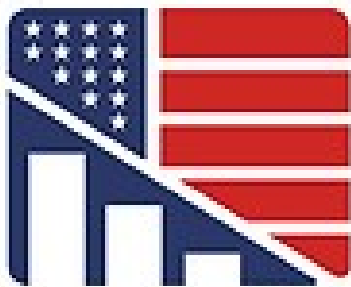


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(Insert your Company Name Here)

# Accident Prevention Plan

Provided By:



NATIONAL INDEPENDENT BUSINESS ALLIANCE

**American Businesses...Stronger Together!**

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NATIONAL INDEPENDENT BUSINESS ALLIANCE

## **DISCLAIMER:**

### **INTRODUCTION**

This Sample Drug Testing policy is designed to provide drivers, employees, and all other concerned parties with information regarding the Drug Testing policies and general practices of this company. Written information is provided herein. However, it is not the intent of the company to list all aspects of its drug testing programs, policies and or procedures within this policy. It is also understood that the information contained herein is subject to change at the discretion of the company. Additional policies and directives may be issued at any time.

It is the intent of this company to operate a Drug-free Workplace and in accordance with the regulations set forth by the Department of Transportation and all other applicable agencies. Nothing in this policy is designed to supersede these regulations. All drivers are expected to operate drug-free, safely and courteously on the highways. Evidence that this requirement is not being honored will result in the immediate revocation of the safety clearance of the offending driver.

# Accident Prevention Plan

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## Management Policy Statement

The President and Management of \_\_\_\_\_ are committed to providing a safe and healthful work environment for all our employees and others that may work, visit, or enter our facilities.

It is our policy to manage and conduct business operations in a manner that offers maximum protection to each and every employee and any other person that may be affected by our business operations.

It is our absolute conviction that we have the responsibility for providing a safe and healthful work environment for our employees and others that may be affected as we conduct our business.

We will make every effort to provide a working environment that is free from any recognized or potential hazard.

We recognize that the success of a safety and health program is contingent and dependent upon support and involvement from management and all employees of the company.

The management of this company is committed to allocating and providing all the resources needed to promote and effectively implement this Accident Prevention Plan.

This company will establish procedures to solicit and receive comments, information, and assistance from employees about safety and health.

This company will comply with all federal, state, and local safety and health regulations. Company management and supervisors will set an example of commitment to safety and health at this company.

This policy applies to all employees and persons affected or associated in any way by the scope of this business.

*Many Thanks,*

\_\_\_\_\_  
President (Signed by the President)  
(Company Name Here)

## **Authority and Accountability**

The President of \_\_\_\_\_ (company) accepts the responsibility for providing resources and guidance for the development and implementation of this Accident Prevention Plan.

The \_\_\_\_\_ (title) is responsible and will be held accountable for the overall implementation of this Accident Prevention Plan. The \_\_\_\_\_ (title) has the authority to delegate any or all portions of the plan to subordinates but will be held responsible for the performance of the plan. The \_\_\_\_\_ (title) also has the authority to approve or carry out disciplinary actions against those that violate policies, procedures, or rules.

The \_\_\_\_\_ (title) is/are responsible and will be held accountable to ensure that all employees under their control follow all safety and health policies, procedures, and rules established by this company. They are also responsible for administering training and guidance to employees under their direction. The \_\_\_\_\_ (title) has/have the authority to reprimand and recommend disciplinary actions against employees that violate the safety and health policies of this company.

Employees are responsible and will be held accountable for committing to the safety and health program, abiding by the policies, procedures, rules set forth by this plan, and becoming actively involved in the program to assist in providing a safe and healthful workplace for all involved.

Employees are encouraged to communicate their safety and health concerns with management to implement changes in our program where needed to reduce injury and illness exposures in the workplace.

Contractors that provide or perform services for this company, at any location/facility, will receive the Accident Prevention Plan for review. They are responsible for ensuring that all their employees' actions and the services delivered are in a manner consistent with our commitment to safety and health.

## Record Keeping

\_\_\_\_\_ (company) believes that the only valid means of reviewing and identifying trends and deficiencies in a safety program is through an effective record keeping program. The record keeping element is also essential in tracking the performance of duties and responsibilities under the program.

This company is committed to implementing and maintaining an active, up-to-date record keeping program.

### **Injury and Illness Data**

The \_\_\_\_\_ (title) will maintain records of all work-related injuries and illnesses of our employees.

The following forms or records are applicable only to work-related injuries and illnesses:

- Occupational Safety and Health Administration (OSHA) 300, *Log of Work-Related Injuries and Illnesses* or equivalent if required
- OSHA 301, *Injuries and Illnesses Incident Report* or equivalent if required
- *Employer's Report of Occupational Injury or Illness*; and record of first aid or other non-recordable accidents/ incidents.

The OSHA 300, *Log of Work-Related Injuries and Illnesses* or an equivalent record will be maintained at each work or job site. The OSHA 301 *Injuries and Illnesses Incident Report* or an acceptable substitute will be established, bearing a case number correlating with a case identifier on the OSHA 300 log and all pertinent and required information. The information contained in or entered on these records will be maintained current within seven calendar days after a recordable accident is reported. If an OSHA 300 is not required and not kept, an injury record must be kept to satisfy State requirements. The OSHA Form 300A *Summary of Work-Related Injuries and Illnesses* will be posted in a conspicuous location for employee review no later than February 1, for the previous calendar year and will remain in place until April 30.

All data pertaining to injuries or illnesses that did not require medical treatment or were otherwise not recordable on the above-mentioned documents will be maintained in written record form. This will include first aid treatment of any kind.

All injury and illness documentation will be reviewed annually in January by management and supervisors to analyze occurrences, identify developing trends, and plan courses of corrective actions. These records will be maintained a minimum of five years or as required by law.

## **Safety and Health Surveys and Inspection/Program**

The \_\_\_\_\_ (title) will maintain and review records of all safety audits and inspections that are conducted within or that affect the company, our employees, or facilities.

Applicable forms and records:

- Comprehensive survey reports and records of action taken; and
- Documented checklists of self-inspection and records of action taken.

Reports generated because of comprehensive surveys conducted by outside professional agencies will receive immediate attention and consideration. All hazards identified and recommendations will be acted upon in a timely manner. All methods of addressing the issues contained in the reports will be documented in writing and a copy maintained with the survey report. This documentation will also show the date corrections were made or actions taken.

These reports and all associated documentation will be maintained for record and periodic review. Members of management that receive these reports will ensure the corrective actions have been taken by the responsible personnel.

Checklists will be developed as part of the periodic self- inspection process. Checklists will be used and maintained including the name of the person performing the evaluation and the date the inspection takes place. The self inspection checklists will be reviewed by management upon completion.

All discrepancies identified during the inspection will be evaluated as soon as possible. The periodic self-inspection checklists will be reviewed and evaluated on a regular basis to ensure current applicability. This review will be performed throughout the workplace with input from supervisors and employees. The checklist will be retained along with other applicable data for review. The list will be developed with the assistance of professionals providing comprehensive surveys (insurance field safety representatives, local fire inspectors, etc.). The hazards and recommendations noted in the comprehensive surveys will be given consideration for addition to the periodic self-inspection checklist. Area supervisors will be responsible for requisitioning and assisting in the correction process.

The formal Accident Prevention Plan components will be reviewed annually to identify insufficiencies or component failure. Each will be audited individually with the findings documented and recorded. This documentation will be used to identify trends in the program element deficiency and to track improvement modifications. This documentation will be maintained for review.

## **Safety or Other Related Meetings**

The \_\_\_\_\_ (title) will maintain accurate records of all proceedings associated with the safety and health program of this company. Applicable forms records, minutes, records, and data resulting from safety meetings or other gatherings in which discussion occurs that affects the safety and health program.

Keep a record of all proceedings and appropriate management or other designated staff actions affecting the safety and health program. These records will include the name of the recorder, date, a list of attendees, details of the topics discussed, and action or corrective measures suggested, recommended, or taken. The purpose of these is to ensure that decisions affecting the safety and health program of this company are carried out, implemented, and that results are tracked.

Designate a recorder who will be responsible for the minutes or records at each meeting. During each subsequent meeting, the record of minutes for the previous meeting will be reviewed, discussed, resolved, and the document closed with an authorized signature.

## **Training Records**

The \_\_\_\_\_ (title) will document and maintain records of all safety- and health-related training including applicable forms or records and training documentation records.

All safety and health related training provided to employees of this company will be documented. This documentation will be maintained as proof of attendance and reviewed to assist in determining the need for additional or repeated training for employees on an individual basis. Records and documentation of training will include the presenter's name, date of training, topic or subject, legible identification of the attendee, and attendee's signature. The person providing the training is responsible for generating the documentation. The training record will become part of the employee's permanent file and will be maintained by \_\_\_\_\_ (title) for a minimum of five years or as required by law.

## **Accident Investigation**

The \_\_\_\_\_ (title) will ensure proper records and documentation of all accident and incident investigation activities are maintained and reviewed. The applicable forms and records are accident investigation forms with supporting data including photographs and records of corrective action or preventative measures implemented.

All accidents and near miss incidents resulting in injury or illness to a person, property damage of any magnitude, or the potential for either, will be investigated and documented.

All items on the designated accident investigation form will be addressed in detail as soon as possible following the accident/incident. The information acquired will be used and reviewed by management, supervisors, and effected employees to establish all contributing factors and causes. From the investigation, a plan of corrective action will be established to prevent recurrence of the accident/incident. The plan of corrective action and implementation will be documented and reviewed by management. The investigations are to find out the facts, not to place blame. Any suggestions employees may provide on how to prevent future accidents or incidents are encouraged.

### **Equipment Inspection and Maintenance**

The \_\_\_\_\_ (title) will maintain records and data pertaining to equipment inspection and maintenance programs performed at or with each facility for a minimum of five years or as required by law. Applicable forms and records may include:

- Routine inspection and maintenance records
- Documentation of services performed by contract agreement
- Documentation of repair and replacement of parts or equipment
- Manufacturer's instructions for operation and maintenance of equipment.

Accurate records will be maintained involving all routine inspection and maintenance procedures performed on equipment at this company. This documentation will be reviewed periodically by those responsible for maintaining equipment and facilities. The documentation will be utilized to determine an effective, ongoing equipment maintenance program and to ensure compliance with regulations that require inspections on certain equipment.

## **Analysis**

The \_\_\_\_\_ (title) of \_\_\_\_\_ (company) will review and analyze all records and documentation pertaining to the safety and health program. This review will be conducted on a \_\_\_\_\_ (frequency) basis and will focus on hazard and injury analysis, and recognition of developing trends.

Trend analysis will identify recurring accidents and near-miss incidents resulting in or potentially involving: injury, illness, or property damage. The analysis will also recognize repeatedly identified hazards or violations needing corrective action to establish what plan component is failing that allows the hazard to exist.

The \_\_\_\_\_ (title) will provide information and recommendations for corrective measures for trends developing in their areas. Employees will be made aware of developing trends and hazard exposures as they are recognized. Employees will be contacted to provide their input on the methods they think would be successful in reversing any identified negative trends. Trends of accidents or hazard recurrences will be a focal point for corrective action and employee training.

The \_\_\_\_\_ (title) will follow up on corrective measures at each location until the causal factor has been eliminated or controlled.

Employee training records will be reviewed annually in the month of \_\_\_\_\_ to ensure an adequate and effective training program is maintained. Employees will be interviewed periodically to establish their retention of training and determine when information should be updated.

## **Safety and Health Training**

\_\_\_\_\_ (company) is committed to providing safety and health related orientation and training to all employees at all levels of the company.

The \_\_\_\_\_ (title) will develop, implement, and maintain an aggressive safety and health orientation and training programs. The plan's purpose is to educate and familiarize employees with safety and health procedures, rules, and work practices of their facility. The management of this organization will encourage and require involvement and participation of all managers, supervisors, and employees. Furthermore, the management will support the orientation and training program with allocations in funding, staff, resources, and time to develop and implement this plan.

### **Training Program Development**

The training subjects and materials are developed utilizing industry and site-specific criteria relating to identified and potential hazards, accident and incident data, and training required by federal regulations. The orientation, and subsequent training sessions will include, but not be limited to, the following:

- Hazards associated with the work area
- Hazards of the job or task assignment
- Emergency procedures
- Personal protective equipment
- Hazard communication (hazardous chemicals and materials)
- Specific equipment operation training
- Employee reporting requirements
- Accident investigation (supervisors and other designated personnel)
- Confined space entry
- Any federally required training not included or addressed above

The training program shall be administered in two phases consisting of new employee or reassignment orientation and regular periodic training and refresher sessions. Aside from the formal safety and health training classes, employees will receive guidance and instruction on safe operating procedures of each assigned job or task. Employees are expected to provide feedback to management on the usefulness or applicability of the training provided to them.

### **Orientation**

Orientation training will be administered to all new employees prior to the initial work assignment and to employees assigned to new or different tasks or jobs.

The orientation will consist of all required training programs as well as job and site-specific safety and health information. All new employees will be given a tour of the

facility and an opportunity to pose questions to expedite the familiarization process. New employees will not be released to an individual job assignment until it has been determined by \_\_\_\_\_(title) that the individual has retained the minimal acceptable elements of the training provided and pertinent information to safely perform the assigned duties.

### **Ongoing Training**

All managers, supervisors, and employees are required to participate and become involved in the ongoing safety and health training program. The frequency, repetitiveness, and subject matter will be determined by training assessments and audits to be performed by \_\_\_\_\_ (title) and will be at intervals that ensure demonstration of adequate training. The assessments and audits will, for the most part, be informal questions and observations of employees and work areas.

At some point, a more formal survey, such as a written examination, may be required. At no time will an employee be approved to work more than 12 months without retraining. All employees assigned to attend a training session must demonstrate competency and retention of the minimal acceptable information of the training prior to returning to any job assignment. The \_\_\_\_\_(titles) have the authority to assess training effectiveness and are responsible for enforcing implementation of criteria requirements of all training.

### **Documentation**

Any and all safety and health related training administered or provided by \_\_\_\_\_ (company) will be documented with the following minimum information:

- Date of training session
- Provider (name of person conducting training and affiliation)
- Subject matter
- Legible name of attendee(s) and supplemental identification if required
- Signature or acknowledgement of attendance.

All training records and documentation will become a permanent part of each employee's record as well as a master record used to determine participation of all employees. Individual training records will be maintained for the current year plus five more.

## **Safety Audit and Inspection**

The \_\_\_\_\_ (title) has implemented a program to identify, correct, and control hazards on an ongoing basis. This program will utilize multiple resources to ensure effectiveness.

### **Comprehensive Surveys**

This company has arranged for each operating location to receive a comprehensive safety and health audit by \_\_\_\_\_ (title) on a regular basis — at least \_\_\_\_\_ (frequency). These audits will identify existing and potential hazards and noncompliance issues that should be addressed. The findings of the surveys will be discussed and recommendations for corrective actions suggested. Audits will also be conducted to evaluate the overall effectiveness of the Accident Prevention Plan and employee training. Recommendations will be made to enhance the performance of the safety and health program. Reports will be forwarded to management for review.

### **Safety and Health Self-Inspections**

The \_\_\_\_\_ (title) at each site/facility will conduct \_\_\_\_\_ (frequency) in-house safety and health self-inspections that will cover the entire facility and equipment. Employees will conduct constant informal inspections of their work areas and tools. If any potential exposures or deficiencies are identified, employees are expected to communicate these to their supervisors if the employees are not able to rectify the situation immediately.

All inspections will be conducted on an ongoing basis without interruption. Management will allocate adequate time and resources to perform the inspections. Each location will develop and maintain an inspection checklist specific to the operation. The list will be developed utilizing a general inspection checklist and will be evaluated and updated with hazards that are identified during the inspections and other pertinent data as it is acquired. The contents of this checklist will be reviewed on a regular basis to ensure that it is current and updated.

The checklist will become a part of the permanent record of the inspection and will serve as a confirmation of the audit. Each checklist will indicate the location, specific site or area inspected, name and title of the inspector, date of inspection, and corrective action taken for identified hazards or violations. The inspection report will be used in trend analysis and record keeping.

Employees must be notified of the hazards that pose an immediate threat of physical harm or property damage, and informed of measures or steps that will be taken to eliminate, correct, or control the hazard. Management will review the inspection checklists and any other established documentation to ensure that a course of corrective action and time line has been established for eliminating each deficiency.

## **Accident and Hazard Investigation**

Management is committed to and will correct or control all hazards identified through any of the avenues of recognition established. All identified hazards will receive a timely response.

### **Hazard Correction**

Whenever possible and feasible, hazards identified at facilities will be corrected eliminating the cause of the hazard at the source. This will include, but not be limited to, the following:

- Discontinuation from use or removal of hazardous chemicals, materials, or substances from the workplace
- Discontinuation from use or removal of hazardous equipment until replaced or repaired
- Correction of any unsafe acts or conditions in existence, by service or training.

### **Hazard Control**

When identified hazards cannot be eliminated, the hazard will be effectively controlled by engineering, administrative procedures, work practices, personal protective equipment, or any suitable combination of these measures. Engineering controls will include, but not be limited to, the following:

- Isolation of employee exposure to the hazard
- Guarding or displacement of employee exposure to the hazard
- Preventive maintenance and repair of machinery and equipment

Administrative procedures will include, but not be limited to, the following:

- Written programs to establish administrative guidelines for safe work practices
- Established and implemented work rules and procedures

Work practices will include, but not be limited to the following:

- Careful planning and performance of each assigned job, duty, or task
- Reduction in duration of exposure to hazards
- Adherence to safety and health rules and procedure

Personal protective equipment will be the control of last resort when all other means of eliminating the hazards have not provided adequate protection to the employee. When personal protective equipment is issued, the employee will be informed of the requirements, use, and limitations of the equipment.

## **Accident Reporting and Investigation**

The \_\_\_\_\_ (title) will investigate all work related accidents and near miss incidents involving employees or company property to develop preventive measures and implement corrective actions.

### **Employee Reporting**

All employees and associates are required to report to their immediate supervisor, any of the following:

- Accidents or incidents with injury or illness of any magnitude (including first aid related cases)
- Accidents or incidents resulting in property or equipment damage of any magnitude
- Any near miss incidents that could potentially have resulted in injury or illness or property damage.

### **Employer Reporting**

The \_\_\_\_\_ (title) will report the following as required:

- [State] Workers' Compensation Commission: Fatalities and accidents involving hospitalization of five or more injuries will be reported within 24 hours
- OSHA: Fatalities and accidents involving hospitalization of three or more injuries will be reported within eight hours

The \_\_\_\_\_ will be maintained as this company's recordable injury log and nonrecordable injuries will be maintained on a separate log.

### **Accident Investigation**

The \_\_\_\_\_ (title) will be responsible for conducting investigations of accidents that occur in their areas or that affect employees under their supervision. Upon notification of an accident or near-miss incident, the responsible supervisors will begin investigation to determine the following:

- How the accident or incident occurred
- Special circumstances involved
- Underlying, indirect, or associated causes
- Corrective actions or preventive measures and controls.

Accidents and incidents involving situations where multiple supervisors are affected (an employee of one department injured in another) will be investigated jointly. The supervisor of the area where the incident occurred will be in charge of, and be held accountable for, the investigation.

## **Documentation**

All activities and findings of the investigators will be documented and recorded for review. Accident investigation documentation will record as a minimum, the following information is required for injury records:

- Date and time of occurrence
- Name of person involved, job title, area assigned
- Date of birth, sex, wage, length of service, and social security number
- Location of occurrence
- Nature and severity of injury or illness
- Name of person conducting the investigation
- Name of immediate supervisor of employee
- Job assignment or duties being performed at time of incident
- Special circumstances or encumbrances
- Details of how the accident occurred
- Injury and part of body affected
- Description of any equipment affected or involved
- Names and comments of witnesses
- Direct cause
- Indirect, underlying, or contributing factors (including fault or failure in safety and health program elements)
- Corrective action implemented or preventive measures taken (including safety and health program adjustments).

## **Periodic Review and Revision of Components**

The \_\_\_\_\_ (title) or other designated representative will review and revise the components of the Accident Prevention Plan \_\_\_\_\_ (frequency) for effectiveness and implementation. Special attention will be devoted to areas and criteria that demonstrate failure in a program component, introduction of new procedures, processes, or equipment. Corrective measures will be taken as needed to reemphasize or restructure the Accident Prevention Plan to perform at the optimum effectiveness.

Information will be solicited from area supervisors and employees to determine the effectiveness of each program component, and to develop adjustments and corrections.

## **Goals and Objectives**

## **Goals**

An effective Accident Prevention Plan can achieve the following goals:

- Effective involvement of each and every employee of the company in safety
- Eliminate any and all hazards (current and potential) that expose or create risk of any nature
- Reduce all work-related incidents resulting in injury or illness to employees or other person associated with our business operations
- Reduce lost work days due to incidents resulting in injury or illness to any employee or other person or property damage from such incidents
- Increase awareness of the overall safe operation of all facilities
- Increase employee morale by knowing their work environment is maintained as free as possible from any and all recognized hazards
- Eliminate work-related injuries and illnesses, property damage, and all associated losses.

## **Objectives**

Implementation of an effective Accident Prevention Plan

- Commitment for ongoing safety program support from management and employees
- Assigned responsibilities and accountabilities for the safety program
- Allocation of adequate resources to the safety program
- Establish lines of communication between management and employees at all levels for safety and health concerns
- Effective records and documentation maintenance and review
- Completion of comprehensive surveys and periodic self-inspections
- Implementation of effective measures for hazard identification, correction and control
- Implementation of effective orientations and training programs; and
- Initiation of regular program review and revision procedures

The goals will be realized only if the objectives are carried out without hesitation or interruption, and if every employee becomes interested in the safety program and its success.

## **Employee Commitment and Responsibilities**

We recognize the success of any company endeavor is largely dependent on its entire workforce. This company recognizes the value of employee involvement to assist us in achieving the goals we have set for ourselves.

1. The company President aggressively solicits from all employees the assistance for, and commitment to, the implementation of the Accident Prevention Plan.
2. Employees are encouraged and expected to become involved in all aspects of implementing this Accident Prevention Plan.
3. Employees are expected to use established procedures to submit comments, information, and assistance where safety and health is concerned.
4. Employees are expected to perform their job duties in a manner that is safe for themselves, as well as those around them.
5. Employees are required to follow all safety and health policies, procedures, and rules established or followed by this company.
6. Employees of this company will adhere to the safety and health regulations established by federal, state, and local agencies.
7. Employees are expected and required to adhere to this company's safety and health program. This is not optional!

## **Employee Involvement**

Management encourages employee involvement in the implementation of the safety and health program of this facility. We solicit this involvement by giving each employee an opportunity to participate and be responsible for implementation of the safety program for their respective areas or job.

### **Departmental Safety Meetings**

This company will ensure that all employees meet on a regular basis to discuss safety and health issues or concerns and increase employee awareness of the safety and health program. Regular meetings will keep the program active in the minds of the employees, and offer an avenue for employees to voice concerns regarding workplace safety and health. Meeting minutes and attendance records will be kept on file. Minutes will include all safety items and procedures discussed as well as the date and time of the meeting.

### **Reporting of Hazards and Unsafe Conditions**

As a condition and requirement of employment, all employees are required to report hazards and unsafe conditions in the workplace to \_\_\_\_\_ (title). He/she will take prompt and appropriate action to determine if a hazard exists. If it is determined that a hazard does exist, immediate attention for correction or interim protective measures will be taken. The reporting employee will be notified of the corrective action taken or the procedures used to conclude that no hazard existed. If practical, this information will be shared with all facility employees.

### **Documentation**

All hazard reports and corrective measures/action taken will be documented and recorded. This documentation will be reviewed by management. Pertinent information will be made available for employee review.

## **Disciplinary Policy**

\_\_\_\_\_ (company) has developed a disciplinary policy that applies to the safety and health program of this company. The disciplinary policy will be a tool to ensure enforcement of the rules and procedures established by this Accident Prevention Plan to promote a safe and healthful working environment. The disciplinary policy applies to all employees of this company.

**Verbal Warnings**

Management or supervisors may issue verbal warnings to employees that commit minor infractions or violations of the safety rules or safe work practices. Continued violations or verbal warnings can lead to more stringent action.

**Written Warnings**

Management or supervisors may issue written warnings for the following:

- Repeated violation of minor safety rules or procedures
- Single serious violations of a rule or procedure that could have potentially resulted in injury to themselves, another employee and/or could have caused property damage
- Activities that could potentially result in injury and/or property damage.

**Disciplinary Leave**

Supervisors may recommend, and management may institute, disciplinary leave for the above reasons and the following:

- A single serious violation of a rule or procedure that results in injury to an employee and/or property damage
- Repeated violations and/or nonconformance to safety rules or procedures.

**Termination**

Supervisors may recommend and management may concur in the termination of any employee for repeated serious violations of the above circumstances.

**Documentation**

Violations of company or safety rules, regulations, or procedures will be documented by filling out a report on the employee. The report will state the type of violation and corrective action taken. The employee must read and sign the report acknowledging that they understand the seriousness of the violation.

## Self-Inspection Forms

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

Location or Department Inspected: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

|   | YES  | NO   |
|---|--|--|
| <b>Housekeeping</b> -Is the work area clean and orderly?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Floors</b> - Are floors in good condition (smooth, clear surfaces without holes, cracks, or humps)?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Aisles</b> - Are aisles and passageways clear, dry, and free of tripping hazards?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Stairways</b> -Are stairs in good condition, with handrails, and adequate lighting?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Storage</b> - Are materials, products, or supplies properly and safely stacked to a workable height?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Ladders</b> - Are ladders provided where needed, of standard construction, and in good physical condition?                                     | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Machines &amp; Equipment</b> - Are machines and equipment in safe operating condition? Are the necessary guards provided and used?             | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Hand Tools</b> - Are the right tools for the job being used?<br>Are they in good condition?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Electrical</b> - Are all required grounds provided on power tools and extension cords?<br>Is electrical equipment in good operating condition? | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| <b>Lighting</b> - Is adequate lighting provided in all work areas?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Eye Protection</b> - Are all employees provided with suitable eye protection when around operations that produce flying particles?             | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>First Aid</b> - Are first aid supplies provided and accessible?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Fire Extinguishers</b> - Are fire extinguishers easily accessible and properly serviced?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Entrances</b> -Are entrances kept dry or provided with nonskid mats?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Exits</b> -Are emergency exits marked, clear, and easily accessible?<br>Are exit doors unlocked and do they swing toward the outside?          | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| <b>Exterior</b> (sidewalks, parking lots, etc.) -Are sidewalks and parking lots smooth and free of cracks, holes, and tripping hazards?           | <input type="checkbox"/>                             | <input type="checkbox"/>                             |

**Training** -Are all employees trained in proper lifting techniques and material handling?

**Signs** -Are safety instructions and warning signs posted where needed?

## **Accident Prevention Plan Employee Acknowledgment**

Employee Name: \_\_\_\_\_

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

Social Security No: \_\_\_\_\_

Driver's License: \_\_\_\_\_

I acknowledge that I have received, read, and understood the contents of the Accident Prevention. If unable to read, the contents of the Accident Prevention Plan have been explained by my supervisor.

I understand that compliance with all stated company policies, including safety, is a condition of continued employment with this company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Safety Hazard Report

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

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

Day of Week: \_\_\_\_\_

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

**Hazard Description:**

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|                  |                     |              |
|------------------|---------------------|--------------|
| <b>Signature</b> | <b>Printed Name</b> | <b>Title</b> |
|------------------|---------------------|--------------|

**Recommendation:**

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|                  |                     |              |
|------------------|---------------------|--------------|
| <b>Signature</b> | <b>Printed Name</b> | <b>Title</b> |
|------------------|---------------------|--------------|

**Action Taken:**

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|                  |                     |              |
|------------------|---------------------|--------------|
| <b>Signature</b> | <b>Printed Name</b> | <b>Title</b> |
|------------------|---------------------|--------------|



## Supervisor's Report of Employee Injury Investigation

Injured Employee: \_\_\_\_\_

Date of this report: \_\_\_\_\_

Job Title: \_\_\_\_\_

Age: \_\_\_\_\_

Date and time of injury: \_\_\_\_\_

Where injury happened: \_\_\_\_\_

Report to supervisor or first aid delayed? \_\_\_\_\_

Why?

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

Supervisor's comments regarding cause of injury: \_\_\_\_\_

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

Was there lost time as a result of this injury? \_\_\_\_\_

Lost time began: \_\_\_\_\_

What should be done, and by whom to prevent recurrence of this type injury in the future?

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

What action will be taken to see that this is done?

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

Was employee's previous injury record reviewed with him or her? \_\_\_\_\_

Total number of injuries to date? \_\_\_\_\_ Date employed: \_\_\_\_\_

Does previous injury record indicate repeated types of injuries? \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

## **Training Attendance List**

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

Program Title: \_\_\_\_\_

Trainer: \_\_\_\_\_

The following personnel attended the training listed above:

| <u>NAME</u> | <u>SSN</u> | <u>SIGNATURE</u> |
|-------------|------------|------------------|
| _____       | _____      | _____            |
| _____       | _____      | _____            |

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Topics Discussed

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## **Annual Review Accident Prevention Plan**

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

New Exposure Identified: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date of next review: \_\_\_\_\_