

Sample Programs

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Sample Safety & Health Policy

(Agency) _____, as a public employer, believes in the dignity and importance of each employee. The prevention of occupational injuries, illnesses, and exposures will be given top priority at all times.

A health and safety program requiring accident prevention efforts, including the integration of health and safety measures into each job description, has been implemented. It is accomplished through the cooperative efforts of managers, supervisors and employees who seek to obtain the lowest possible work-related injury, exposure, and illness rates. A management-employee safety & health committee, self-inspection program, and safety & health orientation and training are features of our effort. No employee will be required to perform hazardous duties for which he/she has not been provided the appropriate equipment, training and protection.

By accepting mutual responsibility to operate healthfully and safely we will all contribute to a reduction in workplace incidents and the high cost of workers' compensation.

(Signature - Agency Head)

Date

Sample Reference Page

NOTE: You may wish to include a page listing the individual safety and health written programs for your agency. These would include such programs as Bloodborne Pathogens, Respiratory Protection, Hazard Communication, Tuberculosis, Personal Protective Equipment, Lockout-Tagout and Confined Space.

Sample General Agency Safety-Health Rules

1. Unsafe/unhealthy conditions are to be reported to the supervisor immediately.
2. Any and all injuries, exposures, and work-related illnesses are to be reported to the supervisor immediately, using an official incident report form.
3. Smoking and food/drink is allowed only in designated areas. Smoking is prohibited in ignition-source areas.
4. Equipment shall not be operated unless all guards and safety devices are in place and in proper operating condition.
5. Defective tools and equipment shall not be used, and are to be reported to the supervisor at once.
6. Maintenance and adjustments to equipment shall be made only when energy sources have been properly isolated. Work shall only be performed by properly trained persons.
7. Compliance with all governmental standards/regulations is required.
8. Aisles, walkways, stairways, and exits shall be kept free of debris, storage or obstructions.
9. Good housekeeping shall be practiced at all times.
10. The use of, or being under the influence of, alcohol or illegal drugs while on the job is prohibited.
11. All agency safety and health rules must be followed. Posters must not be covered, defaced, or removed.
12. Training on equipment is required prior to unsupervised operation.
13. Horseplay on the job site is prohibited.

VIOLATIONS OF SAFETY & HEALTH RULES WILL RESULT IN DISCIPLINARY ACTION.

I HAVE READ AND UNDERSTAND EACH ITEM ABOVE.

Signature _____ Date _____

Sample Items for Which You May Wish To Include Specific Rules

- **Chemical and flammable liquid storage**
- **Drill presses**
- **Electrical**
- **Forklifts**
- **Handling and use of flammable liquids**
- **Hearing protection**
- **Housekeeping**
- **Respirators**
- **Safe chemical work practices**
- **Sanders and grinders**
- **Saws/woodworking equipment**
- **Shears, lathes, and drill presses**
- **Welding equipment/cutting torches**

Sample Employee Safety & Health Participation

Employee participation in the agency safety and health program is essential from planning to implementation. In order for this to be useful, employees must be informed about the safety and health statutory requirements and safety issues within the agency.

At this point there must be a determination concerning the best method of employee participation. The agency may wish to set up a fully functioning safety committee to review problems and suggestions and work with the safety coordinator to the degree desired in implementation of the program. Regardless of the method used, communication with employees must be maintained and they must feel free to report any unsafe conditions and to refuse to perform work requiring specialized training and equipment if the training and/or equipment is not available. This section should include your agency's specific employee participation information.

Sample Employee Training Topics

- **CPR**
- **Defensive driving**
- **Environmental health**
- **First aid training**
- **On-the-job training**
- **Orientation of new employees safety/health training**
- **Specialized training**
- **Supplemental training**

Sample Orientation Safety and Health Information

During orientation of new employees there should be time devoted to reviewing the agency general safety and health program, as well as any training specific for their job duties. Employees who have been given different job duties must be given safety and health information specific to the new job duties. This would include any required medical evaluation, training on machinery/equipment and use of any personal protective equipment. This section should include at least an outline of the contents of this orientation information. It should also include information concerning who (by title, not name) provides the information and the means of documentation. For example, this could be Human Resources, the safety coordinator or immediate supervisor.

Documentation of this training is important, as failure to follow the safety and health procedures should be a personnel issue. It is important for employees to know, from the beginning, that the agency will not tolerate ignoring these procedures.

Sample Fire Safety Information

Fire drills will be conducted. A fire safety program can properly prepare you to guard against fire and what to do if a fire breaks out.

FOUR CLASSIFICATIONS OF FIRE

CLASS A: Natural Materials

Ordinary fires of paper stock, wooden skids, or textiles. These fires require cooling, quenching, or smothering, and can be put out by water.

CLASS B: Flammable or Combustible Liquids

Such as alcohol, printing inks, or solvents - may catch fire. These fires must be smothered or blanketed. Water can make them worse. These fires can be very dangerous: Soiled press wipers can burst into flames from spontaneous combustion. They should be kept in metal containers with spring lids.

CLASS C: Electrical

The substance burning in electrically energized equipment may be paper, but using water can cause electrocution if the current is on; water conducts electricity. These fires require a nonconducting extinguishing agent, unless you are absolutely sure the current is off.

CLASS D: Metals

Combustible metals, such as magnesium, titanium, etc., are used in the printing industry. Class D fire extinguishers are available, but these fires and Class C fires probably need the attention of the fire department.

PORTABLE FIRE EXTINGUISHERS

Fire extinguishers are only effective for small fires in the early stages. Only properly trained employees will use fire extinguishers.

Just as there are different kinds of fire, there are different kinds of extinguishers. Using the wrong kind may cause more damage than good, and may even cause the fire to spread.

All employees must know what kind of fire extinguishers are at this establishment, and who is expected to use them.

Class A portable fire extinguishers can only put out Class A fires. Some extinguishers are AB, and can be used for A or B fires. AB extinguishers can be used for Class C fires if the electrical equipment is not running and the current is off. Class D fires require a Class D extinguisher.

Note: Be sure to include training in your fire alarm signal.

Sample Fire Emergency Procedures

Upon Observing Smoke or a Fire of Unknown Origin or Intensity

1. Sound the alarm and notify the Fire Department.
2. Follow procedures in the emergency evacuation plan (EAP).
3. Assemble outside, following instructions in the EAP.
4. Lead person account for all those assembling.

In Case of Minor Fire

1. Fight the fire **IF IT CAN BE DONE SAFELY**. (In the meantime, responsible person sounds the alarm and notifies the Fire Department.)
2. If the fire is out of control, confine it to its immediate area by closing doors as you leave.
3. Provide assistance to anyone requiring it to clear the area.
4. Assemble at the designated location, following instructions in the EAP.
5. Lead person account for all those assembling.

In Case of Major Fire

1. Leave fire area. **CLOSE DOOR BEHIND YOU.**
2. Assist in evacuation.
3. Evacuate the building.
4. Assemble at the designated location, following instructions in the EAP.
5. Lead person account for all those assembling.

Note: Emergency procedures for natural disasters should also be included in a safety and health program.

Sample Emergency Telephone Numbers

AMBULANCE

LOCAL HOSPITAL EMERGENCY NUMBER

OKLAHOMA POISON CONTROL CENTER

PHYSICIAN

POLICE

FIRE DEPARTMENT

UTILITIES

ELECTRICITY

NATURAL GAS

WATER

LP GAS

AGENCY MANAGERS

(Name)

(Name)

Sample Inspection Checklist Items

- **Electrical**
- **Equipment guards**
- **Equipment maintenance**
- **Firefighting equipment**
- **First Aid**
- **Floors**
- **Guardrails and ladders**
- **Housekeeping**
- **Lift trucks**
- **Personal protective equipment**
- **Recordkeeping, notices, poster**
- **Stairs, ramps, and platforms**
- **Storage**
- **Tools and equipment**

Sample Safety/Health Checklist

DATE OF INSPECTION _____ DATE OF LAST INSPECTION _____

PREPARED BY _____ REVIEWED BY _____

All NO answers require comments and a completion date for corrective action.

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	N/A	COMMENTS
STAIRS, RAMPS, AND PLATFORMS				
Light adequate and maintained.				
Surfaces unobstructed, non - slip.				
Toeboards provided where required.				
<i>You may add items specific to your facility here.</i>				

Sample Safety/Health Checklist

DATE OF INSPECTION _____ DATE OF LAST INSPECTION _____

PREPARED BY _____ REVIEWED BY _____

All NO answers require comments and a completion date for corrective action.

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	N/A	COMMENTS
LIFT TRUCKS				
Overhead guard racks properly installed on all forklifts used for stacking of any kind.				
Maintenance and storage.				
Operator training.				
<i>You may add items specific to your facility here.</i>				

Sample Employee Incident Report

To be completed by the employee immediately, unless injury, illness, or exposure prevents completion, and forwarded to the Safety Coordinator.

Name _____ Date of Birth _____

Job Title _____

Department _____ Supervisor _____

Date of Incident _____ Time _____ AM PM

Nature of
Injury/Illness/Exposure _____

Body Part Injured _____

Do you need additional health or safety training? Yes _____ No _____

Did the activity require the use of Personal Protective Equipment? Yes _____ No _____

Was the personal protective equipment in use? Yes _____ No _____

Detailed narrative description: (WHAT happened, WHERE did it happen, and HOW did it happen?) (Be specific):

What might be done to prevent a recurrence of this type of incident?

Witness(es) _____

Date report prepared _____ Date given to immediate supervisor _____

Sample Supervisor's Incident Report

To be completed immediately and forwarded to the Safety Coordinator.

Injury/illness/exposure? Yes_____ No_____ Unknown_____

Name_____ Age_____ DOB_____

Years of service_____ Time on present job Yrs_____ Mos_____

Title/Occupation_____ Department_____

Date of Incident_____ Time_____ AM PM

CHECK ALL THAT APPLY:

Accident category Motor Vehicle Property Damage

Fire Other

Severity of injury Non-disabling Disabling

Fatality Medical

TREATMENT:

Nature of Injury _____

Body Part Injured _____

Estimated Time away from Duties or Work _____

Amount of damage \$_____ Location_____

Cause: Unsafe Act Unsafe Condition

Describe the unsafe act or condition:

Sample Hazard Observation and Safety Suggestion Report

To be completed by the employee and forwarded to the Safety Coordinator through your supervisor.

Name _____

Job Title _____

Department _____ Supervisor _____

Nature of Hazard or Potential Exposure

Safety Suggestion

Is additional health or safety training needed? Yes No

Date report prepared _____ Date given to immediate supervisor _____

To be completed by supervisor or safety coordinator

Action taken or measure to prevent occurrence of accident

Date completed _____ Signature _____

