




**MJ SHELTON**  
**GENERAL**  
**ENGINEERING INC.**



**INJURY ILLNESS**  
**PREVENTION**  
**PROGRAM**

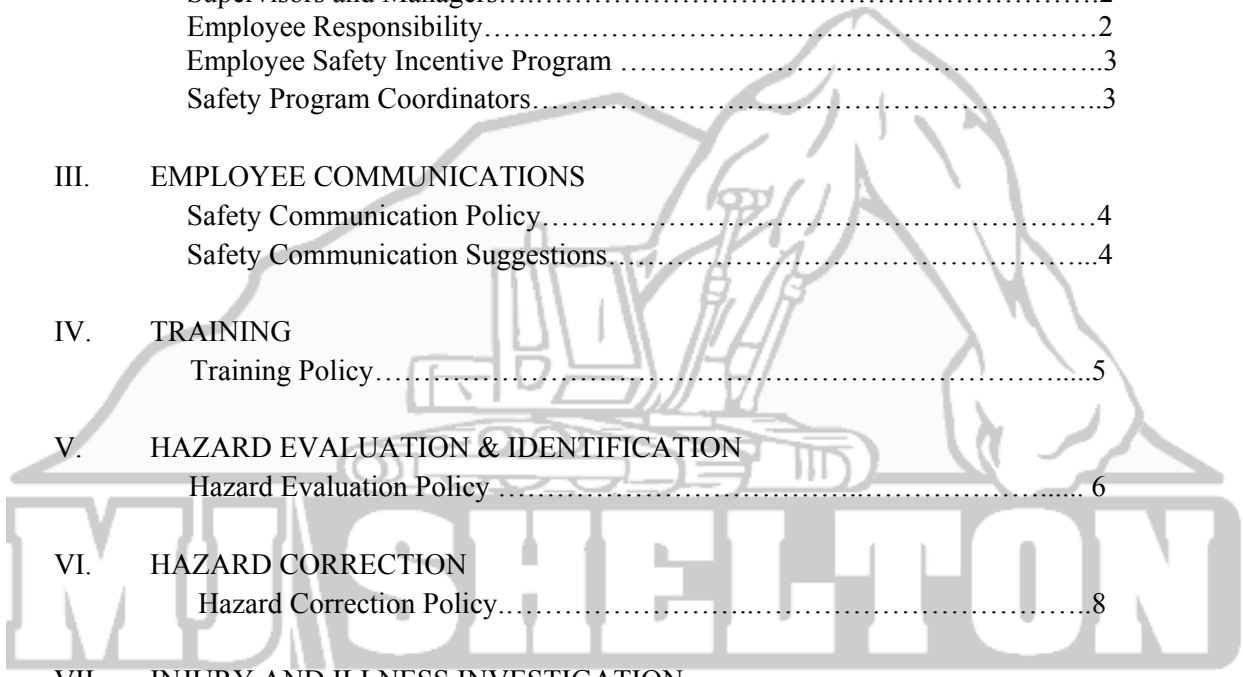
- ❖ ASSIGNMENT OF RESPONSIBILITY
  - ❖ EMPLOYEE COMMUNICATION
  - ❖ TRAINING
  - ❖ HAZARD EVALUATION & IDENTIFICATION
  - ❖ HAZARD CORRECTION
  - ❖ INJURY AND ILLNESS INVESTIGATION
  - ❖ RECORDKEEPING
  - ❖ EMPLOYEE COMPLIANCE
- 
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**MJ SHELTON**

**13 JORDANS PLACE, STE 100, CHICO CA 95973**

**(530) 895-8620 FAX (530) 895-8682**

**TABLE ON CONTENTS**

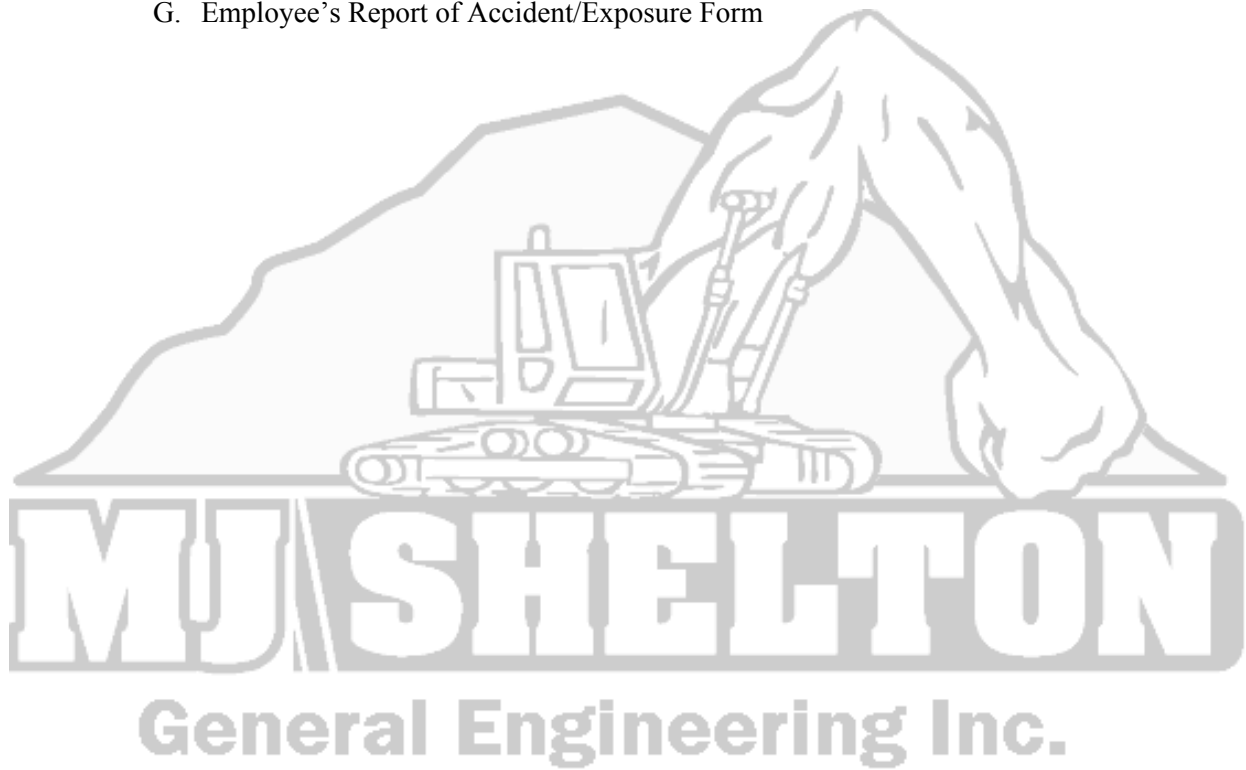


I.	POLICY STATEMENT	
	Safety Policy Statement.....	1
II.	ASSIGNMENT OF RESPONSIBILITY	
	Supervisors and Managers.....	2
	Employee Responsibility.....	2
	Employee Safety Incentive Program .....	3
	Safety Program Coordinators.....	3
III.	EMPLOYEE COMMUNICATIONS	
	Safety Communication Policy.....	4
	Safety Communication Suggestions.....	4
IV.	TRAINING	
	Training Policy.....	5
V.	HAZARD EVALUATION & IDENTIFICATION	
	Hazard Evaluation Policy .....	6
VI.	HAZARD CORRECTION	
	Hazard Correction Policy.....	8
VII.	INJURY AND ILLNESS INVESTIGATION	
	Assignment of Responsibility for Accident Investigation.....	9
	Basic Rules for Accident Investigation.....	9
	Reporting Requirements.....	10
VIII.	SAFETY AND HEALTH RECORDKEEPING	
	Safety and Health Recordkeeping.....	11
	Guidelines for Recordkeeping.....	12
IX.	EMPLOYEE COMPLIANCE	
	Code of Safe Practices for Construction.....	13

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X. EXHIBITS

- A. Acknowledgement of Receipt and Review of Company Code of Safe Practices Policy Form
- B. Notice of Safety Infraction Form
- C. Employee Safety Suggestion Form
- D. New Employee Safety Orientation Checklist Form
- E. Hazard Checklist Forms
  - Construction Hazards
  - Emergency Action Plan
  - Job Site Safety
  - Material Handling
- F. Supervisor's Report of Accident/Exposure Form
- G. Employee's Report of Accident/Exposure Form



# I. POLICY STATEMENT

## SAFETY POLICY STATEMENT

It is the policy of MJ SHELTON GENERAL ENGINEERING, INC. (MJS) that accident prevention shall be considered of primary importance in all phases of operations and administration.

It is the intention of the company's top management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees.

The prevention of accidents is an objective affecting all levels of the organization and its activities. It is therefore, a basic requirement that each supervisor make the safety of employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt how to do a job safely, it is their duty to ask a qualified person for assistance.

Employees are expected to assist management in accident prevention activities. Unsafe conditions must be reported. Fellow employees that need help should be assisted. Everyone is responsible for the housekeeping duties that pertain to their jobs.

Any injury that occurs on the job, even a slight cut or strain, must be reported to management as soon as possible. In no circumstances, except an emergency, should an employee leave a shift without reporting an injury that occurred.

When you have an accident, everyone loses; your family, your fellow workers and the company. Please work safely. It's good for everyone.

Matthew J. Shelton

**MJ SHELTON**  
General Engineering Inc.



MJ Shelton General Engineering Inc.

Reviewed and Revised on:

May 13, 2014

## II. ASSIGNMENT OF RESPONSIBILITY

❖ **SUPERVISORS AND MANAGERS** will assume their respective responsibility for the safety and health of their assigned staff. Those responsibilities will include, but will not be limited to:

- Review safety policies and procedures, become familiar with functions and responsibilities of supervision and the interrelationships with other departments.
- Develop a sound technical knowledge of all applicable Cal/OSHA Safety Orders and Regulations, also stay current with requirements made by other government agencies.
- Maintain an occupational training program covering hazards basic to all types of employment and those unique to each worker's job assignment.
- Correct unsafe and unhealthy work practices in a timely manner (also document this on provided forms).
- Schedule and conduct regular safety training meetings with all employees.
- Perform first-aid duties as required, which will include maintaining appropriate first-aid supplies, dissemination of emergency procedures and providing first-aid training.
- Keep records of all employees training, corrections of unsafe conditions, dates and results of workplace inspections. Submit all documentation to *MJS* for company recordkeeping.
- Add additional responsibilities you feel important for your operations.
- In addition, supervisors of this company will be responsible for seeing that all company rules and policies are adhered to by all employees. This may include employee incentives, retraining, and disciplinary actions

❖ **EMPLOYEE RESPONSIBILITY** – Management expects each employee, regardless of his/her position with the organization to cooperate in every respect with the company's safety program. Some of the major points of our safety program are as follow:

- All injuries and accidents must be reported immediately to your supervisor and to obtain medical aid without delay.
- All employees, where required, must wear personal protective equipment. Hard hats and eye protection are required on all job sites.

- Hazardous conditions and other safety concerns must be reported immediately to the job site foreman.
- The employee will follow all company safety rules. Failure to follow the safety rules will result in disciplinary action.
- Cooperate with your supervisor in preventing accidents and maintain a clean and safe workplace.
- Attend all safety meetings conducted by supervisory personnel.

❖ **EMPLOYEE SAFETY INCENTIVE PROGRAM**

➤ **WORK BOOT PROGRAM**

- MJ Shelton offers a safety incentive program that provides new work boots for employees that meet the following criteria:
  - 700 consecutive hours of work, free from incident / accident / injury
- The safety program manager will log each employee's hours of work and notify the employee when he / she is eligible for a new pair of boots.
- Boots should be purchased by the employee and the receipt submitted for reimbursement to the program manager.

❖ **DESIGNATED SAFETY PROGRAM MANAGERS AND SUPERVISORS**

The responsibility of implementing the company safety program is to be shared by all supervisory staff, with the overall administration of the program assigned to:

Matt Shelton - President	(530) 624-1440
Name and Title	
Dustin Friedrichs – Superintendent	(530) 624-2964
Name and Title	
Randy Baylor - Manager	(530) 321-6553
Name and Title	

### III. EMPLOYEE COMMUNICATIONS

#### SAFETY COMMUNICATION POLICY

It is *MJ SHELTON GENERAL ENGINEERING, INC.*'s policy to maintain open communication between management and staff on matters pertaining to safety. Your thought regarding safety is considered important and we encourage your active participation in our company safety program. Please feel free to express any of your safety concerns or suggestions during safety meetings, individually to your supervisor, or in writing on the safety suggestions form attached as '**EXHIBIT C**' (This will allow you to remain anonymous if you so desire, however this will make it difficult to provide you special recognition if your suggestions are put to action). Be assured that all safety suggestions will be given serious consideration and that each will receive a response.

In turn, the company will provide current safety news and activities, safety reading materials, signs, posters, and a bulletin board for easy access to them all. Also, regular safety meetings will be held every **WEEK** so that all employees have an opportunity to receive safety training and voice personal opinions regarding safety.

#### SAFETY COMMUNICATIONS SUGGESTIONS

- Employee orientation, conducted at the time of hire, will stress the importance of safety at *MJS* and will encourage all workers to report all hazards to a supervisor or without the fear of reprisal.
- Regular safety meetings will be held each week to keep employees informed of safety and health matters. Time will be provided to allow employees to state their safety concerns without fear of reprisal.
- An anonymous suggestion box will be provided to facilitate employee safety and health communications. All suggestions will be reviewed by *the Program Coordinators* who will determine if any corrective action is necessary. Safety suggestions form is attached as '**EXHIBIT C**'
- Some safety and health information may be disseminated through corporate memoranda or pay envelope inserts.

## IV. TRAINING

### TRAINING POLICY

- A. *MJ SHELTON GENERAL ENGINEERING, INC.* shall assure that supervisors receive training to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.
- B. Supervisors are responsible to see that those under their direction receive training on general work place safety as well as specific instructions with regard to hazards unique to any job assignment.
- C. When a supervisor is unable to provide the required training, he/she should notify the assigned person and request that such training be given to the employee by others.
- D. To ensure that all employees receive appropriate training, all company employees will participate in:
- Weekly safety meetings
  - Additional training as job duties or work assignment are expanded or changes
  - Defensive driving when company vehicles are to be used (Review MJS company vehicle policy)
  - Other training programs as appropriate
- E. All new employees must undergo an initial orientation instructed in:
- General company rules and policies
  - Job site safety rules
  - Code of safe practices
  - Other specific safety information pertinent to the employees' job
  - See the Safety Orientation Checklist attached as **'EXHIBIT D'**
- F. Further training will be provided whenever employees are exposed to new processes, machinery, chemical, and/or previously unrecognized hazards.

Records of all the above training will be kept by:

**MJ SHELTON GENERAL ENGINEERING, INC.**  
At  
**13 JORDAN'S PLACE, STE 100, CHICO, CA 95973**



## V. HAZARD EVALUATION AND IDENTIFICATION

### HAZARD EVALUATION POLICY

To assist in the identification and correction of hazards, MJ Shelton General Engineering, Inc. has developed the following procedures. These procedures are representative only and are not exhaustive of all the measures and methods that will be implemented to guard against injury from recognized and potential hazards in the workplace. As new hazards are identified or improved work procedures developed, they will be promptly incorporated into our Safety Manual. The following methods will be utilized to identify hazards in the workplace:

- Accident investigation
- Employee observation
- Employee suggestions
- Regulatory requirements for our industry
- Outside agencies such as the fire department and insurance carriers
- Periodic safety inspections

#### **Accident Investigations**

All accidents and injuries will be investigated in accordance with the guidelines contained in this program. Accident investigations will focus on all causal factors and corrective action including the identification and correction of hazards that may have contributed to the accident.

#### **Employee Observation**

Superintendents and foremen shall be continually observing employees for unsafe actions and taking corrective action as necessary.

#### **Employee Suggestions**

Employees are encouraged to report any hazard they observe to their supervisor. No employee of MJ Shelton General Engineering, Inc. is to ever be disciplined or discharged for reporting any workplace hazard or unsafe condition. However, employees who do NOT report potential hazards or unsafe conditions that they are aware of will be subject to disciplinary action.

#### **Regulatory Requirements**

All industries are subject to government regulations relating to safety. Many of these regulations are specific to our type of business. Copies of pertinent regulations can be obtained from the Safety Coordinator.

#### **Outside Agencies**

Several organizations will assist us in identifying hazards in our workplace. These include safety officers from other contractors, insurance carrier safety and health consultants, private industry consultants, the fire department, and Cal/OSHA Consultation.

## **Periodic Safety Inspections**

Periodic safety inspections ensure that physical and mechanical hazards are under control and identify situations that may become potentially hazardous. Inspections shall include a review of the work habits of employees in all work areas. These inspections will be conducted by the Supervisor, Manager, Safety Coordinator or other designated individual.

- Periodic safety inspections will be conducted:
  - When new substances, process, procedures or equipment are used.
  - When new or previously unrecognized hazards are identified.
  - Periodically by the Supervisor.
  - Periodically by the Safety Coordinator.
  
- These inspections will focus on both unsafe employee actions as well as unsafe conditions. The following is a partial list of items to be checked.
  - The proper use, condition, maintenance and grounding of all electrically operated equipment.
  - The proper use, condition, and maintenance of safeguards for all power-driven equipment.
  - Compliance with the Code of Safe Practices.
  - Housekeeping and personal protective equipment.
  - Hazardous materials.
  - Proper material storage.
  - Provision of first aid equipment and emergency medical services.
  
- Any and all hazards identified will be corrected as soon as practical in accordance with the MJ Shelton General Engineering, Inc. hazard correction policy.
  
- If imminent or life threatening hazards are identified, which cannot be immediately corrected, all employees must be removed from the area, except those with special training required to correct the hazard, who will be provided necessary safeguards.
  
  
- Safety inspections will be documented to include the following:
  - Date on which the inspection was performed.
  - The name and title of person who performed the inspection.
  - Any hazardous conditions noted or discovered and the steps or procedures taken to correct them.
  - Signature of the person who performed the inspection.
  
- One copy of the completed form should be sent to the office. All reports shall be kept on file for a minimum of two (2) years.

## VI. HAZARD CORRECTION

The following procedures will be used to evaluate, prioritize and correct identified safety hazards. Hazards will be corrected in order of priority: the most serious hazards will be corrected first.

### Hazard Evaluation

- Factors that will be considered when evaluating hazards include:
  - Potential severity - The potential for serious injury, illness or fatality
  - Likelihood of exposure - The probability of the employee coming into contact with the hazard
  - Frequency of exposure - How often employees come into contact with the hazard
  - Number of employees exposed
  - Possible corrective actions - What can be done to minimize or eliminate the hazard
  - Time necessary to correct - The time necessary to minimize or eliminate the hazard

### Techniques for Correcting Hazards

- **Engineering Controls:** Could include machine guarding, ventilation, noise reduction at the source, and provision of material handling equipment. These are the first and preferred methods of control.
- **Administrative Controls:** The next most desirable method would include rotation of employees or limiting exposure time.
- **Personal Protective Equipment:** Includes back support belts, hearing protection, respirators and safety glasses. These are often the least effective controls for hazards and should be relied upon only when other controls are impractical.

### Documentation of Corrective Action

- All corrective action taken to mitigate hazards should be documented. Depending on the circumstances, one of the following forms should be used:
  - Notice of Safety Infraction (**See Exhibit B**)
  - Employee Suggestion Form (**See Exhibit C**)
  - Safety inspection/checklist forms (**See Exhibit E**)
  
- All hazards noted on safety inspections will be rechecked on each subsequent inspection and notations made as to their status.

## VII. INJURY AND ILLNESS INVESTIGATION

### ASSIGNMENT OF RESPONSIBILITY FOR ACCIDENT INVESTIGATION

MATTHEW J. SHELTON will investigate the accident for the purpose of determining the cause or causes. All investigations will be conducted within 48 HOURS of the incident. Documentation of the accident will be done using State Workman's Compensation, MJS Supervisor Report of Accident Exposure (**Exhibit F**) and MJS Employees' Report of Accident Exposure forms (**Exhibit G**).

This *report* will be reviewed by Job Superintendent to determine what corrective action(s) should be taken.

Accident investigation findings and recommendations will be communicated to the employees utilizing the method outlined in the company Injury Prevention Program.

### BASIC RULES FOR ACCIDENT INVESTIGATION

- The purpose of an investigation is to find the cause of an accident, prevent future occurrences, not to fix the blame. An unbiased approach is necessary to obtain objective findings.
- Visit the accident scene as soon as possible (when it is safe to do so) -- while facts are fresh and before witnesses forget important details.
- If possible, interview the injured worker at the scene of the accident and "walk" him or her through a re-enactment.
- All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident even if they did not actually witness it.
- Consider taking signed statements in cases where facts are unclear or there is an element of controversy.
- Document details graphically. Use sketches, diagrams and photos as needed and take measurements when appropriate.
- Focus on causes and hazards. Develop an analysis of what happened, how it happened and how it could have been prevented. Determine what caused the accident itself, not just the injury.
- Every investigation should include an action plan. How will you prevent such accidents in the future?

- If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.
- Report accident immediately (within 8 hours) by telephone or telegraph to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee. Serious injury or illness means an injury or illness which requires inpatient hospitalization for more than 24 hours for other than observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement. (See CCR Title 8, section 342). It is recommended to investigate and report all accidents within 48 hours to ensure accurate information. Supervisors must give an injured employee a claim form within 24 hours of knowledge of injury (**Exhibit F**).

## REPORTING REQUIREMENTS

The law requires that all accidents, which result in personal injury or property damage, must be investigated and reported within 8 hours. Supervisors must give an injured employee a claim form within 24 hours of knowledge of injury.

An internal accident report form provides information to help determine the cause of accidents and suggest ways to avoid them in the future. The *Supervisors' Report of Accident* (**Exhibit F**) should be completed as soon as possible, while the *Employee's Report of Accident* (**Exhibit G**) provides an important and perhaps different perspective. Care should be taken to see that the two statements are made independently.

Keep in mind that the purpose of investigating accidents is not to deny benefits to those injured on the job, but to assure that injuries are truly job-related and to avoid them in the future. Investigation also provides details that may be needed for legal purposes at a future date. Disputes over rights and responsibilities can end up in court. Without good documentation, your chances of winning such a case are greatly reduced.

**General Engineering Inc.**

## VIII. SAFETY AND HEALTH RECORDKEEPING

### SAFETY AND HEALTH RECORDKEEPING

No operations can be successful without adequate recordkeeping, which enables you to learn from past experience and make corrections for future operations. Records of accidents, work-related injuries, illnesses and property losses serve a valuable purpose.

Under Cal/OSHA recordkeeping requirements, information on accidents is gathered and stored. Upon review, causes can be identified and control procedures instituted to prevent the illness or injury from recurring. Keep in mind that any inspection of your workplace may require you to demonstrate the effectiveness of your program.

#### INJURY AND ILLNESS RECORDS

Injury and illness recordkeeping requirements under Cal/OSHA require a minimum amount of paperwork. These records give you one measure for evaluating the success of your safety and health activities success would generally mean a reduction or elimination of employee injuries or illness during a calendar year.

These are five important steps required by the Cal/OSHA recordkeeping system:

1. Obtain a report on every injury or illness requiring medical treatment. An injured employee must be given the *Employee's Claim for Worker's Compensation Benefits* SCID Form 3301.
2. Prepare an employer's report of occupational injury and illness on recordable cases on OSHA Form 101, or *Employer's Report on Injury or Illness* ( Form 5020), which is the same as SCIF Form 3067. (See SCIF sample in the "Injury & Illness Investigation" section, page VI-8).
3. Record each injury or illness on the *Cal OSHA Log and Summary of Occupational Injuries and Illness*, Cal/OSHA Form 300, according to the instructions provided.
4. Every year, prepare the summary Cal/OSHA Form 300, post it no later than February 1 and keep it posted where employees can see it until March 1, or provide copies as required.
5. Maintain the Cal/OSHA form 300 log for 5 years.

During the year, periodically review these records to see where your injuries and illnesses are occurring and in what numbers. Look for any patterns or repeat situations. These records can help you identify hazardous areas in your workplace and pinpoint where immediate corrective action is needed.

#### EXPOSURE RECORDS

Injury and Illness records may not be the only records you will need to maintain. Certain Cal/OSHA standards which deal with toxic substances and hazardous exposure require records of employee exposure to these substances and sources, physical examination reports, employment records, etc.

Employers using any of the regulated carcinogens have additional reporting and recordkeeping requirements. See Title 8 of the *California Code of Regulations* for details.

## DOCUMENTATION ON YOUR ACTIVITIES

Essential records, including those legally required for worker's compensation, insurance audits, and government inspections must be maintained for as long as the actual need exists.

You are now required to keep written records of your activities, such as policy statements, training sessions for management and employees (specify the name of trainer and trainee(s), topics and dates, etc.), safety and health meetings held, information distributed to employees, medical arrangement made, scheduled and periodic inspections ( specifying inspector's name, findings and corrections, etc. ). These training and inspections records must be maintained at least three years.

Finally, written records afford an efficient means to review your current safety and health activities for better control of your operations and to plan future improvements.

## GUIDELINES FOR RECORDKEEPING

Records will be kept of all safety program activities, and may include:

- Initial orientation training
- Job description and/or job analysis
- Safety meetings
- Training schedule for each employee
- Accident Investigations
- Employee and employer claim forms
- Cal/OSHA required records (Form 200, medical exposure records, and injury)
- Reports (Form 5020 which is the same as SCIF Form 3067)
- Inspections performed, in-house, and any performed by outside agencies
- Disciplinary actions
- Safety Committee meetings
- Vehicle inspections forms
- DMV driving records
- CPR/First Aid training

At least one copy of all the above records will be maintained and filed:

**AT**  
**General Engineering Inc.**

**13 JORDAN'S PLACE, STE 100, CHICO, CA 95973**

## IX. EMPLOYEE COMPLIANCE

### CODE OF SAFE PRACTICES

THE FOLLOWING IS ONLY TO BE USED AS A GENERAL OVERVIEW OF OUR COMPANY CODE OF SAFE PRACTICES. THESE GUIDELINES ARE PROVIDED FOR YOUR SAFETY.

IT IS THE RESPONSIBILITY OF THE PROGRAM COORDINATORS TO PROVIDE AND REVIEW THIS CODE WITH EACH EMPLOYEE. IT IS THE EMPLOYEE'S RESPONSIBILITY TO READ AND COMPLY WITH THIS CODE.

UPON RECEIPT AND REVIEW OF THE COMPANY CODE OF SAFE PRACTICES, PLEASE SIGN AND RETURN THE ATTACHED '**EXHIBIT A**', ACKNOWLEDGEMENT FORM; SIGNIFYING THAT YOU HAVE READ AND UNDERSTAND THESE SAFE PRACTICES AND WILL ADHERE TO THEM. *(For new employees, a copy of the signature page is provided in your new hire packet.)*

1. All persons shall follow these safe practices rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the supervisor or superintendent.
2. Supervisors shall insist on employees observing and obeying every applicable Company, State or Federal regulation and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain compliance.
3. All employees shall be given frequent accident prevention instructions. Instructions shall be given at least every 10 working days.
4. Anyone known to be under the influence of drugs or intoxicating substances which impair the employee's ability to safely perform the assigned duties shall not be allowed on the job until cleared by the company's drug and alcohol policy requirements.
5. Personnel Protective Equipment (PPE) shall be utilized at all times, i.e. hardhats, reflective and bright colored clothing, gloves, eye/ear protection, boots.....etc.
6. No employee shall enter excavations or confined spaces unless they are familiar with CAL OSHA Trench / Confined Space Safety Standards.
7. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
8. Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with equipment.
9. No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that they might unnecessarily expose the employee or others to injury.



10. Employees shall not enter manholes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation unless it has been determined that it is safe to enter.
11. Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to the supervisor or superintendent.
12. Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
13. Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their superintendent.
14. All injuries shall be reported promptly to the supervisor or superintendent so that arrangements can be made for medical or first-aid treatment.
15. When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
16. Inappropriate footwear or shoes with thin or badly worn soles must not be worn.
17. Materials, tools, or other objects shall not be thrown from the buildings or structures until proper precautions are taken to protect others from the falling objects.
18. Employees shall cleanse themselves thoroughly after handling hazardous substances and follow special instructions from authorized sources.
19. Laborers should avoid the use of extension ladders when carrying loads. Such ladders may provide adequate strength, but the rung position and rope arrangements make such climbing difficult and hazardous for this trade.
20. Work shall be so arranged that employees are able to face a ladder and use both hands while climbing.
21. Gasoline shall not be used for cleaning purposes.
22. No burning, welding, or other source of ignition shall be applied to any enclosed tank or vessel, even if there are openings, until it has first been determined that no possibility of explosion exists and authority for the work is obtained from the supervisor or superintendent.
23. Any damage to scaffolds, false work, or other supporting structures shall be immediately reported to the supervisor and repaired before use.

#### USE OF TOOLS AND EQUIPMENT

24. All tools and equipment shall be maintained in good condition.
25. Damaged tools and equipment shall be removed from service and tagged "DEFECTIVE."
26. Only appropriate tools shall be used for a specific job.
27. Wrenches shall not be altered by the addition of handle-extensions or "cheaters."
28. Files shall be equipped with handles and not used to punch or pry.
29. A screwdriver shall not be used as a chisel.

30. Wheelbarrows shall not be pushed with handles in an upright position.
31. Portable electric tools shall not be lifted or lowered by means of the power cord. Ropes shall be used.
32. Electric cords shall not be exposed to damage from vehicles.
33. In locations where the use of portable power tools is difficult, the tool shall be supported by means of a rope or similar support of adequate strength

## MACHINERY AND VEHICLES

34. Only authorized persons shall operate machinery or equipment.
35. Loose or frayed clothing, long hair, dangling ties, finger rings, etc. shall not be worn around moving machinery or other areas where they may become entangled.
36. Machinery shall not be serviced, repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safeguards to protect the person performing the work.
37. Where appropriate, lock-out procedures shall be used.
38. Employees shall not work under vehicles supported by jacks or chain hoists without protective blocking that will prevent injury if jacks or hoists should fail.
39. Air hoses shall not be disconnected at compressors until the hose line has been bled.
40. All excavations shall be visually inspected before backfilling to ensure that it is safe to backfill.
41. Excavating equipment shall not be operated near tops of cuts, banks, or cliffs if employees are working below.
42. Machinery shall not operate where there is possibility of overturning in dangerous areas like edges of deep fills, cut banks, and steep slopes.
43. When loading where there is a probability of dangerous slides or movement of material, the wheels or treads of loading equipment, other than the riding on rails, should be turned in the direction which will facilitate escape in case of danger, except in a situation where this position of the wheels or treads would cause a greater operational hazard.

WE CONSIDER THE SAFETY OF OUR EMPLOYEES TO BE VERY IMPORTANT. THEREFORE TO PREVENT ACCIDENTS, IT IS OUR POLICY TO STRICTLY ENFORCE COMPANY SAFETY RULES AND CODE OF SAFE PRACTICES. ATTACHED AS **'EXHIBIT B'** IS A NOTICE OF SAFETY INFRACTION WHICH A SUPERVISOR MAY FILL OUT IN THE EVENT THAT AN EMPLOYEE VIOLATES ANY OF THE COMPANY'S CODE OF SAFE PRACTICES OR SAFETY RULES.

In conclusion, *MJ SHELTON GENERAL ENGINEERING, INC.* values the safety of all company employees, and it is our intent to maintain the high standard of safety that will insure the good health and wellbeing of all those we employ.

THANK YOU FOR YOUR COOPERATION

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

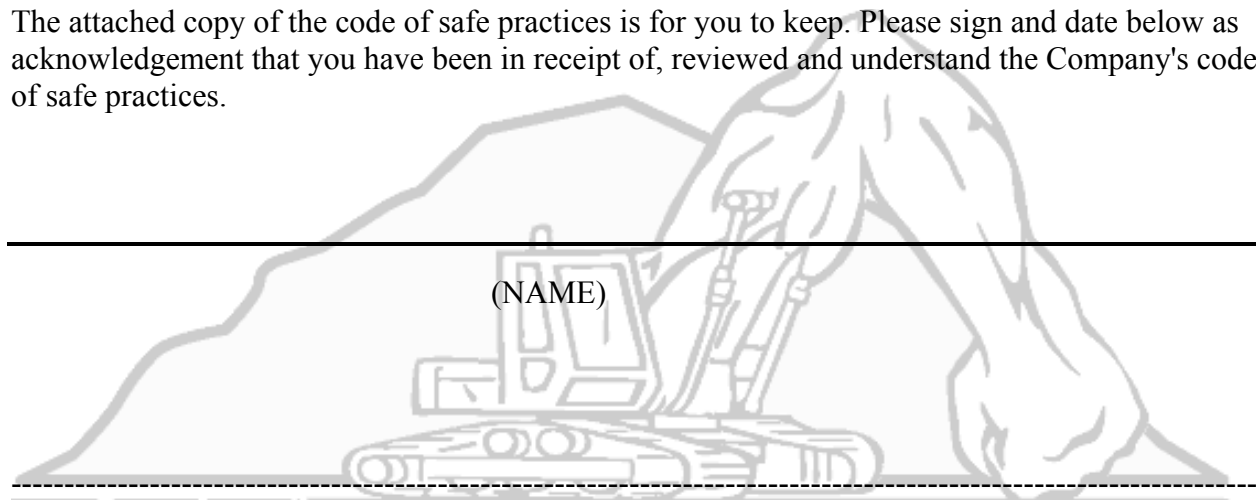


**ACKNOWLEDGEMENT OF RECEIPT  
AND REVIEW OF COMPANY CODE OF SAFE PRACTICES**

I have received my copy of the Company's code of safe practices. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook.

It is the responsibility of the program coordinators to provide and review this code with each employee. It is the employee's responsibility to read and comply with this code.

The attached copy of the code of safe practices is for you to keep. Please sign and date below as acknowledgement that you have been in receipt of, reviewed and understand the Company's code of safe practices.



(NAME)

I HAVE READ AND UNDERSTAND THE CODE OF SAFE PRACTICES

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

EMPLOYEE

**General Engineering Inc.**

# NOTICE OF SAFETY INFRACTIONS

The following form should be filled out by a supervisor when an employee violates any safety policy. *It should be noted that the following list of disciplinary actions does not have to be explicitly followed in sequential order. If an employee commits a serious infraction he/she may be asked to be dismissed immediately without any warning.*

1<sup>st</sup> Infractions - Written/Verbal Warning

3<sup>rd</sup> Infraction - 3 to 5 Day Suspension

2<sup>nd</sup> Infraction - Written Warning

4<sup>th</sup> Infraction - Dismissal

\_\_\_\_\_

(Name)

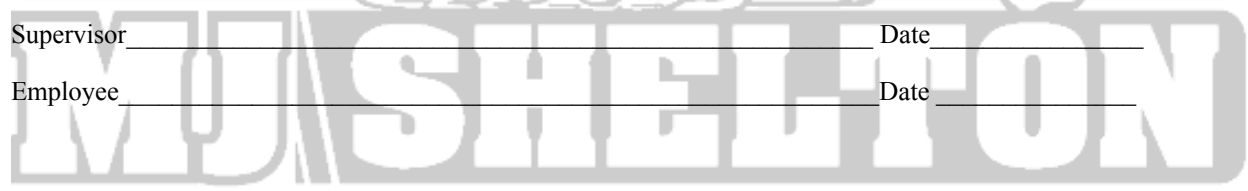
You have been observed working in the following unsafe manner, contrary to company safe rules:

This is your \_\_\_\_\_ First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Fourth Infraction \_\_\_\_\_

Action taken, therefore is \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_



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# EMPLOYEE

## SAFETY INFORMATION / SUGGESTION FORM

This form can be used by employees who wish to provide a safety suggestion, or report an unsafe workplace condition/practice.

Description of Unsafe Condition or Practice \_\_\_\_\_

\_\_\_\_\_

Causes or Other Contributing Factors \_\_\_\_\_

\_\_\_\_\_

Employee's Suggestions for Improving Safety \_\_\_\_\_

\_\_\_\_\_

Has This Matter Been Reported to the Area Supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Name (Optional) \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_

*Employees are advised that the use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any actions against an employee in reprisal for exercising rights to participate in communication involving safety. The employer will investigate any report as required by the Injury and Illness Protection Program Standard (8 CCD 3203) and advise the employee who provided the information or the workers in the area of the employer's response.*



FOR OFFICE USE

Accepted Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

Denied Date: \_\_\_\_\_ Reason(s): \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

# NEW EMPLOYEE

## SAFETY ORIENTATION CHECKLIST

This report is to be completed by the supervisor and the new employee (reassign) within 5 days after employment (reassignment) and filed with the office.

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

TYPE OF WORK \_\_\_\_\_

ASK EMPLOYEE: "Can you perform this job with or without reasonable accommodation? If a reasonable accommodation is necessary, please describe the type of accommodation needed."

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

DID EMPLOYEE HAVE A PRE-PLACEMENT PHYSICAL? YES NO

IF YES, ANY WORK RESTRICTIONS INDICATED?

\_\_\_\_\_

The SUPERVISOR is to go over the following safety concerns (where applicable) with the new employee:

- High priority this company gives to safety
- Maintaining good standards of housekeeping, especially regarding

\_\_\_\_\_

Must use mechanical means of lifting and carrying whenever possible to avoid back strains.  
Those available:

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___ hand trucks	___ jack(s)
___ cart(s)	___ forklift(s)
___ wheelbarrows(s)	___ other _____
___ hoist(s)	

- When lifting by hand, get yourself in a comfortable position, bend at the knees, and get close to the load. Lift with your leg muscle and not your weaker back muscles. Do not lift especially heavy materials by yourself.
- Maintain safety guard and electrical grounding on all power tools.
- Chemicals or other health hazards \_\_\_\_\_
- Personal protective equipment that must sometimes be worn (when, where, and why):  
\_\_\_ Goggles/face shields      \_\_\_ ear plugs/muffs





# HAZARD INSPECTION CHECKLISTS

## INSTRUCTIONS

1. Use your own experience to develop a hazard inspection checklist for your work area.
2. The item should be specific and clear enough so that anyone in your department can check off the items listed.
3. Once you have completed the list, make copies so that a new list does not have to be made every time you do an inspection.
4. The list should be made part of your Injury and Illness Prevention Program.
5. When doing the inspection, check either the “Satisfactory” box (indicating that the item was in good repair or working order) or the “Needs Attention” box (indicating the item was not in good repair and needs correction).
6. The “Target Date for Correction” and “Date Corrected” boxes are used to follow up inspections or to note that the item has been corrected. Follow-up inspections and corrections should be made on a timely basis.
7. Once the inspection is done, a copy of it should be kept in the safety file. All inspections, accident investigation findings and recommendations, shall be communicated to the employees and records maintained by the company for a minimum of 3 years.

The “Hazard Checklist” form included here should be used to document inspections. These checklists are by no means all-inclusive. You should add appropriate items or delete those that do not apply to your operations. Included here are six representative samples.

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## CONSTRUCTION HAZARDS

Job Name: _____ Location: _____	Satisfactory	Needs Attention	Target Date for Construction	Date Completed
<b><i>Laborer / Pipe Layer Checklists:</i></b>				
Portable power saw blade upper half is permanently guarded, and the bottom half has hinged guard.				
Radial arm and table saws have anti-kickback devices installed.				
Exposed saw teeth are covered by hoods or guards.				
Safety devices are installed on all pneumatic nailers and staplers operating at over 100 psi.				
Employees are trained in proper saw use and safety before working unsupervised.				
Pneumatic tools are disconnected from air supplies when not in use.				
Pneumatic tool is not operated within 10 feet of another employee.				
Safety glasses with side shields are worn at all times.				
Make sure employees do not block off or remove any guard or safety device.				
<b><i>Operator Checklists:</i></b>				
Excavations are not dug near building foundations, walls, and sidewalks.				
Cal/OSHA has issued a permit for excavation deeper than 5 feet.				
Wall of trenches and excavations are shored, benched or sloped to avoid cave-ins.				
Spoils piles are at least 2 feet from the edge of any excavation.				
Physical barriers are erected around excavations.				
Before digging, USA must be contacted if underground utilities are possible and property owners contacted to identify hidden utilities.				
Employees do not ride in/on equipment implements not designated for this purpose.				

_____ Name	_____ Date
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# EMERGENCY ACTION PLAN

Job Name: _____ Location: _____	Satisfactory	Needs Attention	Target Date for Construction	Date Completed
Are you required to have an emergency action plan?				
Does the emergency action plan comply with the requirements of T8 CCR 3220 (a)?				
Have emergency escape procedures and routes been developed and communicated to all employees?				
Do employees, who remain to operate critical plant operations before they evacuate, know the proper procedures?				
Is the employee alarm system that provides a warning for emergency action recognizable and perceptible above ambient conditions?				
Are alarm systems properly maintained and tested regularly?				
Is the emergency action plan reviewed and revised periodically?				
Do employees know their responsibilities:				
For reporting emergencies?				
During an emergency?				
For conducting rescue and medical duties?				

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## JOB SITE SAFETY

Job Name: _____ Location: _____	Satisfactory	Needs Attention	Target Date of Construction	Date Completed
Are all worksites clean and orderly?				
Are work surfaces kept dry and appropriate means taken to assure that surfaces are slip-resistant?				
Are all spilled materials or liquids cleaned up immediately?				
Is combustible scrap, debris, and waste stored safely and removed from the worksite promptly?				
Is combustible dust cleaned up with vacuum systems to prevent the dust going into suspension?				
Is metallic or conductive dust prevented from entering or accumulating on or around electrical enclosures or equipment?				
Are covered metal waste cans used for oily and paint-soaked waste?				
Is all oil and gas fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working?				
Are the minimum number of toilets and washing facilities provided?				
Are all toilets and washing facilities clean and sanitary?				
Is all work areas adequately illuminated and ventilated?				
All pits and floor openings covered or otherwise guarded?				

Are tools and materials adequately stored?				
Are flammable liquids stored in approved containers'?				
Are all flammable wastes disposed of promptly?				
Are vacuum cleaners, floor polishers and other equipment in good repair?				
Are electrical tools properly grounded?				
Is broken glass properly handled and disposed of?				
Is protective clothing used when required?				
Are waste materials deposited in metal containers and emptied on a regular basis?				
Are proper tools used on each job?				
Are ladders and stools equipped with safety treads?				
Are employees regularly warned of hazards in certain areas?				
Are employees instructed on proper use and handling of acids, poisons insecticide, etc.?				

Name _____	Date _____
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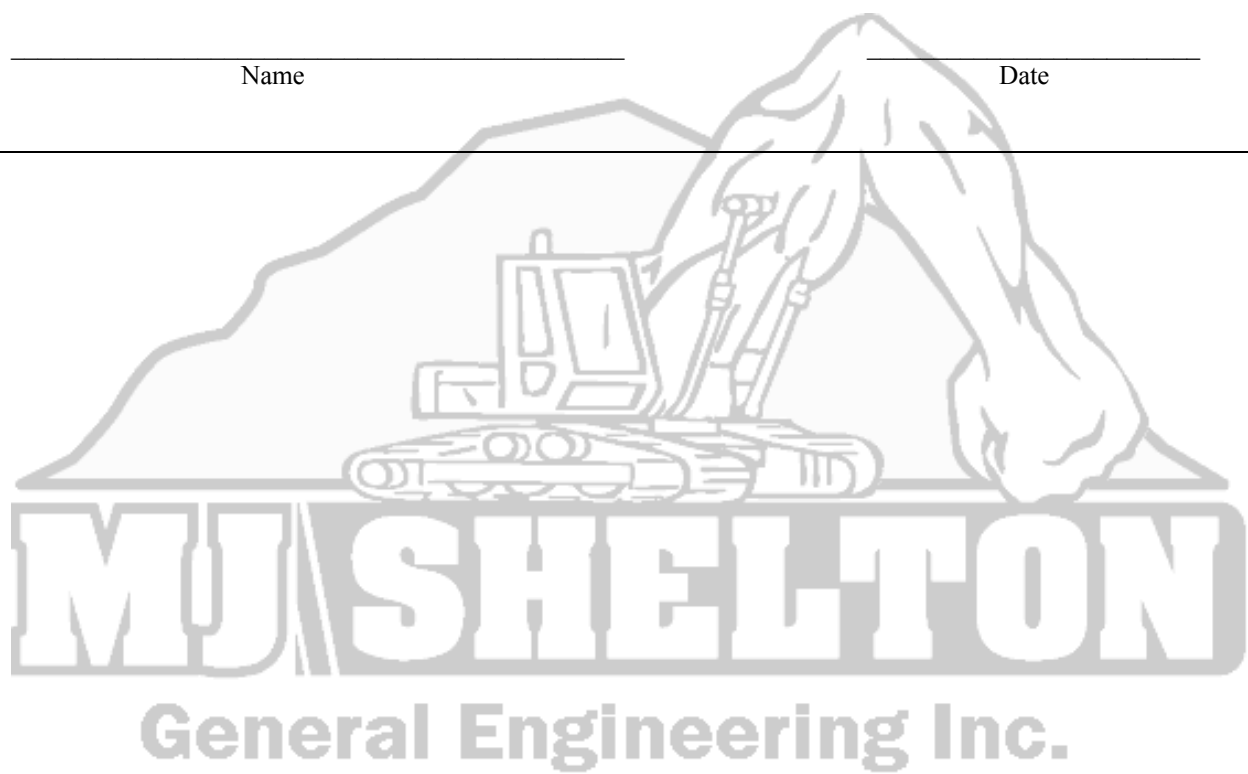


## MATERIAL HANDLING

Job Name: _____ Location: _____	Satisfactory	Needs Attention	Target Date of Construction	Date Completed
Is there safe clearance for equipment through aisles and doorways?				
Are aisle ways designed, permanently marked, and kept clear to allow unhindered passage?				
Are motorized vehicles and mechanized equipment inspected daily or prior to use?				
Are vehicles shut off and brakes set prior to loading or unloading?				
Are containers or combustibles or flammables, when stacked while being moved, always separated by dunnage sufficient to provide stability?				
Are dock boards (bridge plates) used when loading or unloading operations are taking place between vehicles and docks?				
Are trucks and trailers secured from movement during loading and unloading operations?				
Are dock plates and loading ramps constructed and maintained with sufficient strength to support imposed loading?				
Are hand trucks maintained in safe operating condition?				
Are chutes equipped with sideboard of sufficient height to prevent materials being handled from falling off?				
Are chutes and gravity roller section firmly placed or secured to prevent displacement?				
At the delivery end of rollers of chutes, are provisions made to break the movement of the handled materials?				
Are pallets usually inspected before being loaded or moved?				
Are hooks with safety latches or other arrangements used?				

Are securing chains, ropes, chocker or slings adequate for the job to be performed?				
When hoisting material or equipment, are provisions made to assure no one will be passing under the suspended loads?				
Are materials safety data sheets available to employees handling toxic materials?				

Name _____	Date _____
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# SUPERVISOR'S REPORT OF ACCIDENT/EXPOSURE

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Job Position/Title \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Date and Time Of Accident \_\_\_\_\_

Location \_\_\_\_\_

Task Being Performed When Accident Occurred \_\_\_\_\_

Date and Time Accident Reported To You \_\_\_\_\_

Name(s) Of Witness(es) \_\_\_\_\_

\_\_\_\_\_

Witness(es) Comments \_\_\_\_\_

\_\_\_\_\_

Accident Resulted in: Injury \_\_\_\_\_ Fatality \_\_\_\_\_ Property Damage \_\_\_\_\_

First Aid Given? \_\_\_\_\_ Medical Treatment Required? \_\_\_\_\_ Workdays Lost \_\_\_\_\_

Describe How The Accident Occurred \_\_\_\_\_

\_\_\_\_\_

What Actions, Events Or Conditions Contributed Most Directly To This Accident?

\_\_\_\_\_

\_\_\_\_\_

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Could Anything Be Done To Prevent Accidents Of This Type? If So, What?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Any person who makes or causes to be made any knowingly false or fraudulent materials statement or materials representation for the purpose of obtaining or denying worker's compensation benefits or payments is guilty of a felony.



# EMPLOYEE'S REPORT OF ACCIDENT / EXPOSURE

Employee's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Job Position/Title \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Shift Hours \_\_\_\_\_ Days Off \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Date And Time of Accident \_\_\_\_\_

Location \_\_\_\_\_

Task Being Performed When Accident Occurred \_\_\_\_\_

Date, Time Accident Reported \_\_\_\_\_ To Whom? \_\_\_\_\_

Name(s) Of Witness(es) \_\_\_\_\_

Witness (es) Comments \_\_\_\_\_

Describe How The Accident Occurred \_\_\_\_\_

What Part Of The Body Was Injured \_\_\_\_\_

Describe The Injuries In Detail \_\_\_\_\_

Date, Time You First Sought Medical Attention \_\_\_\_\_

Name Of Doctor and/or Hospital \_\_\_\_\_

Could Anything Be Done To prevent Accidents Of This Type? If So, What? \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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