inmediatamente cualquier condición peligrosa a su supervisor. Empleados a todos niveles de nuestra organización que son responsables de correguir condiciones peligrosas deberán de hacerlo.

Trabajando juntos podemos tener éxito en tener un lugar de trabajo seguro, saludable y provechoso de el cual todos nos beneficiemos.

ASSIGNMENT OF RESPONSIBILITY

To: All Managers, Supervisors, and Employees

Re: Company Safety Policy

It is the objective of this company to conduct all operations as safely and efficiently as possible.

To accomplish this, we are assigning the responsibility, authority and accountability for all safety to all Management and Supervisory personnel within their individual area of operation.

We are appointing Kari Collins (office) & Blake Row (field) as Safety Coordinators. It will be her/his responsibility to administer a total safety effort at a staff level and to coordinate these efforts with all departments to ensure that safety standards are met throughout the organization.

Each employee will have the responsibility of performing his/her job in a safe and efficient manner.

IDENTIFICATION OF HAZARDS

INSPECTIONS

Inspection works because it is an essential part of hazard control. It is an important management tool, not a gimmick. Inspections are a fact finding process, not fault-finding. The inspector is looking for potential hazards that can adversely affect safety and health .

All personnel will be responsible for continuous, ongoing inspection of the work place. When discovered, potentially hazardous conditions will be corrected immediately or a report will be filed to initiate corrective action.

Periodic, planned inspections will be made each year by members of the safety committee (or other designated individuals) utilizing the company. The report will be reviewed by the safety committee and action will be taken to eliminate potential hazards. Assignments, target dates for completion and actual completion dates will be documented in the minutes of the safety committee.

INSPECCIONES DE SEGURIDAD

Las inspecciones trabajan porque son una parte esencial de controlar peligros. Y es una buena herramienta para dirigentes, y no un truco. La inspección es un proceso para encontrar hechos, no faltas. El inspector esta buscando potencial de peligro que pueda afectar la salud y seguridad en una manera hostil.

Todo personal deberá ser responsable de inspeccionar continuamente el lugar de trabajo. Cuando descubra un potencial de condiciones peligrosas debera ser corregido inmediatamente o debera llenar un reporte para iniciar la acción de corregirlo.

Se planearan inspecciones periodicamente por miembros del comite de seguridad o individuos asignados, utilizando el reporte de inspección de seguridad de la compañía. El reporte sera examinado por el comite o el coordinador de seguridad y se tomara acción para eliminar potenciales de peligro. Asignaciones, se marcara una fecha para completar y las fechas de completación seran archivadas.

Cada dirigente de ubicación inspeccionara las operaciones y facilidades cada cuarto de calendario. Durante la inspección el dirigente registrará los peligros o procedimientos de inseguridad observados durante la inspección. Una copia del reporte debera ser mandada a la oficina principal y otra copia debera ser mandada al departamento del dirigente responsable de la ubicación y procedimientos de trabajo.

Cada persona recibira un reporte donde se puedan hacer correcciones, y debera de contestar por escrito al dirigente de ubicación en siete dias. La contestación debera anotar el tiempo estimado para corregir o desarrollar procedimientos de trabajo descubiertos durante la inspección la contestación de el dirigente tambien puede incluir sugerencias para mejorar la seguridad en sus areas de responsabilidad.

El dirigente reinspeccionara las areas que fueron encontradas como inseguras durante la inspección a los catorce dias de la inspección original y cada siete dias despues hasta que los peligros hallan sido corregidos. Al tiempo que los peligros son corregidos la apropiada comunicación en escrito debera ser mandada al gerente de la ubicación y al coordinador de seguridad.

SAFETY INSPECTION REPORT

Check each item below as SATISFACTORY, "YES." or "NO". For each "NO.", check the appropriate box and submit recommendations or observations to correct the condition or unsafe practice. Describe under "other" conditions not listed.

DATE _____ INSPECTOR _____
DEPARTMENT and/or LOCATION _____

SATISFACTORY RECOMMENDATIONS	YES	NO	OBSERVATIONS or
---------------------------------	-----	----	-----------------

1. FIRE HAZARDS

- A. Fire Extinguishers - Serviced, Accessible
- B. Flammables - Storage, Handling
- C. Exits - Marked, Lighted, Accessible
- D. Sprinkler valves - clear, open
- E. Housekeeping and trash removal

2. WORK AREAS

- A. Walking and work surfaces clear of obstructions
- B. Vertical openings guarded
- C. Floors - Clean, Good repair, Nonskid

3. STAIRS

- A. Steps clear, unobstructed
- B. Non-skid strips
- C. Handrails adequate, secure

4. PRESSURE SYSTEMS

- A. Hoses in good repair, proper storage
- B. Fittings, couplings, pressure gages, working

5. ELECTRICAL EQUIPMENT

- A. Adequate clearance around control panels (3 ft)
- B. Purpose of each switch identified
- C. Lock-out controls
- D. Voltage labeled

SATISFACTORY RECOMMENDATIONS	YES	NO	OBSERVATIONS or
---------------------------------	-----	----	-----------------

6. HOISTS

- A. Properly guarded, maintained
- B. Capacities, control panels, instructions

7. LADDERS

- A. Properly stored
- B. Strong enough for intended use
- C. Regularly maintained

8. MACHINES HAZARDS

- A Gears, pulleys, parts guarded
- B. Safety guards in place
- C. Working properly and safely

9. ENVIRONMENT

- A. Adequate lighting and ventilation
- B. Noise at acceptable level
- C. Housekeeping
- D. Material handling
- E. Material storage/stacking
- F. Hand tools used, maintained properly
- G. Employee safety awareness
- H. Supervisors' safety attitude

10. OTHER OBSERVATIONS or RECOMMENDATIONS

SIGNATURE OF INSPECTOR

REPORTE DE INSPECCIÓN DE SEGURIDAD

Marque cada párrafo abajo como SATISFACTORIO "SI" o "NO". POR CADA "NO" marque las parentesis apropiadas y remita sus observaciones para corregir practicas y condiciones inseguras. Describa bajo "Otra" las condiciones que no estan en la lista.

FECHA _____ INSPECTOR _____

DEPARTAMENTO y/o UBICACIÓN _____

SATISFACTORIO	SI	NO	OBSERVACIONES O
RECOMENDACIONES			

1. PELIGROS DE INCENDIO

- A. extinguidores de incendio - funcionamiento, acces
- B. Objetos flamables - almacenamiento, manejo
- C. Salidas - Marcadas, alumbradas, accesibles
- D. Valvulas de irrigador - despejado y abierto
- E. Aseo y desecho de basura

2. AREAS DE TRABAJO

- A. Superficies de trabajar y caminar despejadas de obstrucciones
- B. Aberturas verticales protegidas
- C. Pisos - limpios, reparados bien y no resbalosos

3. ESCALONES

- A. Escalones despejados de obstrucciones
- B. Franjas para no resbalar
- C. barandal asegurado adecuadamente

4. SISTEMAS DE PRESION

- A. Mangueras en buenas condiciones, almacenamiento apropiado.
- B. ajustes, acopladuras, medidor de presion trabajando.

5. EQUIPO ELECTRICO

- A. paneles de control adecuadamente despejados al rededor (3 pies)
- B. E1 proposito de cada circuito identificado
- C. Cerraduras en los controles
- D. Voltage, rotulado

6. GRUAS

- A. Protegidas y mantenidas apropiadamente
- B. Instrucciones en los paneles de control y capacidades

7. ESCALERAS

- A. Almacenadas apropiadamente
- B. Suficiente fuertes para el uso intentado
- C. Mantenimiento regular

8. EQUIPO PELIGROSO

- A. Engranajes, poleas, partes, protegidas
- B. Guardias de seguridad en su lugar
- C. Trabajando propia y seguramente

9. AMBIENTE

- A. Luz y ventilación adecuada
- B. Ruido a nivel aceptable
- C. Aseo
- D. Manejo de material
- E. Almacenamiento / estacas de material
- F. Herramienta de mano mantenida apropiadamente
- G. Empleados concientes de seguridad
- H. Supervisores con actitud de seguridad

10. OTRAS OBSERVACIONES O RECOMENDACIONES

FIRMA DEL INSPECTOR

PROCEDURE FOR SAFETY COMMITTEE MEETING REGARDING ACCIDENT INVESTIGATIONS

1. Safety Committee Meeting
 - Come up with solutions
2. Solutions from Supervisors
3. New Policies Issued
4. Create New Safety Instruction
5. All Paperwork Completed
6. Add this Procedure to Safety Training Meeting with Employees
7. Spot Check to be Sure New Procedures are Being Followed

ACCIDENT INVESTIGATION PROGRAM

A person who makes a mistake and does nothing about it has already made his second mistake'. Accidents should be investigated as soon after the occurrence as possible in order to determine the causes and to initiate corrective action. The following questions should be considered by all accident investigators.

WHO: was injured, saw the accident, was working with victim, had instructed or assigned the victim, else was involved, else can help prevent recurrence?

WHAT: was the accident, was the injury, was the victim doing, had he been told to do, tools was he using, machine was involved, operation was he performing, instructions had he been given, specific precautions were necessary, specific precautions had he been given, protective equipment was he using, had other persons done that contributed to the accident, problem or question did he encounter, did he or witnesses do when the accident occurred, extenuating circumstances were involved, did he or witnesses see, will be done to prevent recurrence, safety or health rules were violated, new rules are needed?

WHEN: did the accident occur, did he start on that job, was he assigned on the job, were the hazards pointed out to him, had his supervisor last checked on job progress, did he first sense something was wrong?

WHY: was he injured, did he do what he did, did other person do what he did, wasn't protective equipment used, weren't specific instructions given him, was he in the position he was, was he using the tools or machine he used, didn't he check with his supervisor when he noted things weren't as they should be, did he continue working under the circumstances, wasn't the supervisor there at the time?

WHERE: did the accident occur, was he at the time, was the supervisor at the time, were fellow workers at the time, were other people who were involved at the time, were there witnesses when the accident occurred?

HOW: did he get injured, could he have avoided it, could fellow workers have avoided it, could the supervisor have prevented it - (couldn't he)?

INVESTIGACIÓN DE ACCIDENTES

Después de haber perdido tiempo algún empleado debido a una herida o enfermedad el supervisor de el empleado herido deberá investigar la causa de el accidente y llenar un reporte de heridas de ocupación. El supervisor también deberá de reportar al gerente de la ubicación:

1. La causa probable de la herida o enfermedad;
2. Los pasos que se tomaron para eliminar el peligro (s);
3. Recomendaciones para entrenamiento de empleados en la area afectada, y;
4. Otras recomendaciones para reducir las posibilidades de otro acontecimiento.

En siete días de haber recibido el reporte del supervisor el dirigente de la ubicación deberá de examinar el acontecimiento con el supervisor. Durante el examen el dirigente de ubicación inspeccionará el lugar donde ocurrió el accidente y analizará que las correcciones que sean adecuadas para prevenir otra herida.

Si el empleado herido o otro empleado a contribuido al accidente como resultado de no seguir los procedimientos y operaciones normales de la compañía, o las reglas de seguridad de la compañía, el empleado recibirá una noticia de disciplina.

Una "herida de tiempo- perdido" es una herida de ocupación o enfermedad de ocupación, que resulta en tiempo perdido después de la fecha de cierta herida o enfermedad o que requiere tratamiento médico aparte de primeros auxilios. "tiempo -perdido" significa ausencia del trabajo por un día o turno completo después de la herida o enfermedad; "primeros auxilios" es cualquier vez que se le da tratamiento menor por rasguños, cortadas, quemaduras, astilladuras y cosas que no requieren servicios médicos.

Los siguientes procedimientos serán usados cuando se investiga un accidente:

El propósito de una investigación es para encontrar la causa del accidente y prevenir otro acontecimiento, no de culpar a nadie. Un enfoque neutral es necesario para obtener un objetivo justo.

SAFETY TRAINING

The law requires that we provide several different types of safety training to our employees:

- A general safety orientation to all new employees.
- Specific training on how to do their assigned job.
- Special training when they work with hazardous materials or certain types of machinery or other equipment.
- Training on how to use any personal protective equipment provide, such as respirators.

These requirements are based upon the assumption that when employees know how to do their job properly, and know the hazards of the job, they will work safely.

Policy: It is our policy to provide training in safe work practices for all of our employees. No one should do a job unless he or she knows how to do it safely, and understands the hazards involved.

Safety education and training for employees should commence at the time of employment. Before people actually begin an assigned task they should complete a short training course to familiarize themselves with company safety policies. This portion of the training course should include:

- An explanation of the company's safety policy.
- Familiarization with the general safety rules of the company and enforcement policies.
- The requirement for immediately reporting all injuries along with information on available medical treatment.
- The necessity for reporting all unsafe conditions to their supervisor.
- Information concerning the safety training which will be given by supervisors.
- A clear statement that no employee should attempt to do a job that appears to be unsafe.

After a person is assigned to a job, the responsibility for safety education and training passes to the immediate supervisor. The supervisor should continue the safety

instructions by discussing the safety rules of the department in which the employee will work. This should be followed by instruction in the hazards associated with the specific job to which the worker is being assigned. As an example, if personal protective equipment is required on the job, it should be issued and instructions given in the use of this equipment. It is most desirable to follow this initial instruction by a complete review within a week or two after assignment to the job. This will assure that the new employee fully understands the information given at the time of employment and at the time of assignment to the job.

Policy: Supervisors are responsible to make sure every employee receives safety orientation and training.

Procedure: Safety Orientation

Supervisors, with assistance from the Safety Director if desired, will provide every employee under their jurisdiction with a general orientation to our safety policy and our safety rules along with safety instructions specific to the employee's assigned job and any personal protective equipment they may be issued. This training is to be documented on the EMPLOYEE SAFETY ORIENTATION. The Employee Safety Orientation form is to be signed by the employees and retained in their file.

ENTRENAMIENTO DE SEGURIDAD

La ley requiere que proveamos diferentes tipos de entrenamiento de seguridad a nuestros empleados:

- Una orientación general de seguridad a todos los empleados nuevos;
- Entrenamiento específico en como hacer los trabajos asignados;
- Entrenamiento especial cuando trabajan con materiales peligrosos o ciertos tipos de maquinaria o cualquier otro equipo;
- Entrenamiento en como usar el equipo de protección personal proveído, como aparatos de respirar.

Estos requerimientos son basados asumiendo que cuando empleados saben como hacer su trabajo apropiadamente, y saben los peligros del trabajo, trabajaran con mas seguridad.

Poliza: Nuestra poliza es de proveer entrenamiento y practicas de trabajo seguras a todos nuestros empleados. Ninguno hara un trabajo hasta que el/ella sepa como hacerlo con seguridad, y entienda los peligros envueltos.

Educación y entrenamiento de seguridad para empleados comenzara al tiempo que se le emplea. Antes de empezar una tarea designada, deberan de completar un curso de entrenamiento corto para familiarizarse ellos mismos con las polizas de seguridad de la compania. Esta parte del curso de entrenamiento incluira:

- Una explicación de la poliza de seguridad de la compania. ~
- Familiarización con las reglas de seguridad general de la compania y enforzamiento de las polizas.
- El requisito de reportar inmediatamente todas las heridas con toda la información en tratamiento medico disponible.
- La necesidad de reportar todas las condiciones inseguras a su supervisor.
- Información al respecto del entrenamiento de seguridad que sera dado por supervisores
- Manifestación clara de que ningun empleado debera de atentar hacer un trabajo que parezca ser inseguro

TRAINING POLICY

The appropriate department supervisor will hold a safety training session prior to beginning any new job assignment, specifically to train all new employees in general safe work practices, plus instruction with regard to hazards unique to any job assignment, including equipment and machinery. The supervisor should discuss all previous injuries associated with each individual's specific job assignment.

Formalized documentation of the employee receiving training and his signature stating the foregoing should be placed in his personnel file.

EMPLOYEE TRAINING CHECK LIST

(This report is to be completed with the Supervisor and New employee within five working days of employment or new job assignment and filed with Personnel.)

Name _____ Birthdate _____

Date Employed: _____ Department Assigned _____

Type of Work _____ Employee Past Work Experience: _____

- A. Was Medical Questionnaire form completed? yes no
B. Has employee taken pre-employment physical? yes no
C. Are there any physical limitations? yes no

If answer to C is yes, please explain: _____

I HAVE BEEN INSTRUCTED IN THE FOLLOWING THAT ARE CHECKED:

1. Company safety policies and programs yes no
2. Safety rules, both general and specific to the job assignment yes no
3. Safety rules enforcement procedures yes no
4. A Use of tools and equipment yes no
5. Proper work shoes and other personal protective equipment, as needed yes no
6. Handling of product yes no
7. Lifting and use of Lifting equipment such as hoists and cranes yes no
8. How, when and where to report injuries yes no
9. Importance of housekeeping yes no
10. Special Hazards of Job yes no
11. When and where to report unsafe conditions yes no
12. Safe operation of vehicles yes no

Employee's Signature

Date

Follow up on employee will be observed by: _____

Employee has performed operation to the satisfaction of the undersigned. An observation was made at time of 30 day employment

Supervisor Signature

Date

****IMPORTANT: If this employee is transferred to another type of Job, a new safety instruction report must be made out**

LISTA DE VERIFICACIÓN DE ENTRENAMIENTO PARA EMPLEADO

(este reporte debera ser completado con el supervisor y los empleados nuevos durante cinco dias de empleo o nueva asignación de trabajo y archivar en la oficina de personal).

NOMBRE _____ FECHA DE NACIMIENTO _____
FECHA DE EMPLEO: _____ DEPARTAMENTO ASIGNADO _____
TIPO DE TRABAJO _____
EXPERIENCIA DE TRABAJO EN EL PASADO: _____

- A. .Completo un cuestionario medico? si no
B. A tomado el empleado un fisico de empleo si no
C. Tiene algun impedimento fisico? si no

Si contesto si, a la pregunta C. Por favor explique _____

ME DIERON INSTRUCCIONES EN LO SIGUIENTE QUE ESTA MARCADO

1. Polizas y programas de seguridad de la compania si no
2. Reglas de seguridad, ambas generales y especificas de asignamiento de trabajo si no
3. Enforzamiento y procedimiento de las reglas de seguridad si no
4. Uso de equipo y herramientea si no
5. Zapatos de trabajo apropiados y otro equipo de protección personal que sea necesario si no
6. Manejo de producto si no
7. Levantar y el uso de equipo de levantar como gruas si no
8. Como, cuando y donde reporter heridas si no
9. Importancia de aseo si no
10. Peligros especiales del trabajo si no
11. Cuando y donde reporter condiciones inseguras si no
12. Operación segura de un vehiculo si no

Firma del empleado _____
Fecha
Observación del empleado sera hecha por: _____

El empleado realizado las operaciones a satisfacción de quien firma abajo. La observación fue hecha durante 30 dias de empleo.

Firma del supervisor _____
Fecha

****IMPORTANTE:** si este empleado es transferido a otro tipo de trabajo, un nuevo reporte de instrucción debe ser hecho y arvhivado.

SAFETY RULES

1. All injuries must be reported to your supervisor immediately.
2. Report unsafe conditions in the workplace - including defective tools or other equipment, to your supervisor immediately.
3. Established safe job procedures must be followed by all employees. Deviations from established procedures require the approval of your immediate supervisor.
4. If unsure of how to operate a machine or perform any assigned task - ask your supervisor before proceeding.
5. Do not remove guards from machines.
6. Personal protective equipment must be worn or used in any area for which it has been issued.
7. Use only the proper tool for the job. Do not use defective tools or equipment. If the proper tool is not available, request assistance from your supervisor before proceeding.
8. Get assistance in lifting any item which is so bulky, awkward, or heavy that you feel you are unable to lift it safely.
9. If a repetitive task causes you discomfort, or you feel it is unsafe or unhealthy report it to your supervisor immediately.
10. Alcohol and other drugs are prohibited in the workplace.

REGLAS DE SEGURIDAD

1. Todas las heridas deberan ser reportadas a su supervisor inmediatamente.
2. Reporte condiciones inseguras en el lugar de trabajo incluyendo herramienta o equipo, a su supervisor inmediatamente.
3. Procedimientos de seguridad establecidos deberan ser seguidos por todos los empleados. Desviaciones de los procedimientos establecidos requerira el permiso de su supervisor inmediato.
4. Si no esta seguro de como operar maquinaria o el trabajo asignado pregunte a su supervisor antes de proceder.
5. Operar maquinaria con todas las guardias en su lugar. Interferir con un artefacto de seguridad sera causa para acción diciplinaria inmediatamente.
6. Equipo de protección personal debera ser vestido o usado en cualquier area pare la cual le ha sido designado.
7. Use solamente la herramienta apropiada pare el trabajo. No use herramienta o equipo defectuoso. Si la herramienta apropiada no es accesible requiera asistencia de su supervisor antes de proceder.
8. Pida asistencia al levantar cualquier articulo que sea de gran tamaño, torpe o muy pesado que usted no pueda levantarlo con seguridad.
9. Observe la posición correcta pare levantar. parese con sus pies separados ligeramente, asuma la posición de sentarse, doble las rodillas doble el menton . incline su cabeza hacia el frente tome el articulo con las dos manos y gradualmente empuge pare arriba con sus piernas manteniendo su espalda derecha y evitando movimiento brusco.
10. Drogas sin reseta y alcohol son prohibidos en el lugar de trabajo.
11. Zapatos y rope apropiada deberan usarse todo el tiempo.
12. No use rope suelta, jollas o pelo suelto donde hay peligro de que se puedan atorar en maquinaria en movimiento.
13. Bromear, correr, pelear o cualquier otra actividad que pueda resultar en una herida o perdida no sera tolerado
14. Protección para los ojos es requerida cuando se hace cualquier tarea que pueda producir particulas que vuelen.
15. La maquinaria nunca debe de ser limpiada, ajustada o reparada hasta despues que la maquinaria este apagada, el circuito apagado (o cerrado) y un rotulo de advertencia sea puesto en los controles. Cada persona envuelta en mantenimiento debera tener sus propios candados personales para asegurar que toda la electricidad este apagada hasta que se termine el trabajo que se esta haciendo.

16. No deje herramienta, materiales o otros objetos en el piso que puedan causar que otras personas se caigan.
17. No obstruya las salidas, pasillos, extinguidores de incendio, medidores de gas, paneles electricos, salidas en caso de incendio o lineas de trafico.
18. No distraiga a otros cuando esten trabajando. Cuando aproxhe a un operador de maquinaria por cualquier razon agalo por el frente o por el lado de manera que el/ella lo pueda ver cuando viene y no se espante o se sorprenda. Si es necesario conversar primero asegurese que la maquinaria este apagada.
19. No permita aceite, wax, agua, o cualquier otro material en el piso donde usted o otros puedan resbalarse. Reporte cualquier derrame a su supervisor.
20. Cuando este manejando materiales peligrosos asegurese de seguir las instrucciones y procedimientos de seguridad y use el equipo de seguridad requerido. Cuando este usando envases secundarios y llenandolos de otros, asegurese de que tengan etiquetas de peligro y de su contenido.
21. Use los guantes apropiados cuando este manejando materiales filosos que puedan resultar en cortaduras.
22. Rapidez inecesaria o execiva es la causa de muchos accidentes. use precaución todo el tiempo. CAMINE, NO CORRA!

Es imperativo que todos los empleados se familiarizen con las reglas de seguridad nombradas arriba. Fallas a no seguir las reglas o procedimientos de seguridad, o fallas a no vestir el equipo de seguridad apropiado, resultara en una acción disciplinaria y podra incluir despido.

NEW EMPLOYEE SAFETY TRAINING LOG

New Employee Name _____ Date _____

Position _____ Supervisor _____

I, certify that the new employee noted above received a thorough safety orientation by me. Below are the subjects covered during the orientation.

The following subjects were reviewed:

- Personal clothing; shoes, etc.
- Housekeeping
- Lifting Procedures
- Agricultural Chemicals
- Reporting Injuries or Illnesses
- Fire Prevention

The following are the job or task specific subjects reviewed with the new employee:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The new employee was shown the following audio video programs or given the safety materials noted below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed _____ Date _____
(Company representative)

Signed _____ Date _____
(New employee)

SAFETY TRAINING TAILGATE MEETINGS

I certify that the employee listed below received Safety Training in the subject(s) as indicated.

Company _____ Date of Training _____

Subject(s) _____

Title(s) of film(s), video(s) or slide presentation(s) shown to employee:

Instructor;s Signature _____ Date _____

Instructor’s Name (Please Print) _____

Employee Name (Please Print

Employee Signature

SAFETY TRAINING PROGRAMS

General Program Areas:

- φ Prevention of Back Injuries/Safety Lifting
- φ Eye Safety
- φ Forklift Safety
- φ Climate Awareness (Hot/Cold) Safety
- φ Electrical Safety
- φ Prevention of Slips and Falls
- φ Hearing Protection
- φ Accident Investigation

Additional programs can be developed to suit specific needs.

This report is advisory only. it does not attempt to list all existing work hazards. or to indicate that if other hazards exist. they are adequately controlled

SUPERVISOR'S REPORT OF WORK INJURY

COMPANY NAME _____

LOCATION _____

EMPLOYEE'S NAME _____ SEX _____ AGE _____

OCCUPATION OF INJURED _____ HOW LONG ON THIS JOB? _____

INJURY DATE _____ TIME _____ AM?/ PM?

DID INJURED RETURN TO WORK? YES NO DATE _____

NATURE OF INJURY (SCRATCH, CUT, BRUISE, ETC.) _____

PART OF BODY INJURED (LEFT RING FINGER, RIGHT ANKLE. ETC) _____

WHERE AND HOW DID ACCIDENT HAPPEN _____

WAS EMPLOYEE ACTING IN REGULAR LINE OF DUTY? YES NO

SPECIFY MACHINE, TOOL S SUBSTANCE STANCE OR OBJECT CONNECTED
WITH ACCIDENT _____

WHAT WAS EMPLOYEE DOING AT TIME OF ACCIDENT? _____

WITNESSES _____

WHO GAVE FIRST AID? _____

SUPERVISOR'S SIGNATURE _____ DATE _____

REPORT ALL CASES IMMEDIATELY USE OTHER SIDE IF NECESSARY

ANALYSIS OF INJURY OR ILLNESS FORM

Person Injured _____ Date of Injury _____

Brief Description of Injury _____

Area where injury Occurred _____

Injury Reviewer _____ Supervisor _____

Was the injury or illness caused by a identifiable hazard? YES NO
If yes, what corrections are necessary to prevent this type of injury or illness from occurring again? _____

Was the injury or illness caused by an unsafe work procedure? YES NO
If yes, what corrections of company work procedures are necessary to prevent this type of injury or illness from occurring again? _____

Did an employee or employees use an unsafe work procedure contrary to established company procedures? YES NO
If yes, what training or disciplinary action should be taken? _____

Signature _____ Date _____

Supervisors response: (Must be returned to office within 7 days).

1. Identifiable hazards have been corrected:
YES, date _____ In process, est. date of completion _____
2. Unsafe work procedures revised or corrected:
YES, date _____ In process, est. date of completion _____
3. Employee(s) using unsafe procedures contrary to company procedures have received training in proper procedure:
YES, date _____ In process, est. date of completion _____
4. Employee(s) using unsafe procedures were disciplined:
YES, date _____ Nature of discipline _____

Recommendations to reduce future occurrences: _____

SAFETY SUGGESTION FORM

SUGGESTION (describe fully, include department involved)

Supervisor's comments

Safety Coordinator comments

Safety Committee

Date

SAFETY COMMITTEE AGENDA

DATE: _____ TIME __:___ PLACE _____

CALL TO ORDER BY: _____

ATTENDEES:

- | | |
|---------|----------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ | 10 _____ |

READING OF LAST MEETING MINUTES

DISCUSSION OF OLD BUSINESS _____

DISCUSSION OF NEW BUSINESS _____

REVIEW OF SAFETY RECOMMENDATIONS _____

REVIEW OF ACCIDENTS AND INJURIES _____

ASSIGNMENTS TO COMMITTEE MEMBERS _____

TIME AND PLACE OF NEXT MEETING

DATE _____ TIME __:___ PLACE _____

SAFETY MEETING

NAME _____

LOCATION _____

DATE _____ TIME _____

TOPICS _____

ACCIDENTS REVIEWED _____

SUGGESTIONS MADE _____

COMMENTS _____

MEETING CONDUCTED BY _____

DATE OF NEXT MEETING _____

ATTENDEES

1. _____ 13. _____

2. _____ 14. _____

3. _____ 15. _____

4. _____ 16. _____

5. _____ 17. _____

6. _____ 18. _____

7. _____ 19. _____

8. _____ 20. _____

9. _____ 21. _____

10. _____ 22. _____

11. _____ 23. _____

DISCIPLINARY PROCESS

The first step is to clearly define safe work practices and to establish basic **SAFETY** rules and regulations. Safety "rules" should be kept to a minimum.

The second step is to make **sure** all employees understand your safety rules and know the correct work practices that are required to do the job in a safe and healthy manner. Communication and training is the key.

The third step is to have a **clearly written disciplinary policy** which is fairly and uniformly enforced. This means that everyone is aware of your policy and that **everyone is treated equally**. There are **no exceptions** to the rules. If you are a union Shop your disciplinary policy must be a part of your agreement. The typical disciplinary policy is a four step process:

1. The first violation presents an opportunity for some informal coaching or counseling by the supervisor. The objective is to make sure the employee understands the safe way to do the job and also the consequences that will result if there is a repeat infraction.
2. The second violation results in a written warning or documented verbal warning.
3. The third violation results in documented probation or a suspension (with or without pay, depending on your policy). At this point you will often suspect you have a troubled employee on your hands. If your company has an Employee Assistance Program (EAP), many employers find a referral at this stage may be helpful.
4. The fourth violation results in termination.

PROCEDIMIENTOS DISCIPLINARIOS

Empleados que fallen a cumplir con las reglas de seguridad serán sujetos a acción disciplinaria o a despido. Supervisores deberán seguir los procedimientos disciplinarios como sigue:

- 1) Aconsejar verbalmente - primer paso. deberá ser documentado en el expediente personal del empleado.
- 2) Advertencia por escrito - reseñar la naturaleza de la ofensa y la acción necesaria para corregirla.
- 3) Suspensión sin pago - el tercer paso o una acción disciplinaria separada como resultado de una violación muy seria.
- 4) Despido - si el empleado es despedido, ofensas reseñadas documentos específicos y comunicación entre el empleado y el supervisor deben de haber ocurrido.

Supervisores serán sujetos a una acción disciplinaria por las siguientes razones.

- 1) Violación repetida de seguridad por los empleados de su departamento.
- 2) Fallas a proveer el entrenamiento adecuado antes de asignar una tarea.
- 3) Fallas de reportar accidentes y proveer atención médica a empleados heridos.
- 4) falla a controlar condiciones o prácticas inseguras.
- 5) fallas de mantener buenas estándares de aseo y limpieza en sus departamentos.

Supervisores que fallen a mantener los estándares altos de seguridad dentro de sus departamentos serán bajados de posición o despedidos después que se hayan documentado tres avisos/advertencias durante el año del calendario.

PERSONNEL ACTION REPORT
RELATO DE ACCIÓN- DE PERSONAL

Employee's Name _____ Date _____
Nombre del Empleado Fecha

Date of Violation _____ Time of Violación _____
Fecha de Violación Hora De Violación

Place Violation Occurred _____
Lugar Violación Occurio

Action Taken _____
Acción Tomada

=====

Has employee been previously warned? Yes _____ No _____
¿Ha sido advertido el empleado anteriormente? Si _____ No _____

Verbal Counseling _____ Written Warning (1, 2, 3)
Consejo Verbal Date Fecha Advertencia por Escrito

Suspension _____
Suspension # of days
of dias

=====

Reason for Action : _____
Razon por el acción

___ Safety Violation
Seguridad Violacion
___ Carelessness on Job
Negligente

Circumstances: _____
Circunstancias: _____

Action to be taken if violation reoccurs:
Acción que sere tomado si violación se ocurre otra vez: _____

Employee's Comments: _____
Comentarios del Empleado: _____

Employee's Signature
Firma del Empleado

Foreman's Signature
Firma del Mayodomo

VERBAL COUNSELING REPORT

EMPLOYEE NAME _____ SS# _____

DEPT. _____ DATE OF WARNING _____

WARNING

DATE OF VIOLATION _____

NATURE OF VIOLATION

Safety Violations

Carelessness on Job

Other

TIME OF VIOLATION _____

COMPANY REMARKS|

HAS EMPLOYEE BEEN WARNED PREVIOUSLY? _____ ζ YES ζ NO

FORM OF WARNING ζ WRITTEN ζ ORAL

WHEN WARNED AND BY WHOM

DATE OF 1ST WARNING _____ INIT. _____

DATE OF 2ND WARNING _____ INIT. _____

DATE OF 3RD WARNING _____ INIT. _____

EMPLOYEE'S REMARKS REGARDING VIOLATION

The absence of any statement on the part of the **EMPLOYEE** indicates his/her agreement with the report as stated.

I have entered my version of the matter above.

Employee's Signature _____ Date _____

ACTION TAKEN TO BE TAKEN

Approved by _____ Title _____