



12.0 GLOBALLY HARMONIZED SYSTEM (HAZCOM)

12.1 Purpose

The purpose of this procedure is to outline the Hazard Communication Standard (HAZCOM), which is a communication system on hazardous materials in the workplace from the suppliers of hazardous products to employers and to workers through the three key elements of:

- a. HAZCOM Labeling (Hazard Symbols),
- b. Safety Data Sheets (SDS), and
- c. HAZCOM Worker Training and Education.

HAZCOM legislation exists at both the federal and provincial levels. The goal of HAZCOM is to reduce injury and disease by communicating specific health and safety information about hazardous products so that the information can be used to reduce exposure to hazardous materials.

12.2 Globally Harmonized System of Classification and Labelling of Chemicals (GHS)

1. The United State's HAZCOM standard came into effect in 1983. Since then, our trade with countries that don't have systems like HAZCOM has increased, and new products (and hazards) have been introduced. There are differences in how other countries classify chemicals, develop Safety Data Sheets (SDSs), and organize their labels. This can cause confusion and make it difficult to enforce and to comply with the HAZCOM standard. Ultimately, this confusion threatens the health and safety of workers both here and abroad.
2. As a result, The United States has now aligned the Hazard Communication Standard (HAZCOM) with the ***Globally Harmonized System of Classification and Labelling of Chemicals (GHS)***. The original HAZCOM, developed in 1983, is not being replaced. Rather, it has been updated to reflect elements of the Globally Harmonized System. The Globally Harmonized System will now be legislated worldwide. Once updated, the system will continue to be called HAZCOM in The United States (HAZCOMM).
3. Once the 2015 HAZCOM legislation is in-force, there will be approximately a ***three-year transition period*** during which suppliers can provide (material) safety data sheets and labels that comply with either system.

12.3 Supplier Labels (2015)

The 1983 HAZCOM legislation required a minimum of 7 pieces of information required on a supplier label. The new 2015 HAZCOM legislation requires a minimum of ***6 pieces of information***.

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	Exploding bomb (for explosion or reactivity hazards)		Flame (for fire hazards)		Flame over circle (for oxidizing hazards)
	Gas cylinder (for gases under pressure)		Corrosion (for corrosive damage to metals, as well as skin, eyes)		Skull and Crossbones (can cause death or toxicity with short exposure to small amounts)
	Health hazard (may cause or suspected of causing serious health effects)		Exclamation mark (may cause less serious health effects or damage the ozone layer*)		Environment* (may cause damage to the aquatic environment)
	Biohazardous Infectious Materials (for organisms or toxins that can cause diseases in people or animals)				

* The GHS system also defines an Environmental hazards group. This group (and its classes) was not adopted in WHMIS 2015. However, you may see the environmental classes listed on labels and Safety Data Sheets (SDSs). Including information about environmental hazards is allowed by WHMIS 2015.

12.6 Safety Data Sheets – SDS (2015)

Under the 2015 HAZCOM legislation, Safety Data Sheets will **NOT** be required to be updated every 3 years. Instead, SDS's will be updated when significant new data become available.

In the 1983 HAZCOM legislation, the minimum sections required in a Safety Data Sheet were 9 sections. In the 2015 HAZCOM legislation, the minimum sections required in a Safety Data Sheet will be **16 sections**.

1. Identification (product and supplier)	9. Physical and chemical properties
2. Hazard identification	10. Stability and reactivity
3. Composition/information on ingredients	11. Toxicological information
4. First-aid measures	12. Ecological information*
5. Fire-fighting measures	13. Disposal considerations*
6. Accidental release measures	14. Transport information*
7. Handling and storage	15. Regulatory information*
8. Exposure controls/ personal protection	16. Other information

* Sections 12 to 15 require the headings to be present. The supplier has the option to not provide information in these sections.



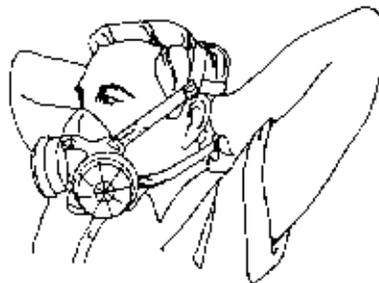
14.0 QUALITATIVE FIT TESTING PROCEDURES

Half-mask and/or Full-face Respirator

1. Employee, contractor and/or sub-contractors required to wear respiratory protection equipment must be clean-shaven where the respirator seals with the face.
2. Check for appropriate size of half-mask or full-face respirator (i.e. small, medium, large, x-large).
3. Ensure the manufacturer (brand name) of the respirator and the filter/cartridges are the same before every use.
4. Respirator mask should be adjusted to a comfortable fit that seals with the face. To put on the respirator, remove your protective eyewear (if worn), then grab the front of the respirator with one hand and the upper strap with the other hand. Then place the portion of face piece containing the exhalation valve under the chin.

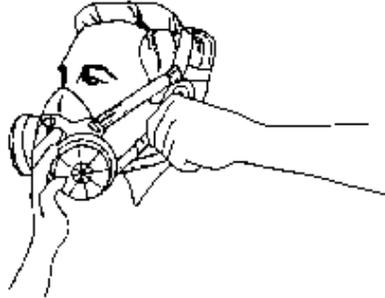


5. Position the narrow portion of the respirator on the nose bridge and place the cradle suspension system on the head and the bottom strip rests above the ears, on the back of the head. Then hook the bottom headband strap behind the neck, below the ears, and adjust the position of the face piece on the face for best fit and comfort.

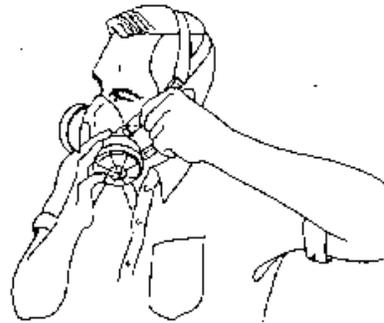


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6. The lengths of the headband straps are adjustable; tighten or loosen by holding the respirator body of headband yoke with one hand and pulling on the elastic material in the appropriate direction with the other hand. (For a comfortable fit, the headband straps must be adjusted equally on both sides of the respirator.)



7. Position the face piece so that the nose section rests as low on the bridge of the nose as is comfortable, and tighten the upper headband strap on both sides just tight enough so that the respirator doesn't slide down on the nose. Do not over tighten. If the respirator pinches the nose, loosen the upper strap slightly.



8. Always use the appropriate filter cartridges for the task being performed.



6.4 Accident Investigation Procedures

Use the following list as guidelines for all accident investigations:

1. Conduct the accident investigation at the exact site of the injury as soon after the injury as safely possible. (TAKE PICTURES OF ACCIDENT SCENE).
2. Ask the employee involved in the accident and any witnesses, in separate interviews, to tell you in their own words exactly what happened. Do not interrupt or ask for more details at this time, just let the employee describe it in his or her own style. Have the employee write down what happened. If the employee does not speak English, let him/her write down the description in his/her native language.
3. Repeat the employee's version of the event back to him/her and allow him to make any corrections or additions.
4. After the employee has given his/her description of the event, ask appropriate questions that focus on causes.
5. When finished, remind the employee the investigation was to determine the cause and possible corrective action that can eliminate the cause(s) of the accident and provide a safer work site for all workers.
6. The Accident Investigation Report is to be used for:
 - a. Tracking and reporting injuries on a monthly basis.
 - b. Grouping injuries by type, cause, body part affected, time of day, and process involved.
 - c. Determining if any trends in injury occurrence exist and graph those trends if possible.
 - d. Identifying any equipment, materials, or environmental factors that seem to be commonly involved in injury incidents.
 - e. Discussing with the safety team and superiors the possible solutions to the problems identified.
 - f. Proceeding with improvements to reduce the likelihood of future injuries

Thorough accident investigations will help “Insert Company Name Here” determine why accidents occur, where they happen, and any trends that might be developing. Such identification is critical to preventing and controlling hazards and potential accidents at work sites.



2.0 RIGHTS AND RESPONSIBILITIES POLICY

2.1 Policy

“Insert Company Name Here” is committed to ensuring the health and safety of all their employees, contractors and/or sub-contractors and visitors to their sites. All levels of employees, contractors and/or sub-contractors have certain responsibilities when it comes to ensuring the health, safety and welfare of themselves and their fellow employees, contractors and/or sub-contractors.

2.2 Employer Responsibilities

1. Provide a safe and healthy workplace;
2. Develop, initiate and maintain a comprehensive Occupational Health and Safety Program;
3. Appoint company Joint Health and Safety Committee and/or Safety Representative members;
4. Ensure that regular safety inspections are conducted and appropriate follow up action is taken as necessary to correct all unsafe conditions;
5. Ensure accident/incident investigations are conducted and appropriate follow up action is taken as necessary to correct all unsafe conditions;
6. Ensure all employees, contractors and/or sub-contractors are adequately trained and educated in all company safe work procedures, safe operating procedures and policies;
7. Ensure that regular management and safety meetings are held;
8. Provide personal protective equipment and conduct training in the use and maintenance of such equipment;
9. Maintain safety records, documents and statistics; and
10. Provide First Aid and its facilities.

2.3 Supervisor Responsibilities

1. Ensure that all new employees, contractors and/or sub-contractors receive a safety orientation when they start employment with “Insert Company Name Here”;
2. Ensure compliance by all employees, contractors and/or sub-contractors and outside contractors under their supervision with the company’s safe work procedures, safe operating procedures and policies;
3. Ensure that all employees, contractors and/or sub-contractors under their supervision are adequately trained and are properly instructed in the safe performance of their tasks;



4. Conduct regular departmental safety inspections of their areas including both equipment and work practices;
5. Investigate all accidents and/or incidents involving their employees, contractors and/or sub-contractors and complete the "Insert Company Name Here" Accident Investigation Report – taking whatever corrective action is necessary to prevent future similar accidents; and
6. Investigate and correct any alleged unsafe conditions in their area and ensure that proper follow-up action is taken.



“Risk” is a measurement of the possibility and potential severity of a loss from occurring. The challenge is to minimize the risk of a hazard from becoming more severe and subsequently causing major injury, disease or property damage. Putting “controls” in place does this.

“Controls” are practices, procedures and standards, which a company and ultimately a employee, contractor and/or sub-contractor use to prevent incidents from occurring or to limit the amount of harm or damage that occurs when an incident happens.

3.5 Risk Control

There are 3 steps involved in risk control:

1. Recognize the Hazard – identify hazards with a particular job or worksite.
2. Evaluate the hazard or situation –what controls could eliminate or reduce the risk?
3. Control the Hazard – plan, implement and evaluate control measures that provide the greatest protection to employee, contractor and/or sub-contractors.

3.6 Types of Controls

There are four types of controls that are commonly used to minimize risk:

1. Eliminate the hazard.
2. “Engineering” controls provide the highest level of hazard control and are considered the best methods because it involves the removal of the hazard through the use or substitution of engineered machinery or equipment. The installation of seat belts on mobile equipment is an example of this.
3. “Administrative” controls include safe work procedures, processes, methods or instructions that are developed and implemented to ensure employee, contractor and/or sub-contractor safety.
4. “Personal Protective Equipment” is the most common and accessible kind of control and involves direct protection of the employee, contractor and/or sub-contractor. It is the last line of defense in the hierarchy of controls.

3.7 Risk Rating and Ranking

Hazards identified at the worksite must be evaluated as to the degree of risk associated with the unsafe work condition or practice. “Insert Company Name Here” will utilize the risk ranking method of “A, B, C” where:

- a. “A” identifies an imminent hazard that requires corrective action immediately.
- b. “B” identifies a hazardous condition or practice, which is not imminently dangerous but requires corrective action without delay.
- c. “C” identifies a low hazard situation or practice that requires documenting and tracking as to corrective action.



20.0 EMERGENCY RESPONSE PLAN POLICY

20.1 Purpose

Emergencies and disasters can occur at any time without warning. An emergency response plan must be established and implemented at “Insert Company Name Here” in case such emergencies arise.

The following are some examples of emergency situations that can occur at “Insert Company Name Here”:

- Fire
- Explosion
- Accidental Release of Toxic Substances
- Major Structural Failure
- Major Chemical Spill
- Earthquake
- Floods
- Serious Injury

20.2 Policy

“Insert Company Name Here”:

- a. Develop plans in collaboration with neighboring businesses and building owners to avoid confusion or gridlock.
- b. Locate, copy, and post building and site maps.
- c. Ensure that exits are clearly marked.
- d. Practice evacuation procedures once per year.

20.3 Emergency Response Coordinator (ERC)

The emergency response coordinators (ERC) are the people who serve as the main contact people for the company in an emergency. The ERC is responsible for making decisions and following the steps described in this emergency response plan. In the event of an emergency occurring within or affecting the worksite, the primary contact will serve as the ERC. If the primary contact is unable to fulfill the ERC duties, the secondary contact will take on this role.

20.4 Emergency Contact Numbers

- **Fire Station: 911**
- **Police: 911**
- **Emergency: 911**
- **Ambulance: 911**
- **Poison Control Center: 1-800-222-1222**

20.5 Potential Emergencies

The following potential emergencies have been identified in hazard assessments:

1. Fire
2. Major Chemical Spill
3. Explosion
4. Earthquake
5. Accidental Release of Toxic Substances
6. Floods



7. Major Structural Failure

8. Serious Injury

20.6 Muster Station (Assembly Point)

In case of emergency evacuation, all employees, contractors and/or sub-contractors will safely exit the building(s) through the nearest exit point and assemble at the nearest muster station. Muster stations will vary by location depending on the worksite employees, contractors and/or sub-contractors will be working on. It will be the responsibility of the site Supervisor to ensure employees, contractors and/or sub-contractors are educated on the location of each muster station on each different work site.

Insert Picture of Muster Station

[Insert Image
Here]

20.7 Communication

In the event of an emergency within or affecting the worksite, the Emergency Response Coordinator (ERC) will communicate and make the following decisions to ensure that appropriate key steps are taken:

1. Pull the fire alarm or blow the air horn six times to alert all employees, contractors and/or sub-contractors of an emergency.
2. Advise all personnel verbally (in person) and/or by using the air horn which will alert all employees, contractors and/or sub-contractors inside the main shop floor.
3. Assist in evacuating all persons to the muster station (assembly point) and account for everyone including visitors and customers.



24.0 FALL PROTECTION POLICY

24.1 Purpose

This policy is established for the purpose of minimizing and/or eliminating the risk of fall injuries and to protect “Insert Company Name Here” contractors and/or sub-contractors from hazards of falls when working in elevated areas greater than 4 Feet.

24.2 Definition

“Fall Protection System” means a contractor and/or sub-contractor’s fall restraint system or fall arrest system composed of:

- a. guardrails,
- b. safety belt or full body harness which includes a lanyard and/or lifeline and an anchor point,
- c. safety monitor with a control zone, or
- d. work procedures that are acceptable to the OSHA State Regulations and minimize the risk of injury to a contractor and/or sub-contractor from a fall.

24.3 Policy

1. Fall protection is required when working at heights greater than 4 feet, or from a lesser height from which an unusual risk of injury may occur. You must remain 6.5 feet away from any unguarded edge.
2. The hierarchy of fall protection systems is as follows:
 - a. Guardrails
 - b. Fall Restraint
 - c. Fall Arrest
 - d. Safety Monitor and Control Zone
3. Whenever guardrails, work platforms, or scaffolding of fall restraint is not practicable, a full body harness and lanyard attached to a secure anchor point is required.
4. A written fall protection plan is required when work is being done at a location where “Insert Company Name Here” contractors and/or sub-contractors are not protected by permanent guardrails, and from which a fall of 10 feet or more may occur.

24.4 Guardrails

1. Guardrails must be used as a means of fall restraint if it is practicable for the work process. Guardrails prevent a contractor and/or sub-contractor from going over the edge and have a top rail at 40 to 44 inches above the surface, a mid-rail 20 to 22 inches above the surface, a toe board on edge in contact with the surface and vertical supports that are within 8 feet of each other.



1. Example of developing our own sanitizing solution: 5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water.

32.3 Disinfection Solution

1. You may use a chemical disinfection solution containing a bleach solution or at least 70% Alcohol. Follow manufacturer specifications for proper application and safety requirements (i.e. ppe and ventilation).
2. You may also create your own workplace diluted bleach solution (i.e. spray bottle):

5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water.

3. Ensure the spray bottle is adequately labeled for identification purposes.



32.4 Handshaking

During high risk COVID-19 exposure risk (pandemic) as advised by the CDC; it is advised to all employees to not conduct in handshakes until further notice.

32.5 Workplace Distancing

1. During high risk COVID-19 exposure risk (pandemic) as advised by the CDC, all workers will keep a minimum of distance of 6 feet from each other.
2. Avoid close contact with any other worker if they are showing any symptoms of COVID-19 infection.
3. During high risk COVID-19 exposure risk (pandemic) as advised by the CDC, "Insert Company Name Here" will limit the number of group gatherings such as office meetings and training sessions. An electronic means of communication such as cellular phone or webinar meetings will be proposed.



32.6 Personal Protective Equipment

1. The following PPE will be provided to employees by “Insert Company Name Here” This PPE is to be worn and used if exposed to or near an infected worker.
2. Employees are recommended to wear respirators and gloves while performing work.

Gloves



Masks and Respirators





- a. Designing a sloping and benching system in accord with tabulated data, such as tables and charts, approved by a registered professional engineer. This data must be in writing and must include enough explanatory information (including the criteria for selecting a system and the limits on the use of the data) for the user to be able to select an appropriate protective system. At least one copy of the data, which identifies the registered professional engineer who approved it, must be kept at the worksite during construction of the protective system. After the system is completed, the data may be stored away from the jobsite, but a copy must be provided upon request to an OSHA compliance officer.
- b. Using a trench box or shield approved by a registered professional engineer or designed in accord with tabulated data approved by a registered professional engineer.

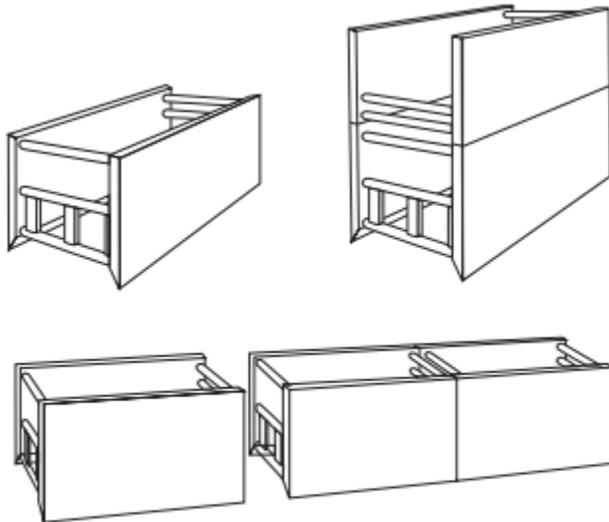


Figure 2. Trench Shields

- d. The Excavation standards do not require a protective system when an excavation is made entirely in stable rock or when an excavation is less than 5 feet (1.52 meters) deep and a competent person has examined the ground and found no indication of a potential cave-in.
- e. The standards also prohibit excavation below the base or footing of any foundation or retaining wall that could be reasonably expected to pose a hazard to workers unless:
 - The employer provides a support system, such as underpinning;
 - The excavation is in stable rock; or



30. INJURY ILLNESS PREVENTION PLAN (IIPA) POLICY

30.1 Purpose

This Injury and Illness Prevention Policy identifies the persons responsible for implementing the health and safety programs, the system for ensuring employees comply with safe work practices, and the system for communicating health and safety-related information.

30.2 Scope

This policy applies to all “Insert Company Name Here” locations and operations at customer and project sites.

30.3 Responsibilities

Managers

1. All “Insert Company Name Here” managers and supervisors are responsible for implementing and maintaining this policy in their work areas and for answering questions about this IIPA.
2. Managers and supervisors shall:
 - a. Ensure each “Insert Company Name Here” location shall ensure adequate resources are allocated for implementing the IIPP.
 - b. Be responsible for implementing OHS Policies and procedures within their functional areas.
 - c. Develop health and safety policies and procedures in accordance with state regulations and “Insert Company Name Here” requirements;
 - d. Implement the IIPP;
 - e. Evaluating the effectiveness of the IIPP; and
 - f. Maintaining records required by the IIPP.

30.3 Staff Compliance

1. All employees, including managers and supervisors, are expected to comply with established health and safety programs, policies, and safe work practices.
2. Clear and will-full violations and disregard of established health and safety requirements may result in disciplinary action.
3. Employees whose safety performance is deficient shall be retrained on applicable safety requirements.



30.4 Communication

1. All "Insert Company Name Here" managers and supervisors are responsible for communicating health and safety information in a form readily understandable by all employees. "Insert Company Name Here" encourages all employees to inform their managers and supervisors about workplace hazards without fear of reprisal.
2. Communication of health and safety information shall include:
 - a. Posting health and safety information on designated safety boards at each "Insert Company Name Here" location;
 - b. Discussing project-specific health and safety information during project kick-offs, pre-shift, and safety tailgate meetings at customer sites;
 - c. Distributing of the "Insert Company Name Here" Safety Manual which includes this IIPP;
 - d. Distributing of site-specific emergency action plans; and
 - e. Notifying every employee of the right to report workplace hazards anonymously and without fear of reprimand or reprisal.

30.5 Hazard Assessment

1. Periodic inspections to identify and evaluate workplace hazards shall be performed by management for each "Insert Company Name Here" location.
2. Periodic inspections shall be performed according to the following schedule:
 - a. When new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace;
 - b. When new, previously unidentified hazards are recognized;
 - c. When occupational injuries and illnesses occur; and
 - d. Whenever workplace conditions warrant an inspection.

30.6 Incident Investigations

1. Investigations of accidents and incidents shall be conducted in accordance with "Insert Company Name Here"'s Incident Investigation Procedure.
2. The incident investigation procedures shall include:
 - a. Interviewing injured employees and witnesses;
 - b. Examining the workplace for factors associated with the accident/incident;
 - c. Determining the cause of the accident/incident;
 - d. Taking corrective action to prevent the accident/incident from reoccurring; and
 - e. Recording the findings and actions taken.



FALL PROTECTION EQUIPMENT INSPECTION CHECKLIST

Print Name: _____

Date of Inspection: _____

Signature: _____

Other: _____

This checklist is a guideline for your daily fall protection equipment inspection. You have been trained on how to thoroughly inspect your fall protection equipment to ensure your personal safety.

- Put a check mark in the boxes if the corresponding equipment is in good working order.
- Put a in the boxes if the corresponding equipment is **NOT** in good working order.
- **REPORT ALL DEFECTIVE EQUIPMENT TO YOUR SUPERVISOR AND ENSURE ALL DEFECTIVE EQUIPMENT IS DESTROYED AND/OR TAGGED OUT OF SERVICE.**

FULL BODY HARNESS	<input checked="" type="checkbox"/> <input type="checkbox"/>	LANYARD	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tags and Labels: be sure model and serial numbers are clear as well as ANSI approval and manufacture date.		Webbing: no fraying, cuts, burns or chemicals. Stitching is good. No knots. Wear indicators if present.	
Webbing: webbing frayed, cut or burned. Wear indicators good. No glue, paint or other chemicals.		Snap Hooks: bent, cracked, corroded or twisted hook. Lock functioning. Springs working.	
Tongue, Grommets and Buckles: not bent, cracked or corroded. All parts move freely. No distortion or sharp edges. Grommets good, none missing or damaged.		Shock Absorber: check for signs for signs of deployment, shock loading. Stitching where pack is attached.	
Seams or Stitching: stitching loose, pulled, ripped or worn. Check load bearing and attachment stitching carefully.		LIFELINE	<input checked="" type="checkbox"/> <input type="checkbox"/>
D Rings: not worn, bent or deformed. No rough or sharp edges. Rings pivot freely. Check closely for cracks.		Rope: frayed, rotted, cut or fuzzy. No knots. Discoloration from exposure or chemicals.	
Rivets & Straps Keepers: In good shape, not loose. Strap keepers move, not broken or missing.		Diameter: matches the rope grab and is uniform throughout	
Clean and Oil Free: Check with supervisor if in doubt of condition.		Attachment to Snap Hook: Original from manufacturer. Thimble good.	
Tool Holders: Safe and good shape, no modifications or damages.		Rope Grab: functioning properly. Check gate, locking pin, safety latch worn out teeth on cam, springs. Do hand test.	
SELF RETRACTING LIFELINE	<input checked="" type="checkbox"/> <input type="checkbox"/>	HORIZONTAL LIFELINE	<input checked="" type="checkbox"/> <input type="checkbox"/>
Line: pull out and inspect cable for bends, frayed strands, evidence or excessive wear. Retrieval / retraction mode functioning properly. Pull test to make sure it catches. Check for shock loading indicator. Attach directly to dorsal D ring.		Engineered: specifically designed and engineered for fall protection. Check for capacity (how many workers). Ask Supervisor to confirm if unsure.	

Type: _____

S/N: _____

Type: _____

S/N: _____

Type: _____

S/N: _____

Comments:



AERIAL WORK PLATFORM LIFT: PRE-SHIFT INSPECTION CHECKLIST

The pre-shift inspection shall be performed prior to each day’s or shift’s use of the aerial platform lift by an authorized and trained operator of the lift. Documentation of the inspection shall be maintained by “Insert Company Name Here”., with a copy of the most recent inspection document stored on the lift. If there are any of these items that are not satisfactory place the lift out of service and report to your Supervisor immediately.

Make of Lift: _____ Model of lift: _____ Serial #: _____

Operators Name: _____ Date of Inspection: _____

<u>Item Inspected</u>	<u>Okay</u>	<u>Not Okay</u>	<u>N/A</u>
Operating controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumatic system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiring harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose/missing parts (locking pins/bolts...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placards and Warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outriggers/Stabilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrail system and locking gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Operators Signature: _____ Date: _____



BULLYING AND HARASSMENT COMPLAINT FORM

Name of person making the complaint:		Company:
Name of person complaint is against:		Company:
Date of complaint:	Location:	
Date of investigation:	Person(s) investigating:	

Person interviewed	Other people involved (e.g., alleged bully, witnesses)	Description of the situation (dates, words, actions, etc.) and impact (e.g., humiliated, intimidated)
Based on the investigation, did workplace bullying and harassment occur? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason(s) for this conclusion		
Supervisor/Manager Signature:		Date:
Copies: person making complaint, manager,		



EMERGENCY EVACUATION DRILL FORM

Year	Month	Day	Sector	Scenario	Involves*
<p>Scenario description:</p> <p><i>*Involves – Fire Drill Evacuation; Actual Fire; “Supervisor” had a heart attack; “Worker” had heat exhaustion.</i></p>					
<p>Debrief – what worked well:</p>					
<p>Debrief – what needs improvement:</p>					

Corrective Action Log

#	Problem	Required Action	Who	By When	Done

 Reviewed By (name/position) _____
 Date