



Site Specific Safety Plan

For

Project Name

Project Address

Project City, State, Zip

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1. Scope of Work

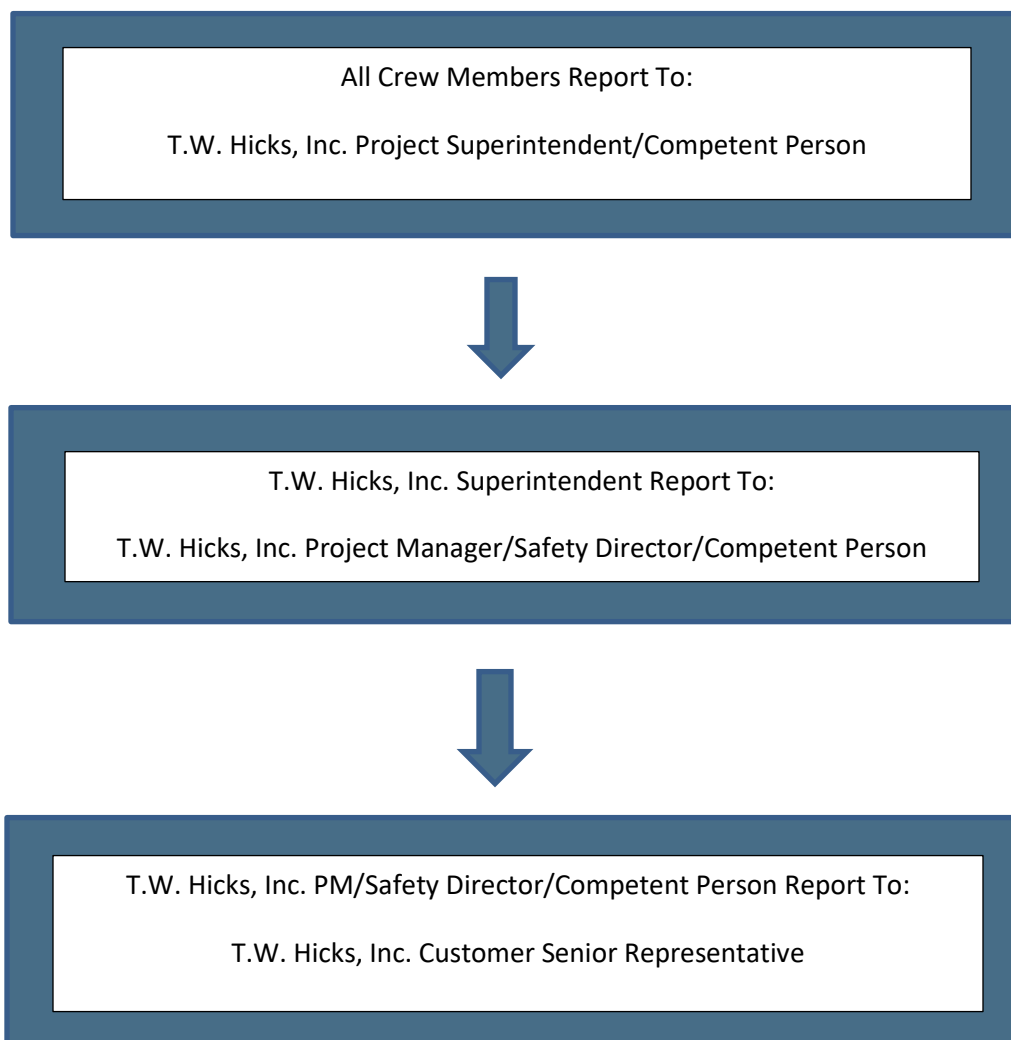
- a. Resinous Flooring, Division(s) 09 Section(s) 09 67 23
- b. Please see proposal for complete scope of work.
- c. Job Hazard Analysis (Please refer to Appendix J.)

2. Safety Policy

- a. T.W. Hicks, Inc. operates to the Safety, Health and Environmental policy. T.W. Hicks, Inc. management is responsible for the interpretation and implementation of this policy. T.W. Hicks, Inc. is a DOT/OSHA compliant organization. T.W. Hicks, Inc. considers safety to be a critical element of our business, and we insist that our employees take an active role in the prevention of accidents. We believe that nothing that we do is more important than the safety of ourselves and others. It is the responsibility of every employee to make safety for themselves and others a primary concern. In turn, we will conduct our business so as to:
 - i. Ensure the safety and health of our workers,
 - ii. Protect the public, the environment, and the property of others from injury or damage resulting from our activities,
 - iii. Comply with applicable laws and regulations governing environmental, health and safety, and
 - iv. Comply with the rules and regulations of our clients.
 - v. Comply with all State Safety Requirements.

3. Safety Risk Identification, Assessment & Management

- a. All T.W. Hicks, Inc. employees shall perform their assigned tasks and duties so as to:
 - i. Be in full compliance with OSHA and customer safety requirements and procedures.
 - ii. Follow T.W. Hicks, Inc. Safety Policy Procedures. (see Appendix A)
 - iii. Participate in all safety meetings and daily toolbox meetings. (see Appendix B)
 - iv. Smoking is not allowed at any time. NO EXCEPTIONS!
 - v. Report all safety and environmental related incidents to the Project Manager as soon as possible.
 - vi. The following Chart of Command will be used throughout this project:



4. Codes, Standards, and Company Specification

- a. Unless modified herein, all work will be performed in compliance with the latest applicable local, state, and federal regulations as well as industry standards, project drawings if any, and with customer specifications.

5. Safety Roles & Responsibilities

- a. Although it is anticipated that the project will be successfully completed without injury or accident, should one occur the incident must be immediately reported to the Customer's Senior Representative and T.W. Hicks, Inc. Project Manager and Safety Director. The incident shall be investigated to prevent its recurrence.
 - i. The goal for the project shall be zero OSHA Recordable Injuries
 - ii. Leadership will be visible and supportive of the crew in their efforts to meet expectations.
 - iii. Everyone on the project is empowered to take action to prevent unsafe acts and/or situations including stopping work.
 - iv. It is the responsibility and right of every project team member to work safely and to promote a safe work environment for all.
 - v. All accidents and injuries are preventable.
 - vi. Safety is the priority and will not be sacrificed for schedule or operations.
 - vii. All personnel will wear the proper Personal Protective Equipment (PPE) on this project. (Please refer to Appendix C for T.W. Hicks, Inc. complete PPE Policy.) PPE required for this project will include Reinforced Toe Boots, Safety Glasses, Hearing protection (which must be readily available and worn as applicable), Gloves, and Respirator. All Personnel will wear Safety Hats throughout the duration of this Project.
 - viii. MSDS will be readily available and submitted to customer via submittals prior to commencement of a project. (Please refer to Appendix D for T.W. Hicks, Inc. complete Hazard Communication Program.)
 - ix. Communications will be maintained between everyone on site.
 - x. Personnel Roster will be provided to Customer at commencement of work.

6. Safety Training, Awareness & Competence

- a. All T.W. Hicks, Inc. employees are initially trained and certified in safe inspection-work practices, hazard communication and assessment, accident/incident reporting, the emergency action plan, or other requirements necessary to perform their job, prior to job assignment. In addition, ongoing safety training during each employee's tenure to include hands-on training or pre-job safety meetings will be routinely conducted.
 - i. All T.W. Hicks, Inc. employees are drug screened upon hire, and at least once a year after being hired and/or at random. (Please refer to Appendix K.)
 - ii. All T.W. Hicks, Inc. employees are required to have completed 10-Hour OSHA training. Project Managers and Safety Director have completed OSHA 30-Hour training and are the competent persons on any jobsite.
 1. Project Superintendent/Competent Person for this project is Jose Arias and Project Manager/Competent Person is Chris Stubblefield. (Please refer to Appendix H.)
 - iii. All T.W. Hicks, Inc. employees are required to have the Silica Training.
 - iv. All Project Managers and Safety Director have their First Aid/CPR Certification. (Please refer to Appendix H.)
 - v. T.W. Hicks, Inc. also provides Respiratory Fit Testing.
 - vi. T.W. Hicks, Inc. drivers must also pass a DOT physical and drug screen.

7. Emergency Response Plan

- a. Medical Emergency
 - i. Move victim to safe location if necessary.
 - ii. Administer first aid, as necessary. If one or more employees/patients become severe, contact emergency services 9-1-1 for advance care.
 - iii. Notify the Project Manager as soon as possible.
 - iv. It should be noted that before work begins at any location, all employees will be made aware of all emergency phone numbers.
- b. Severe Weather
 - i. T.W. Hicks Inc. will monitor weather and will alert all T.W. Hicks, Inc. personnel in a timely manner.

- ii. Evacuate personnel to a safe, predetermined location discussed prior to the start of each project.
 - iii. Wait for instructions from the Project Manager prior to returning to work.
- c. Fire Emergency
- i. Evacuate personnel to safe location.
 - ii. Notify Customer Senior Representative and T.W. Hicks, Inc. Project Manager immediately.
 - iii. Notify Local Fire Department immediately.
 - iv. Wait for instructions from the Customer Senior Representative prior to returning to work.
- d. Active Shooter- RUN. HIDE. FIGHT.
- i. Run
 - 1. Escape if possible and leave belongings behind. Getting away from the shooter is top priority.
 - 2. Help others escape, if possible, but evacuate regardless of whether others agree to follow.
 - 3. Warn and prevent individuals from entering an area where the active shooter may be.
 - 4. Call 911 when you are safe, and describe shooter, location, and weapons. Communicate the shooters or violent intruder's location in real time. Remain on the call.
 - 5. Resist the urge to call home, they cannot help you right now, and it creates additional chaos when law enforcement arrives.
 - ii. Hide
 - 1. If escape is not possible, hide. Get out of the shooter's view and stay very quiet.
 - 2. Silence all electronic devices and make sure they will not vibrate.
 - 3. Lock and block doors, close blinds, and turn off lights.
 - 4. Do not hide in groups-spread out along walls or hide separately to make it more difficult for the shooter.
 - 5. Use text message or social media to tag your location or put a sign in a window.
 - 6. Stay in place until law enforcement gives you the all clear.
 - 7. Your hiding place should be out of the shooter's view and provide protection if shots are fired in your direction.

- iii. **Fight**
 - 1. As an absolute last resort.
 - 2. Commit to your actions and act as aggressively as possible against the shooter.
 - 3. Recruit others to ambush the shooter with makeshift weapons like chairs, fire extinguishers, scissors, books, etc.
- iv. **After** the shooting stops, follow this information:
 - 1. Keep hands visible and empty while avoiding quick movements towards officers.
 - 2. Know that law enforcement's first task is to end the incident, and they may have to pass injured along the way.
 - 3. Follow law enforcement instructions and evacuate in the direction they come from, unless otherwise instructed.
 - 4. Take care of yourself first, and then you may be able to help provide first-aid to the wounded before first responders arrive.

8. Safety Inspections, Audits and Investigations

- a. All injuries, illnesses, HSE incidents, and near hit incidents, which could have resulted in an HSE incident, will be promptly reported to the Senior Customer Representative. (Please refer to Appendix E for T.W. Hicks, Inc. complete Accident Investigation Procedures.) Examples of incidents that will be reported include the following:
 - i. Days Away From Work Injuries or Illnesses
 - ii. OSHA recordable injuries or illnesses
 - iii. First Aid cases
 - iv. Vehicle Accidents
 - v. Environmental releases and spills
 - vi. Near hit incidents
 - vii. Unsafe acts
 - viii. Unsafe conditions
 - ix. Property Damage
 - x. Security Incident
 - xi. Fire
- b. The following types of safety inspection/audits may be conducted:

- i. T.W. Hicks, Inc. Project Manager will perform documented Site Inspections daily to ensure crew have appropriate PPE and are following all safety measures.

9. Return-to-Work Policy

- a. As a component to T.W. Hicks, Inc.'s overall safety plan, the Company has instituted a formal Transitional Duty Program. While our primary goal is to prevent accidents, we recognize that they do occur. Our Transitional Duty Program has been developed to return our most valued asset, our employee, back to work in a full capacity. (Please refer to Appendix I for T.W. Hicks, Inc. complete Return-to-Work Policy.)

10. Crystalline Silica Exposure Control Program

- a. This program serves to help T.W. Hicks, Inc. and its employees comply with Occupational Safety and Health Administration (OSHA) respirable crystalline silica requirements as found in 29 CFR 1926.1153. (Please refer to Appendix F for T.W. Hicks, Inc. complete Crystalline Silica Exposure Control Program.)

11. COVID-19 MITIGATION PLAN

- a. T.W. Hicks, Inc. is committed to the safety and health of our employees, their family's health, and the safety and health of the customers employees and facilities that we are honored to serve. (Please refer to Appendix G for T.W. Hicks, Inc. complete COVID-19 MITIGATION PLAN.)



SAFETY POLICY STATEMENT

T.W. Hicks, Inc. is committed to providing a safe and healthy work environment for all employees and others that may work, visit, or enter our facilities.

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

It is our absolute conviction that we have the responsibility for providing a safe and healthful work environment for our people and all 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 our safety program is contingent and dependent upon support from the managers and all employees of the company. The managers are committed to allocating and providing all the resources needed to promote and effectively implement all aspects of the company's safety program.

The managers will establish avenues to solicit and receive comments information and assistance from employees about safety and health.

T.W. Hicks, Inc. will comply with all federal, state and local safety and health regulations.

This policy applies to all employees and persons affected or associated in any way by the scope of T.W. Hicks, Inc.

Tim Hicks, President



Safety

To assist in providing a safe and healthy work environment for employees, customers, and visitors, T.W. Hicks, Inc. has established a workplace safety program. This program is a top priority for T.W. Hicks, Inc. The Operations Manager has responsibility for implementing, administering, monitoring, and evaluating the safety program. Its success depends on the alertness and personal commitment of all. T.W. Hicks, Inc. provides information to employees about workplace safety and health issues through regular internal communication channels such as supervisor-employee meetings, bulletin board postings, memos, or other written communications.

Employees and supervisors receive periodic workplace safety training. The training covers potential safety and health hazards and safe work practices and procedures to eliminate or minimize hazards. Some of the best safety improvement ideas come from employees. Those with ideas, concerns, or suggestions for improved safety in the workplace are encouraged to raise them with their supervisor, or with another supervisor or manager. Reports and concerns about workplace safety issues may be made anonymously if the employee wishes. All reports can be made without fear of reprisal.

Each employee is expected to obey safety rules and to exercise caution in all work activities. Employees who violate safety standards, who cause hazardous or dangerous situations, or fail to report or, where appropriate, remedy such situations, may be subject to disciplinary action, up to and including termination of employment. In the case of accidents that result in injury, regardless of how insignificant the injury may appear, employees should immediately notify the appropriate supervisor.

It is the position of T.W. Hicks, Inc. to issue safety equipment to every employee upon employment and is expected that every employee adhere to the company safety regulations. In the case an item of safety equipment is misplaced it will be the responsibility of the employee to notify supervisor immediately for a replacement. If an item is wore out and is in need of replacement the appropriate supervisor will replace the safety item.

It is the responsibility of every employee to arrive ready to work with all safety equipment in hand. If an employee arrives at work without their safety equipment, they will be sent to retrieve their equipment. Under such circumstances, employees will not be compensated for the time away from work.

To assure safety in all T.W. Hicks, Inc. locations, it is policy that every employee while operating a company vehicle wears a seat belt and adheres to the posted speed limits. Disregarding or failing to comply with the safety standards could lead to disciplinary action, up to and including possible termination or employment.



TOOL BOX MEETING

<input type="checkbox"/> Pre-Job	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Post-Job
Date:			
Job #:			
Job Name:			
Location:			
Project Manager:			
JOB INFO/ CHECKLIST			
PPE			
• Hard Hat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Safety Glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Steel Toe Boots	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Coveralls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Hearing Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Dust Masks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Safety Vest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Communication			
• COVID-19...Hand Washing & Face Mask	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Sprains/Strains	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Incident Reporting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Scope of Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Material Storage & Handling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
First Aid Requirements			
• First Aid Kits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Emergency #'s	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Discussion			

Names & Signatures of Attendee's			

T.W. HICKS, INC.

PERSONAL PROTECTIVE EQUIPMENT POLICY

I. PURPOSE

This program implements 29CFR1910.132 through 29CFR1910.138, the OSHA standard on personal protective equipment for general industry. This policy should be very instrumental in reducing the probability of injury to employees.

II. SCOPE

This program covers all employees.

III. POLICY

Personal Protective Equipment will be required and must be used in all areas where equipment or materials used, the job or operation performed, or the location is a hazard to the health and safety of the employee.

IV. HAZARD ASSESSMENT AND EQUIPMENT SELECTION

T.W. Hicks, Inc. shall assess the workplace at least annually to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment.

T.W. Hicks, Inc. shall verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; and the date of the assessment.

The facility must select and have each affected and authorized employee use the types of personal protective equipment that will protect the employees from the hazard identified in the hazard assessment.

Defective and damaged equipment shall not be used.

V. CONTROL OF PERSONAL PROTECTIVE EQUIPMENT

Each affected employee will be issued the personal protective equipment he or she is required to use, and if due to neglect or abuse, the equipment is lost or broken, the employee will be required to purchase replacement equipment.

In the event that an employee quits or is terminated, the employee will be required to turn in his protective equipment before receiving his final payroll check.

Each manager will be responsible for requisitioning the personal protective equipment needed in his department. This can be done through the Purchasing Department so that we can maintain uniformity and high quality in equipment that is purchased.

VI. ENFORCEMENT OF THE PERSONAL PROTECTIVE EQUIPMENT POLICY

If an employee reports to work without his personal protective equipment, he will not be allowed to go to his job without first obtaining the proper personal protective equipment. Visitors must comply with the plant rules involving personal protective equipment. For example, if safety glasses are required for all employees in a plant,

then visitors will also be required to wear safety glasses when they enter the plant. The ranking facility manager will be responsible for enforcing the policy in his facility.

VII. EDUCATION AND TRAINING

All employees who are required to wear personal protective equipment must be trained to know at least the following:

- A. When Personnel Protective Equipment is necessary.
- B. What Personnel Protective Equipment is necessary.
- C. How to put on, remove, adjust, and wear Personnel Protective Equipment.
- D. How to properly care for and maintain Personnel Protective Equipment, as well as know equipment life expectancy and when to discard deteriorating or defective equipment.
- E. Limitations of Personnel Protective Equipment's ability to protect against hazards.

T.W. Hicks, Inc. shall verify that each effected employee has received and understood the required training through a written certification that contains the name of each employee trained, the date of training, and that identifies the subject of the certification.

VIII. EYE AND FACE PROTECTION

A. General Requirements

1. Each affected employee shall use appropriate eye and face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.
2. Each affected employee shall use eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors **meeting ANSI** are mandatory.
3. Each affected employee who wears prescription lenses while engaged in operations that involve eye hazards shall wear prescription safety glasses with sides protection or additional protection to bring them into compliance with the requirements of the operation. For example, employees will be required to wear prescription safety glasses or goggles over top of their normal prescription glasses.
4. Each affected employee shall use equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation. Refer to the OSHA standard for appropriate shade numbers for various operations.

B. The following guidelines should be used in providing eye protection.

1. For those employees that don't normally wear prescription eyeglasses, we will provide approved safety glasses that are suitable for protection from the hazard present.
2. For those employees who normally wear prescription eyeglasses, we will provide prescription safety glasses with side protection and /or safety glasses to fit over their regular prescription eyeglasses.
3. Those operations requiring more specific protection, such as welders, grinders, chemical handlers, machine shop operators, etc. will continue to use Job Specific eye protection. Normal safety glasses will not be adequate for any of these applications.

4. All employee's will be required to follow eye protection programs in all facilities T.W. Hicks, Inc. works in.
5. Any employee working in mix station areas will be required to wear OSHA approved safety goggles.

IX. HEAD PROTECTION

Employees must wear protective helmets when working in areas where there is a potential for injury from falling objects. Protective helmets designed to reduce electrical shock hazards must be worn by employees when they are exposed to electrical conductors that could come into contact with their head.

X. FOOT PROTECTION

A. General Requirements

Employees must wear protective footwear when working in areas where there is danger from falling or rolling objects, or from objects that may pierce the sole, and when their feet are exposed to electrical hazards.

B. Employees will be required to wear hard toe leather work boots on all jobsites that require them. Tennis shoes or open toe shoes will not be allowed.

XI. HAND PROTECTION

Each facility must select and require employees to use appropriate hand protection when hazards are encountered that could result in harmful substances being absorbed through the skin, severe cuts or lacerations, severe abrasions, punctures, chemical burns, thermal burns, or injuries caused by temperature extremes. Appropriate personal protective equipment must be selected by evaluating the tasks being performed, the conditions present, and the duration of use, and by identifying present and potential hazards.

XII. HEARING PROTECTION

Hearing protection will be required and used by any employee who is exposed to noise levels at or above 85 decibels for 8 hours.

XIII. MISCELLANEOUS PERSONAL PROTECTIVE EQUIPMENT

Other miscellaneous personal protective equipment must be supplied as needed to protect the employee from injury. Examples of other personal protective equipment are respirators, aprons, and other safety clothing.

TRAINING AND CONTROL OF PERSONAL PROTECTIVE EQUIPMENT

Location: _____ **Facility:** _____

OPERATOR STATEMENT AND UNDERSTANDING THE POLICY AND TRAINING OF PERSONNEL PROTECTIVE EQUIPMENT

PLEASE INITIAL ALL POINTS:

- _____ I have been trained to properly use the following types of personal protective equipment as stated below in training information.
- _____ I understand that I am required to wear the personal protective equipment issued to me as a condition of my employment.
- _____ I also understand that if due to neglect or abuse of the equipment, I lose or break the equipment, I will be required to purchase replacement equipment.
- _____ I also understand that if I quit or am terminated, I am to turn in my personal protective equipment before receiving my final payroll check.
- _____ I realize that if I report to work without my personal protective equipment, I will not be allowed to go to work on my job until I have proper personal protective equipment.
- _____ I understand that my job may be terminated, if I do not follow all safety rules and regulations.

TRAINING INFORMATION: The purpose of the OSHA Personnel Protective Equipment Standard.

1. WHEN P.P.E. IS NECESSARY.
2. WHAT P.P.E. IS NECESSARY.
3. HOW TO PUT ON, REMOVE, ADJUST, AND WEAR P.P.E.
4. HOW TO MAINTAIN P.P.E.
5. WHEN TO DISCARD DETERIORATING P.P.E.
6. THE LIMITATIONS OF THE P.P.E.

List of Personal Protective Equipment Needed:

___ SAFETY EYE GLASSES	___ PV(A)(C)APRON	___ BODY HARNESS	___
___ GOGGLES	___ PV(A)(C)GLOVES	___ S.C.B.A.	___
___ FACE SHIELDS	___ PV(A)(C)PANTS	___ RESPIRATOR	___
___ WELDING HELMETS	___ PV(A)(C)JACKET	___ DUST MASK	___
___ WELDING GOGGLES	___ PV(A)(C)BOOTS	___ CLASS B HELMET	___
___ WELDING FACE SHIELD	___ VITON GLOVES	___ STEEL TOE SHOES	___

OTHER P.P.E. please list below:

1. _____
2. _____
3. _____
4. _____

Employee Name _____ Job Name: _____

Employee Signature: _____

Date: _____ Authorized Trainer: _____

JOB HAZARD ASSESSMENT WORKSHEET FOR USE OF PPE

PLANT _____ Address _____

Job Description or Machine Evaluated: _____

EYE & FACE PROTECTION - The use of eye & face protection is required whenever one or more of the following conditions exist:

- Is the employee exposed to **flying particles, silvers, dust, etc.?**
- Is the employee exposed to **molten metals (welding, cutting, brazing?)**
- Is the employee exposed to **liquid chemicals, acids, or caustic liquids?**
- Is the employee exposed to **chemical gases or vapors?**
- Is the employee exposed to **potentially injurious light radiation, welding, cutting, laser?**
- Is the employee exposed to **possible contact with fixed or rotating parts?**

HEAD PROTECTION - The use of protective helmets is required whenever one or more of the following conditions exist:

- Does the employee pass **under work being conducted overhead?**
- Is the employee exposed to **risk of being struck by falling or flying objects?**
- Is the employee exposed to **contact with fixed overhead obstacles?**
- Is the employee exposed to **contact with exposed electrical conductors?**

FOOT PROTECTION - The use of protective footwear is required whenever one or more of the following conditions exist:

- Is the employee exposed to **falling or rolling object that may damage the foot?**
- Is the employee exposed to **objects that may pierce the sole of the shoe?**
- Is the employee exposed to **electrical hazards?**

HAND PROTECTION - The use of hand protection is required whenever one or more of the following conditions exist:

- Is the employee exposed to **absorption of harmful substances through the skin?**
- Is the employee exposed to **severe cuts or lacerations?**
- Is the employee exposed to **severe abrasions or puncture wounds?**
- Is the employee exposed to **electrical hazards?**
- Is the employee exposed to **contact with exposed electrical conductors?**

HEARING PROTECTION - The use of hearing protection is required whenever one or more of the following conditions exist:

- Is the employee exposed to **85 decibels or more within an 8 hour period?**
- Has it been determined that the employee has suffered a **standard threshold shift?**
- Has it been determined that the employee has suffered a **persistent threshold shift?**

OTHER - The use of specialized P.P.E., to include respirators, aprons, full body suits, chaps, body harness, belts, lanyards, flotation devices **must be determined prior to exposure to specialized hazards and tasks, and certified training may be required prior to authorized use of this equipment by our associates.**

IT HAS BEEN DETERMINED THAT THE FOLLOWING **PERSONAL PROTECTIVE EQUIPMENT IS REQUIRED** TO BE WORN WHILE WORKING AT THIS STATION OR PERFORMING THIS **JOB DESCRIPTION** _____

NOTE: FOR WELDING EYE PROTECTION SPECIFY SHADE # FOR GLASS ACCORDING TO OSHA REGULATIONS.

- | | | | |
|--|--|---|--------------------------|
| <input type="checkbox"/> SAFETY EYE GLASSES | <input type="checkbox"/> PV(A)(C) APRON | <input type="checkbox"/> BODY HARNESS | <input type="checkbox"/> |
| <input type="checkbox"/> GOGGLES | <input type="checkbox"/> PV(A)(C)GLOVES | <input type="checkbox"/> S.C.B.A. | <input type="checkbox"/> |
| <input type="checkbox"/> FACE SHIELDS | <input type="checkbox"/> PV(A)(C) PANTS | <input type="checkbox"/> RESPIRATORS | <input type="checkbox"/> |
| <input type="checkbox"/> WELDING HELMETS | <input type="checkbox"/> PV(A)(C) JACKET | <input type="checkbox"/> DUST MASK | <input type="checkbox"/> |
| <input type="checkbox"/> WELDING GOGGLES | <input type="checkbox"/> PV(A)(C) BOOTS | <input type="checkbox"/> CLASS "B" HELMET | <input type="checkbox"/> |
| <input type="checkbox"/> WELDING FACE SHIELD | <input type="checkbox"/> VITON GLOVES | <input type="checkbox"/> STEEL TOE SHOES | <input type="checkbox"/> |
| <input type="checkbox"/> SHADED SPECTACLES | <input type="checkbox"/> NEOPRENE GLOVES | <input type="checkbox"/> SAFETY BELT | <input type="checkbox"/> |
| <input type="checkbox"/> EAR PLUGS | <input type="checkbox"/> RUBBER GLOVES | <input type="checkbox"/> MESH GLOVES | <input type="checkbox"/> |

NOTES: _____

Assessment made by: _____ (signature) _____ Date: _____

Assessment approved by: _____ (signature) _____ Date: _____

TRAINING OUTLINE

PERSONAL PROTECTIVE EQUIPMENT

FIRST TIME TRAINING FOR ALL EMPLOYEES

1. EXPLAIN THE PURPOSE OF THE PERSONAL PROTECTIVE EQUIPMENT PROGRAM.

OSHA REQUIRES ALL EMPLOYERS TO:

- A. REQUIRE EMPLOYEES TO USE PERSONAL PROTECTIVE EQUIPMENT IN ALL AREAS WHERE EQUIPMENT OR MATERIALS USED, THE JOB OR OPERATION PERFORMED, OR THE LOCATION IS A HAZARD TO THE HEALTH AND SAFETY OF THE EMPLOYEE.
- B. COMPLETE AN ANNUAL HAZARD ASSESSMENT AND SELECT PROPER PERSONAL PROTECTIVE EQUIPMENT.
- C. TRAIN ALL EMPLOYEES THAT ARE REQUIRED TO WEAR PERSONAL PROTECTIVE EQUIPMENT IN THE FOLLOWING:
 - 1. WHEN PPE IS NOT NECESSARY.
 - 2. WHAT PPE IS NECESSARY.
 - 3. HOW TO PUT ON, REMOVE, ADJUST, AND WEAR PPE.
 - 4. HOW TO MAINTAIN PPE.
 - 5. WHEN TO DISCARD DETERIORATING PPE.
 - 6. THE LIMITATIONS OF THE PPE

2. SHOW THE VIDEO 13.0 MIN.

3. HAVE ALL EMPLOYEES COMPLETE TEST. GO OVER ANSWERS AND FILE COMPLETED TEST IN EMPLOYEE'S PERMANENT RECORD.

4. HAVE ALL EMPLOYEES SIGN SHEET INDICATING WHICH PPE HAS BEEN ASSIGNED TO THEM AND THAT TRAINING HAS BEEN COMPLETED. FILE THIS FORM IN EMPLOYEE'S PERMANENT RECORD.

APPROXIMATE TRAINING TIME: 30 MINUTES

TEST ON PERSONAL PROTECTIVE EQUIPMENT

NAME: _____

DEPARTMENT: _____

DATE: _____

1. The suspension system in the hard hat is designed to be effective regardless of how the hat is worn.
A. True B. False

2. Hearing protection must be worn when exposed to sound levels over an eight-hour time-weighted average of more than:
A. 25 decibels
B. 65 decibels
C. 85 decibels
D. 135 decibels

3. Pulling back the ear with one hand, while inserting an ear plug with the other, allows the plug to fit tighter and be more effective.
A. True B. False

4. Eye protection in an area with a high risk of chemical splash should consist of:
A. Direct ventilation goggles
B. Faceshield
C. Faceshield and indirect ventilation goggles
D. Indirect ventilation goggles

5. In sixty percent of the 70,000 disabling eye injuries last year, the worker was not wearing eye protection.
A. True B. False

6. Air purifying respirators work by:
A. Supplying fresh oxygen to the user from a self-contained unit.
B. Filtering out the contaminated air with color-coded cartridges.
C. Supplying air through an airline from a stationary tank.

7. If you have facial hair and use a respirator, you must be fitted with a special seal.
A. True B. False

8. A fit check should be conducted each time you use the respirator.
A. True B. False
9. The ability of the protective clothing to prevent chemicals from seeping into pores, stitches and other openings is called:
A. Penetration
B. Permeability
C. Degradation
10. For abrasive situations, footwear containing rugged soles should be used.
A. True B. False

ANSWERS

1. False - Wearing the hat backwards or wrong reduces the suspension system's effectiveness.
2. C
3. True
4. C
5. True
6. B
7. False - Facial hair must be removed.
8. True
9. A
10. True

TRAINING OUTLINE

PERSONAL PROTECTIVE EQUIPMENT

ANNUAL TRAINING FOR ALL EMPLOYEES

1. EXPLAIN THE PURPOSE OF THE PERSONAL PROTECTIVE EQUIPMENT PROGRAM.
OSHA REQUIRES ALL EMPLOYERS TO:
 - A. REQUIRE EMPLOYEES TO USE PERSONAL PROTECTIVE EQUIPMENT IN ALL AREAS WHERE EQUIPMENT OR MATERIALS USED, THE JOB OR OPERATION PERFORMED, OR THE LOCATION IS A HAZARD TO THE HEALTH AND SAFETY OF THE EMPLOYEE.
 - B. COMPLETE AN ANNUAL HAZARD ASSESSMENT AND SELECT PROPER PERSONAL PROTECTIVE EQUIPMENT.
 - C. TRAIN ALL EMPLOYEES THAT ARE REQUIRED TO WEAR PERSONAL PROTECTIVE EQUIPMENT IN THE FOLLOWING:
 1. WHEN PPE IS NOT NECESSARY.
 2. WHAT PPE IS NECESSARY.
 3. HOW TO PUT ON, REMOVE, ADJUST, AND WEAR PPE.
 4. HOW TO MAINTAIN PPE.
 5. WHEN TO DISCARD DETERIORATING PPE.
 6. THE LIMITATIONS OF THE PPE
2. SHOW THE VIDEO 13.0 MIN.
3. HAVE ALL EMPLOYEES SIGN SHEET INDICATING WHICH PPE HAS BEEN ASSIGNED TO THEM AND THAT TRAINING HAS BEEN COMPLETED. FILE THIS FORM IN EMPLOYEE'S PERMANENT RECORD.

APPROXIMATE TRAINING TIME: 30 MINUTES

T.W. HICKS, INC.

HAZARD COMMUNICATION PROGRAM

I. PURPOSE

To provide an ongoing program to inform individuals about the chemicals used within this facility. Although very few hazardous chemicals are used in our facilities, this program will assist employees, visitors and outside contractors by providing information on the safe handling of each hazardous chemical which they could come in contact with.

II. FUNDAMENTALS

Basic fundamentals used to ensure that employees, visitor and contractors are effectively informed concerning work place safety and health, chemical hazards include:

- A. Container labeling and other forms of warning
- B. Chemical inventory lists with Material Safety Data Sheets (MSDS)
- C. Employee information and training
- D. Employee access to written records

III. SCOPE

This program applies to all warehouse and administrative facilities owned, leased or otherwise controlled by this employer, where materials or substances which are determined to be hazardous are used.

IV. CHEMICAL_INVENTORY LISTS AND MATERIAL SAFETY DATA SHEETS (MSDS)

This employer will maintain a chemical inventory list as well as Material Safety Data Sheets (See exhibit "A") for hazardous chemicals known to be present in the work place. Company employees may review their MSDS's by contacting their immediate supervisors. Copies of MSDS's pertaining to each facility are maintained at the facility. This list is to be updated on an as needed basis as new chemicals are ordered. All new chemicals introduced into the facility must have the proper MSDS's included in their master list. MSDS lists should have an alphabetical table of contents so materials can be located in an emergency.

All chemical manufacturers and importers must obtain or develop an MSDS for each hazardous chemical they produce and provide it to the company. A hazardous chemical means any chemical which is a physical hazard (i.e., flammable, oxidizer, etc.) or a health hazard (causes acute or chronic health effects).

All incoming MSDS's must be stamped with an "in service" date, and once the product is discontinued, an "out of service" date must be stamped on the MSDS. All "out of service" MSDS's must be retained for 30 years after the product is discontinued.

T.W. Hicks, Inc. maintains an MSDS file for all hazardous chemicals used or handled in its facilities and jobsites. These data sheets will contain:

- Identity of the chemical
- Physical and chemical characteristics
- Physical and health hazards
- Exposure limits
- Precautions
- Controls
- Emergency and first aid procedures
- Name of manufacturer or importer

The following recordkeeping system must be established and maintained concerning all aspects of the OSHA Hazard Communication Standard.

- A. Inventory:** A file copy of all chemical inventories must be maintained. Each time the inventory list is revised, an old and new copy must be maintained in the file. This will allow the Company to determine the specific chemical present in the work place 30 years later.
- B. Monitoring:** A complete record of all industrial hygiene monitoring must be maintained and made available to all employees upon request.
- C. Training:** All employees receiving chemical hazard training must sign attendance sheets. These attendance sheets must be maintained as permanent records. Also, training dates should be recorded for each employee in his or her personnel file in the human resources office. Training will be repeated annually for all employees.

Copies of all employee training materials must be maintained as a permanent record of what was provided in the training sessions. This will be valuable in future cases where claims of inadequate training are made.

- D. Availability:** MSDS's are to be readily accessible for review by employees upon request. Requests must be reasonable.
- E. Hazardous Non-Routine Tasks:** Periodically, employees are required to perform hazardous non-routine tasks. Prior to starting work on such projects, each affected employee should be given information by his or her department manager about hazardous chemicals to which they may be exposed during such activity. This information will include:
1. Specific chemical hazards
 2. Protective/safety measures the employee can take
 3. Measures the Company has taken to lessen the hazards, including ventilation, respirators, presence of another employee and emergency procedures.
- F. New Chemical Purchases:** Prior to a new hazardous chemical being introduced into any area, a review should be conducted by the purchaser to ensure employees are not exposed to adverse health risks. In addition, locations should be notified so they can provide adequate training and protective equipment to employees. It is the responsibility of the individual requesting the new chemical to obtain the appropriate MSDS. Every effort should be made to avoid purchases of chemicals listed by the Environmental Protection Agency (EPA) as hazardous, toxic or extremely hazardous and to replace such chemicals with materials which are not reportable to or identified by the EPA.

V. GUIDE TO READING A MATERIAL SAFETY DATA SHEET

These are notes to help you understand the information on a data sheet. The items covered are in the same order as they appear on most of this employer data sheets. Some data sheets may not contain all of the categories of information reflected in this guide.

A. PRODUCT IDENTIFICATION

Synonyms: Other terms for the substance.

CAS No.: A unique registry number assigned to the substance by the Chemical Abstracts Service.

Chemical Formula: Formula for the number and types of atoms contained in the substance. Example:
Water = H₂O (two atoms of hydrogen and one atom of oxygen).

Chemical Family: General class of compounds to which the substance or mixture belongs. Examples:
Ether, Acid, Ketone.

DOT Proper Shipping Name: Name for the substance assigned by the U.S. Department of Transportation.

DOT Hazard Class/ID No.: Under the U.S. Department of Transportation's Hazardous Materials Table, the descriptive name and identification number which classifies the type of hazard the substance presents. The number is used to determine initial emergency response actions.

DOT Label: the U.S. Department of Transportation's required terminology for labeling of hazardous substances. Example: Flammable.

Hazardous Substance(s)/RQ(s): The minimum spill or leakage of the substance that necessitates reporting the incident to the National Emergency Response Center as required under the Superfund Law.

U.S. Surface Freight Classification: Classification given to the substance by committees of trucking and railroad industries so that the proper freight rate can be applied.

B. WARNING STATEMENTS

Includes a signal word (Danger, Warning, or Caution) plus a description of harmful effects from exposure. Example: May cause eye damage and burns to skin.

C. PRECAUTIONARY MEASURES

Instructions about how to avoid injury from harmful effects. Example: Avoid contact with skin.

D. EMERGENCY FIRST AID PROCEDURES

Emergency treatment for a person exposed to unsafe amounts. Examples: Remove person to fresh air. Flush eyes with water.

E. OCCUPATIONAL CONTROL PROCEDURES

Eye Protection: Type of eye protective device to be worn when working with the substance.

Skin Protection: Type of clothing, gloves, aprons, boots, and face protection to be worn when working with the substance. Also instructions on handling contaminated clothing.

Respiratory Protection: Class of breathing device acceptable for use and any special conditions or limitations on use.

Ventilation: The ventilation system needed to capture or contain contaminants at their source to control personal exposure or to prevent a hazardous atmosphere.

Airborne Exposure Limits: Maximum acceptable levels of the substance in the work place air for varying periods of time as assigned by the Occupational Safety and Health Administration (OSHA) and the American Conference of Governmental Industrial Hygienists (ACGIH).

F. FIRE PROTECTION INFORMATION

Flash Point (Method Used): Lowest temperature in degrees Fahrenheit at which a liquid will give off enough flammable vapors to ignite. Since flash points vary according to how they are obtained, the method used must be listed.

Ignition Temperature: Temperature at which the substance will start and continue to burn without any spark or flame.

Flammable Limits (in Air) (% by Volume): Range of concentrations over which a flammable vapor mixed with air will flash or explode if an ignition source is present. Range extends between lower explosive limit (Lel) and upper explosive limit (Uel) and is expressed in percentage of volume of vapor in the air.

Extinguishing Media: Fire fighting material for use on the substance that is burning. Fire fighting material should be indicated by its generic name. Examples: Water, fog, foam, alcohol foam.

Special Fire Fighting Procedures: List of certain fire fighting materials unsuitable or unsafe to use on the burning substance. Also a list of special handling procedures and personal protective equipment.

Unusual Fire or Explosion Hazards: Hazards which might occur from overheating or burning of the substance, including any chemical reactions or changes in chemical form or composition. Also any special hazards which may need to be considered while extinguishing a fire.

G. REACTIVITY DATA

Materials to Avoid: A list of common materials or contaminants (if any) with which the specific substance may come in contact and release large amounts of energy, flammable vapor or gases, or produce toxic vapor or gas. Conditions to avoid (if any) should be listed. Examples: Extreme temperatures, jarring, inappropriate storage.

Hazardous Decomposition Products: A list of the hazardous materials (if any) that may be produced in dangerous amounts if the subject substance is exposed to burning, oxidation, heating or allowed to react with other chemicals.

Hazardous Polymerization: An unintended chemical reaction that may create a great deal of heat and may release a hazardous substance. This list indicates whether such a reaction is possible and under what conditions. It also indicates how long "inhibitors" in the substance will prevent such a reaction from occurring.

H. PHYSIOLOGICAL EFFECTS SUMMARY (also called Health Effects Summary.)

Covers the immediate and long-term effects of overexposure to the substance. Includes information from the human experience and animal tests. This detailed health effects information is intended for employees and to assist health professionals in treating employees.

I. PHYSICAL DATA

pH: Alkalinity or acidity of the substance expressed on a scale from 1 to 14. Numbers less than 7 indicate increasing acidity and numbers greater than 7 indicate increasing alkalinity. Thus the pH of pure water is about 7, vinegar is between 3 and 4, and blood is between 7 and 8.

Appearance and Odor: A brief description of the substance at normal room temperature and atmospheric conditions, such as "viscous, colorless liquid and an aromatic hydrocarbon odor."

Boiling Point: Temperature at which a liquid changes to a vapor at a given pressure, usually stated in degrees Fahrenheit.

Vapor Pressure: The pressure exerted by a vapor above its own liquid in a closed container.

Vapor Density at Bp (Air = 1): A comparison between the weight of the substance's vapor and that of air. Will the vapor rise or sink?

Specific Gravity (Water =1): The ratio of the substance's weight to the weight of an equal volume of water. Will the substance float or sink?

Solubility in Water: The amount of the substance which can be dissolved in a given volume of water. Expressed usually in terms of milligrams per liter or in general terms such as "negligible."

% Volatile (by volume): The percentage of a liquid or solid (by volume) that will evaporate at an ambient temperature of 70 degrees Fahrenheit.

Freezing Point: Temperature at which the substance changes from a liquid to a solid.

Molecular Weight: The relative average weight of a molecule of the substance.

J. SPILL, LEAK AND DISPOSAL INFORMATION

Immediate steps to be taken to assure the safety of people and property in the event of a spill or leak of the substance. Also gives instructions on its disposal. Includes advisory to comply with all applicable local, state and federal laws and regulations.

K. ADDITIONAL COMMENTS

Special precautions to be taken to insure safe handling of the substance. May give special emphasis to information or warnings stated in other sections of the MSDS.

VI. LABELS AND OTHER FORMS OF WARNINGS

Chemical manufacturers, importers and distributors provide labels, tags or other markings for containers of hazardous chemicals. This identification includes the following information:

- Identity of the hazardous chemical.
- Appropriate hazard warnings.
- Name and address of the chemical manufacturer, importer or other responsible party.

This employer also ensures that containers of hazardous chemicals in the work place are labeled, tagged or marked with the identity of the hazardous chemical and appropriate hazard warning. In some cases the Company uses signs, placards, process sheets, batch tickets, operating procedures or other similar accessible written materials in lieu of affixing labels to individual containers. **This Employer will use the HMIS Labeling System to label containers that are not properly labeled by the manufacturer or portable containers which are intended for continuous use in the workplace.**

Portable containers of hazardous chemicals do not have to be labeled if they contain chemicals transferred from labeled containers and which are intended only for the immediate use of the employee who performs the transfer. Immediate use means use within the same shift.

All labels on incoming containers must not be defaced in any way. Observation or other detection of missing or defaced labels must be immediately reported to Company management so appropriate labels can be reapplied immediately.

VII. EMPLOYEE SAFETY AND HEALTH TRAINING

All employees will receive appropriate safety and health information, education and training during their initial assignment. This training includes information concerning hazardous chemicals in the work place.

The Company's employee safety and health training orientation program begins upon hire by the Human Resources Department and continues with on-site training by the new employees' department management.

Some specific information in the safety and health training includes:

- General safety and health rules and procedures.
- General chemical hazards.
- Recognition, evaluation and control of hazards.
- Chemical labeling.
- Hazards associated with unlabeled piping and process systems.

- Material Safety Data Sheets.
- Access to safety and health Information.
- Compliance with safety and health rules and procedures.
- Requirements of the OSHA hazard communication standard.
- Specific operations in work areas where hazardous chemicals are present.
- The location and availability of the Company's written hazard communication program and all contents.

Department management will train employees concerning methods and observations the employee may use to detect the presence or release of a hazardous chemical in the work area. These techniques will also include monitoring devices and systems, visual appearance or odor of hazardous chemicals.

Management will also review the physical and health hazards of work area chemicals with new employees. The MSDS's and other pertinent information are used by management to conduct this training.

The measures employees can take to protect themselves from hazards, including pertinent work practices, Company emergency procedures and personal protective equipment, are covered.

All employees are informed by their supervisors of the Company's hazard communication program and are given an explanation of the Company's labeling systems, MSDS's and how appropriate hazard information may be obtained by employees.

Training for all new employees should be completed prior to initial job assignment.

RETRAINING

It is necessary for department management to provide additional employee training concerning work place hazards when:

- New chemicals are introduced into the work place.
- Process or equipment changes are made which could cause new or increased employee exposure.
- Procedures and work practices are introduced or changed which could cause changes in the employees' exposure.
- Employees are transferred from one work area to another where different hazards are present.
- Employees are routinely exposed to hazardous materials; employees routinely exposed must be retrained annually.

The individual conducting the retraining will make a written record of the training provided and request the employee receiving the training sign and date the record. A permanent record of all employees training is to be maintained at the facility.

VIII. CONTRACTORS

All contractors working on Company property are to be informed by Company management of the applicable work place hazardous chemicals which might expose the contractor's employees and the appropriate control measures.

Each contractor is advised by Company management that they must comply with all OSHA standards while working on Company property. Also, proper controls will be established to ensure Company operations do not expose a contractor's employees to safety and health hazards.

Copies of MSDS'S concerning any chemicals the contractor's employees may be exposed to will be provided to the contractor by Company management.

Likewise, copies of MSDS'S concerning any chemicals the contractor's employees may bring into the workplace must be provided in advance to this employer.

These requirements must be reviewed when contracts are agreed to or signed. It is the responsibility of the department manager to provide contractors with the above information.

IX. IDENTIFICATION OF HAZARDOUS CHEMICALS

All the facilities shall use the following methods to identify hazardous chemicals in the work place.

- Material Safety Data Sheets provided by chemical manufacturers and distributors.
- Handbook of toxic and hazardous chemicals and carcinogens (Noyes Publication).
- OSHA Industrial Hygiene Technical Manual.
- National Toxicology program report on carcinogens.
- Threshold Limit Values for Chemical Substances (TLVs) (ACGIH).
- OSHA Standards.

HAZARDOUS SUBSTANCE LIST

A list of "hazardous substances" represents OSHA's "base" or "floor" list under the definitions found in the Hazard Communication Standard. The standard is written in performance language (theoretically any chemical substance is potentially hazardous), but it does state that chemicals listed in the following sources are hazardous:

- A.** CPR Part 1910, subpart Z, Toxic and Hazardous Substances, Occupational Safety and Health and Health Administration (OSHA)
- B.** Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment, American Conference of Governmental Industrial Hygienists (ACGIH) (Latest Edition)
- C.** International Agency for Research on Cancer (IARC) Monographs (Latest Edition)

Abbreviations/Definitions

IARC	International Agency for Research on Cancer
NTP	National Toxicology Program
OSHA	Occupational Safety and Health Administration
LEEA	Limited Evidence for Carcinogenicity in Experimental Animals (IARC)
SEEA	Sufficient Evidence for Carcinogenicity in Experimental Animals (IARC)
1	Substance known to be carcinogenic (NTP)

2	Substance reasonably anticipated being carcinogenic (NTP)
ACGIH	American Conference of Governmental Industrial Hygienists
ppm	Parts per million (ACGIH - TLV)
mgm	Milligrams per cubic meter
ACGIH-X	ACGIH cancer list

SAMPLE MSDS REQUEST LETTER TO
CHEMICAL MANUFACTURERS, IMPORTERS OR DISTRIBUTORS

(Date)

Big Chemical Company, Inc.
214 Hazardous Drive
Richmond, Virginia 23230

As you know, the Occupational Safety and Health Administrator have a standard entitled "Hazard Communication." As part of our Company's ongoing effort to comply with this regulation, I hereby request copies of Material Safety Data Sheets related to the following Big Chemical Company products which are used in this facility:

All-Clear 242
Agent 14 - Solvent
Acetone B

Please be advised that it is the policy of our company that we must have a current Material Safety Data Sheet which complies with the OSHA Standard on file in order to continue to use any of the above listed chemical substances.

Your cooperation and assistance in this matter will be greatly appreciated.

Sincerely,

(Name)
(Title)

HAZARD COMMUNICATION PROGRAM REVIEW
To Be Completed Annually

1. Reviewer: _____ Date: _____

2. Date Review Began: _____ Completed: _____

3. Items Reviewed (attach additional sheets as necessary)

Item	Person Contacted	Date Inspected	Findings and Conclusions	Recommendations
A. Inventory current				
B. Purchasing controls provided and used				
C. MSDS's current and available in workplace				
D. All employees trained				
E. Transferred employees trained				
F. Training performed when new chemicals introduced				
G. Written hazard communication program current				
H. All chemical labels maintained				
I. Maintenance personnel properly trained				
J. Contractors informed of hazards				
K. Personal protective equipment used properly				
L. Accurate records maintained on all the above				
M.				
N.				

4. Additional Comments:

5. Reviewer's Signature: _____ Date: _____

6. Keep a copy of this document on file at the local facility

EXHIBIT "A"

HAZARDOUS SUBSTANCE LISTING

LOCATION: _____ DATE: _____

PRODU CT NAME	MFG ADDRESS	GENERIC NAME (IF DIFF.)	SPECIFIC HAZARDS IN PRODUCT	PHYSICAL HAZARD?	HEALTH HAZARD?	NORMAL QUANTITY ON HAND	AREAS WHERE USED AND/OR STORED	USE OF PRODUCT (SUBSTANCE)	MSDS REFERENCE NUMBER
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TRAINING OUTLINE

HAZARDOUS COMMUNICATIONS RIGHT TO KNOW

ANNUAL RETRAINING FOR ALL EMPLOYEES

1. Explain the purpose of the Hazardous Communication - Right to Know Program.

OSHA requires all employers to:

- A. Identify any chemicals that are used by our company and to evaluate whether or not any hazardous materials are present.
 - B. Assure that any hazardous materials that are present in the workplace are labeled properly.
 - C. Have a written program regarding the hazardous materials in the workplace.
2. Identify the location of the Hazardous Communication Manual.
 3. Show an MSDS and discuss information briefly.
 4. Show the labels used and discuss briefly.
 5. Show the video ***Hazard Communication Standard*** 8 minutes.
 6. Have all employees sign sheet indicating training has been completed.

Approximate Training Time: 30 Minutes/Session

HAZARD COMMUNICATION ANNUAL TRAINING
FOR ALL EMPLOYEES

DATE: _____ FACILITY: _____

INSTRUCTOR(S): _____

1. I have received training on the subject of Hazardous Communication Standards.
2. I am familiar with this employer's policies concerning Hazardous Communication and agree to the following safe work practices when working with, or around, hazardous chemicals.

NAME
(PLEASE PRINT)

SIGNATURE

DEPARTMENT

TRAINING OUTLINE

**HAZARDOUS COMMUNICATIONS
RIGHT TO KNOW**

FIRST TIME TRAINING FOR ALL EMPLOYEES

1. Explain the purpose of the Hazardous Communication - Right to Know Program.

OSHA requires all employers to:

- A. Identify any chemicals that are used by our company and to evaluate whether or not any hazardous materials are present.
 - B. Assure that any hazardous materials that are present in the workplace are labeled properly.
 - C. Have a written program regarding the hazardous materials in the workplace.
2. Identify the location of the Hazardous Communication Manual.
 3. Show an MSDS and discuss information briefly.
 4. Show the labels used and discuss briefly.
 5. Show the video ***Hazard Communication Standard***. 8 minutes.
 6. Have all employees sign sheet indicating training has been completed and file in the employee's permanent record.

Approximate Training Time: 30 Minutes/Session

EMPLOYEE TESTIMONY OF RECEIVING TRAINING

I have received the training listed above for Hazardous Communications.

Employee's Name: _____

Employee's Signature: _____

Date: _____



ACCIDENT INVESTIGATION

Accident Investigation Procedures

An accident investigation will be performed by the supervisor at the location where the accident occurred. The safety coordinator is responsible for seeing that the accident investigation reports (see next page) are being filled out completely, and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries, and occupational diseases using the following investigation procedures:

- Implement temporary control measures to prevent any further injuries to employees.
- Review the equipment, operations, and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the accident investigation report.
- Provide recommendations for corrective actions.
- Indicate the need for additional or remedial safety training.

Accident investigation reports must be submitted to the Office Manager within 24 hours of the accident.

An accident investigation is not designed to find fault or place blame but is an analysis of the accident to determine causes that can be controlled or eliminated.

INCIDENT ANALYSIS FORM

- Incident analysis helps you in reducing or preventing future occupational injuries and illnesses.
- This form requests all the information that the DWC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

This is an **Injury** **Disease** **Fatality** **Near-miss**

TODAY'S DATE _____

DATE REPORTED _____

COMPANY _____

DEPARTMENT _____

SUPERVISOR _____

PHONE NO. _____

1. Name of Person Involved		2. Sex	3. Social Security Number	4. DOB	5. Date of Incident
6. Home Address _____ _____ Phone ()		7. Time and Day of Incident _____ a.m.; _____ p.m.; day of week _____		8. Specific Location of Incident Was it on employer's premises? <input type="checkbox"/> yes <input type="checkbox"/> no	
		9. Employee's Occupation		10. Job Task at Time of Incident	
13. Name and Address of Treating Physician _____ _____ Phone ()		11. Length of Service _____ Years; _____ Months		12. Employee was Working <input type="checkbox"/> Alone <input type="checkbox"/> With Fellow Workers <input type="checkbox"/> Other	
		14. Employment Category <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Non-employee <input type="checkbox"/> Seasonal		15. Experience in Occupation at Time of Incident <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 to 5 month <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to less than 5 years <input type="checkbox"/> 5 or more years	
16. Name and Address of Hospital _____ _____		17. Phase of Employee's Workday at Time of Injury <input type="checkbox"/> During break period <input type="checkbox"/> During meal period <input type="checkbox"/> Working overtime <input type="checkbox"/> Entering or leaving the building <input type="checkbox"/> Performing work duties <input type="checkbox"/> Other (explain below)			
		18. Name of employee's immediate Supervisor at time of incident Witnessed Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Employee's Wage (pay per Hour)		20. Other Witnesses _____			
21. Voluntary benefits paid by the employer, if any					

22. PART of BODY INJURED or AFFECTED

- Skull, Scalp Jaw Abdomen Shoulder Wrist Knee Foot
- Eye Neck Back Upper Arm Hand Thigh Toe
- Nose Spine Pelvis Elbow Finger Lower Leg Ankle
- Mouth Chest Other Body Part Forearm Hip Other _____

23. NATURE of INJURY or ILLNESS

- Puncture Bruise, Contusion Skin Disorder Amputation Muscle Sprain Cumulative Trauma Disorder
- Laceration Dislocation Burn Insect/Animal Bite Muscle Strain Irritation
- Fracture Abrasion Respiratory Foreign Body Hernia Infection
- Heat/Cold Stress Hearing Loss Chemical Exp. Other _____

24. DISPOSITION

- Days away from work # _____
- Restricted work days # _____
- Date returned to work # _____
- Sent to: Doctor Hospital

25. DIAGNOSIS

26. SEVERITY

- First Aid Medical Treatment
- Lost Work Days Fatality
- Other: Specify _____

27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED TO INCIDENT? Not Applicable

- Close Clearance/Congestion Floors/Work Surfaces Inadequate Housekeeping Defective Tools/Equipment/Vehicle
- Hazardous Placement Inadequate Ventilation Equipment Failure Illumination
- Inadequate Warning System Equipment/Workstation Design Inadequate Guards/Barrier Inadequate/Improper P.P.E.

28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? No Substandard Conditions

- Abuse or Misuse Inadequate Supervision Inadequate Purchasing Inadequate Engineering
- Inadequate Maintenance Inadequate Tools/Equip..Mat. Improper Work Surfaces Wear and Tear
- Lack of Knowledge/Training Improper Motivation Inadequate Capacity Lack of Skill

29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT? Not Applicable

- Failure to Make Secure Under Influence Drugs/Alcohol Failure to Warn/Signal Inadequate/Improper P. P. E. Use
- Nullified Safety/Control Devices Used Defective Equipment Horseplay/Distractive Active Operating at Improper Speed
- Used Equipment Improperly Improper Lifting Operating Procedure Deviation
- Running/Rushing/Acting in Haste Improper Loading Unauthorized Actions Used Wrong Tool/Equipment
- Improper Technique Improper Position Servicing/Operating Equipment
- Other _____

30. PROBABLE RECURRENCE

- Frequent Occasional Rare

31. LOSS SEVERITY POTENTIAL

- Major Serious Minor

32. PREVENTIVE MEASURES: (What corrective actions have been taken or are planned to prevent a recurrence?)

- Improve Enforcement Improve Clean-up Procedures Repair/Replace Equipment Corrective Counseling
- Improve Storage/Arrangement Rotation of Employee Eliminate Congestion Improve/Change Work Method
- Identify/Improve P. P. E Install/Revise Guards/Devices Task Analysis to Be Completed
- Task Analysis/Procedure Revision Improve Design/Construction Job Reassignment of Employees
- Use Other Materials/Supplies Improve Illumination Mandatory Pre-Job Instructions
- Improve Ventilation Reinstruction of Employees Other _____

33. EMPLOYEE'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) Comments sheet

34. SUPERVISOR'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) Comments sheet

35. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN

Corrective Action Taken	Person Responsible	Target Date	Date Completed

Supervisor's Signature _____

Date _____

Appendix F



Crystalline Silica Exposure Control Program

I. Purpose and scope

The purpose of the T.W. Hicks, Inc. Crystalline Silica Exposure Control Program is to minimize employee exposure to respirable crystalline silica by providing controls and/or respiratory protection, training and medical surveillance to all persons conducting work with materials containing crystalline silica. This program applies to all employees who could be exposed to respirable crystalline silica concentrations at or above 25 micrograms per cubic meter over a time weighted average of 8-hours under any foreseeable conditions. A copy of this program will be maintained by all affected departments. This program serves to help the company and its employees comply with Occupational Safety and Health Administration (OSHA) respirable crystalline silica requirements as found in 29 CFR 1926.1153.

II. Assignment of responsibility

A. Employer

T.W. Hicks, Inc. is responsible for limiting silica exposure through engineering and/or administrative controls. If control methods are not sufficient, T.W. Hicks, Inc. is responsible for providing respirators to employees. T.W. Hicks, Inc. will provide respirators that are applicable and suitable for the intended purpose at no charge to affected employees. T.W. Hicks, Inc. will also offer medical exams to highly exposed employees. Any expense associated with training, medical evaluations and respiratory protection equipment will be borne by the company.

B. Program administrator

The program administrators for T.W. Hicks, Inc. is **Ruben Cervantes and Chris Stubblefield**. The program administrator is responsible for administering the Crystalline Silica Exposure Control Program. Duties of the program administrator include:

1. Identifying job tasks that require engineering or administrative controls to be in place.
2. Identifying work areas, process or tasks that require workers to wear respirators.
3. Evaluating hazards.
4. Selecting respiratory protection options.
5. Arranging for and/or conducting training.
6. Ensuring proper storage and maintenance of respiratory protection equipment.
7. Conducting quantitative or qualitative fit testing.
8. Administering the medical surveillance program.
9. Maintaining records required by the program.

10. Evaluating the program.
11. Updating written program, as needed.

C. Competent person

The competent person is responsible for ensuring that the Crystalline Silica Exposure Control Program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, the competent person must also ensure that the program is understood and followed by the employees exposed to respirable crystalline silica. Duties of the competent person include:

1. Ensuring that employees exposed to respirable crystalline silica (including new hires) receive appropriate initial and annual training on the components of this silica policy statement.
2. Ensuring the availability of appropriate respirators and accessories.
3. Being aware of tasks requiring the use of engineering controls or respiratory protection.
4. Ensuring tools and engineering controls are in good working conditions as directed by the manufacturer.
5. Enforcing the proper work methods and use of respiratory protection when necessary.
6. Ensuring that respirators are properly cleaned, maintained and stored according to this program.
7. Ensuring that respirators fit well and do not cause discomfort.
8. Continually monitoring work areas and operations to identify silica exposure hazards.
9. Coordinating with the Program Administrator on how to address silica exposure hazards or other concerns regarding this program.

D. Employees

Each employee is responsible for following proper work methods as laid out by the program. Each employee is also responsible for wearing his or her respirator when and where required and in the manner in which they are trained. Employees must also:

1. Care for and maintain their respirators as instructed, guard them against damage, and store them in a clean, sanitary location.
2. Inform their supervisor if their respirator no longer fits well, and request a new one that fits properly.
3. Inform their supervisor or the Program Administrator of any respirable crystalline silica hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding this program.
4. Use the respiratory protection in accordance with the manufacturer's instructions and the training received.

III. Program

A. Exposure assessment

1. T.W. Hicks, Inc. will follow the approved control measures listed in OSHA's Construction Respirable Crystalline Silica Standard Table 1 for any task that could produce respirable crystalline silica, whenever possible.
2. If following Table 1 guidelines is not possible, then one of the following will be conducted:
 - i. Air monitoring will be conducted using a representative sample of employees in each work area that has respirable silica exposure. The employees will wear

personal dosimeters for eight hours and equipment will be sent to an industrial hygiene lab for analysis. All results will be reviewed as a time weighted average over an 8-hour period.

- a. If results indicate concentrations of respirable crystalline silica below 25 $\mu\text{g}/\text{m}^3$ then no further action is necessary;
 - b. If results indicate concentrations of respirable crystalline silica between 25 $\mu\text{g}/\text{m}^3$ and 49 $\mu\text{g}/\text{m}^3$ then retesting will be conducted within six months of receiving the results;
 - c. If results indicate concentrations of respirable crystalline silica equal to or above 50 $\mu\text{g}/\text{m}^3$ then retesting will be conducted within three months;
 - d. Where the most recent (non-initial) exposure monitoring indicates that employee exposures are below the action level, repeat monitoring shall be conducted within six months of the most recent monitoring until two consecutive measurements, taken seven or more days apart, are below the action level, at which time monitoring may be discontinued.
- ii. Exposure will be assessed on the basis of any combination of air monitoring data or objective data sufficient to accurately characterize employee exposure to respirable crystalline silica. Objective data includes:
 - a. The crystalline silica-containing material in question;
 - b. The source of the objective data;
 - c. The testing protocol and results of testing;
 - d. A description of the process, task or activity on which the objective data were based;
 - e. Other data relevant to the process, task, activity, material, or exposures on which the objective data were based.
3. Reassessment of exposure will be conducted whenever a change in production, process, control equipment, personnel, or work practices may reasonably be expected to result in new or additional exposures at or above the action level (25 $\mu\text{g}/\text{m}^3$).

B. Respiratory protection

1. If control measures for a work task include the required use of a respirator, a respiratory protection program will be developed.

C. Housekeeping

1. Housekeeping practices will be used to limit the amount of respirable crystalline silica dust at work sites.
2. The following methods should not be followed when cleaning up respirable crystalline silica dust:
 - i. Dry brushing or dry sweeping, unless wet sweeping and HEPA-filtered vacuuming are not feasible.
 - ii. Cleaning of surfaces or clothing with compressed air, unless it is used with a ventilation system that captures the dust cloud.
 - a. If cleaning with compressed air, it must either be reduced to less than 30 psi or the outlet or source must be fitted with a relief device that drops the pressure to less than 30 psi if the flow is dead-ended.

- b. Employees shall not be allowed to use compressed air for cleaning themselves or their clothing.

D. Written exposure control plan

1. Prior to beginning a work task that creates respirable crystalline silica, a written exposure control plan will be developed. The plan will include the following:
 - i. A description of workplaces that involve exposure to silica.
 - ii. An explanation of control measures in place.
 - iii. Specific housekeeping practices to be used at each work site and for each work task.
 - iv. Documentation of how and when employees will receive medical surveillance.
 - v. Confirmation that the employees will be informed whenever air sampling indicates they have been over-exposed to silica.
 - vi. Confirmation that warning signs have been posted at the entrance to areas containing silica exposure and maintain records of medical exams and air monitoring data.
 - vii. A designation of a competent person.
2. A review of the exposure control plan will be conducted at least annually and will be updated as necessary.

E. Medical surveillance

1. Any employee required by the OSHA Silica Standard to wear a respirator for 30 or more days per year will be provided with baseline and annual medical exams at no cost to the employee. The medical examination will consist of the following:
 - i. A medical work history with an emphasis on past, present, and anticipated exposure to respirable crystalline silica, dust, and other agents affecting the respiratory system;
 - ii. A physical examination with special emphasis on the respiratory system;
 - iii. A chest X-ray (a single posteroanterior radiographic projection) or radiograph of the chest at full inspiration;
 - iv. A pulmonary function test to include forced vital capacity and forced expiratory volume in one second;
 - v. Testing for latent tuberculosis infection; and
 - vi. Any other test deemed appropriate by the PLHCP.

F. Recordkeeping

1. The following records will be maintained:
 - i. Records of exposure assessments
 - ii. Written exposure control plans
 - iii. Medical surveillance records
 - iv. Records of training conducted under this policy

Exposure Control Plan

Company: _____

Competent person, Title: _____

Jobsite: _____

Contact info: _____

Date: _____

1. Work tasks

Description of work task(s): _____

Materials involved:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Cement | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mortar | _____ |
| <input type="checkbox"/> Rock | |

Tasks (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Cutting/Sawing | <input type="checkbox"/> Sacking/Patching |
| <input type="checkbox"/> Demolishing/disturbing | <input type="checkbox"/> Sweeping/Cleaning |
| <input type="checkbox"/> Grinding | <input type="checkbox"/> Drilling |
| <input type="checkbox"/> Mixing/Pouring | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Milling/Crushing | _____ |

2. Controls

Description of controls: _____

Engineering Controls:

Wet Tools:

- Operate and maintain tools in accordance with manufacturer's instructions
- Check flow rates to minimize release of visible dust
- Ensure spray nozzle is working properly
- Apply water at the point of dust generation
- Check spray nozzle and hoses to ensure they are not clogged or damaged
- Check all hoses and connections to ensure they are intact
- Rinse or replace water filters as needed
- Replace water when it gets gritty or begins to silt up with dust
- Other: _____

Vacuum Dust Collection System:

- Operate and maintain tools in accordance with manufacturer's instructions
- Check shrouds and hoses to ensure they are not clogged damaged
- Check all hoses and connections to ensure they are intact
- Ensure that the vacuum has enough suction to capture dust at the cutting point
- Change or clean filter(s) in accordance with manufacturer's instructions
- Empty dust collection bags often to avoid overfilling
- Keep tool flush against surface when possible
- Other: _____

Dust Suppression:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Water | <input type="checkbox"/> Steam |
| <input type="checkbox"/> Fogging | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Electrostatic charging | _____ |
| <input type="checkbox"/> Surfactants | |

Respiratory protection:

- | | |
|--|---|
| <input type="checkbox"/> N95 filtering facepiece respirator | <input type="checkbox"/> Powered air-purifying respirator |
| <input type="checkbox"/> Half-facepiece elastomeric respirator | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Full-face elastomeric respirator | _____ |

3. Housekeeping

Description of housekeeping: _____

Housekeeping methods:

- | | |
|--|---|
| <input type="checkbox"/> Wet sweeping | <input type="checkbox"/> Dispose of used vacuum bags in a container |
| <input type="checkbox"/> Use Sweeping compound | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> HEPA-filtered vacuuming | _____ |

4. Access Restriction:

Description of access restriction methods: _____

Restriction methods:

- Schedule tasks when others are not around
- Post warning signs, cones and/or barrier tape
- Tell employees to stay out of the areas where dust is generated if they do not need to be there
- Move employees to areas where there is no exposure, if possible
- Other: _____

T.W. Hicks, Inc.

COVID-19 Mitigation Plan

Scope:

T.W. Hicks COVID-19 Mitigation Plan regarding prevention, screening and monitoring of COVID-19 transmission of our employees at our facilities, as well as the plan to minimize/eliminate risks for the duration of any project in a customer's facility.

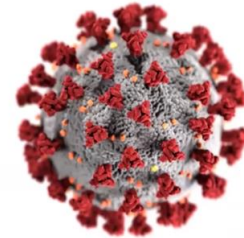
T.W. Hicks provide industrial flooring services including renovation, repair, and resurfacing. From preparation, to application, to custom-designed industrial flooring, our team ensures that flooring projects are be done safely and surpass our customers' expectations.

T.W. Hicks is committed to the safety and health of our employees, their family's health, and the safety and health of the customers employees and facilities that we are honored to serve.

Introduction:

Currently, the U.S. Centers for Disease Control and Prevention (CDC) is emphasizing that the risk to individuals is dependent on exposure. T.W. Hicks will rely on COVID-19 guidance from the CDC and OSHA as information becomes available.

Coronavirus (COVID-19) is the latest communicable disease outbreak with symptoms ranging from mild to severe. The World Health Organization (WHO) has classified this illness as a pandemic because of its worldwide spread with no pre-existing immunity. While it may be a novel illness, workplace hygiene best practices remain the same.



Source: CDC.gov

T.W. Hicks will implement our OSHA hazard control practices related to:

- Personal protective equipment (gloves, respirators, safety glasses, etc.)
- General duty clause
- Bloodborne pathogens
- Exposure to hazardous chemicals used for cleaning and disinfection
- Recordkeeping and reporting

COVID-19 Mitigation Plan Objectives:

Increases employees' awareness of COVID-19 and ways to prevent its spread, provide a safe workplace for employees and T.W. Hicks employees we encounter, and continue to monitor COVID-19 developments.

T.W. Hicks will strive to monitor, educate, and assist our employees and facilities where we work in:

- Knowing where to find local information on COVID-19 and local trends of COVID-19 cases through CDC websites. ([cdc.gov](https://www.cdc.gov) and <https://www.cdc.gov/coronavirus/2019-ncov/index.html>)
- Knowing the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite.
- Reviewing, updating, or developing this workplace plan to include our COVID-19 Leave Policy:
- Encouraging employees to stay home and notify Human Resources when sick.

T.W. Hicks, Inc.

COVID-19 Mitigation Plan

- (Non-punitive sick leave options to allow employees to stay home when ill).
- Encouraging personal protective measures among staff (e.g., stay home when sick, handwashing, and respiratory protection when required).
- Cleaning and disinfecting frequently touched surfaces daily.
- Ensuring hand hygiene supplies are readily available in the buildings we work in.
- Implementing social distancing measures:
 - Increasing physical space between workers at the worksite (i.e. 6 feet)
 - Staggering work schedules when possible
 - Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.)
 - Limiting large work-related gatherings to less than 50, less than 10 is better (e.g., staff meetings, after-work functions).
 - Limiting non-essential work travel.
- Regular health checks (e.g. Temperature) when warranted by local health officials.

What is a Coronavirus?:

The term coronavirus describes a broad category of viruses that affect both people and animals. The name is based on the crown-like spikes on the virus's surface. According to the U.S. Centers for Disease Control and Prevention (CDC), these types of viruses were identified in the mid-1960s and are a common cause of colds and upper respiratory infections. Note: Antibiotics have no effect on viruses.

The 2019 novel coronavirus ("COVID-19" or "coronavirus") is caused by a member of the coronavirus family that is a close cousin to the SARS and MERS viruses that have caused outbreaks in the past. Symptoms of COVID-19 include fever, runny nose, cough and trouble breathing. Most people develop only mild symptoms. But some, usually people with other medical complications, develop more severe symptoms, including pneumonia, which can be fatal.

Initially detected in Wuhan, China in late 2019, the first case of COVID-19 in the United States was reported on January 21, 2020. Since then, the disease has spread within the continental United States, with CDC officials warning of further outbreaks.

- COVID-19 is a new strain of coronavirus. Evidence suggests it began with animal-to-person transmission then shifted to person-to-person spread.
- Symptomatic people are the most frequent source of COVID-19 spread (as is true for the flu & colds).
- The incubation period — the time frame between exposure and having symptoms — ranges from 2 to 14 days for COVID-19.
- COVID-19 data to date suggests that 80% of infections are mild or asymptomatic, 15% are severe, requiring oxygen, and 5% are critical, requiring ventilation. The percentage of severe and critical infections are higher for COVID-19 than for influenza.
- There is currently no vaccine for COVID-19.

People who have already had a coronavirus infection, including COVID-19, may get it again, particularly if it mutates.

T.W. Hicks, Inc.

COVID-19 Mitigation Plan

Signs and Symptoms: Allergies vs. Flu vs. COVID-19:

Many ailments share symptoms. Here are some ways to tell them apart.

Allergies	Flu	COVID-19
1. Sneezing	1. Fever	1. Fever (100.4+° F)
2. Itchy Eyes or Nose	2. Cough	2. Cough
3. Runny or Stuffy Nose	3. Sore Throat	3. Shortness of Breath
4. Watery, Red, or Swollen Eyes	4. Runny or Stuffy Nose	4. Phlegm Production
5. Shortness of Breath	5. Muscle Pain or Body Aches	5. Fatigue
6. Wheezing	6. Headache	6. Sore Throat
7. Cough	7. Fatigue	7. Headache
8. Rash or Hives		8. Muscle or Joint Pain
9. Nausea or Vomiting		9. Chills
10. Dry/Red/Cracked Skin		10. Nausea or Vomiting
		11. Nasal Congestion

Sources: *Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)*, CDC

COVID-19, T.W. Hicks Leave Policy - Staying Home with Signs or Symptoms:

T.W. Hicks requires that employees stay home from work if they have signs or symptoms of a COVID-19 that poses a credible threat of transmission in the workplace, or if they have traveled to high-risk geographic areas, such as those with widespread or sustained community transmission of the illness.

T.W. Hicks requires employees to provide medical documentation that they can return to work after contracting COVID-19.

T.W. Hicks employees will get medical attention and notify the T.W. Hicks Human Resources Manager so that T.W. Hicks can work with local governmental health officials to determine who should be notified and action steps to take. Human Resources will also determine the applicable ADA, Employee Leave, FMLA, or Workers Compensation time off provisions.

When Sick at Home, Monitor Your Symptoms:

- **Seek medical attention:** Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing).
- **Call your doctor:** Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19.
- **Wear a facemask when sick:** Put on a facemask before you enter the medical facility. These steps will help the healthcare provider’s office to keep other people in the office or waiting room from getting infected or exposed.
- **Alert health department:** Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

T.W. Hicks, Inc.

COVID-19 Mitigation Plan

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

How Viruses Spread:

Person-to-Person Contact

- Being in close contact with someone who is sick.
- Coming in contact with droplets expelled when an infected person coughs or sneezes.

Contaminated Surfaces

- With COVID-19 it *may* be possible to contract the virus by touching a surface or object that has a live virus on it and then touching your eyes, nose, or mouth.

Poor Hygiene

- Not washing your hands long enough or often enough
- Not covering your own coughs or sneezes.

Personal Risk Factors:

Aspects of people's personal health may increase their risk for more severe instances of COVID-19.

People with a higher level of risk include:

- Older adults; risk increasing with age
- People who have serious chronic medical conditions, such as heart disease, diabetes, and lung disease

Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door and schedule regular hand washing reminders by email
- Create habits and reminders to avoid touching their faces and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

T.W. Hicks, Inc.

COVID-19 Mitigation Plan

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

For more information: www.cdc.gov/COVID19

T.W. Hicks, Inc.

COVID-19 Mitigation Plan

Take Precautions to Protect Yourself, Your Family and our Customers:

The CDC recommends taking the following steps to reduce the risk of contracting viruses, including COVID-19:

- Avoid close contact with people who are sick (staying 6 feet away or more is recommended).
- Avoid touching your face, nose, eyes, etc.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
- If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- To the extent possible, avoid touching things — elevator buttons, door handles, handrails, etc. — in public places. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
- Clean and disinfect your home and our workplace to remove germs. Wipe down frequently touched surfaces, including tables, doorknobs, light switches, handles, toilets, faucets, sinks, and cell phones.
- Avoid crowds and keep distance from others, especially in poorly ventilated spaces.
- Avoid non-essential travel, including plane trips and cruises.

T.W. Hicks, Inc.

COVID-19 Mitigation Plan

Appendix - Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age:

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because of kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

T.W. Hicks, Inc.

COVID-19 Mitigation Plan

The entire contents of the COVID-19 Mitigation Plan for T.W. Hicks work at a customer’s facility and our facilities have been reviewed.

Employees understand and agree to follow the plan and work with their supervisor if issues come up that they have questions about.

T.W. Hicks Date: _____

Trainer: _____ Trainer’s Signature: _____

COVID-19 Mitigation Plan Training Participants:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____



EMERGENCY/CONTACT PERSONNEL

Project Name:	
Project Address:	
Project Manager/Competent Person/On-Site Safety Rep/Emergency Contact #1 with certification in First Aid/CPR/AED and OSHA 30-HR:	
Project Superintendent with certification in First Aid/CPR/AED and OSHA 10-HR:	
Emergency Contact #2 and Customer Senior Representative:	
Accounting Contact:	



Return-to-Work Policy

Introduction

As a component to T.W. Hicks Inc.'s overall safety plan, the Company has instituted a formal Transitional Duty Program. While our primary goal is to prevent accidents, we recognize that they do occur. Our Transitional Duty Program has been developed to return our most valued asset, our employee, back to work in a full capacity.

Transitional duty is either a temporary accommodation or temporary modification of work that is assigned when an employee cannot return to his/her regular job. It is a graduated return to work based on an employee's changing condition. T.W. Hicks, Inc. is in close contact with the treating physician during this process to ensure that any limitations an employee might have during their temporary assignment are addressed.

The goal of transitional duty is to return the worker to regular employment upon completion of the program. Transitional work may be any job, task, function or combination of these components that a temporarily impaired worker may perform safely.

Transitional Duty

Transitional work may include modification of work tasks, work location or work schedule. If modification of a regular job within the employee's location/area cannot be accomplished, an assignment to another location/area may be necessary. The employee's work assignment may change during the transitional period based on the availability of tasks and as a gradual increase in the physical capabilities of the employee occurs.

Transitional return to work occurs in one of these ways:

- Temporary Modified Work
- Temporary Alternative Work

Temporary Modified Work

Temporary modified work refers to a *change in the employee's regular position* to temporarily meet medical restrictions and allow the employee to perform some or all of his/her job tasks.

Temporary Alternative Work

Temporary alternative work occurs when an employee's medical limitations prohibit return to regular work, even in a modified capacity. In those instances the employee may be able to perform a *different job within the same department or another department*.



Return-to-Work Policy

Steps of a Transitional Duty Program

Medical Treatment

If an injury/illness disrupts work, the incident should be reported immediately to the employee's foreman or supervisor. Employees are requested to treat with the designated medical provider. These providers have been selected to supply prompt and appropriate medical treatment, and they should have knowledge of the work being performed at the work site.

NOTE: WorkWell, TX is the Texas Mutual health care network. Search for a network doctor, specialist, or other provider online.

Physician Communication

The attending physician will be contacted to communicate the specific demands of the employee's job. If the employee is unable to return to his/her pre-injury work, the worker will be offered transitional work, if such work is available within the capabilities of the worker.

Defining Workability

Before the beginning of a work assignment, an employee's functional capacities must be determined. This must be accomplished by a physician, physical therapist or other appropriate party and is used to compare capabilities with the specific demands of the job.

Offer of Transitional Duty Work

An offer of transitional duty work within the worker's restrictions should be considered in the same manner as any other offer of employment. Failure to accept an appropriate position could affect the payment of compensation benefits.

Program Guidelines

Length of Program

A transitional duty assignment will be limited to the days listed on the physician's work status report. At that point, if the employee needs additional time under the transitional duty program, the work assignment can be extended in two-week time periods.

Only in exceptional circumstances should transitional work extend beyond 60 days. Extended transitional duty beyond 90 days requires the written approval of senior management.



Return-to-Work Policy

Supervision

The foreman or supervisor will supervise the transitional duty employee within his/her medical capabilities and following the organization's work rules. When transitional duty has resulted in a change in location/area, the temporary foreman will supervise and coordinate work performance with the employee's originating location.

Location of Transitional Duty

Every effort will be made to accommodate the employee within the employee's originating location/area without negatively affecting production. If that is not possible, this priority of placement will occur:

- Current job – same location
- Modified job – same location
- Different job – same location(pending qualifications/approval)
- Different job – different location (pending qualifications/approval)
- Different job – off-site (this may include office work)

Samples of Types of Modifications

These are some of the options for modifications that will be considered:

- Modify Work Tasks to meet the workers' restrictions. This may mean temporary reassignment of tasks that are unable to be performed safely.
- Modify the Method of completing the work that is assigned to the employee. The time needed to complete a task could be altered or the productivity rate, in some instances.
- Modify the Work Schedule to allow for physical therapy or work hardening, allowing the employee to work six (6) hours and attend therapy for two (2) hours, for example. This could also mean permitting the employee to return to work part-time and gradually adding hours each week to full duty.
- Combine a Set of Job Tasks from a variety of jobs for the injured/ill worker. This opportunity for work would remain in effect as long as the location/work site is able to provide this position and the individual return-to-work goals are being met for the injured employee.
- Modify the Work Site to minimize the affect of the impairment. This might mean the addition of work aids, ability of work to sit, not stand, or a reduced amount of walking or lifting. Functional or ergonomic changes to how the job is done might be provided.
- Assign the Worker to Another Job within the Location/Work Site that temporarily allows him/her to work within their capabilities. This job should be of use to the location or area.



Return-to-Work Policy

- Assign the Worker to Another Job in Another Location/Work Site that temporarily allows him/her to work within their capabilities. This job should be of use to the location or area.
- Revise Tasks for a Limited Period of Time Which are Beyond the Worker's Physical Capabilities for a specified length of time. Time limits will be individually determined.

Compensation

Employees performing transitional work will be paid at their same rate of pay. Any pay differentials to which the employee is entitled will be calculated and paid through the claims process, if applicable. All full-time employee group benefits and payroll deductions will continue. An employee's vacation days while on transitional duty will be paid at the same rate and will not interfere with eligibility. Benefits, if applicable, are not affected.

Therapy and Medical Appointments

Whenever possible, physical therapy and medical appointments should be scheduled to cause the least disruption to the productivity goals and work hours of the location/area. Any reduction in work time which results from a modified work schedule or from physical therapy or work hardening will be considered lost time and will be handled as part of the claim.

Off-Site Rehabilitation

An off-site Rehabilitation Program can be created in lieu of an on-site program. This should be considered when:

- It has been estimated that the employee will require a lengthy (more than 90 days) transition returning to regular work.
- A transitional work assignment may cause significant disruption to productivity

Eligibility

All full-time employees with an impairment that temporarily affects his/her ability to perform their regular job duties are eligible to be assigned to transitional duty. Temporary and part-time employees will be considered based upon employment agreements and injury characteristics.



Return-to-Work Policy

Extensions

These are the criteria for extending the program:

- Employee's work performance has progressed but he/she is not able to return to regular work. Transitional duty can be extended in two-week periods of time. A plan of action will be developed that will encourage resolution within the newly established extension of time.
- Employee can perform transitional work but the impairment is permanent. The Main Office should be contacted to determine if the employee qualifies under the Americans with Disabilities Act (ADA) for permanent accommodations. (See policies on permanent restrictions and the ADA)

Exiting Criteria

Criteria for exiting the program are:

- Employee is able to return to regular work *before* the end of the approved length of time
- Employee is able to return to regular work *at the end* of the approved length of time
- Employee cannot perform transitional duty as verified by the appropriate physician. If this occurs, active case management will continue, as well as an off-site rehabilitation program and conditioning to facilitate progress toward work return.

ADA (Americans with Disabilities Act)

Permanent restrictions are always coordinated with the Main Office.

- Permanent restrictions may occur in these instances:
 - The employee can return to the pre-injury job provided permanent modifications are made
 - The employee cannot return to the pre-injury job and an attempt will be made to find another job for the employee



Job Hazard Analysis

Project Start Date:	Job Name and Location:	Project Manager:
Project Scope of Work	Potential Hazards	Preventive Measures
Tools/Equipment	Inspection Requirements	Training Requirements
Have the hazards been explained to all employees, contractor, and owners involved?		
(Print and Signature)	(Date)	