



**Capital**  
COMMUNICATIONS

**Capital Communications, Inc.**  
**Health and Safety Manual**

(1-1-2019)

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## Corporate Policy Statement

Management, staff, and hourly employees of **Capital Communications, Inc.** must have a common objective to be successful. Our objective is the healthy, safe, environmentally sound, and productive operation of all **Capital Communications, Inc.** activities. We have an obligation to preserve the human, physical, and financial resources of our company. In satisfying this obligation, worker safety and health will always be our #1 priority. As such, this basic policy must be considered in every phase of our business including acquisition, job planning, job setup, and performance. Accordingly, our principal objectives are to:

- Provide a work environment that is free of unmitigated recognized hazards.
- Comply with all laws that regulate employee safety, health, and our environment.
- Recognize the priority of safety and health factors over purely economic considerations.
- Hold each employee accountable for the safe execution of all jobs assigned and full compliance with all environmental, safety, and health related procedures and training.
- Train our employees in safe and proper job procedures and required compliance with established procedures, policies and practices.
- Provide comprehensive New Employee Safety Training to all new hires.
- Hire only those persons who demonstrate the capacity to comprehend and execute all jobs in a safe and healthful manner consistent with the policies and procedures of the company and the training and job instruction provided.
- Promote worker health and safety both on and off the job.
- Maintain leadership in safety and accident/incident prevention by continuously improving safety performance and work methods and procedures.

First-line supervision has the greatest impact and thus the greatest opportunity to influence and promote safe work practices among our work force in the field. **The prevention of accidents/incidents requires everyone's concerted effort and daily attention. Everyone has equal authority and responsibility to take appropriate action to correct unsafe acts/or conditions.**

A properly planned and executed job will eliminate the chance for losses and return benefits that satisfy needs in each of these areas:

- Health, Safety, & Environment
- Cost
- Quality
- Morale
- Production
- Customer Satisfaction

All employees will contribute to the company environmental, health, and safety program by following all policies and procedures, bringing unsafe conditions/acts to the attention of management, and recommending actions to improve the effectiveness of the program. Supervisors shall insist that employees observe and obey every rule and regulation necessary for the safe conduct of work, and shall take such action necessary to obtain compliance.

**David G. O'Reilly**  
**President**

# Code of Safe Practices

## General

All persons shall follow these safe practice rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the foreman or superintendent.

- Supervisors shall insist on employees observing and obeying every rule, regulation, and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain observance.
- All employees shall be given frequent accident prevention instructions. Instructions shall be given at least every 10 working days.
- Anyone known to be under the influence of drugs or intoxicating substances that impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.
- Horseplay, scuffling, and other acts that tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
- Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with equipment.
- No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.
- Employees shall not enter manholes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation, unless it has been determined that is safe to enter.
- Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to the Supervisor.
- Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
- Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their Supervisor.
- All injuries shall be reported promptly to the Supervisor or HR Director so that arrangements can be made for medical or first aid treatment.
- When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
- Inappropriate footwear or shoes with thin or badly worn soles shall not be worn.
- Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.

## Drug and Alcohol Policy

The company's safety sensitive work, the widespread availability and use of unauthorized, prohibited, illegal or controlled substances, and the company's commitment to maintain a drug free work force, requires the pre-employment, post-accident and unannounced periodic or random drug and alcohol testing of all employees. Additionally, all employees will be subject to searches and inspections of their person, vehicle and personal effects for the presence of illegal or controlled drugs, chemicals or substances, alcohol, explosives, contraband or firearms.

### Administration

#### Prohibited Activity

The Use, bringing onto company property or job site, possession, concealment, transportation, promotion or sale of the following substances or items, by any employee, contractor, subcontractor, their employees and invitees is strictly prohibited, to wit:

- Illegal drugs, unauthorized controlled substances, look-a-likes, designer, synthetic or any other drug which may affect an employee's motor functions or alter a person's perception
- Prescription drugs/over the counter medication except under the following conditions:
  - The employee shall inform his supervisor prior to using any prescription drugs or over the counter medication and receive written permission to possess such drug while working on the job.
  - The prescription vial shall be labeled by the dispensing pharmacy and the label shall show the employees name, physician, prescription number, date the prescription was filled and the dosage rate. Prescriptions more than 30 days old will not be allowed.
  - The over the counter medication will be in its original package or container.
  - The employee shall only possess enough medication for his normal shift.
- Alcoholic beverages.
- Firearms, weapons, explosives, and ammunition
- Unauthorized items such as stolen property or drug paraphernalia

### Enforcement

As a condition of employment or continued employment, all employees shall be deemed to have and agreed to cooperate with the implementation of this policy and abide by its terms. In addition, as a condition of employment or continued employment, all employees shall be deemed to have agreed to the following enforcement procedures.

- Searches and Inspections – An individual's entry into, or presence at, company property, or project work sites, is conditioned upon such persons to consent to the right of the company, its authorized representative, or appropriate law enforcement personnel to search the person, his vehicle and personal effects for the presence of unauthorized, prohibited, illegal, or controlled drugs, chemicals or substances, alcohol, explosives, contraband, or firearms.
- Drug and Alcohol Testing – A pre-employment drug and alcohol screen may be required of all persons, prior to being approved for work on the premises of any customer. A post-accident drug and alcohol screen will be required of any employee involved in an on-the-job accident resulting in injury, to himself or others; a serious or potentially serious accident or incident in which safety rules and precautions were violated; issuing unsafe orders or instructions, damaging equipment or property of the company or others, usually careless acts, or where the cause was employee's failure to wear required personal protective equipment. A "for cause" drug and alcohol screen will be required of all persons who show signs of possible intoxication or using or being under the influence of drugs or alcohol, or when such other circumstances exist that would

lead a prudent supervisor to be concerned about the employee's safety and the safety of others. All employees will be subject to unannounced drug and alcohol testing, unless prohibited by law or regulation. Random or periodic testing may be conducted, as permitted by statute or regulation. These tests will be without cause, suspicion, detectable performance problems, or the occurrence of an accident, incident or safety violation. Employees involved in a rehabilitation program as outlined below will be given random drug and alcohol screens for a period of 5 years following its completion.

All searches, inspections and drug screens will be performed in a professional manner, with concern for the privacy and confidentiality of all individuals.

## **Testing Procedures**

### **Laboratory Testing**

The company will designate the laboratories to perform substance testing on blood or urine specimens in accordance with standards set for the by the National Institute for Drug Abuse. The substances and detection levels covered by this testing program are set forth below. Employees may be asked by collection site personnel to indicate whether there is the potential that they will test positive for prescription or other substances. A consent form and information sheet will be provided. If the employee fails to provide and acceptable urine specimen the company may take the following steps:

- Extend the stay of the employee at the designated collection site, if feasible, until an acceptable specimen can be collected.
- Reschedule the test due to unusual circumstances, i.e. post-operative situations.
- Discipline the employee, up to and including termination, on the first offense for failing to cooperate or refusing to provide an acceptable specimen.

All positive urine specimen test results for employees on active status will be confirmed by standard laboratory procedures, generally gas chromatography/mass spectrometry (GC/MS), using a portion of the same specimen. In case of testing by means other than urine (i.e. breath or other samples), reliable laboratory or instrument testing procedures will be followed.

### **Non-Lab Testing**

A visual one-step panel immunoassay for simultaneous, qualitative detection of multiple drugs and metabolites in human urine may be used for the purpose of administering Random, Post Accident and For Cause drug screens in the field.

- In the event of a positive reading, the specimen will be sealed and a chain of custody form will be completed and it will be sent to a NIDA certified lab for GC/MS analysis.
- If the additional test results are positive, or if the employee fails or refuses to execute the Chain of Custody forms as directed by the company, termination will result. If this additional drug screen is required and the results are positive for the presence of drugs or alcohol the employee will authorize the company to deduct, from his/her final paycheck, the sum of \$50.00 to defray its cost of administering the program.
- If the additional drug screen results are negative, the employee will return to work and compensated for time lost from job.

## **Disciplinary Action for Policy Violation**

### **Applicants**

If the final result of a pre-employment drug screen is positive, the applicant will not be employed. No applicant can be reconsidered for employment sooner than six (6) months following the date of the positive drug screen.

### **Employees**

- No search, inspection or drug test will be conducted without written consent. However, any employee who refuses to provide such written consent and fully cooperate with this policy will be subject to disciplinary action up to and including discharge from employment.
- Under certain circumstances, disciplinary action may include a mandatory referral to and enrollment in an approved rehabilitation program at the employee's expense. This action may also require and indefinite suspension of regular employment.
- An employee's job is not in jeopardy by reason of his voluntary admission to having a substance problem and request for help and referral to an approved rehabilitation program, provided there has been no prior violation of this policy, and the employee has not previously been through rehabilitation while employed with the company, and further provided that such request is made prior to, and well in advance of, any consideration of being tested under the provisions of this policy. The cost of this rehabilitation will be at the employee's expense. The employee will be placed on a one time administrative leave, without pay, for no longer than 30 calendar days. Employees participating in this rehabilitation program will be subject to follow-up or "maintenance" testing for a 5-year period.
- If the final result of a "random", "for cause", "post-accident" or "maintenance" drug screening is positive, the employee will be terminated from employment, and he may not then request rehabilitation. No terminated employee can be reconsidered for employment sooner than six (6) months following termination.
- Any terminated employee who is subsequently rehired and later fails another drug screen will no longer be eligible to be reconsidered for employment under any circumstances.

### **Contractors, Subcontractors, Vendors, Their Employees' Agents, Servants or Representatives.**

- No search, inspection or drug test will be conducted without written consent. However, anyone who refuses to provide such written consent and does not fully cooperate with this policy will be subject to disciplinary action up to and including removal from the job or job site, as may be appropriate. Preliminary findings of a policy violation may require that the individual involved be suspended from the job pending the results of the company investigation.
- If the final result of a "random", "for cause" or "post-accident" drug screen is positive, the individual will be permanently barred from job.

## **Administrative Guidelines**

- All employees will be informed regarding this policy at the time of employment. Additionally, it will be discussed periodically at "tail gate" safety meetings.
- In the even an employee or terminated employee requests a review be conducted regarding his/her positive test result, the laboratory will conduct a retest of a portion of the same sample previously tested and will make the results of the retest available to the employee or terminated employee provided the request is made

within 12 months following the initial test. In the event that the retest is also positive, the employee or terminated employee will be required to pay for the cost of such retest.

- A good faith effort will be made to advise any employee who receives a positive test result via a meeting with the employee's Supervisor.
- An employee who has a substance problem is encouraged to seek immediate assistance. The Human Resources Department will provide the employee with the name and address of local agencies or facilities that are equipped to provide the rehabilitation assistance needed by the employee.
- The employee may be eligible for a one-time leave of absence from work for a period of up to 30 days, for the purpose of enrolling in an approved rehabilitation program. As a condition of employment such employee must test negative on a substance test in order to return to work. Such request must be made well in advance of any request by the company to submit to a random or for-cause substance screen.
- The employee cannot use as a defense against termination the existence or availability of a rehabilitation program or make any claim that participation in any program is a reason for reinstatement or job retention.

## Target Substances

As a minimum, the following substances and detection levels shall be tested for:

Alcohol	.04 BAL
Amphetamines	1000 NG/ML
Opiates	2000 NG/ML
Cannabinoids	50 NG/ML
Cocaine	300 NG/ML
Phencyclidine	25 NG/ML

Concentrations at or in excess of the above levels shall be conclusive proof of unacceptable levels of unauthorized, prohibited, illegal or controlled substances.

## Customer Requirements

In the event that a Customer has Drug Testing Guidelines that are more stringent than those outlined above, the customer's guidelines will be followed for all work done with that customer. Examples of more stringent guidelines include but are not limited to:

- A greater number of substances (panels) to be tested for
- A lower detection/cut off levels
- Specified number or percent of employees to be tested on site
- DOT or similar mandated programs.

# Disciplinary Policy

## Purpose

The purpose of this policy is to define behavior which is considered unacceptable on **Capital Communications, Inc.** jobsites and to define the corrective measures which will be taken in response to unacceptable behavior.

It is **Capital Communications, Inc.** policy to treat our fellow employees in a fair and even manner while maintaining the discipline necessary to assure the safety, quality, and productivity of our operations. The following is a list of violations which are unacceptable:

### Class “A” Violations

Class “A” Violations are considered behavior of such a serious nature as to warrant immediate termination. Class “A” Violations are as follows:

- Fighting or disorderly conduct on Company or Customer premises.
- Theft or willful destruction of Company property
- Violation of **Capital Communications, Inc.** prohibition of illegal drugs, alcohol, or other articles.
- Willful endangerment of the life, safety, or health of oneself or one’s fellow employees.

### Class “B” Violations

Class “B” Violations are recognized as unacceptable and require disciplinary action which may include termination. Class “B” Violations are as follows:

- Abuse or destruction of Company or Customers property
- Dishonesty
- Excessive absenteeism
- Failure to follow instructions
- Falsification of Employment Applications or **Capital Communications, Inc.** time sheets.
- Harassment based on an individual’s sex, race, color, national origin, religion, disability, or age in any form by an employee.
- Inability to perform assigned tasks.
- Insubordination
- Leaving the job without permission or job abandonment
- Solicitation or distribution of literature on Company or Customer property.
- Tardiness or excessive absenteeism
- Theft
- Unsafe behavior
- Violation of safety rules
- Other violations for which **Capital Communications, Inc.** feels that corrective action is warranted.

This list is to be representative of the types of activities which may result in disciplinary action. It is not intended to be comprehensive and does not alter the employment at-will relationship between the employee and **Capital Communications, Inc.**

Violations will be reported to the Supervisor for resolution. The infraction will be reviewed with the employee, and a written copy of the incident shall be prepared. The employee will be required to acknowledge the infraction by signing the written copy of the incident. The written copy of the incident and the resulting actions taken will be filed in the employee's personnel file. Subsequent violations by the employee will be causes for suspension or termination, at the discretion of the **Capital Communications, Inc.** Safety Manager.

Audits shall be performed by the Safety Manager to evaluate each site's commitment to safety performance. Supervisors whose projects display an overall lack of safety commitment shall be notified by the **Capital Communications, Inc.** Safety Manager for review. This review will include an overview of company safety policies and objectives, discussion of the infractions, and the corrections deemed necessary to correct the infractions. A written copy of the review shall be signed by the supervisor and kept in the supervisor's employee file. Continued lack of safety performance on the supervisor's project shall be cause for suspension or termination, at the discretion of the Safety Manager.

# Accident Investigation and Reporting

## Policy

**Capital Communications, Inc.** requires all employees to immediately report to their supervisor all accidents and incidents that result in injury or property damage, and all near misses with the potential for serious injury or property damage. Supervisors will report the accident promptly to management. Each incident will be analyzed to determine causes and contributing factors and the analysis will be used to reduce or eliminate the risk of further incident.

## Definitions

An **Accident** is defined as an unplanned event that causes harm to people or damage to property. Accidents are categorized as one of the following:

**Lost Time Injury (LTI)** refers to any injury that prevents a worker from coming to work on the day following the day of the injury.

**Medical Aid** refers to any injury not severe enough to warrant more than the day of injury off, but where medical treatment by a doctor is given.

**First Aid** refers only to injuries that can be treated on the job without any days lost.

An **Incident** is defined as property damage but with no injury to workers.

A **Near Miss** is a situation in which no injury or damage occurred but might have if conditions had been slightly different.

**Occupational Illness** is defined as a condition resulting from a worker's exposure to chemical, biological or physical agents in the workplace to the extent that the health of the worker is impaired.

**Critical Injury** is defined as an injury of a serious nature that:

- Places life in jeopardy;
- Produces unconsciousness;
- Results in substantial loss of blood;
- Involves the fracture of a leg or arm but not a finger or toe;
- Involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- Consists of burns to a major portion of the body; or
- Causes the loss of sight to an eye.

## Role of Supervisor in an Accident Investigation

The Supervisor and the Safety Manager must investigate all accidents and incidents that involve workers. This includes completing the Accident Investigation Report (See Accident Report, Attachment 4-1), taking statements from witnesses (See Witness Statement Form, Attachment 4-2) and collecting any other pertinent information and ensuring the injured worker has received the necessary medical assistance.

The supervisor is responsible for ensuring that all accident reports are transmitted to the Safety Manager as described below. If a worker sustaining a First Aid later seeks medical aid, the supervisor must advise the Safety Manager and have the treating practitioner complete a Functional Abilities Form.

The supervisor should contact the injured worker as frequently as the injury deems, or at least once a week. If you require assistance, contact the Safety Manager.

## Procedure

- The employee reports a work related accident
- Administer first aid as required
- Arrange for transportation for injured employee to medical treatment if required
- Ensure Return to Work package accompanies worker
- Eliminate the hazard if possible or guard the accident scene if worker is critically injured
- Investigate the cause of the accident and report findings in the Accident Incident Report form. Ensure all areas of the form are completed.
- Send copy of the form to Safety Manager
- Report all accidents/incidents as follows:
  - Lost Time Injuries
  - Medical Aid
  - First Aid
  - Incidents and Near Misses

# Accident Report

Attachment 4-1

Injured Worker's Last Name			First Name			Occupation		
Location where injury/accident occurred						First Aid Provider		
Hospital or Clinic Attended for Medical Aid						Treating Physician's Name		
Nature of Injury						Project Location of Accident/Injury		
Person who transported employee								
Will this be a lost time injury?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Is injury work-related?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Were any subcontractors involved?			No <input type="checkbox"/>	Yes <input type="checkbox"/>				
<b>Injury Details</b>								
Date and Hour of Injury					Date and Hour Reported to Employer			
Day	Month	Year	Time		Day	Month	Year	Time
				a.m. p.m.				a.m. p.m.
Date and Hour Last Worked					Normal Working Hours			
Day	Month	Year	Time		From		to	
			a.m. p.m.			a.m. p.m.		a.m. p.m.
Who was the injury reported to?								
What caused the injury? Describe the injury, the body part involved and specify left or right side (use back of sheet if necessary).								
Describe the worker's activities at the time of the injury. Include details of equipment or materials used (use back of sheet if necessary).								
Did anyone else witness the accident or know more about the injury?								



# Corrective Action Form

Attachment 4-3

Date of injury/incident: \_\_\_\_\_ Injury/incident number: \_\_\_\_\_

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

Corrective action taken (as indicated on the Accident/Investigation Form):

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Recommendations:	
Date assigned:	
Responsibility assigned to:	
Details of what has to be done:	
Who has completed it?	
When was it completed?	

# Injured Worker's Early and Safe Return to Work Policy

Return to work is the process or strategy of safely returning employees to the workplace on a timely basis.

## Policy

The Management of **Capital Communications, Inc.** is committed to cooperating with all of their employees who have been injured on the job site and will do everything they can for an early and safe return to work. At **Capital Communications, Inc.**, we will attempt to provide a modified work program to any of our injured employees until he/she is able to return to their pre-accident job, wherever possible.

## Roles and Responsibilities

### Employer

Employer will:

- Contact injured worker ASAP and stay in regular contact. Cooperate in providing suitable work.
- Provide workers with Functional Abilities Form (Attachment 5-2) to take to the testing practitioner for completion.
- Educate workers about the return to work program.
- Set specific time frames for the return to work.
- Review worker's progress regularly.
- Pay full wages and benefits for the day or shift on which the injury occurred.
- Make certain that workers understand their obligations to co-operate.
- Set clear procedures to follow in reporting injuries.

### Worker

Worker will:

- Contact supervisor immediately of any injury. If not available, phone office and contact employer.
- Stay in regular contact.
- Help identify and cooperate in suitable work arrangements.
- Return to work within 24 hours with the completed form to develop with the employer an early and safe return to work.
- Choose a doctor or qualified practitioner.

### Goals

**Capital Communications, Inc.** will:

- Assess each individual's situation according to any practitioner's report and recommendations and will attempt to provide some kind of modified work to suit the degree of injury.
- Assist in the employee's active recovery and encourage the worker to return to work to their pre-accident job, wherever possible.

Attempt to identify jobs that are suitable for accommodating injured workers on a temporary basis in order to facilitate the early and safe return to work program and limit any loss of their earnings

## Accommodations

A change or modification to the job or workplace so that the work is within the injured or ill person's functional capabilities and the risk of injury is reduced.

Types of Accommodations:

- Reduce hours
- Graduate RTW hours
- Re-assign duties
- More frequent rest breaks
- Work platform vs. ladders
- Ladders for climbing scaffolds
- Mini stretch breaks (10-15 minutes)
- Make heavy tools available at waist height
- Light shop work, general clean-up
- Pickup or delivery
- Training in their selected field, where possible
- Computer training in safety prevention, if available
- Increasing of awareness

## Return to Work – Letter to Attending Physician

Attachment 5-1

Dear Doctor:

**Capital Communications, Inc.** has adopted a Return to Work Program for its employees. Through this program, we are committed to return our employees to their regular jobs following an occupational or non-occupational sickness or injury.

With leadership from the project supervisor, the program is designed to help reintroduce the employee back into their work environment as quickly as possible. The program can be up to 6 weeks duration of reduced hours and modified or suitable work.

In order to accomplish the return to work of your patient (our employee), we request that you complete this form and have the employee return it to his/her Supervisor.

Thank you for your assistance and cooperation.

Name:

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Signature:

---

Date:

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# Functional Abilities Form

Attachment 5-2

Name of Patient		Date of Birth	SSN	
<b>A RECOMMENDATIONS for RETERN TO WORK</b>				
1	Have you discussed return to work with your patient? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			
2	Does your patient require assistance or retraining in preparing for return to full duties, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			
3	Recommendations for work hours and start date: <input type="checkbox"/> Regular full-time hours effective _____. <input type="checkbox"/> Modified hours effective _____, _____ hours/day and/or _____ hours/week. <input type="checkbox"/> Graduated hours effective _____, _____ hours/day for _____ week(s), then _____ hours/day for _____ week(s)			
4	Recommended date of next appointment to review abilities and/or restrictions:			
<b>B ABILITIES AND LIMITATIONS – Include comments in Section C</b>				
5	<b>Walking:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> Up to 2 hours/day <input type="checkbox"/> Up to 4 hours/day <input type="checkbox"/> Other (please specify)	<b>Standing:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> Up to 2 hours/day <input type="checkbox"/> Up to 4 hours/day <input type="checkbox"/> Other (please specify)	<b>Sitting:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> Up to 2 hours/day <input type="checkbox"/> Up to 4 hours/day <input type="checkbox"/> Other (please specify)	<b>Lifting from floor to waist:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> Up to 10 lbs. <input type="checkbox"/> 10 – 20 lbs <input type="checkbox"/> Other (please specify)
	<b>Lifting from waist to shoulder:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> Up to 10 lbs. <input type="checkbox"/> 10 – 20 lbs <input type="checkbox"/> Other (please specify)	<b>Stair Climbing:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> 1 - 2 flights at a time <input type="checkbox"/> 3 – 4 flights at a time <input type="checkbox"/> Other (please specify)	<b>Ladder climbing:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> None <input type="checkbox"/> Limited to _____	<b>Travel to work:</b> Ability to use public transit <input type="checkbox"/> Yes <input type="checkbox"/> No  Ability to drive a car <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Cognitive limitations:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> Memory <input type="checkbox"/> Concentration <input type="checkbox"/> Fatigue <input type="checkbox"/> Interaction with others <input type="checkbox"/> Other (please describe)	<b>Bending/twisting repetitive movement:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> None <input type="checkbox"/> Limited to _____	<b>Work above chest/shoulder level: R L</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> None <input type="checkbox"/> Limited to _____	<b>Forceful or repetitive grasping with: R L</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> None <input type="checkbox"/> Limited to _____
	<b>Pushing/pulling with: R L</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> None <input type="checkbox"/> Limited to _____	<b>Kneeling or squatting:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> None <input type="checkbox"/> Limited to _____	<b>Operating motorized equipment (i.e. forklift):</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> None <input type="checkbox"/> Limited to _____	<b>Other:</b>
<b>C COMMENTS – Abilities and Limitations</b>				
6	Additional Comments on abilities and limitations listed above:			
7	From the date of this assessment, the abilities and limitations noted above will expire on:			
<b>D PHYSICIAN'S INFORMATION</b>				
Physician's Name (Please Print):		Physician's Signature:		Date:
				Email:
Degree/Specialty:		Address:		Phone:
				Fax:

# Access to Employee Exposure and Medical Records

## Purpose

The purpose of this section is to provide employees and their designated representatives a right of access to relevant exposure and medical records in order to fulfill responsibilities under the Occupational Safety and Health Act. Access by employees and their representatives, is necessary to yield both direct and indirect improvements in the detection, treatment, and prevention of occupational disease.

## Scope

This section applies to all employee exposure and medical records, and analyses thereof, made or maintained in any manner, including an in-house or contractual basis. **Capital Communications, Inc.** shall assure that the preservation and access requirements of this section are complied with regardless of the manner in which records are made or maintained.

## Notification

Upon initial employment employees will be briefed and at least annually thereafter, informed via a bulletin board posting of the following:

- The existence, location and availability of employee records for exposure to toxic substances or harmful physical agents.
- The person responsible for maintaining and providing access to the records. Contact your Resources Manager or Safety Manager to initiate this request.
- The employee right of access to those records.
- The entire section pertaining to the Access to Employee Exposure and Medical Records is available for employee review by contacting the Safety Manager.

## Record Keeping

- The Human Resources Manager is responsible for maintaining and providing access to employees' medical records. These records are kept separately from other employee records.
- The medical records of employees who have worked for less than (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.
- Employee exposure records shall be maintained for the duration of employment and for 30 years thereafter and should include the following:
  - Environmental (workplace) monitoring including personal, area, grab, swipe (wipe over a designated area), etc. type samples.
  - Biological monitoring—level of chemical in the blood, urine, hair, fingernails, etc.
  - Safety data sheets or a chemical inventory or any other record which reveals where and when used and the identity (e.g., chemical, common, or trade name) of a toxic substance or harmful physical agent.

## Access

- Each employee or designated representative has the right to request access to his/her records. The company shall assure that access is provided in a reasonable time, place, and manner.
- The employee may access his/her records by making a request to the Lynne Taylor-Kilgore. The company will release an employee's medical records only if the employee has given specific, written consent (see Attachment 6-1).
- If the company cannot reasonably provide access to the record within fifteen (15) working days, the company shall within the fifteen (15) working days apprise the employee or designated representative requesting the record of the reason for the delay and the earliest date when the record can be made available.
- In the case of an original X-ray, the employer may restrict access to on-site examination or make other suitable arrangements for the temporary loan of the X-ray.
- Records or copies will be provided at no cost to the employee.
  - Whenever a record has been previously provided without cost to an employee or designated representative, the company may charge reasonable, non-discriminatory administrative costs (i.e., search and copying expenses but not including overhead expenses) for a request by the employee or designated representative for additional copies of the record.
  - No charge for an initial request for a copy of new information that has been added to a record which was previously provided.
  - No charge for an initial request by a recognized or certified collective bargaining agent for a copy of an employee exposure record or an analysis using exposure or medical records.

## Transfer of records

- Whenever ceasing to do business, the company shall transfer all records subject to this section to the successor employer. The successor employer shall receive and maintain these records.
- Whenever ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the company shall notify affected employees of their rights of access to records at least three (3) months prior to the cessation of business.

## References

Code of Federal Regulation, Title 29, Part 1910.1020

## Release of Employee Medical Records

### Authorization letter for the release of employee medical record information to a designated representative

I, \_\_\_\_\_, (full name of worker/patient) hereby authorize \_\_\_\_\_  
(individual or organization holding the medical records) to release to \_\_\_\_\_  
(individual or organization authorized to receive the medical information), the following medical information  
from my personal medical records:

---

---

(Describe generally the information desired to be released).

I give my permission for this medical information to be used for the following purpose:

---

---

But I do not give permission for any other use or re-disclosure of this information.

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Full name of Employee or Legal Representative

---

Signature of Employee or Legal Representative & Date

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## First Aid Policy

This policy is to insure that prompt and effective medical assistance is provided to the employees of **Capital Communications, Inc.** in case of workplace injury or illness, the following first aid and medical services procedure is provided.

It is the responsibility of each supervisor to assure that compliance to the First Aid & Medical Services Procedure is provided.

This policy covers minimum performance standards applicable to all **Capital Communications, Inc. (Capital Communications, Inc.)** employees and locations. Local practices requiring more detailed or stringent rules, or local, state or other federal requirements regarding this subject can and should be added as an addendum to this procedure as applicable.

## Purpose

This First Aid & Medical Services Procedure is designed to establish specific common guidelines for **Capital Communications, Inc.** to follow in assuring that prompt medical attention is provided to employees suffering from either a work related or non-work related injury or illness.

**Capital Communications, Inc.** facility and jobsites must ensure that readily available medical personnel and first aid supplies are available to all employees to provide advice and consultation within reason, regarding matters of employee occupational health and to respond in case of accident. This includes identifying and posting the location of a designated medical treatment facility and/or emergency care center in a conspicuous location at each fixed location or fixed jobsite. Should outside medical services be unable to respond in a reasonable amount of time as defined by OSHA (3 to 4 minutes), **Capital Communications, Inc.** facility and jobsites may use various strategies to provide access within this time frame, such as training internal personnel who will be capable of acting as voluntary first responders.

## Scope

Applies to all **Capital Communications, Inc.** work sites, i.e., offices, client job sites, etc., and includes visitors, vendors, and subcontractors.

## Definitions

**Established Medical Treatment Facility** means the occupational medical treatment provider and/or emergency care center identified as being capable of, and established by an **Capital Communications, Inc.** location to initially treat employee injuries and illnesses.

**First Aid** means the following types of treatment:

- Using non-prescription medications at non-prescription strength
- Cleaning, flushing, or soaking wounds on the skin surface
- Using wound coverings, such as bandages, 'BandAids', gauze pads, etc., or using 'SteriStrips' or butterfly bandages
- Using hot or cold therapy

- Using any totally non-rigid means of support, such as elastic bandages, wraps, etc.
- Using temporary immobilization devices while transporting an employee, such as splints, slings, neck collars, or back boards
- Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters
- Using eye patches
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye
- Using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas OTHER than the eye
- Using finger guards
- Using massages
- Drinking fluids to relieve heat stress

**Illness** can be classified as a skin disease/disorder, respiratory condition, poisoning, or other illnesses resulting from an event in the work environment. Examples include, but are not limited to:

- Contact dermatitis
- Eczema
- Silicosis
- Asbestosis
- Toxic inhalation
- Poisonings by lead, mercury, or other metals
- Poisonings by carbon monoxide, hydrogen sulfide, or other gases
- Poisonings by organic solvents or by other chemicals
- Heatstroke, sunstroke, heat exhaustion, or other heat-related factors
- Freezing, frostbite, or other cold-related factors
- Effects of Non-ionizing radiation (welder's flash or lasers)
- Bloodborne Pathogenic diseases
- Microbial Exposure
- Ionizing Radiation

**Injury** means any wound or damage to the body resulting from an event in the work environment. Examples include:

- Cut/laceration
- Puncture
- Abrasion
- Contusion/bruise
- Fracture
- Chipped tooth
- Amputation
- Insect bite
- Electrocution
- Thermal, chemical, electrical or radiation burn
- And, sprain/strain injuries to muscles, joints and connective tissues when the result from a slip, trip, fall or other similar accident

**Medical Treatment** means the managing and caring for a patient for the purpose of combating disease or disorder. The following activities are NOT medical treatment:

- First aid
- Visits to a doctor solely for observation or counseling
- Diagnostic procedures, including the administering prescription medications that are used solely for diagnostic procedures

**Work-related Injury or Illness** means an injury or illness resulting from an event or exposure in the work environment causing or contributing to the condition or significantly aggravating a preexisting condition.

**Work Environment** means includes work sites where one or more employees are present as a condition of their employment.

## Requirements

### Designated Medical Treatment Facility

**Capital Communications, Inc.** will ensure that readily available medical personnel are available to employees to provide advice and consultation within reason regarding matters of employee occupational health.

The facility and jobsite must identify and post the location of a designated medical treatment facility and/or emergency care center including name, address, telephone number, and hours of operation. This information should be posted in a conspicuous location at the facility or job site. The designated medical treatment facility or emergency care center should maintain similar hours of operation as the facility and be able to respond to a workplace emergency within a reasonable amount of time.

### First Aid

**ALL INJURIES, REGARDLESS OF HOW SMALL, MUST BE REPORTED TO THE EMPLOYEE'S IMMEDIATE SUPERVISOR AND TREATED AS SOON AS POSSIBLE AFTER AN ACCIDENT.**

If an employee becomes injured or ill anywhere due to a work-related or non-work related problem and needs immediate medical aid, it must be reported to his/her Supervisor or the Safety Manager. Failure to report minor injuries or to receive supervised medical treatment may result in serious infections or complications to the employee's health.

In the absence of a clinic or hospital near the workplace, OSHA regulations require that a person or persons be trained to render first aid and that first aid supplies be readily available. Although the term "readily available" has not been defined in the regulations, OSHA has indicated that 3-4 minutes is acceptable as the time frame within which to begin first aid.

OSHA's interpretation presents a challenge to a service company like **Capital Communications, Inc.** because our "workplace" is not always in a fixed location -- it is a changing environment that follows the employee wherever they may be working. Accordingly, **Capital Communications, Inc.** will use various strategies to provide employees with access to First Aid. These may include training **Capital**

**Communications, Inc.** personnel to self-administer First Aid; training **Capital Communications, Inc.** personnel who are willing to serve as “first responders” and render First Aid/CPR to others on a voluntary basis; providing access to trained individuals from other companies who work alongside **Capital Communications, Inc.** at job sites; providing access to client medical clinics; or calling 9-1-1 or local emergency phone numbers as indicated in the Health and Safety Plan.

Because of the potential for exposure to blood borne pathogens and significant liability concerns, there is no job in the Company that requires an employee to render First Aid or cardiopulmonary resuscitation (CPR) in the course and scope of their employment, unless such a requirement becomes necessary due to local, State or Federal Safety and Health Regulations.

Transportation of injured persons will be by ambulance unless a volunteer chooses to assist by driving the injured employee to a medical facility. If there is any question as to the best method of transportation an ambulance should be utilized.

When **Capital Communications, Inc.** strategy for providing access to First Aid/CPR involves the use of “first responders”, a First Responders Program should be established and administered at the local level. The Safety Officer is responsible for monitoring and maintaining this program, if implemented.

**Elements of the First Responder Program should include:**

- Safety Manager must be certified in basic First Aid & CPR per a recognized certification source such as the Red Cross, local hospital, etc. The Red Cross first aid course and CPR course are approximately 8 hours in duration. CPR requires annual refreshers. First Aid requires refreshers every three (3) years.
- Safety Manager will seek employees who wish to volunteer to be trained and certified in basic First Aid & CPR per a recognized certification source as defined by local or State requirements. These employees must maintain “current” First Aid and CPR certification, appropriately documented, in their personnel file.
- Basic First Aid & CPR will be administered by First Responders only to stabilize the employee until professional medical attention can be provided.

**Employee First Aid / CPR**

Employee training in basic First Aid and cardiopulmonary resuscitation (CPR) is encouraged because of its value and benefit to individuals, their families and the community.

The company also supports any employee who, while on the job, chooses to act as a “Good Samaritan” to assist a fellow employee or another person with First Aid or CPR. It is **Capital Communications, Inc.** intent that first Aid supplies and basic personal protective equipment against blood borne pathogens be accessible to employees at every work site during all shifts.

If an employee makes the decision to provide first aid to someone, universal precautions shall be followed and it should be assumed that all blood and bodily fluids are contaminated with blood borne pathogens. In addition, they should wear protective medical gloves found in the First Aid Kit and use any other personal protective equipment (such as protective glasses with side shields or a full face shield) to help avoid exposure to blood in the eyes or on the face.

First Aid providers should follow the example of emergency medical personnel, doctors and nurses who wear personal protective equipment to prevent exposure to blood borne pathogens.

If blood or potentially contaminated material gets on the skin, it must be washed off immediately using

water and a non-abrasive soap. If available, an antiseptic soap or rinse must be used. If blood ever gets in the eyes, lips, mouth or nose, the employee must go to a sink, water fountain, eye wash or body wash station and flush the area with running water as quickly as he/she can.

The supervisor must always be aware of the potential exposure to a blood borne pathogen after the employee has washed or flushed the exposed area. Decontamination of the exposed surfaces, tools and equipment should be conducted. This must be done immediately, and no later than the end of the shift or work period. **Remember that there is a vaccine for Hepatitis B.** This must be discussed with a physician as soon as possible after a potential exposure.

### **First Aid Stations / First Aid Kits**

A First Aid Station or First Aid Kit is to be readily available to employees as described previously. For employees working off-premises, a first aid kit should be provided in each company vehicle, signed-out for use when traveling in personal vehicles and rental vehicles, or provided on the jobsite.

Whether within the facility or in a vehicle, each First Aid Kit must be stored in a properly labeled weather-proof container, stocked with the basic supplies specified in the inventory in Attachment 7-1. The physician's approval of the inventory list is not required, but may be needed to address unusual exposure situations.

**IMPORTANT:** If an employee declines First Aid and/or medical treatment for a reported on-the-job injury after the Supervisor recommends it, that employee should NOT be allowed to continue work. Supervisors should discuss each situation with the Safety Manager or Project Manager before allowing that employee to return to duty.

The Safety Manager, or someone he/she may designate, is responsible for checking and maintaining the First Aid Cabinets. Supervisors on jobsites are responsible for assuring suitable supplies are provided in the first aid kits on-site or in their vehicles. This person will take a weekly inventory of supplies and make sure the station or kit remains adequately stocked. A basic inventory list for First Aid Kits is provided on Attachment 7-1.

Because of the variety of operations that the Company is involved in, it is suggested that consultation with the Facility's designated medical treatment facility be arranged to determine if the First Aid Kits are adequate for the operational exposures of your particular workplace. Attachment 7-1 can be photocopied and used as a guide for re-ordering supplies.

### **Bloodborne Pathogens (Universal) Precautions Training**

When an employee comes into direct contact with blood, bodily fluids or body tissues of another person, they are at risk of becoming infected with diseases that may be carried in the other person's body fluids. Accidental exposures can happen on or off the work site, in any number of day-to-day situations.

This is why the Company believes that each employee should have a basic understanding and awareness of the dangers of contracting a potentially deadly disease through such exposures. Communicating basic information about these hazards, including information contained in this policy, is part of the Company's safety and health program.

Therefore, employees should receive a basic awareness level training concerning “Universal Precautions” such that employees may follow Universal Precautions in the event of potential exposure to blood or other body fluids.

### Training Requirements

Training records must be maintained by the Safety Manager containing the date of the training, a summary of the training session, names and qualifications of the instructors conducting the training and the names and job titles of the persons attending the training.

Training records must be maintained for a minimum of three (3) years from the date the training was conducted. Training must be conducted by a qualified and competent person knowledgeable in the subject matter.

### First Responder Exposure

If an employee is a First Responder or decides to be a “Good Samaritan” and provides first aid on an injured victim involving blood or bodily fluids, personal protective equipment must be used and Universal Precautions followed treating all bodily fluids as infectious. Refer to OSHA 29CFR 1910.1030 - Blood borne Pathogens Standard and Policy Section 9 – Blood borne Pathogens for specific information.

In addition to those items listed in Attachment 7-1 and/or possibly required by a consulting physician, First Aid Stations must at least include the following supplies:

- latex gloves
- one-way valve CPR mask
- biohazard bags
- plastic baggies
- tongs

## References

OSHA 29 CFR 1926.50

OSHA 29 CFR 1910.151

# First Aid Kit Inventory Checklist

## Attachment 7-1

The First Aid Kit should contain the following or similar items but commercially available Kits vary widely and need not be identical in every respect.

<u>Item</u>	<u>Quantity</u>	<u>Need</u>
Protective Rubber Gloves (Surgical Type)	2 pair	_____
Protective CPR Mask w/One-Way Valve	1 each	_____
Protective eyewear and face covering	1 each	_____
Antiseptic Soap	1 each	_____
Absorbent gauze, 24" x 72"	1 pkg.	_____
Spool of absorbent gauze	1 spool	_____
Large adhesive bandages, 1"	1 pkg.	_____
Small adhesive bandages, 1/2"	1 pkg.	_____
Bandage compresses, 4", 1 per pkg.	1 pkg.	_____
Eye dressing	1 pkg.	_____
Bandage scissors	1 pair	_____
Tweezers	1 pair	_____
Triangular bandages, 1 per pkg.	3 pkg.	_____
Antiseptic pads, 3 per pkg.	2 pkg.	_____
Medical adhesive tape	1 roll	_____
Self-activating cool packs	2 each	_____
Burn ointment	4 pkg.	_____
Sterile eye wash, in bottle	1 each	_____
Heavy-duty sealable plastic bags	3 each	_____
Disposable splints	1 set	_____
Approved biohazard bags, red in color	4 each	_____
Large Baggies	4 each	_____
Tongs		_____
American Red Cross Pocket First Aid Guide		_____
First Aid Kit Inventory Checklist forms First Aid Report Forms		_____

Date of order: \_\_\_\_\_ By: \_\_\_\_\_

For location: \_\_\_\_\_

Consulting Physician (If Applicable.): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

## Designated Medical Treatment Facility

Attachment 7-2

**IN CASE OF EMPLOYEE ACCIDENT OR INJURY, THE FOLLOWING DESIGNATED MEDICAL TREATMENT FACILITY HAS BEEN IDENTIFIED TO DIRECT THE INJURED EMPLOYEE FOR IMMEDIATE TREATMENT:**

NAME OF FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMERGENCY TELEPHONE NUMBER: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

SUPERVISOR OR SAFETY OFFICER: \_\_\_\_\_

SUPERVISOR OR SAFETY OFFICER CELL / PAGER NUMBER: \_\_\_\_\_

**ALL WORK-RELATED INJURIES OR ILLNESSES MUST BE IMMEDIATELY REPORTED TO THE SUPERVISOR.**

# **Emergency Action Plan**

## **Purpose**

To provide a systematic method of implementing an Emergency Action Plan for a mobile and seasonal workforce, so as to ensure a minimum of confusion and injury in an emergency.

## **Policy**

Because our employees work in a variety of client facilities and in multiple locations within a location, an Emergency Action Plan needs to be adaptable to any situation. The project manager on a job is responsible for coordinating with the client on the evacuation route and emergency procedures for the job, and thereafter advising all employees of that information.

## **Procedures**

The emergency evacuation plan for a temporary job trailers or office areas shall identify the safest most direct route to the client's gate.

Due to the dispersion of our personnel around a plant it is not practical to attempt to draw evacuation maps for every unit in the facility. In lieu of evacuation plans, all personnel have been instructed to have the senior representative on their job coordinate with the client contact person to ascertain the evacuation route to be taken by client's personnel in the unit being worked at the beginning of the project. Employees will follow the individual evacuation plans to be used by client in the various jobsites. After the safe rally point has been reached, the senior employee will ask a client's representative to call the Company's site supervisor on the radio with an accurate head count and location.

In the event that an employee is the first person to spot a fire or other emergency he/she is authorized to sound an alarm. Employees shall vacate the area as soon as an alarm is sounded. The most important function of all employees is to report to the senior representative on site. Employees are not employed to fight fires.

All employees are informed of their responsibilities under this plan upon initial assignment to the plant. All employees have their emergency duties reinforced in regular safety meetings.

The Company will continue to provide a detailed emergency evacuation plan and map during all jobs and projects.

# Job Hazard Analysis

## Purpose

The purpose of the Hazard Analysis is to provide a method for a supervisor and his/her crew to inspect an upcoming job, identify potential hazards related to that job, and to arrive at agreement on the development of a Safe Work Plan for completing their assignment.

## Policy

Once the client/owner has issued a permit, it is each **Capital Communications, Inc.** employee's responsibility to ensure that the Safe Work Plan for the work he/she is about to do is properly developed. After receiving a valid work permit from the client/owner and before starting a job, each crew shall review the permit requirements and perform a thorough Hazard Analysis. The Hazard Analysis process serves as **Capital Communications, Inc.** Safe Work Plan. As such, by completing the process and signing on the back of the form, employees are indicating that they are prepared to accomplish the assigned task efficiently and safely.

In the event conditions change, the Hazard Analysis Form must be updated. Potential hazards, including those specific to the task and those general to the work area, must be discussed and a plan formulated to eliminate or minimize identified hazards. Each person on the crew must understand his/her role relating to the tasks at hand. When a new worker is assigned to a job in progress, the Hazard Analysis must be reviewed with this person and he/she must sign the form before beginning work.

## Procedure

Once the client/owner work permit has been issued, the assigned crew shall conduct a thorough Hazard Analysis session at the job site, which includes, but is not limited to:

- Walking the job and reviewing all elements of the assignment. The supervisor shall identify all equipment that is to be worked on.
- Identifying existing and/or potential hazards and take appropriate action to eliminate or minimize identified hazards; reaching agreement on the safest plan to complete the assigned task. Each person on the crew must thoroughly understand their role in the upcoming tasks.
- Evaluating PPE requirements and upgrading permit required PPE or providing additional PPE whenever necessary to provide maximum level of employee protection.
- Ensuring that all workers know and are properly trained for their assignment(s).
- Posting the completed form(s) along with the work permit in a conspicuous place in the work area. In the event it is not possible to post the form(s), they shall be kept readily available at the job site. The forms shall be kept in a manner that protects them from weather damage.

Whenever possible the supervisor shall be involved in the Hazard Analysis Session. However, there are times when this is not possible. Should the supervisor find that he/she will not be available, he/she shall assign a competent person to lead the session. As soon as practical following the beginning of a job, the supervisor shall review all Hazard Analysis Forms of crews assigned to him/her and sign the back of the form in the section provided.

## General Instructions

- Print and make sure the form is legible/readable. The only place you do not print required information is when you place your signature on the back of the form.
- Involve the entire crew in the process. The more eyes and experience used to identify hazards, the better.
- Whenever possible, the completed Site Safety Plan should be reviewed for proper completion and signed by the designated lead person, foreman, supervisor or Safety dept. representative **before** the work is started. If this is not possible, the form should be reviewed as soon as practical.
- When the form (s) is completed, it must be posted & readily available at the job site.

## Site Safety Plan Form

Date - Enter the date the work will be performed and the time you started the Hazard Analysis process.

Emergency Communication - Enter the phone number(s) for reporting emergencies at that location

Site Name – Enter the name of site where work will be performed.

Location - Enter the city/state where the work will be performed.

Tech. Team Leader - Enter the name of the immediate or supervisor.

Support Technicians - Clearly **print** the name(s) of each person that will be working on the job. This may include employees not associated with **Capital Communications, Inc.**, such as other contractors or client personnel working with you.

Yes, No, N/A Questions - Each one of these questions requires an answer. Carefully consider each question and how it will affect or apply to the work being performed. If the question doesn't apply to the job, mark it "N/A" (Not applicable). Each question is important.

Departure Time – Time the crew completed work on site.

Arrival Time – Time the crew arrived on site.

Site Contact - Enter the name of the client contact person for that job.

Tech. Team Leader Signature - Now that you have filled in the blanks and answered the questions, review the Site Safety form with all crewmembers and any other contractor client personnel working on the job. Tech. Team Ledged will sign form **ONLY** after all technicians have reviewed the site safety form.

Additional Special Instructions/Comments – Include any additional special instructions or comments

Now you can start the job! Remember, the form is complete, but **the process continues**. Always remain alert for changing conditions. The Site Safety Plan must be modified/updated if conditions change or new hazards are found. Any modifications must be communicated with all crewmembers. \*Remember to review the Site Safety Plan with any new crewmembers that are added while the job is in progress. Their name(s) must also be added to the Hazard Analysis form. Post all completed forms in a conspicuous and readily available location.

# Site Safety Plan

## Capital Communications, Inc. SITE SAFETY PLAN

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

Emergency Communication: \_\_\_\_\_

Site Name: \_\_\_\_\_

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

**Company Representative** \_\_\_\_\_

\*(This person is responsible for keeping attendance at the site and for filling out all paperwork/permits that may be required)

**Other Employees:** \_\_\_\_\_

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

DESCRIPTIONS	YES	NO	N/A	COMMENTS
Is the scope of work fully understood?				
Has the Job Duties been reviewed?				
Has the site manager been contacted?				
Are employees are aware of communication systems?				
Have site hazards been reviewed?				
Are all employees aware of the materials required?				
Are all employees aware of the hazards that may be encountered?				
Is a vehicle being used to perform the Job Duties?				
Is Fire Extinguisher on board the vehicle, if required?				
Has Fire Extinguisher been charged, if required?				
Is the First Aid Kit on board vehicle and has it been re-stocked?				
Has a Vehicle inspection been conducted?				
Has the proper personal protective equipment (PPE) been issued?				
Have Employees been trained on proper use, maintenance and storage of PPE?				
Are employees aware of emergency procedures associated with the location?				
<b>(Add other Descriptions as needed)</b>				

Departure Time: \_\_\_\_\_

Site Contact: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

**Company Representative** (signature): \_\_\_\_\_

Additional Special Instructions/Comments:

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

**REMEMBER: SMOKING IS PROHIBITED AT ALL JOB SITES**

## Personal Protective Equipment Policy

Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition if necessary because of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation, or physical contact.

## Personal Protective Equipment Training

Employees expected to wear Personal Protective Equipment (PPE) will be trained as follows:

- Exposures and how to identify them
- Types of PPE to wear as protection from each exposure
- When to wear them
- How to wear PPE properly
- How to care for, clean and properly store PPE.

An employer shall verify that each affected employee has received and understood the required training through a written certification that contains all of the following information:

- The name of each employee trained.
- The date of training.
- The subject of certification.

## Personal Protective Equipment Use

### **Head Protection**

Approved hard hats must be worn if employees could be struck by falling objects, are in danger of striking their heads on fixed objects, or there is a shock hazard from working near exposed electrical conductors.

Do not drill holes in the hard hat for ventilation; it destroys the integrity to protect you from blows to the head.

Hard hats shall comply with ANSI Z89.1-1986, Class A or B. Class B is required for exposure to high voltage shocks, above 600 volts.

Where there is risk of injury from hair entanglements in moving parts of machinery, combustibles, or toxic contaminants, employees shall confine their hair with nets, or other suitable restrictive devices to eliminate the hazard.

### **Eye and Face Protection**

Employees working in locations where there is a risk of receiving eye injuries such as punctures, abrasions, contusions, or burns as a result of coming in contact with flying particles, hazardous substances, projections, or injurious light rays which are inherent to the work or environment shall be safeguarded by means of face or eye protection.

Suitable screens or shields isolating the hazardous exposure may be considered adequate safeguarding for nearby employees, i.e. welding screens.

Where eye protection is required and the employee requires vision correction, the following eye protection shall be provided:

- Safety glasses with suitable corrected lenses, or
- Safety goggles designed to fit over glasses, or
- Protective goggles with corrective lenses mounted behind the protective lenses.

The wearing of contact lenses is prohibited in working environments having harmful exposure to materials, or light flashes, except with medically approved devices.

Side shields shall be worn whenever the hazard of flying objects is angular as well as frontal.

### **Body Protection**

Protection such as rubber aprons or sleeves may be necessary in certain environments where splashing of

Hazardous materials or other common substances such as water would pose a risk to the employee. Flying metal particles or molten metal are examples of hazards that could penetrate normal clothing and injure the employee, requiring leather protective sleeves and/or vests.

In all cases, clothing appropriate for the work being done shall be worn. Loose sleeves, tails, ties, lapels, cuffs, or other loose clothing which can become entangled in moving machinery will not be worn.

Clothing containing flammable liquids, corrosive substances, pesticides, irritants, or oxidizing agents shall be removed and not worn until properly laundered.

### **Hand Protection**

There are many types of gloves and made of many different types of materials, each with a specific application. Gloves will be worn as precaution from the following exposures:

- Chemicals - check the Safety Data Sheets (SDS) for listed PPE required for safe handling
- Cuts
- Hot work

No glove can protect against all hazards so select the appropriate glove for the job.

Where there is risk of injury from glove entanglement in moving parts of machinery, employees shall not wear gloves and use other methods to protect their hands from injury exposure.

Jewelry, such as rings has caused the loss of many fingers. Be aware that wrist watches, and other jewelry can be caught in moving machinery, or caught on a protruding hook or nail. Never wear metallic jewelry or other objects when working around electrically energized equipment.

### **Foot Protection**

For work in areas where feet are in danger of:

- Being struck by falling or heavy rolling objects and crushed or penetrated, steel-toed shoes, or steel covers are recommended.
- Working around boards with nails, or scrap metal, you need protection from punctures.

### **Hearing Protection**

Hearing protection will be made available to all employees exposed to sources of noise 85 dB or greater, as measured by a sound level meter or identified by the contracting company. In general, anytime someone must elevate their voice to be heard, hearing protection will be worn.

Hearing protector equipment consists of **ear plugs (various NRR) or muffs (industrial)**.

## Ladder Safety Policy

The Ladder Safety Policy is intended to provide employees with safe guidelines for the use of portable ladders, while complying with applicable OSHA and other Regulatory Compliance Standards. This policy is designed to meet or exceed ANSI requirements.

### Policy

Except where either permanent or temporary stairways or suitable ramps or runways are provided, employees are to only use manufactured portable ladders that are labeled as being designed and manufactured in accordance with the provisions of the American National Standards Institute. Under no circumstances are portable ladders to be used unless conditions are considered safe, secure and in compliance with OSHA and company procedures and safe work practices.

### Procedures

- The use of ladders with broken or missing rungs or steps, broken or split side rails, or other faulty or defective construction is prohibited. All rungs, cleats, and steps will be parallel, level and uniformly spaced when the ladder is being used. All ladders will be inspected prior to use by a competent person. When ladders with such defects are discovered they must be immediately removed from service and tagged as such.
- Employees will face the ladder and will not carry material or tools in their hands while ascending or descending.
- Ladders will not be loaded beyond the maximum intended load for which they were built or beyond the manufacturer's rated capacity.
- All ladders shall be placed on secure footing, and the area around the top and bottom will be kept clear of work materials, tools and debris.
- Planks will not be used on the top step of stepladders.
- Portable ladders will be placed and used at a pitch that places the horizontal distance, from the top support to the foot of the ladder, at about one-quarter of the working length of the ladder. Ladders will not be used in a horizontal position as a platform, runway or scaffold.
- Ladders shall not be placed in front of doors, unless door is blocked open, and/or a barricade or guard is provided.
- Ladders shall not be placed on scaffold, boxes, boards, barrels, or other unstable bases.
- Ladders shall not be spliced together.
- Employees will not stand on the topcap or the step below the topcap of a stepladder.
- Any ladder splashed with caustic or acid shall not be used until thoroughly cleaned and inspected for possible corrosive damage.
- There shall be ample clearance and clear access at the top and bottom of portable ladders.
- Portable rung ladders shall only be used with the metal supports on the under side.
- No ladder shall be used to gain access to a roof unless it extends at least 3 feet above the point of highest support with the building. Side rails must extend not less than 36" above any

landing. When this is not practical, grab rails will be provided to facilitate employee movement to and from the point of access.

- Portable metal ladders will not be used for electrical work or where they may contact electrical conductors.
- All ladders shall be equipped with non-slip bases when a hazard of slipping exists.
- All ladders will be tied off on top, blocked or otherwise secured to prevent movement before work is performed from them.
- All ladders must have a minimum width of 12 inches. All ladders must have a distance of 12" between rungs.
- The company prefers not to use or issue chain ladders, however if a client provides or mandates chain ladder usage, a thorough pre-use inspection of the ladder(s) must be performed. When there is a need for this type of ladder, wire rope ladders are preferred.
- Stepladders shall not exceed 20 feet in length.
- Extension ladders shall be equipped with positive stops.
- Ladders shall be maintained in good condition.
- Only one employee is to work on or climb a ladder at the same time.
- All work done from a ladder shall be within an individual's normal reach and with no overextending allowed.
- All work done from a ladder that exposes a worker to a fall potential of 6 feet or more requires the worker to wear a harness and be tied off per the Fall Protection Policy. Employees are not permitted to stand or work off of the top three rungs or cleats of a ladder unless there are members of the structure that provide a firm handhold, or the employee is protected by personal fall protection.

# Fire Prevention Policy

## Purpose

Fire Prevention/Protection Policy is intended to provide compliance with all related OSHA regulation and standard safe work practice. The purpose of the policy is to prevent fires and to provide guidelines for action in the event that a fire does occur.

Fire prevention program combines the following policies:

- PPE Policy
- Emergency Action Plan
- Other programs or policies as necessary

These policies encompass methods used for incidence avoidance, incident response and specialized training required in the event of a fire.

## Policy

Employees shall be informed of the proper actions to take in the event of a fire. This includes, but is not limited to; notification and evacuation procedures. It is STRESSED that at no time does the task of fighting fire supersede an employee's primary duties of:

- Ensuring their own personal safety and the safety of others.
- Reporting the incident to the proper authority and ensuring personnel accountability for yourself and all subordinates at the jobsite, in accordance with company and client policy.

## Procedure

- All employees are responsible for good housekeeping practices to enhance fire prevention methods. Supervisors will be held accountable for the housekeeping of their job sites.
- If applicable, welding machine mufflers will be equipped with an approved spark arresting muffler.
- Only approved containers will be used during fueling operations. These shall be of the self-closing type.
- Flammable material shall be kept under the control. It shall be stored in compliance with applicable OSHA and client regulations. The quantity of flammable/combustible material shall be kept to a minimum on the job site.
- Welding, cutting and grinding sparks shall be contained.
- Hot work areas shall be kept wetted down, and a fire extinguisher and hose maintained on each jobsite.
- Oily rags shall be immediately disposed of in designated hazardous waste containers.
- All vehicle entry into process areas requires a permit or permission from the operator.
- Use bonding straps to discharge and prevent static charges during transfer of flammable liquids

from one container to another.

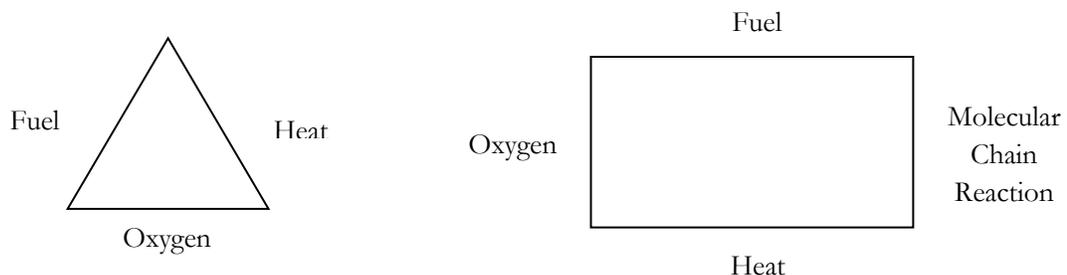
- Report all spills or suspicious odors immediately.
- Fire extinguishers are to be kept in areas easily accessible to employees. Only approved fire extinguishers are to be used. They must have an inspection tag attached. Extinguishers are to be maintained in a fully charged, ready to operate state. Extinguishers are to be inspected before each use and documented annually. Training is provided to all employees who use or may use fire extinguishers.
- **NEVER** put yourself or others a risk while attempting to extinguish an incipient fire.
- **DO NOT USE** any fire hoses larger than 1-3/4", unless fully trained as an industrial firefighter.
- **NEVER** attempt to extinguish a pressurized-fuel fed fire.
- **DO NOT** direct a fire nozzle with a straight stream at any type of LPG fire. This action could extinguish the fire, producing an LPG vapor cloud capable of detonation.
- **DO NOT USE** fire monitors as the force can damage small equipment and certain high chrome alloy equipment cannot have water applied as cracking could occur.
- **DO NOT APPLY** water to any acid or caustic release as it can cause a violent reaction. Additionally, low concentration acids or caustics become extremely corrosive, causing an increasing leak condition.

### **In the Event of a Fire:**

- Remain calm
- Only extinguish a fire when it is clearly within your abilities and the equipment available
- Know the location of the nearest alarm and how to activate the emergency system
- Know the evacuation routes and collection points
- If the fire cannot be extinguished, leave the area immediately and report to your evacuation area
- Await further instructions from the Incident Commander, or designated responsible personnel

### **Basic Fire Science:**

- The combination of fuel, heat, oxygen equals the well-known fire triangle. To understand fire better, a fourth factor is added, a molecular chain reaction. This is due to the fact that fire results from a series of reactions in which complicated molecules "crack" into easily oxidized fragments. Disruption of this chain, along with the removal of fuel, heat or oxygen, is recognized as a method of fire extinguishment through the use of dry chemical extinguishers.



- **Heat Energy** - Can be produced by building up molecules (composition) or breaking apart (decomposition) by heat or a solution when materials are dissolved in a liquid, or by combustion.
- **Heat Transfer** - A law of physics states that heat tends to flow up from a hot substance or place to a cold substance or place. This is through conduction (transfer of heat through a medium such as metals) or through convection (transfer of heat with a medium-usually circulatory).
- **Fuels** - Those substances that will burn when heat is applied. The most common fuels are not pure elements such as carbon, but compounds and mixtures such as paper and wood.
- **Oxygen** - Makes up a major portion of the oceans and earth's crust and one-fifth of our atmosphere. Atmospheric oxygen is the major source of oxygen that supports combustion. Oxygen itself does not burn, however, without it, combustion is impossible. Normal burning is the combination of fuels with oxygen under the influence of heat.
- **Combustion** - A rapid oxidation or chemical combination accompanied by heat.
- **Oxidation** - The ability of materials to produce oxygen during a chemical reaction.
- **Spontaneous Combustion** - When oxidation is allowed to occur, enough oxygen is available, heat is produced, molecules become more energetic and combine with oxygen at an increasing rate, temperatures rise and visible heat (flames) are produced.

### Classes of Fires:

- Class A - **Ordinary combustibles (wood/paper/textiles)**
- Class B - **Flammable liquids (gasoline/oils/grease)**
- Class C - **Live electric (wiring/generators/motors)**
- Class D - **Combustible metals (finely divided form/chips, turnings)**

### Types of Fire Extinguishers:

- **Water** - extinguisher for ordinary combustible fires
- **Dry Chemical or CO2** - extinguisher for electrical equipment fires and for flammable liquid fires
- **Multipurpose Dry Chemical** - extinguisher for ordinary combustible fires, liquid fires, and electrical equipment fires
- **Foam** - extinguishing agent for hydrocarbon fires