

**ACCIDENT PREVENTION  
PROGRAM (APP)**

**FOR**

**NORTHWEST LABORERS-EMPLOYERS  
TRAINING TRUST**



# Policy Letter

## SAFETY AND HEALTH POLICY FOR Northwest Laborers-Employers Training Trust

The purpose of this policy is to develop a high standard of safety throughout all operations of the Northwest Laborers-Employers Training Trust and to ensure that no employee or apprentice is required to work or train under any conditions, which are hazardous or unsanitary.

We believe that each employee and apprentice has the right to derive personal satisfaction from his/her job and the prevention of occupational injury or illness is of such consequence to this belief that it will be given top priority at all times.

It is our intention here at the Northwest Laborers-Employers Training Trust to initiate and maintain complete accident prevention and safety training programs. Each individual from top management to the working person or trainee is responsible for the safety and health of those persons in their charge and coworkers. By accepting mutual responsibility to operate safely, we will all contribute to the well being of our employees and our trainees.

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Signed, *Glen Freiberg*  
*Training Director*

# RESPONSIBILITIES

Responsibilities for safety and health include the establishment and maintenance of an effective communication system among workers, supervisors, management officials, and trainees. All persons are responsible to assure that their messages are received and understood by the intended receiver. Specific safety and health responsibilities for all persons at this facility are as follows:

## **A. Management Officials**

Active participation in and support of safety and health programs is essential. Management officials will display their interest in safety and health matters at every opportunity. At least one manager (as designated) will participate in the safety and health committee meetings, incident investigations and inspections. Each manager will establish realistic goals for implementing instructions for meeting the goals. Goals and implementing instructions shall be within the framework established by this document.

## **B. Supervisors / Instructors**

The safety and health of employees or trainees is a primary responsibility of the Supervisors / Instructors. To accomplish this obligation, Supervisors / Instructors will:

1. Assure that each trainee or employee you supervise has received an initial orientation before beginning work or training. Assure that all safety and health rules, regulations, policies and procedures, are understood and observed.
2. Require the proper care and use of all required personal protective equipment.
3. Identify and eliminate job hazards quickly through job safety analysis procedures. (See the sample Job Safety Analysis form attached to this document.)
4. Inform and train employees on the hazardous chemicals and/or procedures they MAY encounter under normal working conditions or during an emergency situation. (See the sample hazard communication program.)
5. Receive and take initial action on employee suggestions, awards or disciplinary measures.
6. Train employees / trainees (new and experienced) in the safe and efficient methods of accomplishing each job or task as necessary.
7. Review injury trends and establish prevention measures.
8. Attend safety meetings and actively participate in the proceedings.
9. Participate in incident investigations and inspections.
10. Promote employee / trainee participation in the safety and health program.

## **C. Employees / Trainees**

Observe the items of responsibility established in this document as well as job safety rules which may apply to specific task assignments.

## **Safety Disciplinary Policy Employees**

**Northwest Laborers-Employers Training Trust** believes that a safety and health Accident Prevention Program is unenforceable without some type of disciplinary policy. Our organization believes that in order to maintain a safe and healthful workplace, the employees must be cognizant and aware of all company, State, and Federal safety and health regulations as they apply to the specific job duties required. The following disciplinary policy is in effect and will be applied to all safety and health violations.

The following steps will be followed unless the seriousness of the violation would dictate going directly to Step 2 or Step 3.

1. A first time violation will be discussed orally between company supervision and the employee. This will be done as soon as possible.
2. A second time offense will be followed up in written form and a copy of this written documentation will be entered into the employee's personnel folder.
3. A third time violation may result in time off or possible termination, depending on the seriousness of the violation. Please refer to the Trust "Personnel Policy".

## **Safety Disciplinary Policy Trainees**

**Northwest Laborers-Employers Training Trust** believes that a safety and health Accident Prevention Program is unenforceable without some type of disciplinary policy. Our organization believes that in order to maintain a safe and healthful workplace, the trainee's must be cognizant and aware of all company, State, and Federal safety and health regulations as they apply to the specific job duties required. The following disciplinary policy is in effect and will be applied to all safety and health violations.

The following steps will be followed unless the seriousness of the violation would dictate going directly to Step 2 or Step 3.

1. A first time violation will be discussed orally between the instructor and the trainee. This will be done as soon as possible.
2. A second time offense may be followed up in written form and a copy of this written documentation entered into the apprentice's personnel folder or the instructor and trainee may discuss the repeated violation orally with the Training Director or his designee.
3. A third time violation may result in removal from the training class or termination from the apprenticeship program, depending on the seriousness of the violation.

# Procedure for Injury or Illness

## A. Supervisor, instructor or lead person immediately takes charge

1. Supervise and administer first aid as you wish (Good Samaritan Law applies).
2. Arrange for transportation (ambulance, helicopter, company vehicle, etc.), depending on the seriousness of the injury. Protect the injured person from further injury.
3. Notify training director or top management, if not already present.
4. Do not move anything unless necessary, pending investigation of the incident.
5. Accompany or take injured person(s) to doctor, hospital, home etc. (depending on the extent of injuries).
6. Take injured person to family doctor, if available or practical.
7. Remain with the injured person until relieved by other authorized persons (manager, EMT, doctor, etc.).
8. When the injured person's immediately family is known, the training director should properly notify family members, preferable in person, or have an appropriate person do so.

## B. Documentation- Employee

1. Minor injuries – requiring doctor or outpatient care: After the emergency actions following an injury, an investigation of the incident will be conducted by the immediate supervisor and any witness to determine the causes. The findings must be documented on our investigation form.
2. Major injuries – fatality or one or more hospitalizations: Top management must see that the Department of Labor and Industries is notified as soon as possible, but at least within 8 hours of the incident. Call or contact in person the nearest office of the Department or call the OSHA toll free central number (1-800-321-6742). Top management will then assist the Department in the investigation.
3. The findings must be documented on our incident investigation report form and recorded on the OSHA 300 log, if applicable. (Sample incident investigation report form included in this document.)

## C. Documentation- Trainees

1. Minor injuries – requiring doctor or outpatient care: After the emergency actions following an injury, an investigation of the incident will be conducted by the immediate instructor and any witness to determine the causes. The findings must be documented on our investigation form.
2. Major injuries - Same as #2 above.
3. **Apprentices Only:** *The instructor completes the Instructor's Report of Accident/Incident form and turns it into the Apprenticeship Office. The Apprenticeship Office will send it to the WA State Apprenticeship & Training Council, c/o the L&I Apprenticeship section.*  
[www.lni.wa.gov/TradesLicensing/Apprenticeship/Rights](http://www.lni.wa.gov/TradesLicensing/Apprenticeship/Rights) or the Utah State OATELS office as appropriate.

## **D. Near Misses**

1. All near-miss incidents (close calls) must be investigated.
2. Document the finding on the company incident investigation report form.
3. Review the findings at the monthly safety meetings or sooner if the situation warrants.

## FIRST AID

To afford employees and trainees immediate attention, should an injury occur, all staff will receive and be required to maintain at least basic first-aid credentials.

First aid kit locations at our multiple facilities include:

### **Kingston Facility**

1. Front Office
2. Kitchen
3. Classroom Closets
4. Shop Main Building
5. Hazmat Storage Container
6. Cutting & Coring Conex
7. PCT Conex
8. Mobile Training Trailers
9. Outreach Van

### **Spokane Facility Classroom**

### **Pasco Facility Classroom**

### **Satsop Facility Classroom**

### **Utah Facility**

1. Front Office
2. Shop Area

**Frank Campbell** is designated to ensure that first aid kits are properly maintained and stocked.

We have first aid qualified workers but **do not** have “designated” first-aiders. First aid at the facility is done on a Good Samaritan basis.

If first aid trained personnel are involved in a situation involving blood, they should:

1. Avoid skin contact with blood/other potentially infectious materials by letting the victim help as much as possible, and by using gloves provided in the first aid kit.
2. Remove clothing, etc. with blood on it after rendering help.
3. Wash thoroughly with soap and water to remove blood. A 10% chlorine bleach solution is good for disinfecting areas contaminated with blood (spills, etc.).
4. Report such first aid incidents within the shift to supervisors (time, date, blood presence, exposure, names of others helping).

Hepatitis B vaccinations will be provided as soon as possible but not later than 24 hours after the first aid incident. If an exposure incident occurs, we will immediately make available appropriate:

1. Post exposure evaluation
2. Follow-up treatment
3. Follow-up as listed in WAC 296-823, Occupational Exposure to Bloodborne Pathogens.

**Safety Orientation:** Each employee will be given a safety orientation by *the Training Director or his designee* when first hired. The orientation will cover the following items:

**1. A description of the accident prevention program:**

It is the basic safety policy of this organization that no task is so important that an employee or trainee must violate a safety rule or take a risk of injury or illness in order to get the job done.

Review the QA/QC Program located on the intranet page "ORANGE".

- Common Procedures
- Standard Operating Procedure

**2. How and when to report injuries. Where first aid facilities are located.**

If you are injured or become ill on the job, report this to *Glen Freiberg, Training Director, or Mark Ware, Assistant Director, as soon as possible.*

**3. How to report unsafe conditions and practices.**

If you see something that is unsafe or someone working unsafely, immediately report it to Glen Freiberg, Training Director, or Mark Ware, Assistant Director, as soon as possible.

Damaged or broken tools or equipment must be red-tagged and removed from service immediately. Report any newly red-tagged items to Juan Torres, Instructor Support and Maintenance.

**4. What to do in an emergency including how to exit the workplace.**

During emergency evacuation of any buildings, employees and trainees will assemble in the parking lot near the school bus stop at the Kingston facility. All other facilities, employees and trainees will assemble in the parking lot.

**5. Identification of hazardous chemicals used at this location.**

- Safe use and emergency actions to take following an accidental exposure.
- We use several chemicals, including solvents and cleaners. You will receive a separate orientation as part of our Chemical Hazard Communication Program on the hazards of these chemicals before you work with them or work in an area where they are used.
- Location of the MSDS folder.

**6. Use and care of required personal protective equipment (PPE).**

Some tasks in our facility require an employee or trainee to wear PPE to protect against injury. As an employee you will be instructed in the appropriate use and care of PPE by a qualified instructor designated by the training director. Instructional staff may be receiving additional training on PPE use and care as appropriate to their position.

**7. On-the-job training about what you need to know to perform the job safely.**

- Before you are first assigned a task, the training director will designate a qualified individual who will show you what to do along with safety instructions and required PPE.
- We have established safety rules and personal protective equipment (PPE) requirements based upon a hazard assessment for each task.
- Do not use equipment or attempt to do any of these tasks until you have received the required training and PPE.

# Outdoor Heat Exposure

**Scope:** The following requirements are only in effect during the months of May through September each year for the following job categories or positions having outdoor heat exposure:

*Maintenance of buildings*

*Maintenance of landscaping*

*Outdoor training activities*

Employees who are exposed to temperatures at or above Table 1 of the regulation will require training in Outdoor Heat Exposure. Employees with only incidental exposure are not covered.

**Table 1**  
Outdoor Temperature Action Levels

All other clothing	89°
Double-layer woven clothes including coveralls, jackets and sweatshirts	77°
Non-breathing clothes including vapor barrier clothing or PPE such as chemical resistant suits	52°

**Training:** Each year prior to the month of May, all employees working in the categories listed above will be provided training on signs and symptoms of outdoor heat exposure and on the company policies to prevent heat-related illness. Outdoor Heat Exposure training is included in new employee orientation.

## **Element 2 - Safety Committee (Required for employers with 11 employees or more)**

- Our committee will consist of two instructor representatives, two support staff representatives and one management representative.
- Employees will elect from among themselves all four representatives to be on the committee. Elections will take place annually during the August staff training time period.
- The safety committee members will elect a chairperson.
- The regularly scheduled meeting is the 2<sup>nd</sup> Tuesday of even numbered months.
- This may be changed by vote of the committee.
- A committee member will be designated each month to keep minutes. Finalized minutes of each meeting will be permanently maintained on our intranet "Orange" site for employee review.
- A committee member will be designated to communicate safety information, policies, etc at each scheduled staff meetings.

# RESOURCES

# Basic Rules for Accident Investigation

- The purpose of an investigation is to find the cause of an incident and prevent future occurrences, not to fix blame. An unbiased approach is necessary to obtain objective findings.
- Visit the incident scene as soon as possible – while facts are fresh and before witnesses forget important details.
- If possible, interview the injured worker at the scene of the incident and “walk” him or her through a re-enactment. Be careful not to actually repeat the act that caused the injury.
- All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the incident, even if they did not actually witness the mishap.
- Consider taking the signed statements in cases where facts are unclear or there is an element of controversy.
- Graphically document details of the incident: area, tools, and equipment. Use sketches, diagrams, and photos as needed, and take measurements when appropriate.
- Focus on causes and hazards. Develop an analysis of what happened, how it happened, and how it could have been prevented. Determine what caused the incident itself (unsafe equipment/condition, unsafe act, etc), not just the injury.
- How will you prevent such incidents in the future? Every investigation should include an action plan.
- If a third party or defective product contributed to the incident, save any evidence. It could be critical to the recovery of the claim costs.

Use Incident Investigation Report Form – Sample Forms to write up accident investigation report.

# **SAFETY BULLETIN BOARD**

A. Purpose: To increase employee's safety awareness and convey the company's safety message. The bulletin board is located in the mail room/area.

B. The following items are required to be posted:

1. WISHA poster (F416-081-00) (required)
2. Industrial Insurance poster (F242-191-000) (required)
3. Wage and hour laws (F700-053-000) (required)
4. Citation and Notice (as appropriate)  
If a Citation and Notice is received, it must be posted until all violations are abated.
5. Emergency Telephone Number Posted (as appropriate)
6. OSHA 300 Summary (required February 1 thru April 30 of each year)

C. Suggested Items:

1. Safety and health posters
2. Minutes of crew/leader safety meetings
3. Date, time, and place of next safety meeting
4. Information about any recent incidents
5. Safety awards/employee recognition
6. Hazard communication information
7. Pertinent safety concerns, news clippings and other off-the-job items that may be of significant importance to employees.

# Emergency Information

(For this facility: Post on bulletin board and/or on front of Safety Manual)

**Address:** \_\_\_\_\_  
(or nearest cross streets)

**Phone Number:** \_\_\_\_\_

**Worksite Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fire / Emergency Call:** \_\_\_\_\_

## Nearest hospital/clinic:

Name	Address	Phone

## First aid certified employees:

Name	Card Expiration Date

## First aid kit location(s):


## Assembly point after evacuation:

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## Other emergency information:


# **SAMPLE FORMS**

## Employee Orientation

Company: Northwest Laborers-Employers Training Trust      Employee: \_\_\_\_\_  
 Trainer: \_\_\_\_\_      Hire Date: \_\_\_\_\_  
 Date: \_\_\_\_\_      Position: \_\_\_\_\_

This checklist is a guideline for conducting employee safety orientations for employees new to Northwest Laborers-Employers Training Trust. Once completed and signed by both supervisor and employee, it serves as documentation that orientation has taken place.

	Date	Initials
1. Explain the company safety program, including:		
Orientation	_____	_____
On-the-job training	_____	_____
Safety meetings	_____	_____
Incident investigation	_____	_____
Disciplinary action	_____	_____
2. Use and care of personal protective equipment (Hard hat, fall protection, eye protection, etc.)	_____	_____
3. Line of communication and responsibility for immediately reporting injuries.		
A. When to report an injury	_____	_____
B. How to report an injury	_____	_____
C. Who to report an injury to	_____	_____
D. Filling out incident report forms	_____	_____
4. General overview of operation, procedures, methods and hazards as they relate to the specific job	_____	_____
5. Pertinent safety rules of the company and WISHA	_____	_____
6. First aid supplies, equipment and training		
A. Obtaining treatment	_____	_____
B. Location of Facilities	_____	_____
C. Location and names of First-aid trained personnel	_____	_____
7. Emergency plan		
A. Exit location and evacuation routes	_____	_____
B. Use of fire fighting equipment (extinguishers, hose)	_____	_____
C. Specific procedures (medical, chemical, etc.)	_____	_____
8. Vehicle safety	_____	_____
9. Personal work habits		
A. Serious consequences of horseplay	_____	_____
B. Fighting	_____	_____
C. Inattention	_____	_____
D. Smoking policy	_____	_____
E. Good housekeeping practices	_____	_____
F. Proper lifting techniques	_____	_____

NOTE TO EMPLOYEES: Do not sign unless ALL items are covered and ALL questions are satisfactorily answered.

The signatures below document that the appropriate elements have been discussed to the satisfaction of both parties, and that both the supervisor and the employee accept responsibility for maintaining a safe and healthful work environment.

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

Date: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

## Employee's Report of Injury Form

**Instructions:** Your employees may use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – *no matter how minor*. This helps you to identify and correct hazards before they cause serious injuries. This form should be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Employer:
Your signature (optional):	Date:

# Equipment Safety Inspection Checklist

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

Project: \_\_\_\_\_

Equipment: \_\_\_\_\_

All guards and fenders	_____	OK	_____	Needs Repair
Brakes	_____	OK	_____	Needs Repair
Lights – front, rear, side, dash	_____	OK	_____	Needs Repair
Back-up alarm – horn	_____	OK	_____	Needs Repair
Ladders, stairs, hand holds	_____	OK	_____	Needs Repair
ROPS (Roll-over protection)	_____	OK	_____	Needs Repair
Seat belts	_____	OK	_____	Needs Repair
Fire extinguisher	_____	OK	_____	Needs Repair
Glass	_____	OK	_____	Needs Repair
Tires	_____	OK	_____	Needs Repair
Electrical cords	_____	OK	_____	Needs Repair
Ground fault circuit interrupters	_____	OK	_____	Needs Repair
Electrical hand tools	_____	OK	_____	Needs Repair
Powder actuated tools	_____	OK	_____	Needs Repair
Pneumatic condition of all hand tools	_____	OK	_____	Needs Repair

## Other Items Checked:

Oil level and leaks	_____	OK	_____	Needs Repair	_____	Add	_____	Change
Hydraulic oil level and leaks	_____	OK	_____	Needs Repair	_____	Add	_____	Change
Anti-freeze level and leaks	_____	OK	_____	Needs Repair	_____	Add	_____	Change
Fuel level and leaks	_____	OK	_____	Needs Repair	_____	Add	_____	Change
First aid kit	_____	OK	_____	Needs Repair	_____	Add	_____	Change

Repaired by: \_\_\_\_\_

Checked by: \_\_\_\_\_

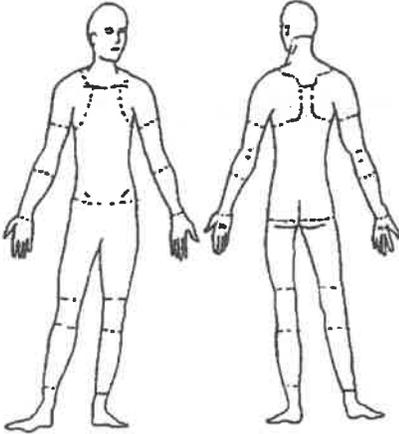
## Incident Investigation Report Form

**Instructions:** Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a:     Death     Lost Time     Dr. Visit Only     First Aid Only     Near Miss

Date of incident: \_\_\_\_\_ This report is made by:     Employee     Supervisor     Team     Final Report

### Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply)	Nature of injury: (most serious one)	This employee works:
	<input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	<input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
		Months with this employer  Months doing this job:
		(e.g.: nervous, respiratory, or circulatory systems)

### Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other	
Names of witnesses (if any):	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: <input type="checkbox"/>			

<b>Step 3: Why did the incident happen?</b>	
<b>Unsafe workplace conditions: (Check all that apply)</b> <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	<b>Unsafe acts by people: (Check all that apply)</b> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting by hand <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Have there been similar incidents or near misses prior to this one? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

**Step 4: How can future incidents be prevented?**

**What changes do you suggest to prevent this injury/near miss from happening again?**

- Stop this activity       Guard the hazard       Train the employee(s)       Train the supervisor(s)
- Redesign task steps       Redesign work station       Write a new policy/rule       Enforce existing policy
- Routinely inspect for the hazard       Personal Protective Equipment       Other: \_\_\_\_\_

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

**Step 5: Who completed and reviewed this form? (Please Print)**

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date:



# SAFETY MEETING NOTICE

DATE:

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TIME:

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PLACE:

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# Safety and Health Inspection Check List – continued

Job site: \_\_\_\_\_ Date: \_\_\_\_\_

(S) indicates Satisfactory

(U) indicates Unsatisfactory

Date of inspection/walk around																				
<b>Tools</b>																				
Power tools, wiring and grounding																				
Hand tools (condition)																				
Use and storage of tools																				
<b>Personal protective equipment</b>																				
Goggles or face shield																				
Substantial footwear																				
Hard hats																				
Gloves																				
Respirators																				
Fall protection equipment																				
Other protective clothing																				
<b>Fire protection</b>																				
Extinguishing equipment																				
Exits, stairs, and signs																				
Storage of flammable materials																				
<b>Material Handling Equipment</b>																				
Power trucks and hand trucks																				
Elevators																				
Cranes and hoists																				
Conveyors																				
Cables, ropes, chains, slings																				
<b>Housekeeping</b>																				
Aisles, stairs and floors																				
Storage and piling of materials																				
Wash and locker rooms																				
Light and ventilation																				
Disposal of water																				
Yards and parking lots																				
<b>Bulletin boards</b>																				
Only safety and health materials posted																				
Neat and attractive																				
Display regularly changed																				
Well-illuminated																				

**(Customize the checklist above with any additional information.)**

# Safety and Health Inspection Check List – Sample 2

A = Adequate at time of inspection

B = Needs immediate attention

**A      B**

## **1. JOB SITE INFORMATION**

- WISHA and other job site warning posters posted
- Scheduled safety meetings held and documented.
- Adequate employee training – general and specific
- Medical services, first aid equipment, stretchers and a qualified first aider available
- Emergency telephone numbers posted (medical services, fire department, police)

## **2. HOUSEKEEPING AND SANITATION**

- Working areas generally neat
- Waste and trash regularly disposed
- Enclosed chute provided when material dropped outside of building from over 20 feet
- Lighting adequate for all work tasks
- Projecting nails removed or bent over
- Oil and grease removed from walkways and stairs
- Waste containers provided and used
- Sanitary facilities adequate and clear
- Potable water available for drinking
- Disposable drinking cups and container for used cups provided

## **3. FIRE PREVENTION**

- Fire protection program developed
- Fire instructions provided to personnel
- Proper type and number of fire extinguishers, identified, checked and accessible
- Phone number of fire department posted
- Hydrants clear, access open
- NO SMOKING signs posted and enforced where needed
- Temporary heating devices safe. Adequate ventilation provided

## **4. ELECTRICAL INSTALLATIONS**

- Adequate wiring, well insulated, grounded, protected from damage
- Assured grounding program followed (**OR**)
- Ground fault circuit interrupters used
- Terminal boxes equipped with required covers

## **5. HAND TOOLS**

- Proper tools being used for each job
- Safe carrying practices used
- Company and employees' tools regularly inspected and maintained

# Safety and Health Inspection Check List – continued

A = Adequate at time of inspection

B = Needs immediate attention

**A      B**

## **6. POWER TOOLS**

- Good housekeeping where tools are used
- Tools and cords in good condition
- Proper grounding of all tools (**OR**)
- Double insulated tools used
- Proper instruction in use provided
- All mechanical guards in use
- Tools neatly stored when not in use.
- Right tool being used for the job at hand
- Wiring properly installed

## **7. POWDER-ACTUATED TOOLS**

- All operators licensed
- Tools and charges protected from unauthorized use
- Competent instruction and supervision provided
- Tools used only on recommended materials
- Flying hazards checked by backing up, removal of personnel, or use of captive stud tool

## **8. LADDERS**

- Ladders inspected and in good condition
- Ladders properly secured to prevent slipping, sliding or falling
- Side rails extended 36" above the top of landing
- Job-built ladders properly constructed
- Stepladders fully open when in use
- Metal ladders not used around electrical hazards
- Ladders not painted
- Ladders properly stored
- Ladder safety feet in use

## **9. HEAVY EQUIPMENT**

- Inspection and maintenance records up to date
- Lights, brakes, warning signals operative
- Wheels chocked when necessary
- Haul roads well maintained and properly laid out
- Equipment is properly secured when not in use
- Shut-off devices on hose air lines, in case of hose failure
- Noise arrestors in use
- ROPS in place

# Safety and Health Inspection Check List – continued

A = Adequate at time of inspection

B = Needs immediate attention

**A      B**

## **10. SCAFFOLDING**

- Erection properly supervised
- All structural members meet safety factors
- All connections secure
- Scaffold tied in to the structure when required
- Working areas free of debris, snow, ice and grease
- Foot sills and mud sills provided
- Workers protected from falling objects
- Scaffolds plumb and square, with cross-bracing
- Guard rails, intermediate rails, and toeboards in place
- Adequate, sound planking provided
- Scaffold equipment in good working order
- Ropes and cables in good condition

## **11. MOTOR VEHICLES**

- Roadways or walkway hazards effectively barricaded
- Barricades illuminated or reflectorized at night
- Traffic control devices used when appropriate
- Inspection and maintenance records up to date
- Operators qualified for vehicles in use
- Local and state vehicle laws and regulations observed
- Brakes, lights, warning devices operative
- Weight limits and load sizes controlled
- Personnel transported in a safe manner
- All glass in good condition
- Back-up signals provided
- Fire extinguishers installed where required
- SLOW MOVING VEHICLE signs used when required

## **12. HOISTS, CRANES AND DERRICKS**

- Cables and sheaves regularly inspected
- Slings and chains, hooks and eyes inspected before each use
- Equipment firmly supported
- Outriggers used if needed
- Power lines inactivated, removed, or at a safe distance
- Proper loading for capacity at lifting radius. Rated load capacities posted?
- All equipment properly lubricated and maintained
- Signalpersons where needed
- Signals posed, understood, and observed
- Inspection and maintenance logs maintained
- Hazard signs posted and visible to operator

# Safety and Health Inspection Check List – continued

A = Adequate at time of inspection

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**A      B**

## **13. BARRICADES**

- Floor and wall openings planked over or barricaded
- Roadways or walkway hazards effectively barricaded
- Barricades illuminated or reflectorized at night
- Traffic control devices used when appropriate

## **14. HANDLING AND STORAGE OF MATERIALS**

- Materials properly stored or stacked
- Passageways clear
- Stacks on firm footings, not too high
- Materials protected against weather conditions
- Trash chutes safeguarded and properly used
- Dust protection observed
- Traffic controlled in the storage area

## **15. EXPLOSIVES**

- Qualified operators and supervision during all explosives operations
- Proper transport vehicles as required by Department of Transportation and WISHA
- State and local laws and regulations observed
- Storage magazines constructed per regulations
- Cases opened ONLY with wooden tools
- NO SMOKING signs posted and observed where appropriate
- Detonators tested before each shot
- All personnel familiar with signals; signals properly used at all times
- Inspection after each shot
- Proper protection and accounting for all explosives at all times
- Proper disposition of wrappings, waste, and scrap
- Nearby residents advised of blasting and danger
- Radio frequency hazards checked

## **16. WELDING AND CUTTING**

- Operators qualified
- Screens and shields used when needed
- Goggles, welding helmets, gloves, clothing used as required
- Equipment in safe operating condition
- Electrical equipment grounded
- Power cables and hoses protected and in good repair
- Fire extinguishers of proper type nearby
- Surrounding area inspected for fire hazards
- Flammable materials protected or removed
- Gas cylinders secured upright
- Cylinder caps in use

# Safety and Health Inspection Check List – continued

A = Adequate at time of inspection

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**A      B**

## **17. FLAMMABLE GASES AND LIQUIDS**

- All containers approved and clearly identified
- Proper storage practices observed
- Fire hazards checked
- Proper types and number of extinguishers nearby
- Proper method for moving cylinders used

## **18. EXCAVATION AND SHORING**

- Adjacent structures properly shored
- Excavation shored, shielded, or sloped as required
- Roads and sidewalks supported and protected
- Material stored away from excavations
- Excavation barricades and lighting adequate
- Equipment a safe distance from edge of excavation
- Ladders provided
- Equipment ramps adequate
- Observer(spotter) provided during trenching operations

## **19. STEEL ERECTION**

- Fall protection provided with safety nets, planked floors, or personnel restraint devices
- Hard hats worn as required
- Tools and materials secured from falling
- Fire hazards at rivet, forge, and welding operations eliminated
- Floor openings covered or barricaded
- Ladders, stairs, or other safe access provided
- Daily inspection of hoisting apparatus
- Employees prohibited from riding the ball or loads

## **20. PERSONAL PROTECTIVE EQUIPMENT MONITORED BY SUPERVISORS**

- Hard hats available on-site; worn when overhead hazards exist
- Eye protection
- Face shields
- Written respirator program; respirators fit-tested; replacement cartridges; cleaning and maintenance
- Helmets and hoods
- Hearing protection – noise monitoring; written program
- Foot protection
- Rubber or plastic gloves, aprons, and sleeves for chemical protection
- Electrician's rubber gloves and protectors

# Safety and Health Inspection Check List – continued

A = Adequate at time of inspection

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**A      B**

## **21. HIGHWAY CONSTRUCTION**

- Laws and ordinances observed
- Competent flaggers properly instructed and dressed; area posted
- Adequate traffic control devices used throughout construction area
- Equipment cleared from right-of-way
- Adequate marking and maintenance of detours approaching construction area
- Dust controlled
- Adequate lighting for night crews

## **22. CONCRETE CONSTRUCTION**

- Forms properly installed and braced
- Adequate shoring, plumbed and cross-braced
- Shoring remain in place until strength is attained
- Proper curing period and procedures followed
- Heating devices checked for fire safety
- Mixing and transport equipment supported; traffic planned and routed
- Adequate runways and ramps provided for concrete placement equipment
- Employees protected from cement dust
- Hard hats, boots, gloves, eye protection, and skin protection worn at all times
- Nails bent over or removed and stripped material removed from area

## **23. LIFTING AND BACK SAFETY**

- Team lifting used for heavy or awkward loads
- Mechanical lifting devices used when appropriate
- Back care training provided to all employees
- Bent-knee lifting used by workers
- Work hardening program used for returning time-loss employees
- Employees do "warm up" exercises before strenuous work

## **24. HAZARD COMMUNICATION PROGRAM**

- Chemical inventory list developed and maintained
- Containers properly labeled
- Material Safety Data Sheets collected and available
- Adequate employee information and training provided
- Written program available

# Safety and Health Inspection Check List – continued

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**A      B**

## **25. MASONRY**

- Scaffolding procedures meet at least minimum requirements
- Masonry saws properly equipped and grounded, dust protection provided
- Hoisting equipment in safe operating condition and used by qualified personnel
- Limited access zone established
- Walls over 8 feet in height adequately braced

## **26. CONFINED SPACE**

- Written confined space program
- Competent instruction and supervisors provided
- Hot work permits obtained, if needed, prior to entry and work
- Evaluation and monitoring – sampling devices adequate, calibrated, and used
- Ventilation adequate, testing and monitoring during operation
- Respirators, standby person , harness/lifeline at the site

## **27. DEMOLITION**

- Written demolition plan
- Protection of adjacent structures
- Material chutes used. Floor openings for material disposal barricaded
- Sidewalk and other public protection provided
- Clear opening space for trucks and other vehicles
- Adequate access ladders or stairs maintained

## **28. PILE DRIVING**

- Stored piles properly secured
- Unloading only by properly instructed workers
- Steam lines, slings, etc., in safe operating condition
- Piledriving rigs properly supported
- Cofferdams maintained and inspected
- Adequate pumping available

**(Customize the checklist above by adding any additional areas or equipment and deleting the information that does not apply to your business.)**

