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POLICY STATEMENT AND OVERVIEW

INTRODUCTION

The intention of this Safety Manual is to provide guidance to us as a Prime Contractor and as a Construction Manager. This Safety Manual is comprehensive and should cover all types of work in which we may be involved. The information given in this manual is in addition to the OSHA standards and regulations. If we partake in a type of work not covered in this manual we will look to the OSHA regulations/standards for clarification.

A. Policy Statement

The personal safety and health of each St. Luke’s Construction employee working for or under the authority of St. Luke’s Construction is of primary importance. The prevention of occupational injuries and illnesses is of such consequence that it will be given precedence over operating productivity whenever necessary. It is our intent to provide a work environment as free of hazards as possible.

All construction workers are responsible for working safely and productively, always remaining aware of hazards in their jobs and following recognized safe work practices.

The objective of our Safety and Health Program is to prevent occupational injuries and illnesses, minimize loss to property and equipment, and eliminate OSHA violations. We will strive to have the best Safety and Health conditions possible in every work place.

B. Program Overview - Our Safety and Health Program includes:

1. Conducting regular safety and health inspections of each job-site to identify and eliminate unsafe working or health conditions by following the OSHA Standards.

2. Holding regular safety meetings for all construction workers on good, safe work practices and procedures.

3. Our goal is to have an injury free work place. To reach this goal everyone needs to take responsibility.

4. Promptly investigating every injury or health incident to find the cause and correct any problems.

5. Imposing disciplinary actions for unsafe conduct and recognize and reward good safe conduct.

6. Maintaining a Chemical Hazard Communications Program.

7. Maintaining a work place free of drugs and alcohol.

We recognize safety and health responsibilities are shared.
1. We accept the responsibility for the leadership of our Safety and Health Program and its effectiveness.

2. Our supervisors are responsible for developing the proper attitudes toward safety and health in themselves and in those they supervise, including subcontractors. They are responsible for insuring that safety and health is managed in the same manner and with the same emphasis or more as production, cost, and quality control.

3. Supervisors should help identify operational oversights that could contribute to accidents which often result in injuries and property damage. (An example of this would be lockout/tagout.)

4. Our work sites will be inspected for safety hazards and OSHA violations on a frequent and regular basis. All hazards and violations will be corrected or abated as soon as possible.

5. All construction workers, including subcontractor employees, will be responsible for genuine cooperation with all aspects of our Safety and Health Program, including following all OSHA Standards, and for continuously practicing safe procedures while performing their duties.

6. It is the duty of each and every construction worker to know the safety rules, and conduct his/her work in compliance. Disregard for the safety and health rules shall be grounds for disciplinary action up to and including termination.

7. It is the duty of each employee to make full use of the safeguards provided for their protection.

8. All construction workers shall be aware of the location of first aid, fire fighting equipment, and other safety devices.

9. Until they are properly trained, employees are not to perform potentially hazardous tasks, or to use any hazardous material. Employees are to follow all procedures when performing those tasks.

10. All subcontractors working for St. Luke’s Construction are required to provide us with a written safety program, to comply with the provisions of our written program, and comply with all OSHA Standards. They must report all identified hazards to St. Luke’s Construction. Dedication to the safety and the health of all construction workers at our work sites is a requirement and shall not be compromised.

11. A general review of this program will be performed as often as necessary to determine our success in meeting our goals and objectives. Revisions will be made whenever a new hazard is introduced into the workplace.

New employees and subcontract employees must review the St. Luke’s Construction Safety Handbook and fill out the acknowledgement verification form.
Supervisors must verify that acknowledgement cards are turned in at the St. Luke’s Construction project office.

Bulletin boards should be of sufficient size to accommodate the following material, and should be located in a position that can readily be seen by all construction workers:

1. Copy of Safety and Health Protection on the Job (OSHA Poster)
2. Required Federal Postings
3. Required State Postings
4. Workers’ Compensation Poster
5. Emergency numbers of ST. LUKE’S CONSTRUCTION doctors, fire department, ambulance, hospital and clinics.
6. State Worker's Compensation Act Poster

C. Support and Management of our Safety Program

Management Commitment

The management of the St. Luke’s Construction Department of Architecture and Construction is committed to our safety policy and will provide direction and motivation. We will participate in and support the Compliance Committee. We will also establish accountability and responsibilities for management team members and employees to follow.

Compliance Committee

The St. Luke’s Construction management team has designated the Compliance Committee as our safety and health officers. The committee is a forum, created for the purpose of fostering safety and health through communication and shall consist of representatives from management and employees. It will conduct business and take direction from an appointed chairman. The responsibilities of the Compliance Committee shall include:

1. Assisting the Supervisors/Foremen and all other levels of management in the initiation, education, and execution of an effective safety program.
2. Discussing safety policies and procedures and making recommendations for improvements.
4. Reporting or correcting unsafe conditions and practices and making recommendations for remedies.
5. Introducing the safety program to new employees.
6. Following up on recommendations and suggestions made at safety meetings.
7. Documenting all topics of safety concerns.
8. Being familiar with our safety program and policies.
9. The Compliance Committee shall review the Safety and Health program annually, and revise, update, or change it at that time if needed.

D. Responsible Parties

1. The Compliance Committee has the ultimate authority and accountability for coordinating the St. Luke’s Construction Safety and Health Program.

2. Project Superintendents and Supervisors are responsible for day-to-day Safety and Health in the field.

3. Each construction worker is responsible for compliance with Safety Rules and OSHA Regulations in his/her work area and must comply with all OSHA Standards and Regulations incorporated by reference (i.e. NEC and NFPA, etc).

4. This Safety and Health Program has been established under guidelines set forth in the Federal Register. OSHA standards serve as the primary guidelines for Safety, however this program encompasses all hazards present in our workplaces, whether or not they are specifically regulated by OSHA standards.

5. Any St. Luke’s Construction employee has the authority to look for and correct hazards.

F. Disciplinary Action

Workers or companies who violate safety and health rules or use unsafe work procedures will be corrected by using one or more of the actions below. The action will be chosen based on the severity of the violation and whether or not it is a repeat violation. The actions do not have to be followed in order, we can start with any action, and one action can be used more than once. More than one action can be used at a time.

Most violations will be handled by the Compliance Coordinator, the Project Foreman and/or the Superintendent. When a violation is found on a project it should be corrected immediately if possible. If anyone on the project is put in imminent danger by the violation work must be stopped until it is corrected.

Action A – Add the violation to the weekly safety audit findings and fax it to the violator’s company.

Action B – Issue the violator a verbal warning stating that the action is unacceptable and if it continues further action will be taken. Make sure you tell the person and/or supervisor “This is a verbal warning.”
**Action C** – Issue a documented warning. This can be done by letter, a phone call, a meeting with the company or a combination of any of the three. A copy of the letter or written notes summarizing the phone call or meeting must be given to our Compliance Coordinator so it can be counted in our OSHA report at the end of the year.

**Action D** – Issue a letter of non-compliance which requests an action plan to reduce or eliminate repeat or serious violations. Copy the Compliance Coordinator and Compliance Committee Chairman for reporting and follow up.

**Action E** – Remove the violator or violators from the jobsite. Report this action to our Compliance Coordinator and Safety Chairman immediately.

1. Managers, supervisors, employees and/or companies who violate or disregard Safety and Health Rules or use unsafe work procedures will be given a **verbal warning**, by their Supervisor or the Project Superintendent for the first violation. This information will be sent to the company in a written audit.

2. A **repeat violation** will result in either a letter or meeting of non-compliance to discuss the repeat violations. An action plan will be requested from the violating company.

3. A **third repeated violation** will result in a meeting by a team of St. Luke’s employees to review the violations and determine appropriate disciplinary action. Possible disciplinary actions are temporary leave of absence or shut down; withholding, reducing or delaying payments; and/or removing the individual or company from the job site.

**G. Recordkeeping**

An injury or illness must be considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness.

A member of the St. Luke’s Construction compliance committee will be appointed to keep incident/accident reports for St. Luke’s Construction employees that are injured on the job-site. An investigation will be conducted using the methods outlined in Chapter 4 of this manual. This information will be used when compiling the OSHA 300 and 300A forms.

This information will be prepared annually, signed by the Director of the Department of Architecture and Construction. Then this information will be posted no later than February 1st of the following year and maintained in place until April 30th. At that time the information will be filed and retained for a minimum of 5 years.
FALL PROTECTION AND CONTROLLED ACCESS ZONES

Falls consistently account for the greatest number of fatalities in the construction industry. Events surrounding these types of accidents often involve a number of factors, including unstable working surfaces, misuse of fall protection equipment, and human error. Studies have shown that the use of guardrails, fall arrest systems, safety nets, covers, and travel restriction systems can prevent many deaths and injuries from falls.

Training will be provided for all construction employees to prevent injuries from fall hazards.

Purpose: The purpose of this plan is to ensure that every employee, who works for or under the authority of the St. Luke’s Construction construction department recognizes workplace fall hazards and acts to address those hazards.

1. Personal fall arrest systems will be utilized whenever potential fall hazards exist.
2. Full Body Harnesses and Shock Absorbing Lanyards are mandatory for all work performed over 6 feet from the ground or floor when not addressed by alternate methods. Exception: Steel erection of the main support structure.
3. Lifelines will be no less than 5/8-inch nylon rope and capable of withstanding a tensile loading of no less than 5000 pounds.
4. Secure all lifelines above the point of operation to an anchorage or structural member capable of supporting a minimum dead weight of at least 5000 pounds.
5. All safety harness, lanyards, and lifelines will be inspected before use and maintained in good working condition. Any equipment found to have defects will be immediately replaced.
6. Any areas marked “Construction Personnel Only” are considered Limited Access Zones. Entrance is limited to trained and authorized personnel only.
7. This plan will be reviewed as often as is necessary to protect workers from fall hazards.
8. All changes to this plan will be reviewed and approved by St. Luke’s Construction Management.
9. A copy of this plan and any site specific additions or changes will be available at all St. Luke’s Construction job sites during working hours for review by workers or crew supervisors.
10. Retraining will be provided whenever compliance requirements are revised and when it is determined that work practices may change significantly.
Enforcement

1. Constant awareness of and respect for fall hazards, and compliance with all safety rules, are considered conditions of employment.

2. The project superintendent or foreman and the Compliance Committee members reserve the right to issue disciplinary warnings to employees of St. Luke’s Construction, or other contract workers under their authority, up to and including termination, for failure to follow the guidelines of this program.

Fall Protection

1. Each employee on a scaffold more than 10 feet above a lower level shall be protected from falling to that lower level. The appropriate types of fall protection will be provided to the employees on each type of scaffold and during scaffold construction and dismantling.

A. FLOOR AND WALL OPENINGS

1. Pits and floor openings 2” or greater shall be guarded by a cover, a guardrail, or equivalent on all sides (except at entrance to stairways or ladders).

2. Hoist areas shall be protected by a chain, gate or removable guardrail sections across the access opening. Access openings must be protected when not in use for hoisting.

B. LADDERS

1. Ladders shall be inspected periodically by a competent person for visible defects and after an occurrence that could affect its safe use.

2. Portable ladders with structural defects shall be immediately marked in a manner that readily identifies them as defective or tagged with “DO NOT USE” and withdrawn from service until repaired.

3. Ladders shall be maintained free from oil, grease or other slipping hazards.

4. The maximum intended load for the ladder shall not be exceeded. Ladders shall not be loaded beyond the manufacturers rated capacity.

5. Ladders shall be placed on a stable, level surface.

6. Employees shall face the ladder when ascending or descending.

7. Only use stepladders in the folded-out position. Stepladders must be leveled before use.
8. Stepladders are not to be propped up and used like an extension ladder.

9. All extension ladders are to be tied off, leveled, and when possible extended at least 3 feet beyond the landing area. All ladders are to be inspected on a usage basis.

10. Never sit or stand on the top step. Never use stepladders to gain access to elevated work platforms. Stepladders are to be inspected on a usage basis.

C. SCAFFOLDING

1. All scaffolding will be erected only by competent personnel and will be inspected before use. (See separate section for scaffold requirements.)

2. Access to scaffolding shall provide a safe means of access.

3. Scaffolds and scaffold components shall be loaded so as to not exceed their maximum intended loads or rated capacities, whichever is less.

4. Scaffolds and scaffold components shall be inspected for visible defects by a competent person before each work shift and after each occurrence that could affect a scaffold’s structural integrity.

5. A competent person shall determine the feasibility and safety of providing fall protection for employees erecting or dismantling or working on the scaffolding.

6. Workers shall be provided with protection from falling objects through the installation of toe boards, screens, or guardrail systems. Protection can also be provided through the erection of debris nets, catch platforms, or canopy structures.

F. FABRICATED FRAME SCAFFOLDS (tubular welded frame scaffolds)

1. When moving platforms to the next level the existing platform shall be left undisturbed until the new end frames have been set in place and braced prior to receiving the new platforms.

2. Frames and panels shall be braced by cross, horizontal, diagonal braces, or a combination thereof which secure vertical members together laterally. The cross braces shall be of such length as will automatically square and align vertical members so that the erected scaffold is always plumb, level, and square. All brace connections shall be secured.

3. Frames and panels will be joined vertically by coupling or stacking pins or equivalent means.

4. Where uplift can occur which would displace scaffold end frames or panels, the frames or panels shall be locked together vertically by pins or equivalent means.
5. Brackets used to support cantilevered loads shall:
   a. Be seated with side-brackets parallel to the frames and end-brackets at 90 degrees to the frames;
   b. Not be bent or twisted from these positions; and
   c. Be used only to support personnel, unless the scaffold has been designed for other loads by a qualified engineer and built to withstand the tipping forces caused by those other loads being placed on the bracket-supported section of the scaffold.

6. Scaffolds over 125 feet in height above their base plates shall be designed by a registered professional engineer and shall be constructed and loaded in accordance with such design.

G. The employer shall have each employee who performs work while on a scaffold trained by a person qualified in the subject matter to recognize the hazards associated with the type of scaffold being used and to understand the procedures to control or minimize those hazards. The training shall include the following areas, as applicable:

1. The nature of any electrical hazards, fall hazards, and falling object hazards in the work area;
2. The correct procedures for dealing with electrical hazards and for erecting, maintaining, and disassembling the fall protection systems and falling object protection systems being used;
3. The proper use of the scaffold and the proper handling of materials on the scaffold;
4. The maximum intended load and the load-carrying capacities of the scaffolds used; and any other pertinent requirements of this subpart.

H. The employer shall have each employee who is involved in erecting, disassembling, moving, operating, repairing, maintaining, or inspecting a scaffold trained by a competent person to recognize any hazards associated with the work in question. The training shall include the following topics, as applicable:

1. The nature of scaffold hazards.
2. The correct procedures for erecting, disassembling, moving, operating, repairing, inspecting, and maintaining the type of scaffold in question;
3. The design criteria, maximum intended load-carrying capacity and intended use of the scaffold;
4. Any other pertinent requirements of this subpart.
I. Employees that lack the skill or understanding needed for safe erection, use or dismantling of scaffolds shall be re-trained. Retraining is required in at least the following situations:

1. Where changes at the work-site present a hazard about which an employee has not been previously trained; or

2. Where changes in types of scaffolds, fall protection, falling object protection, or other equipment present a hazard about which an employee has not been previously trained; or

3. Where inadequacies in an affected employee's work involving scaffolds indicate that the employee has not retained the requisite proficiency.

J. Non-Mandatory Appendices - General Guidelines and Tables

1. Allowable spans for 2 x 10 inch (nominal) or 2 x 9 inch (rough) solid sawn wood planks, as shown in the following table:

<table>
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<th>Maximum per/sq. ft.</th>
<th>Maximum permissible full thickness</th>
<th>Maximum permissible span nominal thickness</th>
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<td>25</td>
<td>10</td>
<td>8</td>
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<tr>
<td>50</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>75</td>
<td>6</td>
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2. Fabricated planks and platforms may be used in lieu of solid wood planks. Maximum spans for such units shall be as recommended by the manufacturer based on the maximum intended load being calculated as follows:

<table>
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<tr>
<th>Rated load capacity</th>
<th>Intended load</th>
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<tr>
<td>Light-duty</td>
<td>* 25 pounds per sq. foot applied uniformly over the entire span area.</td>
</tr>
<tr>
<td>Medium-duty</td>
<td>* 50 pounds per sq. foot applied uniformly over the entire span area.</td>
</tr>
<tr>
<td>Heavy-duty</td>
<td>* 75 pounds per sq. foot applied uniformly over the entire span area.</td>
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K. RESTRICTED ACCESS ZONE SYSTEM DESCRIPTION

A Restricted Access Zone System would be used to identify an area that is restricted to all trades/crafts workers except for a specific activity and the workers involved in that activity. In some cases multiple Restricted Access Zone Systems can be used at the same time to restrict two or three separate activities and their workers.

This Restricted Access Zone System is a method to protect workers from a high hazard location (i.e., steel erection, fire proofing spray application, crane material handling above work areas, etc.).

This system will not be used for fall protection, but in some cases as a supplement (in addition) to a warning line or a controlled access zone (CAZ).

The Restricted Access Zone System shall be clearly defined by the competent person as an area where a recognized hazard exists. The demarcation of the Restricted Access Zone System shall be communicated by the competent person to all effected workers in safety talks and posted signage in sufficient number to be recognized by workers approaching the zone. The signage shall identify who is allowed to work in the restricted access zone. The zone will be established with a distinguishable line which might include job-made stanchions, or Highway Delineator Tubes (traffic candles) connected by rope or other appropriate materials.

Restricted Access Zone Systems consists of ropes, wires, or chains, and supporting stanchions and are set up as follows:

- The rope, wire, or chain shall have a minimum tensile strength of 500 pounds.
- Shall be rigged and supported so that the lowest point (including sag) is no less than 34 inches from the walking/working surface and its highest point is no more than 45 inches from the walking/working surface.
- Stanchions shall be capable of resisting, without tipping over, a force of at least 16 pounds.

L. WARNING LINE SYSTEM DESCRIPTION

Warning Line Systems may be used for: low-slope roof work, some leading edge work, pre-cast concrete erection and residential construction

In a few, specifically identified circumstances (low-slope roof work, some leading edge work, pre-cast concrete erection and residential construction), due to feasibility limitations, the (OSHA) standards permit the use of a warning line, in combination with other measures as an alternative to conventional fall protection (guardrail systems, personal fall arrest systems or safety net systems) for the purpose of keeping employees away from an edge.

Warning Line Systems for Roofers engaged in Roof Work

Warning line systems that are to be used on a roof, by employees engaged in roof work (on low slope roofs) in lieu of conventional fall protection must:

- Set the warning line 6-10 feet from the edge.
- Use a safety monitor or conventional fall protection outside the warning line.
• Meet or exceed the requirements of the Warning Line System standard OSHA 29 CFR 1926.502(f) (see page 3 of this section for warning line requirements)

**Warning Line Systems for Other Trades**

All other trades working on a low slope roof or an elevated deck must:

• Set the warning line 15 feet from the edge.

• Use conventional fall protection outside the warning line.

• Meet or exceed the requirements of the Warning Line System standard OSHA 29 CFR 1926.502(f) (see page 3 or this section for warning line requirements)

• During steel erection, a warning line may be used until the guardrail is installed. A guardrail must be put in place at the final interior and exterior perimeters of the floors as soon as the metal decking has been installed on multi-story structures.

**Discussion: OSHA Interpretation**

**Use of warning lines for other trades**

At **15 feet** from the edge, a **warning line**, combined with effective work rules, can be expected to prevent workers from going past the line and approaching the edge. Also, at that distance, the failure of a barrier to restrain a worker from unintentionally crossing it would not place the worker in immediate risk of falling off the edge. Therefore, we will apply a de minimis policy for non-conforming guardrails 15 or more feet from the edge under certain circumstances. Specifically, we will consider the use of certain physical barriers that fail to meet the criteria for a guardrail a de minimis violation of the guardrail criteria in §1926.502(b) where all of the following are met:

1. A warning line is used 15 feet or more from the edge;

2. The warning line meets or exceeds the requirements in §1926.502(f)(2);

3. No work or work-related activity is to take place in the area between the warning line and the edge;

4. The employer effectively implements a work rule prohibiting the employees from going past the warning line.

In sum, the use of warning lines closer than 15 feet from the edge is not permitted as a substitute for conventional fall protection for these other trades. Furthermore, when these other trades use a warning line system in accordance with the policy described above, the workers must use conventional fall protection when they are outside the protection of the warning line system.
Requirements of the Warning Line System standard OSHA 29 CFR 1926.502(f)

When using a warning line the workers shall take the following steps:

Warning line systems consist of ropes, wires, or chains, and supporting stanchions and are set up as follows:

- The rope, wire, or chain shall have a minimum tensile strength of 500 pounds and after being attached to the stanchions, must support without breaking, the load applied to the stanchions as prescribed above.
- Flagged at not more than 6-foot intervals with high-visibility material;
- Rigged and supported so that the lowest point (including sag) is no less than 34 inches from the walking/working surface and its highest point is no more than 39 inches from the walking/working surface.
- Stanchions, after being rigged with warning lines, shall be capable of resisting, without tipping over, a force of at least 16 pounds applied horizontally against the stanchion, 30 inches above the walking/working surface, perpendicular to the warning line and in the direction of the floor, roof, or platform edge;
- Shall be attached to each stanchion in such a way that pulling on one section of the line between stanchions will not result in slack being taken up in the adjacent section before the stanchion tips over.
- Warning lines shall be erected around all sides of roof work areas. When mechanical equipment is being used, the warning line shall be erected not less than 6 feet from the roof edge parallel to the direction of mechanical equipment operation, and not less than 10 feet from the roof edge perpendicular to the direction of mechanical equipment operation.
- When mechanical equipment is not being used, the warning line must be erected not less than 6 feet from the roof edge.
- Mechanical equipment on roofs shall be used or stored only in areas where employees are protected by a warning line system, guardrail system, or personal fall arrest system.

M. Controlled Access Zone System Description

A CAZ means an area designated and clearly marked in which leading edge work may take place without the use of a guardrail, safety net or personal fall arrest system to protect the employees in the area.

The controlled access zone (CAZ) shall be clearly defined by the competent person as an area where a recognized hazard exists. The demarcation of the CAZ shall be communicated by the competent person in a recognized manner, either through signs, wires, tapes, ropes or chains. A control zone shall comply with the following provisions:

- When used to control access to areas where leading edge and other operations are taking place the controlled access zone shall be defined by a control line or by any other means that restricts access. All access to the CAZ must be restricted to authorized entrants.
- The competent person shall ensure that all protective elements of the CAZ be implemented prior to the beginning of work.
• Control lines shall consist of ropes, wires, or equivalent materials, and supporting stanchions as follows.

• Each line shall have a minimum breaking strength of 200 pounds. Control lines shall extend along the entire length of the unprotected or leading edge and shall be approximately parallel to the unprotected or leading edge.

• Each line shall be rigged and supported in such a way that its lowest point (including sag) is not less than 39 inches from the walking/working surface and its highest point is not more than 45 inches or more than 50 inches when overhand bricklaying operations are being performed—from the walking/working surface.

• Each line shall be flagged or otherwise clearly marked at not more than 6 foot intervals with high-visibility material.

• Controlled access zones when used to determine access to areas where overhand bricklaying and related work are taking place are to be defined by a control line erected not less than 10 feet (3 meters) nor more than 15 feet from the working edge. Additional control lines must be erected at each end to enclose the controlled access zone. Only employees engaged in overhand bricklaying or related work are permitted in the controlled access zones.

• On floors and roofs where guardrail systems are not in place prior to the beginning of overhand bricklaying operations, controlled access zones will be enlarged as necessary to enclose all points of access, material handling areas, and storage areas. On floors and roofs where guardrail systems are in place, but need to be removed to allow overhand bricklaying work or leading edge work to take place, only that portion of the guardrail necessary to accomplish that day's work shall be removed.

• When control lines are used for tilt up concrete erection, they shall be erected not less than 6 feet nor more than 60 feet or half the length of the member being erected, whichever is less, from the leading edge.

• When control lines are used, they shall be erected not less than 6 feet nor more than 25 feet from the unprotected or leading edge, except when precast concrete members are being erected. In the latter case, the control line is to be erected not less than 6 feet nor more than 60 feet or half the length of the member being erected, whichever is less, from the leading edge.

• The control line shall extend along the entire length of the unprotected or leading edge and shall be approximately parallel to the unprotected or leading edge.

• The control line shall be connected on each side to a guardrail system or wall.
HAND AND POWER TOOLS – GENERAL REQUIREMENTS

A. Condition of tools. All hand tools, power tools, and similar equipment whether furnished by the employer or the employees, shall be maintained in a safe condition.

B. Guarding:

1. When power operated tools are designed to accommodate guards, they shall be equipped with such guards when in use.

2. Belts, gears, shafts, pulleys, sprockets, spindles, drums, fly wheels chains, or other reciprocating, rotating or moving parts of equipment shall be guarded if such parts are exposed to contact be employees or otherwise creates a hazard. Guarding shall meet the requirements as set forth in American National Standards Institute, B15.1-1953 (R1958), Safety Code for Mechanical Power-Transmission Apparatus.

3. TYPES OF GUARDING. One or more methods of machine guarding shall be provided to protect the operator and other employees in the machine area from hazards such as those created by point of operation, ingoing nip points, rotating parts, flying chips and sparks. Examples of guarding methods are – barrier guards, two-hand tripping devices, electronic safety devices, etc.

4. POINT OF OPERATION GUARDING.

* Point of operation is the area on a machine where work is actually performed upon the material being processed.

* The point of operation of machines whose operation exposes an employee to injury, shall be guarded. The guarding device shall be in conformity with any appropriate standards therefore, or, in the absence of applicable specific standards, shall be so designed and constructed as to prevent the operator from having any part of his body in the danger zone during the operating cycle.

* Special hand tools for placing and removing material shall be such as to permit easy handling of material without the operator placing hand in the danger zone. Such tools shall not be in lieu of other guarding required by this section, but can only be used to supplement protection provided.

* The following are some of the machines which usually require point of operation guarding: Guillotine cutters, Shears, Alligator shears, Power presses, Milling Machines, Power saws, Jointers, Portable power tools,
Forming rolls, and Calendars

C. Personal protective equipment. Employees using hand and/or power tools and exposed to the hazard of falling, flying, abrasive, and splashing objects, or exposed to harmful dusts, fumes, mists, vapors, or gases shall be provided with the particular personal protective equipment necessary to protect them from the hazard.

D. SWITCHES
   1. All hand-held powered platen sanders, grinders with wheels 2-inch in diameter or less, routers, planers, laminate trimmers, nibblers, shears, scroll saws, and jigsaws with blade shanks ¼-inch wide or less may be equipped with only a positive “on-off” control.

   2. All hand-held powered drills, tappers, fastener drivers, horizontal, vertical, and angle grinders with wheels greater than 2 inches in diameter shall be equipped with a momentary contact “on-off” control and may have a lock-on control provided that turnoff can be accomplished by a single motion of the same finger or fingers that turn it on.

   3. All other hand-held powered tools, such as circular saws, chain saws, and percussion tools without positive accessory holding means, shall be equipped with a constant pressure switch that will shut off the power when the pressure is released.

   4. The requirements of this paragraph shall become effective on July 15, 1972.

   5. EXCEPTION: This paragraph does not apply to concrete vibrators, concrete breakers, powered tampers, jack hammers, rock drills, and similar hand operated power tools.

E. HAND TOOLS
   1. Employers shall not issue or permit the use of unsafe hand tools.

   2. Wrenches, including adjustable, pipe, end, and socket wrenches shall not be used when jaws are sprung to the point that slippage occurs.

   3. Impact tools such as drift pins, wedges, and chisels, shall be kept free of mushroomed heads.

   4. The wooden handles of tools shall be kept free of splinters or cracks
and shall be kept tight in the tool.

F. POWER OPERATED HAND TOOLS
1. Electric power-operated tools.
   *
   Electric power-operated tools shall either be of the approved
double-insulated type or grounded and has not been altered.
   *
   The use of electric cords for hoisting or lowering tools shall not
be permitted.

POWER TOOLS AND EQUIPMENT
1. Electrical equipment, tools, and extension cords shall be properly grounded
either by double insulation or a third wire ground and three prong plug.
2. All defective cords (insulation worn or cut, frayed wires, etc.) shall be removed
from service immediately. They should be repaired or disposed of.
3. Ground Fault Protection shall be used on all 120 volt energized circuits
(temporary power) used during construction. An Assured Grounding Conductor
Program shall be implemented whenever there is a possibility that GFCI's cannot
be maintained.
4. All loose articles of clothing, jewelry, hair, etc., shall either be tucked in or
secured out of the way before attempting to use any power tool.
5. All air hoses, extension cords, etc., will be kept off walkways. They should be
run overhead or along handrails whenever possible.
6. When hoses, cords, etc. run across roadways or through doorways they must be
guarded from vehicle traffic by the use of covers or bridges.
7. All tools and equipment, both powered and non-powered, will be inspected and
maintained on a daily basis. Never use damaged or defective tools and
equipment.

POWDER ACTUATED TOOLS
1. Only trained employees will operate powder-actuated tools.
2. Test the tool each day before loading to see that safety devices are in proper
working condition. Test according to the manufacturer's recommended
procedure.
3. Any tool found not in proper working order, or that develops a defect during use shall be immediately removed service and tagged out of service until properly repaired.

4. Wear the appropriate Personal Protective Equipment.

5. Do not load tools until just before the intended firing time.

6. **Never** point a powder-actuated tool at any one.

7. Dispose of cartridges properly. Never leave them lying on the floor.

8. Keep hands clear of the open barrel end.


10. Do not drive fasteners into very hard or brittle materials including, but not limited to, cast iron, glazed tile, surface hardened steel, glass block, eve rock, face brick, or hollow tile.

11. Avoid driving into easily penetrated materials unless backed by a substance that will prevent the pin or fastener from passing completely through and creating a flying missile hazard on the other side.

12. Never drive a fastener into a spalled area caused by an unsatisfactory fastening.

13. Never use tools in an explosive or flammable atmosphere.

14. Never use all tools without the correct shield, guard, or attachment recommended by the manufacturer.

15. Powder-actuated tools used by employees shall meet all other applicable requirements of the American National Standards Institute, A10.3-1970, Safety Requirements for Explosive-Actuated Fastening Tools.

**ABRASIVE WHEELS AND TOOLS**

A. Use of abrasive wheels.

1. Floor stand and bench mounted abrasive wheel, used for external grinding, shall be provided with safety guards (protection hoods). The maximum angular exposure of the grinding wheel periphery and sides shall be not more than 90 degrees, except that when work requires contact with the wheel below the horizontal plane of the spindle, the angular exposure shall not exceed 125 degrees. In either case, the exposure shall begin not more than 65 degrees above the horizontal plane of the spindle. Safety guards shall be strong.
enough to withstand the effect of a bursting wheel.

2. Floor and bench-mounted grinders shall be provided with work rests which are rigidly supported and readily adjustable. Such work rests shall be kept at a distance not to exceed 1/8-inch from the surface of the wheel.

3. Cup type wheels used for external grinding shall be protected by either a revolving cup guard or a band type guard in accordance with the provisions of the American National Standards Institute, B7.1-1970 Safety Code for the Use, Care, and Protection of Abrasive Wheels. All other portable abrasive wheels used for external grinding, shall be provided with safety guards (protection hoods) meeting the requirements, except as follows:

* When the work location makes it impossible, a wheel equipped with safety flanges shall be used.
* When wheels 2 inches or less in diameter which are securely mounted on the end of a steel mandrel are used.

4. Portable abrasive wheels used for internal grinding shall be provided with safety flanges (protection flanges) meeting the requirements, except:

* When wheels 2 inches or less in diameter which are securely mounted on the end of a steel mandrel are used.
* If the wheel is entirely within the work being ground while in use.

5. When cutting or grinding on any surface or materials that might contain Silica extra precautions should be adhered to.
** Dust must be controlled using water or vacuums, or the area must be isolated.
SITE VISITOR ESCORTING

1. The Department of Architecture and Construction shall coordinate all tours of Construction Projects.

2. Tours will be conducted in a safe organized manner that meets all department and OSHA standards for safety.


4. To schedule a tour please call the Construction Office at 381-2023.
A. VEHICLE SAFETY

1. All St. Luke’s employees driving their own vehicle for company business or a company vehicle must adhere to the St. Luke’s Vehicle Fleet Management and Driver Safety Program. A copy of that policy follows this page.

2. Back up alarms must be audible and in working condition.

B. FORKLIFTS

1. Any employee operating a forklift shall be trained and certified.

2. The forklift shall be equipped with an overhead guard.

3. Seatbelts shall be worn at all times.

4. Before operating a daily inspection should be done.

5. Inspection and maintenance records must be kept with the equipment or superintendent.
TRAINING

1. Training forms (blank copies are included in this chapter) are to be filled out by each construction employee and maintained at the construction office. This training is provided to meet OSHA requirements and St. Luke’s Construction standards. Subcontractors are required to maintain their own training program.

2. Compliance Coordinator will schedule various safety training throughout the year for construction supervisors and employees.

3. Construction Managers or Compliance Committee may schedule or recommend training topics for employees to attend.

4. A record will be kept of St. Luke’s Construction employees training and sub-contractor training that is scheduled by or held at St. Luke’s. Each year training topics and statistics will be documented in the Annual OSHA Partnership Report.

G. New Employee Training

1. New St. Luke’s Construction employees must attend an OSHA 10-hour class before working on projects.
Safety Training Verification Employees & Subcontractors

Employee Name: _________________________________________  Date:  _____________

Craft / Position: _____________________________________________________________

Employee Initials

I have reviewed the St. Luke’s Construction Safety Manual and agree to comply with each provision.

I hereby certify that I have received Safety Training on the following:

_____ OSHA 30 Hour Training
_____ OSHA 10 Hour Competent Person Training
_____ Slam the Door on the Killer Four
_____ Forklift Training
_____ Power and Powder Actuated Tools (Hilti Guns)
_____ Fall Protection Training

List Additional Training/Certifications

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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Verification of Training
Special - Task Training Form

Project: ____________________________ Date: ____________________________

Trainer: ___________________________________________________________________

Topic of Task Training and Brief Description: ______________________________________
__________________________________________________________________________
__________________________________________________________________________

List Unsafe Conditions and Potential Hazards: ____________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Other Requirements:

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List Procedures: ____________________________________________________________

Permits Required: ___________________________________________________________

List PPE Required: __________________________________________________________

I have received been trained on the task/equipment listed above including training on the associated safety equipment and procedures.

Print Name
_________________________________  ________________________________
_________________________________
_________________________________
_________________________________

Signatures of Employees Attending
_________________________________  ________________________________
_________________________________
_________________________________
_________________________________
GENERAL SAFETY GUIDELINES AND PROCEDURES

A. All employees, including sub-contract employees shall comply with all St. Luke’s Construction Safety Guidelines and all OSHA Safety and Health Standards.

1. No employee is expected to undertake a job until that person has received adequate training. Only qualified trained personnel are permitted to operate machinery or equipment.

2. No employee is required to work under conditions which are unsanitary, dangerous, or hazardous to their health.

3. All construction workers shall be trained on every potential hazard that they could be exposed to and how to protect themselves.

4. Emergency numbers and an evacuation plan shall be posted at each job-site.

5. When working in a material loading or staging area more than 6 feet above the ground or lower level where guardrails have been removed, fall protection (body harness, lifeline and anchor point) is required unless addressed by an alternative fall protection system.

6. All operator-driven motorized equipment must have working audible backup alarms.

7. Equipment and/or materials stored above ground level must be at least 6 feet from the edge of the floor. They must be secured to prevent accidental dislodging and falling to the surface below.

8. Drinking water will be provided in sanitary metal or plastic "cooler type" containers and clearly labeled.

9. A common drinking cup is prohibited.

10. No less than one toilet facility shall be furnished for every twenty employees. Toilet facilities will be cleaned on a regular basis.

11. Signs, signals, and barricades shall be posted and/or erected to provide adequate hazard warnings to workers and the public.

12. All signs, signals, and barricades shall meet OSHA size and color requirements.

13. All vehicle operators must have current license credentials to operate the vehicles they are assigned to drive and know pre-use inspection procedures.

14. A good daily clean up is to be conducted in all work areas by each subcontractor at the end of every shift and more often if necessary.

15. All St. Luke’s Construction employees are required to treat safety as the number one priority.
16. Employees will report to work in good mental and physical condition to perform their assigned duties safely.

17. Before starting any task employees must consider the possible effects of their actions on themselves and others and take appropriate protection measures.

18. No employee will operate electric, gas, or hand powered tools or equipment unless familiar with use of the item and the required safety precautions. Supervisors will provide necessary safety information for all tasks and equipment.

19. Fighting, horseplay, or engaging in practical jokes is prohibited. Termination may occur on the first occurrence.

20. No employee shall be assigned, allowed, or required to perform work alone in any area where hazardous conditions exist unless he/she can communicate with others, or can be seen or heard.

21. Certain infractions of St. Luke’s Construction rules are grounds for removal from the project and/or immediate dismissal (i.e., fighting, and use of drugs or alcohol on job site, etc.). Depending on the severity of an infraction an employee who commits an unsafe act, which greatly endangers himself/herself, co-workers, and/or property, may face immediate removal without any further warnings.

22. Remember to consider safety throughout the day and what can be done as an individual to make work areas safer for everyone.

23. Employees working in areas where there is a possible danger of head injury, excessive noise, exposure, or potential eye and face injury shall be protected by Personal Protection Equipment (PPE).

24. All hand and power tools and similar equipment, whether furnished by the employer or the employee, shall be maintained in a safe condition.

25. All places of employment shall be kept clean, the floor of every workroom shall be maintained, so far as practicable, in a dry condition; standing water shall be removed. Where wet processes are used, drainage shall be maintained and false floors, platforms, mats or other dry standing places or appropriate waterproof footgear shall be provided.

26. To facilitate cleaning, every floor, working place, and passageway shall be kept free from protruding nails, splinters, loose boards, and holes and openings.
Weekly Safety Meeting Report

Date: ___________________________  Jobsite: ______________________________

Company Name: ___________________________________________________________

Foreman: _________________________________________________________________

Topics: ___________________________________________________________________
        ___________________________________________________________________
        ___________________________________________________________________

Sign-In:

________________________________  ________________________________
________________________________  ________________________________
________________________________  ________________________________
________________________________  ________________________________
________________________________  ________________________________
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B. CONTRACTOR REQUIREMENTS

Information we need to receive from a contractor before they begin work includes:

1. The Verification of Safety Training Form for contract or subcontract workers should be completed before they start work on any of our projects.

2. All contract employees should receive a copy of the St. Luke’s Construction Safety Handbook. The handbook should be reviewed and the last page signed and returned to the St. Luke’s Construction Office.


4. Before using any heavy equipment on our job-sites we must receive a copy of the annual inspection for that piece of equipment.

MULTI-EMPLOYER JOBSITE PROCEDURES

C. In accordance with OSHA Requirement 29 CFR 1926.59 (e) (2) St. Luke’s Construction is providing a written procedure for all construction workers working on a multiple-employer jobsite. This OSHA Standard requires written methods St. Luke’s Construction will provide other employers with:

1. Copies of all Material Safety Data Sheets (MSDS) for each hazardous chemical other jobsite employer(s) employees may be exposed.

2. The methods that St. Luke’s Construction will use to inform the other employer(s) of any precautionary measures needed to be taken to protect employees during the workplace's normal operating conditions and in foreseeable emergencies.

3. St. Luke’s Construction will provide information to other employer(s) on the labeling system. Methods required on all multiple-employer job-sites before the start of any work.

1. The St. Luke’s Construction Superintendent will give the “Notice to Other Employers” form to all employer(s). The form is filled out, listing the St. Luke’s Construction Foreman as the on-site contact person and Superintendent or Construction Manager as the office contact person.

2. The St. Luke’s Construction Foreman or Superintendent will provide to the Owner or General Contractor a description of the work that St. Luke’s Construction workers will be involved in.

3. Contractors will deliver a copy of their Hazard Communication Plan, List of Hazardous Material and the MSDS for the materials that they will use on the job site.

4. The St. Luke’s Construction Foreman or Superintendent will provide a copy of the St. Luke’s Construction Safety Manual which includes our Chemical Hazard Communication Program and the location of our MSDSs.

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5. Review any potential hazards in the work area.
6. Review any evacuation and emergency procedures.

D. WHAT TO DO DURING AN OSHA INSPECTION

1. WHEN? OSHA inspections are unannounced and can take place anytime during the normal working hours. Inspections can be:
   * General – Construction is a high risk and a high priority.
   * Based on complaints – Especially from employees, union business agent, or competitors.
   * Investigations including specialists – if you have a fatality or serious injury or illness, you must report it to OSHA immediately. A careful investigation will likely result.

2. IDENTIFICATION – The OSHA Compliance Officer must present his or credentials, and you should ask to see them immediately, along with ID’s of anyone accompanying him/her. Credentials include a color photo of the Compliance Officer and I.D. number. Non-OSHA personnel have no legal right to go along. Beware of impostors, especially salesmen.


Opening Conference – Meet in Private Area

1. **Company Rep** – The inspector will ask to see a person in charge. If no employer representative can appear within a reasonable time, the inspection may still be conducted. Or if another contractor on the jobsite is being inspected, or your site is open to public view, you could be cited for a violation even though you had no representative. Be sure all of your people who might find themselves “in charge” know what to do. You may also ask to alert top management or other corporations involved that an inspection is in progress.

2. **PURPOSE** – Ask the purpose of the inspection, especially whether it is in response to a complaint. If so, ask who made the complaint. If the person requested to remain anonymous, ask if it was made by a present or past employee; or by an individual with a customer, supplier, or another contractor, or by a person not directly involved, such as a union official with no tradesmen on the job. Request a copy of the complaint. Remember that employees cannot be discriminated against for filing complaints.

3. **WARRANTS** – Although you have the right to insist upon a warrant for an inspection, such demand is generally not advisable, since the inspector will probably get one quickly and return alert for violations. If he can see an exposed violation, he generally does not even need a warrant. The only time when you might request immediate legal action is to prove that a complaint is illegitimate and designed to harass you.

4. **YOUR ATTITUDE** – Be polite, cooperative and respectful, and try to show an awareness of the seriousness of safety hazards. Control your emotions. Take notes. Do not delay the inspection. OSHA is directed to act “in a
Reasonable manner,” and to avoid undue and unnecessary disruptions of work.

5. The inspector may review the jobsite paperwork and your injury and illness prevention program especially:

* Are written Safety Program and Safety Rules used?
* What information is in records of safety training, safety meetings, and toolbox talks?
* Who is in charge of safety?
* Are the OSHA posters and emergency phone numbers posted?
* Are required records on the site or accessible and up to date?
* Is safety promoted through safety posters or other means?
* Who has a valid certification in First Aid Training?
* Is personal protective equipment required or available?
* How interested in safety does management appear to be?

Be cooperative and assist the Inspector in filling out forms on your operation.

The Walk around Inspection.

1. The employer representative can and should accompany the Inspector on the walk around. The Inspector may deny the right of anyone who interfered with a fair inspection to accompany him/her, or permit additional personnel to go along (such as a company Safety Officer). The Inspector may take photographs and use other investigatory equipment.

2. Where an employee representative exists (e.g. selected by employees during job safety meeting), that person should also accompany the Inspector. When there is no authorized employee representative, the Inspector must consult with a reasonable number of employees on the job regarding safety and health conditions. He can speak with employees whether or not there is an employee representative, but is less likely to interrupt work if one is present.

3. The Inspector does not necessarily have to see an unsafe practice to site for a violation, if there is enough evidence that a violation has taken place.

4. The employer representative:

* Should take notes of what areas and equipment were examined, what employees or others were interviewed, and what comments were made by the Inspector.
* Can take pictures (during or immediately after the inspection, especially of conditions photographed by the Inspector, but which may show a different angle or perspective more beneficial to the employer).
* Should act as the company spokesperson and point out company safety practices and corrections, which have been made. Do not point out conditions you knew or thought were dangerous.
* If possible, immediately correct, right before the Inspector’s
eyes, violations he points out. Or point out where employees are not affected or special conditions or conflicts with other regulations.

* Don’t be afraid to ask questions. Such as what the compliance officer would do in a similar situation to abate (fix) alleged standard violation.

* Never admit alleged violation took place.

* You may politely disagree with type of violation but do not argue.

* Take the compliance officer directly to the alleged violation identified – **CHOOSE YOUR PATH.**

* If possible cease high hazard work, but do not shut the job site Down.

* Take worker or representative along to correct any violations identified immediately. This may save you a citation.

5. The Compliance Officer may ask that substances be removed, an operation be stopped, or personnel be removed. He cannot shut down your job without a court order, but if he points out a serious hazard, it is best to correct it or get your employees away from the hazard.

The Closing Conference

1. The Inspector will meet with the employer representative and should indicate what standards may have been violated, and will advise that citations may be issued and penalties proposed. He may also fix a reasonable time for abatement of violations.

2. The employer representative should ask questions he might have, make sure Violations are clarified, and try to determine whether the Inspector feels they are serious or non-serious. Do not argue or say anything, which might hurt your case, but point out information, which may help you.

After the Inspector Leaves.

1. The supervisor should write up a report based on notes taken, including what violations the Inspector pointed out. Then contact the company.

2. A Follow-up Inspection may take place, generally within 7 days after the abatement date, if a willful, serious or repeated violation has been found. OSHA will generally check to determine that such hazards have been Corrected.

**CHEMICAL HAZARD COMMUNICATION PROGRAM**

A. The St. Luke’s Construction Department complies with the Chemical Hazard Communications requirements. This section documents the actions we have taken regarding our hazardous chemical information list, Material Safety Data Sheets, labels, and employee information and training. The St. Luke’s Construction Chemical Hazard Communication Program is available at the following locations for review by all employees at:
1. 214 E. Jefferson, Boise, ID 83712 Telephone (208) 381-2023

B. List of Hazardous Chemicals

1. A list of hazardous chemicals is maintained by the Project Superintendent or Supervisor for the specific job site.

2. This list contains the common name, chemical name and work area for each hazardous chemical used or stored at every St. Luke’s Construction job-site and our Main office.

3. The list is arranged in alphabetical order by common name, and either to chemical name or the common name or product name that matches the identity shown on the MSDS and label.

4. Chemicals not already on the list will be added to the list, together with the date the chemicals were introduced as soon as possible.

5. The list of hazardous chemicals is part of this program. Employees may access it at any time.

6. All contractors on multiple-employer job-sites are provided access to or, upon request, a copy of our written program, chemical list, and individual MSDS for chemicals used by St. Luke’s Construction, at each job-site prior to the commencement of any work. A statement of this policy is provided as a notice to each contractor on multiple-employer job-sites with a verification form to be signed and returned to St. Luke’s Construction.

C. Material Safety Data Sheets (MSDS)

1. Material Safety Data Sheets (MSDS) have been obtained from the manufacturer or importer for each hazardous chemical identified on the list.

2. It is the St. Luke’s Construction policy not to use a hazardous chemical if a MSDS has not been received.

3. We require all suppliers of such chemicals to provide an appropriate MSDS. If a shipment is received without a MSDS, we will notify the supplier immediately that the MSDS must be received within 10 days.

4. A copy of each MSDS is maintained in the office at the following locations for review by our employees and is part of this written program.
   a. 214 E. Jefferson, Boise, ID 83712 Telephone (208) 381-2023

5. MSDS for the chemicals an employee may be exposed to are accessible during each work shift to exposed employees in their work areas.
6. Employees may obtain a copy of the MSDS for any hazardous chemical to which they are exposed in the following manner: Contact the job-site foreman or Project Superintendent or Supervisor.

D. Container Labels

1. The job-site foreman will ensure that each container of hazardous chemicals in the workplace is labeled, tagged or marked with the identity of the contents and appropriate hazard warnings, the warning is legible, in English, and prominently displayed on each container.

2. St. Luke’s Construction provides information and training programs to inform employees about:
   a. The requirements of the Chemical Hazard Communication Standard.
   b. Employee rights under the Hazardous Communication Standard.
   c. Our Hazardous Communication Program and procedures we are using, including a review of our list of hazardous chemicals, MSDS and labels.
   d. How exposures to hazardous chemicals can be controlled by means such as safe work practices and personal protective equipment during normal work and in emergencies.

   a. New employees are trained prior to initial assignment.
   b. St. Luke’s Construction provides training to employees when new information becomes available, exposures to hazardous chemicals change, or when new hazards are introduced into the work place.
   c. Before working on a hazardous, non-routine task, employees will receive information about the hazards, specific chemical hazards, and safety measures.
   e. Training is a requirement of employment. St. Luke’s Construction maintains training records.

E. Hazardous Communication Standard

1. St. Luke’s Construction has developed a comprehensive training program to provide employee information and comply with the provisions of the OSHA Hazardous Communication Standard 29 CFR 1926.59.
2. Employee training takes place at the time of initial assignment and whenever the hazards change or a new chemical is introduced into the workplace.

3. St. Luke’s Construction management personnel are responsible for providing training to all employees. Questions and requests for further information should be directed to them.

F. The Chemical Hazard Communication Standard Description

1. The Hazardous Communication Standard is written by the Occupational Safety and Health Administration (OSHA) and has been updated to include the construction industry.

   The purpose of the standard is to insure that chemical hazards are evaluated, and that information concerning their hazards is forwarded to both employers and employees.

2. In order to do this St. Luke’s Construction put together a comprehensive Hazardous Communication Program.

3. We provide training, a written Hazardous Communication Program to inform you of the hazards in the workplace, the location of the MSDS and a list of hazardous chemicals used.

4. You may review MSDS and the list of hazardous chemicals upon request.

G. Hazardous chemicals we might encounter

1. Many products contain chemicals that may be hazardous.

2. This Haz-Com Program provides you with manufacturer information about chemical hazards in the MSDS.

3. Hazardous products generally are those that are flammable or combustible, compressed gases (LP gas, etc.), and toxins (dusts, fumes, irritants, etc.)

4. The container label and MSDS provides detailed information about the hazards of products.

H. What are my rights under this law

1. You have the right to have access to information regarding any of the potentially hazardous chemicals in the workplace.

   a. If, at any time, you have questions or need information regarding any of the products that you handle, contact your supervisor.

   b. It is much better to ask questions initially than to wait until there is a problem.

EXPLANATION OF TERMS USED ON MATERIAL SAFETY DATA SHEETS
(This is only a sample, not all MSDSs have sections in this order)

Revised 08/12
A. SECTION I

1. Chemical Name and Synonyms - The product identification, the chemical or generic name of single elements and compounds or for compounded products and mixtures.

2. Trade Names and Synonyms - The name which the product is marketed under and the common commercial name.

3. Chemical Family - Refers to a grouping of chemicals that behave and react with other chemicals in a similar manner.

4. Formula - The chemical formula or single elements or compounds.

5. CAS Number - The Chemical Abstracts Service number, if applicable.

6. EPA - The code number assigned by the Environmental Protection Agency, if applicable.

7. DOT Classification - The appropriate classification as determined by the regulations of the Office of Hazard Material, Department of Transportation.

B. SECTION II

1. Hazardous Ingredients - The major components as well as any minor one(s) having potential for harm which are considered when evaluating the product.

2. TLV - Threshold Limit Value (TLV) indicates the permissible exposure concentration, a limit established by a governmental regulatory agency, or an estimate if none has been established.

C. SECTION III

1. Physical Data

2. Boiling Point (° F) - The temperature in degrees at which the substances will boil.

3. Vapor Pressure - The pressure of saturated vapor above the liquid given in mmHg at 20°C.

4. Vapor Density - The relative density or weight of a vapor or gas (with no air present) compared with an equal volume of air at ambient temperature.

5. Solubility in Water - The solubility of a material by weight in water at room temperature. The terms negligible, less than 0.1 %, o. 1 to 1 %; moderate 1 to 10%, applicable 10% or greater.

6. Appearance and Odor - The general characteristics of the material, i.e., powder, colorless liquid, aromatic odor, etc.
7. Specific Gravity (H2O = 1) - The ratio of the weight of a volume of the material to its weight of an equal volume of water.

8. Percent, Volatile by Volume (%) - The percent by volume of the material that is considered volatile. (The tendency or ability of a liquid to vaporize.)

9. Evaporation Rate - The ratios of the time required to evaporate a measured volume of a liquid to the time required to evaporate the same volume of a reference liquid (ethyl ether) under ideal test conditions. The higher the ratio, the slower the evaporation rates.

D. SECTION IV

1. Flash Point (Method Used) - The temperature in degrees ° F at which a liquid will give off enough flammable vapor to ignite in the presence of a source of ignition.

2. Conditions to Avoid - Conditions that could cause it to become unstable.

3. Incompatibility (Materials to Avoid) - Materials which will react with the substance.

4. Hazardous Decomposition Products - Refers to explosive reactions and indicates when it may occur and under what storage conditions.

E. SECTION V

1. Health Hazard Data - Possible health hazards as derived from human observation, animal studies or from the results of studies with similar products.

2. Threshold Limit Value (TLV) - The value for airborne toxic material which are to be used as guides in the control of health hazards and represent concentrations to which nearly all workers, may be exposed eight hours per day over extended periods of time without adverse effects.

3. Effects of Overexposure - The effects on or to an individual who has been exposed beyond the specified limits.

4. Emergency and First Aid Procedures - Gives first aid and emergency procedures in case of eye and/or skin contact, ingestion and inhalation.

F. SECTION VI

1. Stability - Whether the substance is stable or unstable, an unstable substance is one that will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shock, pressure, or temperature.

G. SECTION VII

Revised 08/12
1. Spill or Leak Procedures - Steps to be taken in case material is released or spilled. Method and materials to use to clean up or contain.

2. Waste Disposal Method - Method and type of disposal site to use.

H. SECTION VIII

1. Special Protection Information.

2. Respiratory Protection - Specific type should be specified, i.e., dust mask, NIOSH-approved cartridge respirator with organic-vapor cartridge.

3. Incompatibility (Materials to Avoid) - Materials which will react with the substance.

4. Hazardous Decomposition Products - Refers to explosive reactions and indicates when it may occur and under what storage conditions.

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L. SECTION VIII

Revised 08/12
1. Special Protection Information

2. Respiratory Protection - Specific type should be specified, i.e., dust mask, NIOSH-approved cartridge respirator with organic-vapor cartridge.
# Chemical Hazard Communication Checklist

1. Have we prepared a list of all the hazardous chemicals in our workplace?  
   - Yes  
   - No

2. Are we prepared to update our hazardous chemical list?  
   - Yes  
   - No

3. Do we have a MSDS for each hazardous chemical we use?  
   - Yes  
   - No

4. Have we developed a system to ensure that all incoming hazardous chemicals are checked for proper labels and data sheets?  
   - Yes  
   - No

5. Do we have procedures to ensure proper labeling or warning signs for containers that hold hazardous chemicals?  
   - Yes  
   - No

6. Our employees have Chemical Hazard Communication Standard training.  
   - Yes  
   - No

7. Are our employees familiar with the chemicals we use and the hazards associated with them?  
   - Yes  
   - No

8. Have our employees been informed of the hazards associated with performing non-routine tasks?  
   - Yes  
   - No

9. Do our employees know how to detect the presence or release of chemicals?  
   - Yes  
   - No

10. Are employees trained on proper work practices and PPE in relation to the hazardous chemicals in their work area?  
    - Yes  
    - No

11. Does our training program provide information on appropriate first aid, emergency procedures and the likely symptoms of overexposure?  
    - Yes  
    - No

12. Does training include explanations of labels/warnings in each work area?  
    - Yes  
    - No

13. Do employees know where to get MSDS and how to use them?  
    - Yes  
    - No

14. Do we ensure that new employees are trained before beginning work?  
    - Yes  
    - No

15. Have we developed a system to identify new hazardous chemicals before they are introduced into a work area?  
    - Yes  
    - No

16. Do we have a system for informing employees when we learn of new hazards associated with a chemical we use?  
    - Yes  
    - No

17. Have the employees been advised of the enforcement procedures for failure to follow established procedures?  
    - Yes  
    - No

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has been notified of the location of their Chemical Hazard Communication Program, Chemical Lists and MSDS. ST. LUKE’S CONSTRUCTION has also offered us a hard copy of the Program, Chemical Lists and MSDS.

ST. LUKE’S CONSTRUCTION Chemical Hazardous Communication Program and MSDS Sheets are located on this job-site in the Project Office or ________________________________.

Company contact persons concerning this program are:

Compliance Coordinator St. Luke's Regional Medical Center
190 E. Bannock
Boise, ID  83712

Telephone: (208) 381-2023  OR  FAX (208) 381-4613

St. Luke’s Construction Representative                               Date

Subcontractor - Company                                          Signature - Representative  Date
M. **Hazard Prevention Procedures**

1. Employees who identify a hazard or potential hazard must do one of three things.
   a. Fix it;
   b. Report it verbally or in writing to their supervisor;

N. **Hazardous Condition Reporting**

1. Report newly identified hazards to your Supervisor or the Project Superintendent.
   a. They will coordinate the implementation of newly installed machines and procedures to effectively evaluate and prevent possible health and safety hazards.
   b. Your supervisor or the Project Superintendent will specify procedures for corrective actions and control and will relate this information to the affected workers and retain the information on file.

2. Employees will notify their Supervisor or the Project Superintendent in person or in writing of potential or existing hazardous conditions.

3. Hazardous Working Condition forms will be available in the project office for employees wanting to report hazards in writing.

4. Employees will have the right to remain anonymous if they choose. An employee, who believes he/she is being required to perform a task that does not comply with Safety Rules, has the right to refuse to perform the task without fear of reprisal.

5. The Project Superintendent or Supervisor will respond to reports and inform the employee of the response; unless the report was anonymous, in which case the hazard will be corrected and recorded on the report form.

O. **Recognized Hazard Correction**

1. The Project Superintendent will coordinate efforts with management, supervisors and employees for the correction and control of recognized hazards.

2. Where feasible, engineering controls will be implemented to eliminate health hazards.

3. Each direct employer will provide Personal Protective Equipment to protect employees against predictable and identified hazards.

5. The general Safety and Health Rules are listed in this Safety and Health Manual and in the employee safety handbook.
Written Warning of Safety Violation

Date: ________________  Project Name: ________________________________

Violator’s Name: ____________________________________________________

Company Name: ____________________________________________________

Violation: __________________________________________________________

________________________________________________________________________

This written warning will serve as a second notice for a repeated safety violation.

Date: ________________  Violator’s Signature: ______________________________

Date: ________________  Supervisor’s Signature: ____________________________
Hazardous Working Conditions Report

Date: __________________________  Time: ___________________________ a.m./p.m.
Job-site: __________________________  Location: __________________________

ST. LUKE’S CONSTRUCTION Project Supervisor:

___________________________________________________

Description of Hazard: ________________________________________________________
__________________________________________________________________________
___________________________________________________________________________

Was a subcontractor or other employee involved? Please describe: ____________________
___________________________________________________________________________
___________________________________________________________________________

Recommend Corrective Action: _________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Date of Abatement: __________________________________________________________

_________________________  __________________________
Employee Signature     Supervisor Approval

Employees may remain anonymous
Signature is NOT required

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TRAINING, EDUCATION, AND CERTIFICATION


A. St. Luke’s Construction Employee Training

Each St. Luke’s Construction employee shall receive training on the St. Luke’s Construction safety and health program. They will also be trained in the prevention of accidents and injuries after an accident investigation has been conducted on any of our job-sites.

Required OSHA training consisting of:

1. Emergency Action Plan
2. Fire Prevention Plan
3. Hearing Protection
4. Storage of Flammable and Combustible Liquids
5. Storage and Handling of LP Gases
6. Respiratory Protection
7. Accident Prevention Signs and Tags
8. Permit Required Confined Space
9. Medical Service and First Aid
10. Portable Fire Extinguishers
11. Fixed Fire Extinguishing Systems
12. Electrical Safety Related Work Practices
13. Hazard Communication

The above training will be documented in our Safety records and include the name of the worker, the date of the training, a summary of what the training consisted of, and the name of the trainer. Employees will either be retrained or re-evaluated annually. The records will be retained for 3 years.

Besides the standard training, employees should also be trained in the recognition of hazards. Employees should be able to look at something or someone and know if there is a problem.

St. Luke’s Construction Project Superintendents and Supervisors will attend, at a minimum, an OSHA 10-hour training program.

Each St. Luke’s Construction employee will be provided the required safety training when given new responsibilities or when they are exposed to new equipment.

A general safety orientation will be given to new employees before they are assigned to duties or a work area.
B. CONTRACTOR TRAINING

Contractor Training Program - Construction Department contractors who regularly work inside an occupied St. Luke’s Boise or Meridian hospital must successfully complete the contractor training program provided by the Construction Department.

All contractor employees shall be trained in the tasks they perform and be able to provide verification of training for certain tasks upon request.

All subcontractors shall have a competent person on-site at all times.

C. TOOLBOX TALKS

All St. Luke’s Construction employees and contractor’s employees will attend a weekly toolbox talk. Contractor’s employees can attend the St. Luke’s Construction weekly toolbox talk if they have not attended one of their own company’s toolbox talks.

All contractors shall provide a copy of the toolbox and sign in sheet for any weeks their employees have worked on any St. Luke’s projects.
Safety Training Verification for Employees

Contractor: _____________________________________________________________

Project: __________________________ Employer: ______________________________

I, __________________________, hereby certify that I have received Safety Training on the following:

Employee Initials  Please initial all that apply to you.

_____ Chemical Hazard Communication & Material Safety Data Sheets
_____ Excavation & Trenching, Safe procedures to eliminate cave in
_____ Forklift, Crane Rigging & Material Handling
_____ Emergency Evacuation
_____ Fire Protection & Prevention
_____ Electrical Safety - Ground Fault Interrupters
_____ Lockout - Tagout of Hazardous Energy Sources
_____ Fall Protection, Scaffold Erection, & Ladder Training
_____ Working in Aerial Lifts
_____ Personal Protective Equipment
_____ Respiratory Protection
_____ Power and Powder Actuated Tools (Hilti Guns)
_____ Confined Space Entry
_____ Foreman: OSHA 10 hour competent person training. Date: ______________

Craft: ___________________________  Job Title: ______________________________

Signature: _________________________  Date: _________________________
EMERGENCY PROCEDURES


To keep St. Luke’s facilities safe, secure and comfortable for patients, visitors, staff, and physicians, employees and contractors should be familiar with the emergency preparedness plans. A brief summary of these plans follows:

CODE RED: Name for Fire

R = Remove people from immediate danger.
A = Activate nearest alarm.
C = Call 55555*
E = Extinguish or evacuate.

When a Code Red is called for the area you are working in, stop work, clear the corridor and listen for overhead instructions, and prepare to evacuate.

*If you are not in one of the main hospitals you will need to call 911

B. FIRST AID AND MEDICAL SERVICES

1. SLRMC provides first aid kits and supplies at each job site.

2. Supervisors must be aware of the nearest emergency medical facility for incidents that cannot be treated by simple first aid procedures.

3. Emergency Care:

   St. Luke's Boise Medical Center, 190 E. Bannock, Boise, ID 83702

   St. Luke’s Meridian Medical Center, 520 S. Eagle Rd., Meridian 83616

   Or follow your company’s policy for emergency care

4. Non-emergency Care for St. Luke’s employees only:

   Boise: Employee Health, 414 N. 1st St., Boise, ID 83712

   Meridian: Urgent Care, 520 S. Eagle Rd., Meridian 83616

   Contracted employees must follow their own company’s policy.
C. TRANSPORTATION

1. Contractors are responsible for transporting their employees to the appropriate medical facilities in all non-emergency situations.

2. If the injured person is not mobile, an ambulance should be called by dialing 911. If you are inside the hospital you can call 55555.

3. No injured person will be permitted to drive him or herself for emergency medical attention.

D. INJURY MANAGEMENT

1. Employees are required to report all injuries to their supervisor immediately, no matter how minor.

2. An employee who has sustained an on-the-job injury or illness, requiring treatment beyond first aid (a page defining first aid follows later in this chapter), will return to work only after a qualified Physician gives written permission with any restrictions and/or limitations listed.

E. MEDICAL RECORD KEEPING AND ACCIDENT/INCIDENT REPORTS

The following safety-related reports concerning occupational injury and/or illnesses shall be properly and timely executed and maintained by the SLHS Compliance Coordinator and/or each subcontractor as noted below. Copies of all reports filled out by a subcontractor shall be immediately forwarded to the SLHS Compliance Coordinator.

1. The OSHA 300 log (yearly summary of Occupational Injury & Illnesses) must be submitted each year as long as the number of employees exceeds 10 in any calendar year. It is filled out only if an employee is injured. It must be updated after each injury is reported and is to be posted February 1 through April 30 of each year. The SLHS Compliance Coordinator must submit one for SLHS employees and each contractor must submit one to OSHA for their employees.

2. A copy of the Accident/Incident Investigation Report is to be filled out by the injured employee’s immediate supervisor, with assistance from the injured employee, and the SLHS Compliance Coordinator. This form is used for all injuries and/or property damage. A copy of the immediate supervisor’s report shall be sent to the SLHS Compliance Coordinator. Attach photos if possible.

3. The Workers’ Compensation Form is to be completed by the injured party’s employer. This form is used to advise the insurance carrier of a Workers’ Compensation claim. Complete the report in detail as soon as possible after an injury has taken place.
F. ACCIDENT INVESTIGATION GUIDELINES

1. Accidents, incidents, injuries, and illnesses will be reported immediately by the injured employee to his/her supervisor.

2. The supervisor is responsible for immediately notifying the SLHS Construction Office.

3. The SLHS Construction Department will investigate all injury or health incidents to determine the cause and take the necessary corrective actions.

4. A SLHS Construction Department representative will interview the injured person(s) and witnesses. He she will prepare a detailed report and deliver it to the Construction Management team and Compliance Committee.

5. SLHS Project Superintendents/Foremen will review the accident investigation and report the findings at regularly scheduled coordination meetings.

6. The SLHS Compliance Coordinator or an SLHS construction representative will compile the material obtained during the investigation, prepare a detailed report and deliver it via e-mail to the management team of the Architecture and Construction department.

PROCEDURES FOR ACCIDENT INVESTIGATIONS

a) Begin your investigation as soon as practical after the incident. Each site has an accident/injury packet with instructions in it. There should also be a camera available to take photos of the accident/incident area.

b) Go to the scene and take photos as soon as possible.

c) If possible, talk with the injured person at the scene of the injury.

d) Talk with witnesses. Tell them you are only there to collect data and try to put each person at ease. Get the facts, make each interview private.

e) Ask questions and repeat the story to be sure you understand all of the circumstances.

f) End each interview on a positive note.

g) Look for all possible causes, unsafe conditions/acts, contributing factors, and missing controls.

h) Be careful of reenactments. Don't ask for actions to be repeated.

i) Record the facts accurately.

j) Develop conclusions. Confer with others; solicit prevention ideas.

k) Act positively to prevent recurrences. Correct or refer correction to higher authority.
The SLHS Compliance Coordinator or a designated Compliance committee member will follow up with the injured party(ies) every two weeks. He/she will continue to inform the management team via e-mail of the progress of the injured party(ies) until the person(s) return to work.

G. EVACUATION PLANS

A specific evacuation plan will be created and posited for each job-site. A sample evacuation plan is on the following two pages.
Emergency Evacuation Plan

Jobsite: PROJECT NAME

Jobsite Address: 190 E. BANNOCK BOISE, 83712

Supervisor: PROJECT SUPERINTENDENT @ 381-XXXX OR CELL 866-XXXX

Location of Telephone: JOB TRAILER OR FLOORS  Radio: SUPERINTENDENT

Fire Incendio  Police/Sheriff Policía  Ambulance Ambulancia

Emergency Number

911

Evacuation Routes: NORTH OR SOUTH STAIRWELL

Assembly Area: ST LUKE’S JOB TRAILER

For Further Information Contact: PROJECT MANAGER @ 381-2023 OR CELL 866-XXXX

Other Emergency Numbers: (Idaho)

ST LUKE’S CONSTRUCTION 1-208-381-2023
Poison Control (Antitóxico) 1-800-860-0620
Highway Emergencies 1-800-233-1212
Mental Health 1-208-334-0808
TTY users all emergencies 1-208-375-4994
Steps to follow when an accident, incident, injury or illness occurs…

These steps should be followed whether a SL employee or sub-contractor employee is hurt.

Step 1. Use the information on page 2 of this packet to determine if OSHA needs to be called. If so, you do have a recordable occurrence, make the call, skip step 2 and go to step 3.

Step 2. See page 4 which is titled “You are not required to record injuries and illnesses if…) and see if you have to record the occurrence.

Step 3. If you do have to record the occurrence begin your investigation as soon as practical after the incident.
   a.) Go to the scene and take photos.
   b.) Talk with the injured person(s). If possible interview them at the scene of the injury. If not, they must be interviewed later. Use the employee’s report of an accident form. A copy is in this packet.
   c.) Talk with witnesses. Tell them you are only there to collect data. Try to put each person at ease. Get the facts, make each interview private. Use the Incident/Accident Investigation Report form for each person you interview. Several copies are in this packet.
   d.) Ask questions and repeat the story to be sure you understand all of the circumstances.
   e.) End each interview on a positive note.
   f.) Look for all possible causes, unsafe conditions or acts, contributing factors and missing controls.
   g.) Record the facts accurately.

Step 4. If the injured party is a SL employee, and it was a recordable incident, they must be released by Employee Health before they can return to work.

Step 5. Make sure Compliance Coordinator gets a copy of all the information collected for the OSHA 300 log. This is an OSHA requirement.

Employees are required to report all injuries, accidents, incidents, and illness experiences immediately to his/her supervisor.
We are not required to record injuries and illnesses on 300 log if...

1.) At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.

2.) The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment. (An example of this would be an epilepsy attack. However, if an employee has a heart attack and dies you should call OSHA and report it within 30 days, also report it if an employee hits his head and goes into a comma).

3.) The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.

4.) The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer’s premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer’s establishment, the case would not be considered work-related.

NOTE: If the employee is made ill by ingesting food contaminated by workplace contaminates (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related.

5.) The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee’s assigned working hours.

6.) The injury or illness is solely the result of personal grooming, self medication for non-work-related condition, or is intentionally self-inflicted (suicide).

7.) The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.

8.) The illness is the common cold or flu (NOTE: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work.)

9.) The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.

10.) If the employee needs “first aid” and nothing more. See attached for a list of those treatments considered to be “first aid”.

Revised 08/12
What is considered “first aid”?

For the purpose of Part 1904, “first aid” means the following:

- Using non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);

- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);

- Cleaning, flushing or soaking wounds on the surface of the skin;

- Using wound coverings such as bandages, Ban-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™, (other wound closing devices such as sutures, staples, etc., are considered medical treatment);

- Using hot or cold therapy;

- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);

- Using temporary immobilization devices while transporting an accident victim (e.g. splints, slings, neck collars, backboards, etc.)

- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;

- Using eye patches;

- Removing foreign bodies from the eye using only irrigation or a cotton swab;

- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;

- Using finger guards;

- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes);

- Diagnostic techniques (observation, x-rays, etc.) or

- Drinking fluids for relief of heat stress.

Are any other procedures included in first aid? **NO**, this is a complete list of all treatments considered first aid for Part 1904 purposes.
You must call OSHA within eight hours if:

- There are one or more work-related fatalities, or
- If three or more employees are hospitalized** from the same incident (**Hospitalized means they are admitted and stay in the hospital for 24 hours or more)

This will trigger an OSHA inspection

See below for direction on what to do when OSHA shows up on the job-site

OSHA Hotline #: 1-800-321-6742
This line is staffed 24 hours a day 7 days a week

**OSHA INSPECTION CHECKLIST**

1. See Identification from OSHA Representative
2. Call OSHA Office to Verify if needed (208) 321-2960
3. Ask OSHA Representative the reason for inspection
4. Call Compliance Coordinator (208) 830-4979 or (208) 381-3312
5. Call St. Luke’s Construction Office (208) 381-2023
6. Inform all parties involved of inspection
7. Opening conference presented by OSHA Representative
8. Inspection of identified area
9. Closing conference to explain inspection
Incident / Accident Investigation Report Form
To be filled out by injured parties.

Name: ___________________________ Company: ___________________

Job Title: ___________________________ Foreman Name: _________________________

Name of Witnesses: ___________________________

Incident / Injury Date: __________ Time: ______ AM □ PM

Health Care Provider ___________________________ Provider Location _______________________

Initial Treatment: □ No Medical Treatment □ Minor: 1st Aid
□ Minor Clinic / Hospital □ Emergency Care
□ Hospitalized – 24 hour □ Anticipated Major Med / Lost Time

Location where accident / injury occurred? __________________________________________

What was he / she doing when injury or incident occurred? _________________________

All Equipment, Materials or Chemicals Employee used upon Occurrence: _______________________

Describe the sequence of events that directly injured the employee or made the employee ill:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Part of body affected: ___________________________________________________________

Nature and extent of incident / injury: ______________________________________________

Unsafe condition or act causing incident / accident: __________________________________

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Describe damage to equipment or property: _________________________________________

Were Safeguards or Safety Equipment Provided?  □ Yes  □ No

Were the safeguards used?  □ Yes  □ No

What steps have been taken to prevent a repetition? __________________________________

Employee’s signature______________________________________ Date _____________

Supervisor’s signature______________________________________ Date _____________

__________________________________________________________________________

FOR OFFICE USE ONLY

Investigation performed by: ____________________________________________

Action to be taken:  □ File only   □ Reported to WC & Industrial Commission

Disciplinary action taken: □ Yes  □ No

Type of disciplinary action taken: ______________________________________________

__________________________________________________________________________

Signature ________________________________________   Date______________________
# Incident Investigation Report

**St. Luke’s Regional Medical Center**

**Job Name**

To be filled out by superintendent or foreman

## INJURED EMPLOYEE INFORMATION

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<th>Employee Name</th>
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<th>Female</th>
<th>Employer Name</th>
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## UNSAFE ACTS

- Operating equipment without authority
- Failure to warn/signal
- Failure to secure/lock out/tag out
- Reaching into/servicing equipment in operation
- Making safety devices inoperable
- Used defective equipment
- Took unsafe/improper position
- Horseplay, disruptive actions
- Improper lifting or movement
- Oth

- No unsafe action

## UNSAFE CONDITIONS

- Inadequate guard/barrier/safety device
- Inadequate/improper protective equipment
- Inadequate warning system
- Defective or work tools/equipment materials
- Congestion or restricted area
- Fire or explosion hazard
- Hazardous storage method
- Unsecured against movement
- Lighting/noise/visual obstruction
- Environmental/atmospheric conditions
- Other:

- No unsafe condition

## INJURY/ILLNESS DATA

1. Describe the nature and extent of injury/illness (body part affected, type of injury, etc.)

2. Was first aid administered? Yes [ ] No [ ] If yes, what type and by whom

3. Was employee taken to hospital/clinic? Yes [ ] No [ ] If yes, list name of Clinic/Hospital

4. List any eyewitnesses to the incident and company name:
**INCIDENT/ILLNESS EVALUATION**

5. How did the incident occur? Describe in detail the task the employee was doing when injured or became ill. Include specifics such as equipment, structure, tools, materials, objects (size, shape, & weight), people involved in the task, positions, distances, rate of movement, sequence of events, etc.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

(Attach any additional information, comments, documentation of interviews, sketches, pictures, etc. as necessary)

---

**Incident Investigation Report**

**Incident/Illness Evaluation (continued)**

6. Type of exertion/body motion during injury:  Pull  Lift  Bend  Reach  Twist  Other

7. Was this the employee’s regular job?  Yes  No  How much experience does this employee have on this job? _______

8. Was the employee trained in this job or task?  Yes  No  When was last training on this task?

9. Was this the employee’s first job-related injury or illness?  Yes  No  If no, briefly describe previous injuries (date, nature, extent, etc.)

10. Hours of overtime worked in last 24 hours  _______  Did this possibly contribute to incident?  If so, describe _______

11. Does a safety rule or policy apply to this task?  Yes  No  If yes, describe rule and how employee followed or violated:

12. Does a specific procedure for task exist?  Yes  No  If yes, describe procedure briefly and if it was followed _______

13. Is protective equipment required for this task?  Yes  No  If yes, describe equipment, if it was used, if it was adequate/Functioned properly and if the employee(s) were trained on it.

14. Is there possibly any third party which contributed to the incident? (Other contractors, employee, etc.)  Yes  No  If yes, describe.

15. Did any unsafe physical/environmental conditions exist?  Yes  No  If yes, describe conditions (physical, mechanical, electrical, etc.) which contributed to incident.

16. Is material handling equipment required for this task?  Yes  No  If yes, was it used and did it function properly?

17. Possible actions to be taken to prevent reoccurrence

- Reinstruction of employee(s) involved
- Preventative instruction of others who do job
- Training of employee(s)
- Action to improve enforcement
- Reprimand/discipline of employee(s) involved
- Do/revise Job Safety Analysis
- Revise/establish safety rule
- Reassign employee to another job
- Require/replace protective equipment
- Install safety guard device
- Repair/replace/modify equipment
- Improve clean-up procedure
- Improve inspection procedure
- Eliminate/reduce congestion
- Improve design/construction
- Improve environmental conditions

Revised 08/12
### CORRECTIVE ACTION(S) TAKEN OR PLANNED

<table>
<thead>
<tr>
<th>What was/will be done</th>
<th>By Whom</th>
<th>Estimated Completion Date</th>
<th>Completion Confirmed Date</th>
<th>Initials</th>
</tr>
</thead>
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</tbody>
</table>

18. Incident discussed with employee to prevent reoccurrence?  
- [ ] Yes  
- [ ] No  
Date __________________________

19. Any disciplinary action taken?  
- [ ] Yes  
- [ ] No  
If yes, describe what type. _______________________________________________________________

### FOLLOW UP COMMUNICATION

- [ ] YES  
- [ ] NO  
Incident site reviewed by supervisor with employee (and safety coordinator if applicable.)

- [ ] YES  
- [ ] NO  
Incident review meeting conducted. Attended by __________________________

- [ ] YES  
- [ ] NO  
Employee or supervisor reviewed incident with work group.

- [ ] YES  
- [ ] NO  
Employee reviewed injury with safety committee

- [ ] YES  
- [ ] NO  
Corporate office informed of incident

Date of Report ________________ Prepared by __________________________ Title __________________________

Reviewed by ________________ Superintendent Name __________________________
Incident/Accident Investigation Report
(To be filled out by Witness)

Witness Name: ___________________________  Witness Company Name: _______________________

1. Location of incident: ______________________  2. Department ____________________________
3. Date of Accident _________  4. TIME _________ p.m.
5. Job Title ________________________________  6. Experience _____(yrs./months)
7. Accident Type ________________________________________________________________
8. Source (The object or substance inflicting injury) ________________________________
9. Nature of Injury ______________________________________________________________
10. Part of Body ________________________________________________________________

PROPERTY DAMAGE

11. What was damaged? __________________________________________________________
12. Nature of damage _____________________________________________________________
13. Description (describe what happened—who was involved, where, when, why, how)
__________________________________________________________
__________________________________________________________
__________________________________________________________

14. CAUSE (identify unsafe acts or conditions - Contributory Factors, Base Cause, Lack of control)
__________________________________________________________
__________________________________________________________
__________________________________________________________

Signature of Witness: ___________________________  Date: ________________
Supervisor ___________________________  Date: ________________
Investigator ___________________________  Date: ________________

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ENVIRONMENTAL CONTROLS & OCCUPATIONAL HEALTH

1. Noise Exposure

Protection against the effects of noise exposure shall be provided when the sound levels exceed those shown in the OSHA Table D-2 of 20 CFR 1926.52 when measured on the A-scale of a standard sound level meter at slow response.

Wherever it is not feasible to reduce the noise levels or duration of exposures to those specified in Table D-2, Permissible Noise Exposures, in 1926.52, ear protective devices shall be provided and used.

Ear protective devices inserted in the ear shall be ANSI approved ear plugs. Plain cotton is not an acceptable protective device.

2. Illumination

While work is in progress, construction areas, ramps, runways, corridors, offices, shops and storage areas will be well lighted (5 foot candles for general construction).

3. Ventilation

Work areas will be vented well enough, or have an exhaust ventilation system designed to prevent dust, fumes, mists, vapors and gases from being dispersed into the air in concentrations causing harmful exposure.

The exhaust ventilation system will be designed to prevent air contaminants from being drawn through the work area of others.

4. Housekeeping

Scrap material and debris will be removed from the job-site at regular intervals.

During construction scrap material and debris will be kept clear from work areas, passageways, and stairs until cleared away.

A. FIRE PROTECTION AND PREVENTION

All job-sites will be equipped with approved fire extinguishers. These extinguishers will be marked in such a way that they are easily located.

We will have at least 1 fire extinguisher for each 3,000 square feet of protected building area with a travel distance from any point not to exceed 100 feet.

All fire extinguishers will be inspected and maintained periodically.
Smoking is prohibited at all St. Luke’s Construction job-sites.

All exits will be unobstructed.

Flammable or combustible liquids will be stored away from areas normally used for safe passage of people.

All portable outdoor storage tanks for flammable or combustible liquids will be stored at least 20 feet from buildings. These areas will be kept free of combustible materials not necessary to the storage area.

B. TEMPORARY HEATING DEVICES

Any area where a temporary heating device is being used, there will be sufficient ventilation provided for heater to ensure proper combustion, maintain the health and safety of the workers, and limit temperature rising in the area.

Fresh air will be supplied in sufficient quantities to maintain the health and safety of the workers.

Heaters will be rested on a suitable heat insulating material or at least 1 inch of concrete or equivalent.

C. MATERIAL HANDLING & STORAGE

Material should be stored in tiers stacked, racked, blocked, interlocked or otherwise secured to prevent sliding, falling, or collapse.

Aisles or passageways should be provided and kept clear for the movement of materials handling equipment or employees.

Inside buildings under construction, materials should not be stored within 6 feet of a hoist way or inside floor opening.

Inside buildings under construction, materials should not be stored within 10 feet of exterior walls, which do not extend above the top of the material being stored.

Storage of materials in excess of supplies needed shall not be stored on scaffolds or runways.

If masonry blocks are stacked higher than 6 feet, the stacks shall be tapered back one-half block per tier above the 6 foot level.

All nails shall be removed from lumber before it is stacked.

Compressed gas cylinders will be stored in an upright position and secured at all times.
D. DISPOSAL OF WASTE MATERIAL

When waste material is dropped for a distance of 20 feet to points lying outside the exterior walls of the building, an enclosed chute of wood or equivalent material will be used.

When debris is dropped through a hole in the floor without the use of a chute, the area where the debris is dropped to will be completely enclosed with a suitable barricade. The barricade will be at least 42 inches high and not less than 6 feet back from the protected edge of the opening above.
TRAFFIC CONTROL AND MOTORIZED VEHICLES

A. TRAFFIC CONTROL

1. Traffic control shall be regulated by the guidelines contained in the Manual of Uniform Traffic Control Devices or MUTCD. A copy of these guidelines can be obtained by calling the local OSHA office or online from the DOT at http://mutcd.fhwa.dot.gov. These guidelines were published by the DOT. You can also obtain a pamphlet titled “Building Safer Highway Work Zones: Measures to Prevent Worker Injuries from Vehicles and Equipment” from NOISH at http://www.cdc.gov/noish/2001128.html. We will also retain a copy in our office.

2. Traffic control is required when work activities take place in or near vehicle traffic. They could include road construction, utility work, or any other activity that requires a temporary traffic control zone, or when normal traffic patterns are changed and people and equipment are at risk. A traffic control plan should include how to assist pedestrian and bicycle traffic.

3. Anyone working traffic control should wear high-visibility clothing. They may need to use traffic control devices and have a work-zone protection plan. If the project is large enough, law-enforcement and the general public should be made aware.

B. BARRICADES AND SIGNS

1. Use barriers, caution signs and/or caution tape to prevent access by unauthorized people.

2. Exit and direction signs shall be posted to pedestrian traffic safely around construction work.

3. Precautions shall be taken for LP Gas tanks either by location or jersey barriers.

4. All signs shall meet OSHA requirements in size and color.

C. MOTOR VEHICLES

1. All off road motor vehicles that operate within an off-highway job-site, not open to public traffic, shall have a service brake system, an emergency brake system, and a parking brake system. These systems may use common components, and shall be maintained in operable condition.

2. Whenever visibility conditions warrant additional light, all vehicles, or combinations of vehicles, in use shall be equipped with at least two headlights and two taillights in operable condition.

3. All vehicles, or combination of vehicles, shall have brake lights in operable condition regardless of light conditions.
4. All vehicles shall be equipped with an adequate audible warning device at the operator’s station and in an operable condition.

5. No employee shall use any motor vehicle equipment with an obstructed view to the rear unless:
   * The vehicle has a reverse signal alarm audible above the surrounding noise level or:
   * The vehicle is backed up only when an observer signals that it is safe to do so.

6. All vehicles with cabs shall be equipped with windshields and powered wipers. Cracked and broken glass shall be replaced. Vehicles operating in areas or under conditions that cause fogging or frosting of the windshields shall be equipped with operable defogging or defrosting devices.

7. Haulage vehicles, whose payload is loaded by means of cranes, power shovels, loaders, or similar equipment shall have a cab shield and/or canopy adequate to protect the operator from shifting or falling materials.

8. Tools and material shall be secured to prevent movement when transported in the same compartment with employees.

9. Vehicles used to transport employees shall have seats firmly secured and adequate for the number of employees to be carried.

10. Seat belts and anchorage’s meeting the requirements of 49 CFR Part 571 (Department of Transportation, Federal Motor Vehicle Safety Standards) shall be installed in all motor vehicles.

11. Trucks with dump bodies shall be equipped with positive means of support, permanently attached and capable of being locked in position to prevent accidental lowering of the body while maintenance or inspection work is being done.

12. Operating levers controlling hoisting or dumping devices on haulage bodies shall be equipped with latch or other device which will prevent accidental starting or tripping of the mechanism.

13. Trip handles for tailgates of dump trucks shall be so arranged that, in dumping, the operator will be in the clear.

14. All rubber-tired motor vehicle equipment manufactured on or after May 1, 1972 shall be equipped with fenders. All rubber-tired motor vehicle equipment manufactured before May 1, 1972, shall be equipped with fender not later than May 1, 1973.
* Mud flaps may be used in lieu of fenders whenever motor vehicle equipment is not designed for fenders.

* Pneumatic-tired earth-moving haulage equipment (trucks, scrapers, tractors, and tailing units) whose maximum speed exceeds 15 mile per hour, shall be equipped with fenders on all wheels to meet the requirements of SAE J321a-1970. An employer may, of course, at any time seek to show under 1926.2, that the uncovered wheels present no hazard to personnel from flying material.

15. Equipment in use shall be checked at the beginning of each shift to assure that the following parts, equipment, and accessories are in safe operating condition and free of apparent damage that could cause failure while in use: service brakes, including trailer brake connections’ parking system (hand brake); emergency stopping system (brakes); tires; horn; steering mechanism; coupling devices; seat belts; operating controls; and safety devices. All defects shall be correct before the vehicle is placed in service. These requirements also apply to equipment such as lights, reflectors, and windshield wipers, defrosters, fire extinguishers, etc., where such equipment is necessary.

16. Employees engaged in site clearing shall be protected from hazards of irritant and toxic plants suitably instructed in the first aid treatment available.

17. Equipment used in site clearing operations shall be equipped with rollover guards. In addition, rider-operated equipment shall be equipped with an overhead and rear canopy guard meeting the following requirements:

* The overhead covering on this canopy structure shall be of not less than 1/8-inch steel plate or 1/4-inch woven wire mesh with opening no greater than 1 inch, or equivalent.

* Seat belts need not be provided for equipment that is designed only for standup operation.

* Seat belts need not be provided for equipment that does not have rollover protective structure (ROPS) or adequate canopy protection.

18. Access roadways and grades:

* No employer shall move or cause to be moved construction equipment or vehicles upon any access roadway or grade unless the access roadway or grade is constructed and
maintained to accommodate safely the movement of the equipment and vehicles involved.

* Every emergency access ramp and berm used by an employer shall be constructed to restrain and control runway vehicles.


20. Horn. All bi-directional machines, such as rollers, compactors, front-end loaders, bulldozers, and similar equipment, shall be equipped with a horn, distinguishable from the surrounding noise level, which shall be operated as needed when the machine is moving in either direction. The horn shall be maintained in an operative condition.
# Equipment Pre-Use Daily Checklist

Contractor: _________________________________________________________________

Date: ___________________________ Checked By: _______________________________

Equipment or Tool Checked: _______________________________________________________________________________________

Equipment ID #: ________________________________

Please indicate OK if condition was per specifications, if not please indicate problem and report to supervisor immediately for repair. Do not use damaged equipment or tools.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Brakes</td>
<td>2. Steering</td>
</tr>
<tr>
<td>3. Fluid levels and leaks</td>
<td>4. Horn &amp; backup alarms</td>
</tr>
<tr>
<td>5. Warning and operational lights</td>
<td>6. Tires</td>
</tr>
<tr>
<td>7. Oil pressure</td>
<td>8. Fan belt</td>
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<tr>
<td>9. Battery connection</td>
<td>10. Wires</td>
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<tr>
<td>11. Fire extinguisher</td>
<td>12. Exhaust system</td>
</tr>
<tr>
<td>15. Load limits displayed</td>
<td>16. Clutch</td>
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<tr>
<td>17. Safety devises (seat belt, roll cage, guards,)</td>
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<tr>
<td>18. Lube all grease fittings</td>
<td>19. Switches</td>
</tr>
<tr>
<td>20. Cracks in housing, handles, rungs, or planks</td>
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</tr>
<tr>
<td>21. Other</td>
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</tbody>
</table>

NOTE ANY DEFECTS: __________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Report all equipment defects to your supervisor.
This form must be available for inspection.

Revised 08/12
Record of Operator Qualification Training

Contractor: _________________________________________________________________

Date: __________________________ Project: ___________________________________

Foreman: _______________________ Operator: __________________________________

Equipment Type: ____________________________________________________________

Make: _________ Model: ____________ Series ___________ No.: ___________

Operator's Years of Experience Specific ______________ General ___________________

FOREMAN'S REVIEW

Operator can identify and explain the basic function of equipment. Yes No

Operator can identify and explain the specific controls/levers. Yes No

Operator can describe specific loads and limitations of equipment. Yes No

Operator can perform to satisfaction the following:

• Check general condition during pre-shift walk-around inspection Yes No
• Coolant, lube, oil and fuel levels check Yes No
• Tire, rim, lug nut and track check Yes No
• Windshield, windows, mirrors and glass inspection Yes No
• Safety features inspection (horn, fire extinguisher, seat belt, etc.) Yes No

Operator Demonstration:

• Basic Operating Competency Yes No
• Material Handling Competency Yes No
• Backing, Special Techniques Yes No
• Emergency Handling Techniques Yes No
• Safety Awareness Yes No
• Boarding/Deboarding Equipment Yes No

_________________________   ____________________________
Supervisor's Signature     Operator's Signature

D. ACCESS – ENTRANCES AND STAIRS

Revised 08/12
1. All public accesses, entrances, and stairways shall be free from material and debris.

2. If construction work requires a public walkway to be blocked directional and/or exit signs will be posted near the blocked walkway to safely direct the general public to the nearest exit or walkway.

E. PUBLIC PROTECTION


2. When working in an occupied unit or adjacent to an occupied unit, check in at the nurse station or receptionist’s desk before you begin working.

3. Be aware of noise, dust, and odors that your work may cause. Take appropriate precautions prior to starting any work.

4. Coordinate utility shutdowns with the Construction Office.

5. Use barriers, caution signs and/or caution tape to prevent access by unauthorized people.

6. Never leave tools or materials unattended in public areas.

7. At the end of your work shift, use appropriate closure procedures such as putting caution tape around the perimeter of the project. You can use several strands and/or barriers and signs if necessary. Special attention should be given to controlling areas children might access without recognizing the potential dangers.

8. All St. Luke’s employees have the authority to stop your work at anytime. If you are asked to discontinue work, comply with the request, get the requestor’s name and number, and report to the Construction Office.

F. PERSONAL PROTECTIVE EQUIPMENT

All construction workers shall wear the appropriate eye, ear, head, and foot protection. Short legged pants and/or cutoffs are prohibited as well as tank top shirts and sleeveless shirts.

1. Supervisors and employees will be required to wear PPE when it is required by OSHA Standards or otherwise established in this Safety Program.

2. Each employer will provide OSHA required PPE listed in #9 below, other PPE required such as proper clothing and footwear will be supplied by the employee.

3. Additional PPE for non-routine assignments will be provided on a case by case basis by requesting the equipment from the supervisor of the affected area.
4. Supervisors will provide **PPE** training to their workers on the use, limitations, and required maintenance of Personal Protective Equipment.

5. New employees must receive training on **PPE** before commencing work.

6. The utilization of **PPE** is Mandatory and is a condition of employment at a St. Luke’s Construction work site.

7. Supervisors will inspect **PPE** on a frequent and regular basis and repair or replace defective equipment immediately.

8. The use of **PPE** will be strictly enforced.

9. The following Personal Protective Equipment will be on hand, as needed, before any work commences:

   a. Supply of hard hats  
   b. Full body harness  
   c. Shock absorbing lanyards  
   d. Fall arrest-anchoring devices  
   e. Safety glasses  
   f. Goggles  
   g. Ear plugs  
   h. Fire extinguishers  
   i. Face shields  
   j. Protective gloves, when necessary  
   k. Required Respiratory protection  
   l. Ground fault circuit interrupters

A. **Eye Protection**

   Only approved safety glasses are permitted on our jobsites. (Z87 approved.)

   Eye protection is required when using a grinder, chopsaw or compressed air to dry or clean any work area.

   **NOTE**: In case a foreign particle enters your eye, do not to rub it. Proceed to the nearest first aid kit or eye wash station and flush the eye for an adequate amount of time to clear the particle. If the irritation persists, seek assistance from your supervisor.

B. **Ear Protection**

   Ear protection is required at all times when using an abrasive grinder.

   When using the reusable type of earplugs, the plugs are to be washed on a usage basis.

   If using the disposable type, they are not to be worn more than two times.

C. **Foot Protection**
Employees will wear good quality work boots that support the ankle as required by each activity.

D. Head Protection

Hard hats that meet Federal Spec. Z89.1-1986 will be mandatory in designated areas.

All personal protective equipment will be inspected on a regular basis. If equipment shows signs of excessive wear or is damaged, do not use it. Ask for a replacement immediately.
DEMOLITION PROCEDURES

Preparatory Operations:
1. Before starting demolition operations, a survey will be made of the structure by a competent person to determine the condition of the framing, floors, walls, and the unplanned possibility of collapse of any portion of the building.

2. Adjacent structures where employees may be exposed shall be similarly checked.

3. A written survey shall be completed and be posted at the work site for review.

4. Before performing any work in a building damaged by fire, flood, explosion, or other disaster; the walls, and floors, shall be adequately braced or shored.

5. All electric, gas, water, steam, sewer, and other service lines, shall be shut off, capped, locked out, tagged, or otherwise controlled outside the building line before demolition work is started.

6. All utility providers will be notified in advance.

7. Never drop material to any point outside the exterior walls of the structure unless the area is effectively protected and controlled to prevent unauthorized entry.

8. Chutes will be used to remove material from elevated floors and be constructed of materials adequate to eliminate failure due to impact of materials.

9. Entirely enclose all chutes installed over 45 degrees from the horizontal.

10. The outlet end of all chutes shall be guarded or barricaded to prevent workers from entering the danger zone.

11. All access and egress from the building and demolition site shall be controlled and maintained in a safe condition.

12. Adequate fire protection, medical response, and emergency plan procedures shall be implemented before any demolition work begins.

13. A competent person shall be on site during all demolition operations.

   a. Have the material tested to identify asbestos content.
   b. Refer to the NESHAP Manual for removal requirements.
   c. Refer to Section 8.1 – Respiratory Protection.
d. Personal Protective Equipment - according to the level of hazard is required at all times for the removal of Asbestos Containing Material (ACM).
DEMOLITION SURVEY
Post This Notice at the Work Site

Project: ________________________________________________________________

Address: ______________________________________________________________

Date: ___________________________ Survey Conducted By: _____________________

Yes  No

☐ ☐  1. Is bracing or shoring required?

☐ ☐  2. Have all utilities been terminated or locked out?

☐ ☐  3. Has fire protection been established or provided?

☐ ☐  4. Has waste disposal been scheduled?

☐ ☐  5. Is an Emergency Evacuation Plan posted?

☐ ☐  6. Are all exit routes clear and unobstructed?

☐ ☐  7. Is the site fenced, barricaded, or marked with signs?

☐ ☐  8. Are any workers in adjacent buildings exposed to hazards?

☐ ☐  9. Asbestos Containing Material removal required?

Comments:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

A. SITE SANITATION

Revised 08/12
1. An adequate supply of potable water shall be provided in all working areas.

2. All portable container used to dispense drinking water shall be capable of being tightly closed, and equipped with a tap. Water shall not be dipped from containers.

3. All containers used to distribute drinking water shall be clearly marked as to the nature of its contents and not used for any other purpose.

4. A common drinking cup is prohibited.

5. Where dingle service cups (to be used but once) are supplied, both a sanitary container for the unused cups and a receptacle for disposing of the used cups shall be provided.

6. Toilets shall be provided for employees according to the following table:

<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>Requirements</th>
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<tr>
<td>20 or less</td>
<td>1</td>
</tr>
<tr>
<td>20 or more</td>
<td>1 toilet seat and 1 urinal per 40 workers</td>
</tr>
<tr>
<td>200 or more</td>
<td>1 toilet seat and 1 urinal per 50 workers</td>
</tr>
</tbody>
</table>

7. Under field conditions, provisions shall be made to assure not less than one toilet facility is available.

8. Job sites not provided with a sanitary sewer shall be provided with toilet facilities.

9. Washing facilities shall be maintained in a sanitary condition. Hand soap or similar cleansing agents shall be provided.

B. EXCAVATING & TRENCHING

A. Excavations (See Section 7.1 - Excavation & Trenching for additional Requirements.)

1. Excavations and Trenches exceeding 4 feet in depth shall be benched, sloped, or have protective shields installed to prevent excessive sloughing and cave in.

2. A suitable means of egress, (ramp or ladder) will be provided for all excavations or trenches over 4 feet in depth and no more that 25 feet apart.

3. Employees will wear hardhats while working in trenches when heavy equipment is present.

Spoil dirt must be stored no less that 2 feet from the edge of any trench or excavation.

   a. All trenches and excavations, 4 feet or more in depth must be sloped or shored to prevent cave-in.

   b. NOTICE: Trench and excavation depths are measured from the base of the cavity.
to the top of the adjacent material (spoil, dirt, rock, etc.) pile.

1. All utility installations, such as sewer, telephone, fuel, electric, etc., which may be encountered during excavation work shall be determined before work begins.

2. The appropriate utility providers and an underground locator service will be notified in advance or the owners shall be contacted.

3. In trench excavations that are 4 feet or more in depth, means of egress shall be provided to workers so as to require no more than 25 feet of lateral travel.

4. Employees exposed to vehicle traffic shall be provided with and shall wear reflector or high-visibility vests.

5. No employee shall be permitted under loads handled by lifting or digging equipment.

6. Operators must remain in the cabs of vehicles being loaded or unloaded.

7. If vehicle operators do not have a clear and direct view of the edge of the excavation, a warning system shall be utilized, such as barricades, hand or mechanical signals or stop logs.

8. In excavations more than 4 feet deep where oxygen deficiency or a hazardous atmosphere exists or could reasonably be expected to exist, the atmosphere in the excavation shall be tested before employees enter. Confined Space Entry procedures will be in effect.

9. Emergency rescue equipment, such as breathing apparatus, safety harness and line, retrieval stretcher, etc., shall be available and attended where hazardous atmospheric conditions exist or may reasonably be expected to develop.

10. Employees entering bell-bottom pier holes or similar deep and confined footing excavations shall wear a harness with a lifeline securely attached to it.

11. Employees shall not work in excavations in which there is accumulated water or where water is accumulating unless adequate precautions have been taken to protect the employee.

12. Where the stability of adjoining buildings, walls or other structures is endangered by excavation operations, support systems, shoring, bracing or underpinning shall be provided.

13. Sidewalks, pavements, etc. will not be undermined unless a support system is provided.

14. Provide adequate protection to protect employees from loose rock or soil.
15. Materials and equipment shall be kept at least 2 feet from the edge of excavations and trenched.

16. A competent person shall make daily inspections of excavations, the adjacent areas and protective systems.

17. Where employees or equipment are required or permitted to cross over excavations, walkways or bridges with standard guardrails shall be provided.

18. Each employee in an excavation shall be protected from cave-ins by an adequate protective system, except:
   a. Excavations that are made entirely in stable rock, or;
   b. Excavations that are less than 4 feet in depth and examination by a competent person provide no indication of a potential cave-in.

19. Protective systems must have the capacity to resist, without failure, all loads that are intended or could reasonably be expected to be transmitted to the system.

20. Members of support systems shall be securely connected together to prevent sliding, falling, kick-outs or other predictable failure.

21. Removal of the support system shall slowly begin at, and progress from, the bottom of the excavation.

22. Employees shall not be permitted to work on the faces of sloped or benched excavation while other employees are working below. Except when, employees at the lower levels are adequately protected from falling, rolling or sliding material or equipment by a support system or trench box.

23. Excavation of material to a level no greater than 2 feet below the bottom of the support system shall not be permitted.

24. Soil type shall be examined to determine type. Support systems or sloping procedure implemented for all class C type soils.

All excavation 6 feet in depth and over shall be barricaded to protect employees from falling into them.

E. CONCRETE

1. All workers should wear PPE when pouring concrete

2. Workers shall wear fall protection when 6 feet or more above adjacent work surfaces.
3. All protruding objects which can cause an impalement hazard shall be protected. Steel reinforced caps or troughs should be used when working above rebar. Mushroom caps are to be used for scratch protection only.

4. Proper equipment (ladders, scaffolds, man-lifts) shall be used to elevate employees to the area to be poured.

F. MECHANICAL EQUIPMENT, MAINTENANCE, AND PRE-OP CHECKS

I. Equipment Maintenance Program

1. Supervisors will create an Equipment Maintenance Program, including a daily log or report to track ongoing monitoring and maintenance of equipment.

2. A competent inspector, authorized by the employer, will conduct OSHA required inspections on the required schedule.

3. Only approved employees trained in the safe use and operation of powered material handling or earth-moving equipment will operate them (See Record of Operator Qualifications).

4. This form must be completed by each subcontractor for each equipment operator.

5. All equipment must be inspected each day, before use. Use the checklist provided. Forms will be available to subcontracts to complete & record each day.

6. Inspection checklists will be maintained by each equipment operator & be available for inspection on request.

7. Defective equipment will be repaired before use.

8. All equipment will be maintained is accordance with the manufacturer recommendations.

9. Powered equipment may not be operated in areas where flammable gases or vapors are present.

   Equipment with internal combustion engines may not be operated in buildings or enclosed areas without adequate ventilation.

G. CRANES HOISTING LOADS AND RIGGING

1. Employees shall use correct hand signals when signaling cranes, boom trucks, etc.

2. A qualified person will inspect all hoisting equipment before and during each use to make sure it is in safe operating condition.
3. All rigging, wire rope, slings, shackles, etc. will be inspected before each use and will be taken out of service immediately if any damage is detected.

4. All wire rope, shackles, rings, master links and other rigging hardware must be capable of supporting at least five times the maximum intended load. All rotation resistant rope (slings) shall be capable of supporting at least ten times the maximum load.

5. Rigging equipment when not in use will be removed from the immediate area to prevent tripping hazards to employees and damage to equipment.

6. When using cable clamp for splices the U-bolt shall be applied so that the "U" section is in contact with the dead end of the rope.

7. Shock loading is prohibited.

8. Rated capacities for rigging will be per OSHA 29 CFR 1926.251 H-1 through H-17, Load Chart.

9. Accessible areas within the swing radius of a rotating crane shall be barricaded to prevent employee entry, contact, and injury.

10. An accessible fire extinguisher shall be available in cabs of all cranes and hoisting equipment.

11. Minimum clearance between electrical lines under 50 kV and any part of the crane or load shall be no less than 10 feet.

12. Minimum clearance between electrical lines over 50 kV and any part of the crane or load must be 10 feet (+) plus 1 inch, for each 1 kV increase in total line voltage.

13. Any overhead wire shall be considered energized unless the electrical power authorities verify that it is not energized and it has been visibly grounded.

14. The anti-two block devices, which prevents contact between the load block or headache ball and the boom tip or head pulley, shall be maintained in good working order.

15. The load-line hoist drum will have a system or device on the power train, in addition to the load hoist brake, to regulate the lowering speed of the hoist mechanism (controlled load lowering).

16. Free fall of loads is prohibited.

17. Tag lines will be used on all loads being lifted.

18. Employees are NEVER allowed under a load.

19. Rated load capacities, recommended operating speeds, and special hazard warnings shall be conspicuously posted on all equipment.

20. Use softeners whenever there is a possibility of damage to slings or wire rope.
The use of personnel platforms, suspended form a crane requires a special procedure. Obtain approval from St. Luke’s Construction before attempting this procedure. See 29 CFR 1926.550(g)

D. AERIAL LIFT OPERATIONS

1. Aerial lift Equipment controls shall be tested each day before use to determine that controls are in safe working condition.

2. Only trained and authorized employees shall operate an aerial lift.

3. Employees will wear a safety harness with lanyard attached to the basket anchor point in an aerial lift equipped with an articulating boom.

4. At no time will employees tie off to an adjacent pole, structure or equipment outside the basket of an aerial lift equipped with an articulating boom.

5. Employees will always stand firmly on the floor of scissors lifts. Employees will not sit or climb on the guardrail or mid-rail. Planks, ladders or other devices will not be used for a work position without the use of a personal fall arrest system adequately anchored to prevent a fall.

6. Never exceed boom and basket limits specified by the manufacturer.

7. The brakes shall be set and safety chains in place at all times when working in an aerial lift.

8. Always wear Hardhats when the possibility of objects falling from overhead exists when working in an aerial lift.
CONFINED SPACE ENTRY AND RESPIRATORY PROTECTION

A. Purpose

1. This policy establishes the St. Luke’s Construction minimum requirements for entering and working in a PERMIT REQUIRED confined space.

2. WARNING: Entering a confined space is extremely dangerous.

3. Many workers and would be rescuers have died when entry procedures were not followed.

B. Mandatory Procedures

1. A Permit System is required for all confined spaces where a safe atmosphere cannot be maintained by mechanical ventilation alone.

2. All spaces will be considered PERMIT REQUIRED CONFINED SPACES until the pre-entry procedures and atmospheric tests demonstrate otherwise.

3. A posted permit is required at the entrance to all confined spaces certifying that the hazards have been evaluated and all the necessary protective measures have been taken to insure the safe and healthful working conditions of all personnel working in the area.

4. Employees are strictly forbidden to enter a confined space where a permit is not posted or has expired. All permits will be dated for each workday and signed by the responsible supervisor and/or the authorized atmospheric testing person.

5. Atmospheric Testing is required before entry into a confined space is authorized. Testing to establish oxygen content, flammability, and concentration of toxic substances in the confined space atmosphere will be performed from outside of the space by qualified personnel and approved equipment.

6. These test results will determine the need for additional, constant, or periodic monitoring.

7. All results from atmospheric testing will be delivered to the responsible supervisor and posted at the entrance to the confined space.

8. Any changes in process, application, work practices, or materials will immediately trigger a requirement to re-test the space and evaluate the necessity for changes in procedures.

9. Medical surveillance is required on all construction workers before they are approved to enter any confined space.

10. Medical surveillance will include evaluating a worker's ability to wear a respirator, maintain visual clarity, hear warnings, and perform all assigned duties required to be performed in this confined space.
11. Respirator Fit Testing is required for all construction personnel before entering a confined space.

12. Training is required for all construction personnel before entering a confined space.

13. Training will include entry and exit procedures, respirator use, lockout/tagout procedures, safety equipment use, rescue procedures, the permit system, and all other specific work practices and procedures used in the confined space.

14. Labeling and Posting is required for all entrances to confined spaces.

15. Labels will list required safety equipment, rescue equipment, and specific work practices.

16. Emergency procedures and telephone numbers will be conspicuously posted at or near the entrance to a confined space.

17. A Lockout/Tagout procedure will be used whenever an employee puts any part of his/her body inside a confined space.

18. At a minimum, the Lockout-Tagout procedure will include the following:

   a. All construction workers will have their own locks and except for authorized supervisors, the only key to each of their locks. The individual who places the lock is the only one, (except for authorized supervisors), permitted to remove it.

   b. All valves, pumps, compressors, serving lines, electric panels, energy sources, moving parts, etc., related to the confined space, will be isolated, locked out and tagged, prior to atmospheric testing and entry.

   c. All serving lines must be bled, drained, and cleaned out. There must not be any pressure in the lines or the reservoirs leading to the confined space or the machines and equipment that service it. Serving lines must be blanked off, disconnected or blinded.

19. All mechanisms under pressure or tension must be released and blocked. Adequate blocking or rigging will be used to support machinery that could fall.

20. A competent person, specific to each confined space where work will be performed, will develop work practices.

21. The project supervisors will review the work practices and insure that they are adequate.

22. Before starting work employees will be trained on all specific procedures for the confined space where they will perform work.

23. Work practice plans will include all specifications for equipment and tools to be used and cleaning requirements for the confined space.
24. Entrance attendants are required when confined space atmospheric monitoring is required. Written records pertaining to training, practice drills, inspections, tests, permits, and medical surveillance will be maintained by each contractor involved in confined space activities.

A. RESPIRATORY PROTECTION

A. Introduction

1. St. Luke’s Construction will attempt to make work environments free of hazards due to air contamination caused by dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors.

2. This may be done in several ways:
   a. Control by engineering measures such as general and local ventilation.
   b. Enclosure or confinement of the work operation to prevent employee exposure.
   c. The selection and use of non-toxic or less toxic substitute materials.
   d. Employee use of respiratory protection when other controls do not eliminate the hazard.

3. Respirator users must verify that they are physically fit to wear respiratory protection equipment.

B. Requirements

1. Appropriate respiratory protection shall be provided by each contractor/subcontractor to protect their employees.

2. Employees will use the provided respiratory protection approved for the hazard identified.

3. The employee shall be free of facial hair, eyeglasses with temple bars, which protrude through the sealing surface, and if wearing dentures, the dentures are to remain in the mouth. Partial dentures should be removed to prevent dislodging or swallowing.

4. Each respirator used will provide a snug airtight fit to prevent air contaminant seepage between the face and respirator.

5. Contact lenses are prohibited when using respiratory protection in contaminated atmospheres.

C. Respirator Protection Policy - Minimum Requirements

1. Respirator users shall be instructed and trained in the proper selection of respirators.
2. Respirator users will be trained in their proper use, maintenance, cleaning, and limitations.
3. When practical the respirators will be assigned to workers for exclusive use.
4. Respirators shall be regularly cleaned and disinfected.
5. Those issued for the exclusive use of one worker should be cleaned after each day's use, or more often if necessary, and disinfected at least once a week.
6. Those used by more than one worker must be thoroughly cleaned and disinfected after each use.
7. Respirators shall be stored in a convenient, clean and sanitary location, preferably in respirator storage bags.
8. Respirators used routinely, shall be inspected during cleaning.
   a. Worn or deteriorated parts shall be replaced.
   b. Respirators for emergency use such as self-contained devices, shall be thoroughly inspected before and after each use.
9. Appropriate surveillance of work area conditions and amount of employee exposure shall be maintained.
10. Regular inspections and evaluations will be done to monitor the effectiveness of this program.
11. Employees will not perform work requiring respirators unless they are medically approved and physically able to perform the work and use the equipment.
12. The respirator user's medical status should be reviewed periodically (at least annually) by each employer.
13. Only respirators approved by NIOSH/MSHA will be used.

D. Selection of Respiratory Protection

1. Many factors determine which respiratory protection to use.
2. Employees must be aware that more than one air contaminant may be present and cause serious health consequences if not considered when choosing respirators.
3. The following is a guide on how and when to use respiratory protection.
a. Identify the substance or substances from which protection is necessary. Information identifying hazardous chemicals can be found in MSDS sheets.

b. Know the hazards and the significant properties (chemical, toxic, ignitability, physical, etc.) of each air contaminant. This information is found on MSDS sheets.

c. Determine the method of exposure and levels of concentration for each air contaminant.

d. The nature of the hazardous operation or process.

e. The period which respiratory protection is necessary.

f. Know the closest location of uncontaminated, breathable air from the hazardous area.

g. The physical health and limitations of the individual who will use respiratory protection.

h. The functional and physical characteristics of the respiratory device.

i. MSHA/NIOSH approval must be specified for respiratory devices used.

E. Types of Respiratory Protection - There are many types available. Each has a specific intended use. So considerable care must be given the selection of proper respirators.

1. Chemical Cartridge Respirators
   
a. Chemical cartridge respirators normally consist of a face piece (half-face; mouth, nose and eyes, or full face) connected directly to one or two cartridge container(s).

b. Various chemicals are used in the cartridges. Each chemical is specific to which air contaminant will be removed.

c. Chemical cartridge respirator use is for non-emergency situations only. They are not used for atmospheres immediately hazardous to life or for atmospheres with oxygen deficiency.

d. Chemical cartridge respirators are designed for atmospheres with are harmful only after exposure to air contaminants.

e. Replacement of chemical cartridges is based on activity level, concentration of air contaminants and type of chemical cartridge being used. Multiple-purpose chemical cartridges generally do not last as long as single purpose chemical cartridges.

f. Cartridges are spent when user can taste or smell whatever is being filtered out.

g. Change cartridge immediately.
2. There are three important rules that apply to the selection of chemical cartridge respirators.
   a. They should not be used for exposure to harmful air contaminants that cannot be detected by odor.
   b. They should not be used as protection when there are air contaminants in concentrations highly irritating to eyes.
   c. They should not be used for protection against air contaminants that are not effectively controlled by chemical cartridges, regardless of concentration.

3. **Particulate Filter Respirator**
   a. A particulate (mechanical) filter respirator is designed to give protection against particulate air contaminants such as non-volatile dust, mists, or metal fumes.
   b. This type of respirator is selected based on resistance to breathing caused by the filtering element, the fit of the face piece, and the actual size of the particulate to be filtered out.
   c. This type of filter should be immediately replaced when breathing becomes impaired.
   d. This type of respiratory device does not protect against oxygen deficiency, carbon monoxide, gases, or vapors.
   e. Especially adaptable particulate filters are available for use with chemical cartridge respirators where suspected air contaminants require a multiple-purpose type respirator.

4. **Airline Respirators**
   a. The airline respirator is connected to a suitable compressed air source by a hose which delivers the breathable air to the user either continuously or intermittently in sufficient volume to meet breathing requirements.
   b. The face piece may be full-face (mouth, nose and eye) or half-face (mouth and nose).
   c. The respirator must operate in positive pressure mode. It must be fitted an independent emergency escape air cylinder.
   d. Escape route must not exceed escape cylinder duration.
   e. Do not use the emergency escape air cylinder to enter an IDLH (Immediately Dangerous to Life and Health) atmosphere for any purpose.
f. Airline respirators should **only** be used in atmospheres where the air contaminants are not immediately harmful to life and from where the wearer can escape without the use of the respirator. This limitation is necessary because the air supply is solely dependent upon an outside source, which is not readily available to the wearer.

- Air line respirators must receive a minimum of 4 CFM (cubic feet per minute) at all times.
- DO NOT use compressed oxygen.
- Hood type respirators must have a minimum of 6 CFM.
- The air must be at least Grade D, but Grade E is preferred.
- The maximum distance of an air line from source of air to user is 300 feet.
- Make sure that all respirable air system piping, tubing, fittings and couplings are incompatible with non-respirable gas systems.

  g. **NOTE:** Compressed air supplied by a mechanically produced source must conform to all standards and requirements concerning quality of breathable air because of induction of carbon monoxide and other harmful gases that are internally produced by the compressor or drawn from outside sources.

5. There are three basic types of air line respirators:

a. **Constant Flow** units are used when there is an ample air supply such as an air compressor.

b. **Demand Type** airline respirators deliver airflow only during inhalation with exhalation to the atmosphere. Use demand types only when compressed air cylinders are available.

c. **Pressure Demand Flow Respirators** are used where the possible inward leakage caused around the face piece by the negative pressure during inhalation is unacceptable. Or where there cannot be the relatively high air consumption of the constant flow type respirators.

6. **Self-Contained Breathing Apparatus**

a. Self-contained breathing apparatus provides complete respiratory protection around toxic gases and where oxygen is deficient.
b. SCBA is ideal for emergencies. It is not recommended for normal work operations because it supplies a timed amount of breathable air (normally 15 to 30 minutes).

c. SCBA with a steel or aluminum air cylinder must be hydrostatically tested every 5 years. Those with aluminum hoop or fully wrapped fiber composite cylinder must be hydrostatically tested every 3 years.

d. Any cylinder with a wrap has a maximum life of 15 years.

e. Every SCBA must have a harness and backplate assembly for the tank. It must have a regulating system, a tight fitting, full-face piece, and an audible and visual alarm systems that activate when user has one-quarter of air supply left.

F. Cleaning, Maintenance and Storage of Respirators

1. Respirators shall be regularly cleaned and disinfected.

2. Those issued for the exclusive use of one worker will cleaned after each day use or more often if necessary, and disinfected at least once a week.

3. Respirators used by more than one person shall be cleaned and disinfected after each use.

G. The following is a guide for an effective Cleaning Program.

Remove any filters, cartridges or canisters. Do not reuse if their effectiveness no longer meets requirements.

Wash face piece and any breathing tubes or hoses in approved cleaner disinfectant solution. Use a hand brush to remove dirt.

Rinse completely in clean, warm water.

Air dry in a clean area.

Clean other parts or accessories as recommended by the manufacturer's specifications.

Inspect valves, headstraps, face piece and other parts for damage and/or deterioration.

Insert new filters, cartridges or canisters. Check seal to ensure seals are tight.

Place in clean plastic bag or other approved storage container.

Storage shall protect the respirator against dust, sunlight, heat, extreme cold, excessive moisture and damaging chemicals. Storage should prevent distortion of the face piece or valves.
H. Inspection of Respirators

1. All respirators shall be routinely inspected before and after each use.

2. A respirator that kept ready for emergency use, shall be inspected before and after each use and (at least) monthly, to assure it is in required working condition.

3. Self-contained breathing apparatus shall be inspected monthly.

4. Air and oxygen cylinders will be fully charged according to the manufacturer's instructions.

5. Determined that the regulator and warning devices function properly.

6. Respirator inspection includes checking the tightness of connections and the condition of the face piece, headbands, valves, connecting tube and canisters.
   a. Inspect rubber or elastic parts for pliability and signs of deterioration.
   b. Stretching and manipulating rubber or elastic parts with a massaging action renders them pliable and flexible and prevents them from hardening during storage.

7. A record will be kept of all inspection dates and findings for emergency respirators.

8. Frequent and regular inspection of work areas shall be done. A record shall be kept of the type and concentrations of air contaminants found.

I. Training

1. For safe use of any respirator, the user will be instructed in selection, use and maintenance.

2. Competent persons shall instruct both supervisors and workers.

3. Minimum Training Procedure includes at least the following:
   a. Instruction in the nature of the hazard, whether acute, chronic or both, and an appraisal of consequences if respirator is not used.
   b. Explanation of why engineering control methods are not immediately feasible. This shall include recognizing every reasonable effort is being made to reduce or eliminate the need for respirators.
   c. A discussion of which type of respirator to use for the specific hazard and its capabilities and limitations.
   d. Instruction and training in the actual use of the respirator (especially a respirator designated for emergency use) and close, frequent supervision to assure that the protection continues to be used properly.
e. Discussions and training to recognize and react to emergencies.

f. Training will provide an opportunity to handle the respirator, have it fitted, test its face seal, wear it in normal air for a familiarity period, and if possible, in a test atmosphere.
Verification of Training
Respirator & Fit Test

Trainer: ____________________________________________________________

I, __________________________, hereby certify that I have received a respirator fit test. I am comfortable with the respirator and with the results of the test.

____________________________________ ________________________________
Brand of Respirator Selected Date   Size of Respirator Selected

____________________________________ ________________________________
Signature                  Date

I, __________________________, hereby certify that I have received a respirator fit test. I am comfortable with the respirator and with the results of the test.

____________________________________ ________________________________
Brand of Respirator Selected Date   Size of Respirator Selected

____________________________________ ________________________________
Signature                  Date

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Brand of Respirator Selected Date   Size of Respirator Selected

____________________________________ ________________________________
Signature                  Date

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____________________________________ ________________________________
Brand of Respirator Selected Date   Size of Respirator Selected

____________________________________ ________________________________
Signature                  Date
ELECTRICAL

1. GFCI must be used at all times during construction which includes temporary lighting, hand and power tools, extension cords, etc.

2. Do not allow cords to be used as a substitute for permanent wiring.

3. If cords are run through doors they must be protected.

4. All cords must be inspected before use for nicks, cuts, frayed ends, etc. All damaged cords must be taken out of service. Repairs should be made by a qualified electrician.

5. Live parts of electrical equipment operating at 50 volts or more shall be guarded against accidental contact by cabinets, or other forms of enclosures or by other acceptable means.

6. Entrances to rooms and other guarded locations containing exposed live parts operating at 600 volts or more shall be marked with warning signs forbidding unqualified persons to enter.

A. LOCKOUT/TAGOUT

Lockout-Tagout is the required method of isolating machines and equipment from their energy sources, such as electrical, mechanical, hydraulic, steam, and pneumatic or a combination of sources.

These procedures have been implemented to prevent injuries from the unsuspected startup or movement of machine or equipment components.

1. Only trained, qualified individuals will be authorized to lockout machines and equipment.

2. All affected construction workers shall be notified that a lockout-tagout procedure is in effect.

3. Lockout and/or tagout, test, and restore the equipment.

4. Do not attempt to operate a switch, valve, or other energy isolating device when it is locked out or tagged out.

5. All tags shall plainly identify the equipment or circuits being worked on.

B. ELECTRICAL POWER LINES

1. When working near power lines, make sure they are de-energized or that clearances are maintained, that you are a safe distance away, and that proper ground is used.
2. In work areas where there may be underground electric power lines, the line locations must be identified before employees use jackhammers, bars, other hand tools or equipment which may contact a line. Employees may also need to wear insulated protective gloves.
Written Warning of Safety Violation

Date: ___________________        Project Name: ________________________________

Violator’s Name: __________________________________________________________

Company Name: __________________________________________________________

Violation: __________________________________________________________________

________________________________________________________________________

This written warning will serve as a second notice for a repeated safety violation.

Date: ___________________ Violator’s Signature: _______________________________

Date: ___________________ Supervisor’s Signature: _____________________________
Hazardous Working Conditions Report

Date: ___________________________  Time: ___________________________ a.m./p.m.

Jobsite: ________________________  Location: __________________________________

St. Luke’s Construction Project Supervisor:
___________________________________________________

Description of Hazard: ________________________________________________________
__________________________________________________________________________
___________________________________________________________________________

Was a subcontractor or other employee involved? Please describe: ____________________
__________________________________________________________________________
___________________________________________________________________________

Recommend Corrective Action: _________________________________________________
__________________________________________________________________________
___________________________________________________________________________

Date of Abatement: __________________________________________________________

__________________________  ______________________  ______________________
Employee Signature     Supervisor Approval

Employees may remain anonymous
Signature is NOT required

Revised 08/12
Safety Training Verification Employees & Subcontractors

Employee Name: _________________________________________  Date:  _____________

Craft / Position:  _____________________________________________________________

Employee
Initials

I have reviewed the St. Luke’s Construction Safety Manual and agree to comply with each provision.

I hereby certify that I have received Safety Training on the following:

_____  OSHA 30 Hour Training
_____  OSHA 10 Hour Competent Person Training
_____  Slam the Door on the Killer Four
_____  Forklift Training
_____  Power and Powder Actuated Tools (Hilti Guns)
_____  Fall Protection Training

List Additional Training/Certifications

_________________________________________________________________________

_________________________________________________________________________

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_______________________________        _______________________
## Verification of Training
### Special - Task Training Form

<table>
<thead>
<tr>
<th>Project: ____________________________</th>
<th>Date: ____________________________</th>
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<tbody>
<tr>
<td>Trainer: ___________________________________________________________________</td>
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<tr>
<td>Topic of Task Training and Brief Description: ____________________________________</td>
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<tr>
<td>List Unsafe Conditions and Potential Hazards: ____________________________________</td>
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<tr>
<td>Other Requirements: Vessel Entry Yes No Fall Yes No</td>
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<tr>
<td>Signs/Barricades Yes No Eye/Face Yes No</td>
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<tr>
<td>Lockout-Tagout Yes No Respirator Yes No</td>
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<tr>
<td>Hearing Yes No Other ______________</td>
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<tr>
<td>List Procedures: ________________________________________________________________</td>
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<tr>
<td>Permits Required: ________________________________________________________________</td>
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<tr>
<td>List PPE Required: ________________________________________________________________</td>
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</table>

I have received been trained on the task/equipment listed above including training on the associated safety equipment and procedures.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signatures of Employees Attending</th>
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Revised 08/12
Weekly Safety Meeting Report

Date: ___________________________ Jobsite: ______________________________
Company Name: ___________________________________________________________
Foreman: _________________________________________________________________
Topics: ___________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Sign-In:
________________________________  _________ _______________________
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Incident/Accident Investigation Report

Revised 08/12
Minor: Accident could have caused only minor injury or property damage.

IDENTIFICATION
1. Company or Branch ______________________ 2. Department ______________________ a.m.
3. Date of Accident __________ 4. TIME _________ p.m. 5. Date Reported __________
6. Name of Injured ________________________________ 7. Age _____________
8. Job Title ________________________________ 9. Experience ________________ (yrs./months)
10. Sex: M □  F □ 11. SSN ____________-________-__________
14. Employee Death: Yes □  No □
15. Person treating injury (Physician/Hospital name and address)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

16. Did the injury result in Lost Time? _________ Change in Duties? ________________

INJURY
17. Accident Type ___________________________________________________________

18. Source (The object or substance inflicting injury) ____________________________

19. Nature of Injury ________________________________________________________

20. Part of Body ____________________________________________________________

PROPERTY DAMAGE
21. What was damaged? _______________________________________________________ 

22. Nature of damage ________________________________________________________
23. Source - Object inflicting damage ____________________________________________

24. Estimated Cost of repair ___________________________________________________

25. Description (describe what happened—who was involved, where, when, why, how)
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

26. CAUSE (identify unsafe acts or conditions - Contributory Factors, Base Cause, Lack of control)
___________________________________________________________________________
___________________________________________________________________________

EVALUATION

27. Seventy potential Major □ Serious □ Minor □

28. Recurrence potential Frequent □ Occasional □ Rare □

29. Have similar accident(s) occurred before? ________________________________

30. Reasons for recurrence ________________________________________________

31. CORRECTION (describe steps taken to prevent future accidents)
___________________________________________________________________________
___________________________________________________________________________

FOLLOW-UP (Filed a copy of the report for follow-up)

32. Immediate □ 7 days □ 30 days □ 60 days

Activity (list actions taken and dates) __________________________________________
___________________________________________________________________________

Signature of Employee: ________________________________ Date: ________________

Supervisor __________________________________________ Date: ________________
Investigator _________________________________________  Date: ________________

Attach Photos
EMPLOYEE’S REPORT OF AN ACCIDENT
(To be filled out for all occupational injuries or illnesses)

1. Employees Name: ____________________________________________________________________________

2. Job Title: __________________________________________________________________________________

3. Exact Time of Injury: ___________ am/pm 3a. Date of Injury: __________________

4. Job Location Where Injury Occurred: ____________________________________________________________

5. Name of Persons to Whom Injury was Reported: _________________________________________________

6. Names of Witnesses: _________________________________________________________________________

7. Summarize what you think happened. _______________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

8. What could have been done to prevent this accident? _______________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

9. Explain in detail what part of your body was injured? Be Specific _______________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

10. Is this an injury or a re-injury? _______________________________________________________________________

11. If a re-injury, when and where was previous injury? __________________

12. Date and time you sought medical attention / First Aid? __________________

13. If this is a re-injury, who treated you previously? __________ Office/Hospital

14. What type of first aid was administered? ____________________________________________

Employee Signature: ____________________________ Date: __________________

Return this form to the Project Superintendent or Supervisor as soon as possible.
Emergency Evacuation Plan

Jobsite: ST. LUKE’S MEDICAL CENTER – OUTPATIENT RADIOLOGY

Jobsite Address: 703 AMERICANA BLVD., BOISE, 83702

Supervisor: RON SEDLACEK - CELL 866-8491

Location of Telephone: RON SEDLACEK’S CELL PHONE

Emergency Number

911

Evacuation Routes: ANY EXIT DOOR

Assembly Area: NORTH PARKING LOT

For Further Information Contact: TIM AUSTIN @ 381-2023

Other Emergency Numbers: (Idaho)

ST LUKE’S CONSTRUCTION 1-208-381-2023
Poison Control (Antitóxico) 1-800-860-0620
Highway Emergencies 1-800-233-1212
Mental Health 1-208-334-0808
TTY users all emergencies 1-208-375-4994
NOTICE
Emergency Evacuation Plan

THIS POLICY IS MANDATORY

General Emergency Response Procedures:

1. Alert Fellow workers.

2. Alert Site Office Personnel.

3. Call 911 to summon local emergency units.

4. Evacuate the building site in an orderly manner.

5. Assemble in groups in the designated assembly area.

6. Remain in the assembly area until a headcount is taken.

7. Report any missing employees to emergency personnel immediately.

8. Employees are strictly forbidden to re-enter an evacuated building site until emergency response personnel and an authorized supervisor give the all clear.

Assembly Area:

ST. LUKE’S JOB TRAILER
OR CONSTRUCTION OFFICE
Safety Training Verification Employees & Subcontractors

Employee Name: _________________________________________  Date:  _____________

Craft / Position:  _____________________________________________________________

Employee Initials

I have reviewed the St. Luke’s Construction Safety Manual and agree to comply with each provision.

I hereby certify that I have received Safety Training on the following:

_____ Chemical Hazard Communication & Material Safety Data Sheets
_____ Excavation & Trenching, Safe procedures to eliminate cave in
_____ Forklift, Crane Rigging & Material Handling
_____ Emergency Evacuation
_____ Fire Protection & Prevention
_____ Electrical Safety - Ground Fault Interrupters
_____ Lockout - Tagout of Hazardous Energy Sources
_____ Fall Protection, Scaffold Erection, & Ladder Training
_____ Working in Aerial Lifts
_____ Personal Protective Equipment
_____ Respiratory Protection & Fit Test
_____ Power and Powder Actuated Tools (Hilti Guns)
_____ Confined Space Entry

_____ OSHA 10 hour competent person training.  Date_____________________

__________________________  ________________________________
Signature                  Date

List Additional Training/Certifications  Date

___________________________________________________________________________
___________________________________________________________________________

Revised 08/12
Verification of Training
Special - Task Training Form

Project: ____________________________ Date: _______________________

Trainer: ___________________________________________________________________

Topic of Task Training and Brief Description: ______________________________________
__________________________________________________________________________
__________________________________________________________________________

List Unsafe Conditions and Potential Hazards: ____________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Other Requirements: Vessel Entry Yes No Fall Yes No
Signs/Barricades Yes No Eye/Face Yes No
Lockout-Tagout Yes No Respirator Yes No
Hearing Yes No Other ______________

List Procedures: ____________________________________________________________

Permits Required: ___________________________________________________________

List PPE Required: __________________________________________________________

I have received been trained on the task/equipment listed above including training on the
associated safety equipment and procedures.

Print Name
______________________________
______________________________
______________________________
______________________________

Signatures of Employees Attending
______________________________
______________________________
______________________________
______________________________

Revised 08/12
Weekly Safety Meeting Report

Date: ___________________________ Jobsite: ______________________________

Foreman: _________________________________________________________________

Topics: ___________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Sign-In:  
________________________________  _________ _______________________
________________________________  _________ _______________________
________________________________  _________ _______________________
________________________________  _________ _______________________
________________________________  _________ _______________________
________________________________  _________ _______________________
________________________________  _________ _______________________
________________________________  _________ _______________________
Safety Training Verification Employees & Subcontractors

Employee Name: _________________________________________  Date:  _____________

Craft / Position:  _____________________________________________________________

Employee Initials

I have reviewed the St. Luke’s Construction Safety Manual and agree to comply with each provision.

I hereby certify that I have received Safety Training on the following:

_____ Chemical Hazard Communication & Material Safety Data Sheets
_____ Excavation & Trenching, Safe procedures to eliminate cave in
_____ Forklift, Crane Rigging & Material Handling
_____ Emergency Evacuation
_____ Fire Protection & Prevention
_____ Electrical Safety - Ground Fault Interrupters
_____ Lockout - Tagout of Hazardous Energy Sources
_____ Fall Protection, Scaffold Erection, & Ladder Training
_____ Working in Aerial Lifts
_____ Personal Protective Equipment
_____ Respiratory Protection & Fit Test
_____ Power and Powder Actuated Tools (Hilti Guns)
_____ Confined Space Entry

_____ OSHA 10 hour competent person training.   Date_____________________

________________________________        ______ ___________________
Signature        Date

List Additional Training/Certifications    Date

___________________________________________________________________________
___________________________________________________________________________
Special - Task Training Form

Project: ____________________________ Date: ____________________________

Trainer: ___________________________________________________________________

Topic of Task Training and Brief Description: ______________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

List Unsafe Conditions and Potential Hazards: ____________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Other Requirements:   Vessel Entry   Yes  No  Fall  Yes  No  
                      Signs/Barricades   Yes  No  Eye/Face  Yes  No  
                      Lockout-Tagout  Yes  No  Respirator  Yes  No  
                      Hearing  Yes  No  Other  ______________

List Procedures:  ____________________________________________________________

Permits Required:  ___________________________________________________________

List PPE Required:  __________________________________________________________

I have received been trained on the task/equipment listed above including training on the 
associated safety equipment and procedures.

Print Name      Signatures of Employees Attending
______________________________  _______________________
______________________________  _______________________
______________________________  _______________________
______________________________  _______________________
______________________________  _______________________

Revised 08/12
Weekly Safety Meeting Report

Date: ___________________________ Jobsite: ______________________________

Foreman: ________________________________________________________________

Topics: ___________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Sign-In:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Revised 08/12 17
Record of Operator Qualification Training

Contractor: _________________________________________________________________

Date: __________________________ Project: ________________________________

Foreman: _______________________ Operator: ______________________________

Equipment Type: ____________________________________________________________

Make: _________ Model: ____________ Series ___________ No.: ___________

Operator's Years of Experience Specific ______________ General ________________

FOREMAN'S REVIEW

Operator can identify and explain the basic function of equipment. Yes No

Operator can identify and explain the specific controls/levers. Yes No

Operator can describe specific loads and limitations of equipment. Yes No

Operator can perform to satisfaction the following:

- Check general condition during pre-shift walk-around inspection Yes No
- Coolant, lube, oil and fuel levels check Yes No
- Tire, rim, lug nut and track check Yes No
- Windshield, windows, mirrors and glass inspection Yes No
- Safety features inspection (horn, fire extinguisher, seat belt, etc.) Yes No

Operator Demonstration:

- Basic Operating Competency Yes No
- Material Handling Competency Yes No
- Backing, Special Techniques Yes No
- Emergency Handling Techniques Yes No
- Safety Awareness Yes No
- Boarding/Deboarding Equipment Yes No

____________________________________  ______________  ___________________
Supervisor's Signature     Operator's Signature

This form must be available for inspection.
# Equipment Pre-Use Daily Checklist

**Contractor:** ________________________________________________________________

**Date:** ___________________________ **Checked By:** ______________________________

**Equipment or Tool Checked:** ___________________________________________________

**Equipment ID #:** ______________________________________________________________

Please indicate OK if condition was per specifications, if not please indicate problem and report to supervisor immediately for repair. Do not use damaged equipment or tools.

1. Brakes __________________________ 2. Steering __________________________
3. Fluid levels and leaks ______________ 4. Horn & backup alarms ______________
5. Warning and operational lights ________ 6. Tires ___________________________
7. Oil pressure ________________________ 8. Fan belt __________________________
9. Battery connection _________________ 10. Wires ____________________________
11. Fire extinguisher __________________ 12. Exhaust system____________________
15. Load limits displayed ______________ 16. Clutch __________________________
17. Safety devises (seat belt, roll cage, guards,) ________________________________
18. Lube all grease fittings ____________ 19. Switches _________________________
20. Cracks in housing, handles, rungs, or planks ________________________________
21. Other ___________________________________________________________________

**NOTE ANY DEFECTS:** 
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Report all equipment defects to your supervisor.  
This form must be available for inspection.
### Record of Operator Qualification Training

Contractor: ______________________________________________________________

Date: __________________________ Project: ________________________________

Foreman: _______________________ Operator: ________________________________

Equipment Type: ________________________________

Make: _________ Model: ____________ Series ___________ No.: ____________

Operator's Years of Experience Specific ______________ General ______________

**FOREMAN'S REVIEW**

Operator can identify and explain the basic function of equipment. Yes  No

Operator can identify and explain the specific controls/levers.  Yes  No

Operator can describe specific loads and limitations of equipment.  Yes  No

Operator can perform to satisfaction the following:

- Check general condition during pre-shift walk-around inspection Yes  No
- Coolant, lube, oil and fuel levels check Yes  No
- Tire, rim, lug nut and track check Yes  No
- Windshield, windows, mirrors and glass inspection Yes  No
- Safety features inspection (horn, fire extinguisher, seat belt, etc.) Yes  No

**Operator Demonstration:**

- Basic Operating Competency Yes  No
- Material Handling Competency Yes  No
- Backing, Special Techniques Yes  No
- Emergency Handling Techniques Yes  No
- Safety Awareness Yes  No
- Boarding/Deboarding Equipment Yes  No

___________________________   _________ ___________________
Supervisor's Signature     Operator's Signature
GLOSSARY

**ACM**: Asbestos Containing Material

**ANSI**: American National Standards Institute

**ASME**: American Society of Mechanical Engineers

**AUTHORIZED OPERATOR**: A Qualified And Properly Trained Person Assigned by the Subcontractor’s Supervisor to Operate A Given Vehicle, Piece of Equipment or Tool.

**AUTHORIZED PERSON**: A Person Approved or Assigned by the Employer To Perform A Specific Type of Duty or Duties or To Be At A Specific Location or Locations at the Job site.

**COMPETENT PERSON**: One Who Is Capable Of Identifying Existing And Predictable Hazards In The Surroundings Or Working Conditions Which Are Unsanitary, Hazardous Or Dangerous To Employees, And Who Has The Authority To Take Prompt Corrective Actions Necessary To Eliminate Them.

**CONTRACTOR**: The Contractor or The Contractor’s Authorized Representative.

**CONTRACTOR’S FOREMAN**: Contractor’s Forman

**CONTRACTOR’S SUPERINTENDENT**: The On Site Person Or Persons Responsible For The Coordination, Administration, Worksheet Planning, Scheduling, Productivity, Maintenance Of Tools And Materials, Safety And Completion Of The Project.

**CONTRACTOR’S SUPERVISOR**: An Experienced Supervisor/Foreman Whom the Subcontractor Designates To Carry out the Subcontractor’s Supervisory, Statutory and Contractual Obligations, And To Represent the Subcontractor at the Work Site. A Supervisor Can Be an Employee of St. Luke’s Construction or A Subcontractor’s Employee.

**CONTROLLED ACCESS ZONE (CAZ)**: An Area in Which Certain Work (E.G., Overhead Bricklaying) May Take place without the Use Of Guardrail Systems, Personal Fall Arrest Systems, Or Safety Net Systems And Access To The Zone Is Controlled.


**CORRECTING CONTRACTOR**: The Employer Who Has the Responsibility for Actually Correcting the Hazard.

**EMPLOYEE**: Any Person, Even Minor, Whether Lawfully Or Unlawfully Employed That Furnished His Or Her Services For Some Form Of Compensation, Financial Or Otherwise, Who Is Under Direction Of An Employer.

EMPLOYER: Any Person Who Has One Or More Employees, Or Any Sole Proprietor, Or Member Of A Partnership Who Elects Workers Compensation Coverage As A Subject Worker.

ENGINEERING CONTROLS: When a physical or mechanical change is made so work can be done in a specified area.

EXPOSING CONTRACTOR: On Multi-Employer Work sites, Both Construction And Non Construction, Citations Normally Shall Be Issued To Employers Whose Employees Are Exposed To Hazards.

FALL PROTECTION: Required Of Most Activities 6 Feet Above Lower Levels, This Involves The 8 Types Of Recognized Fall Protection.

HOLE: A Gap or Void 2 Inches or More in Its Least Dimension, In A Floor, Roof, Or Other Walking/Working Surface.

MSDS: Material Safety Data Sheets

MSHA: Mine Safety and Health Administration

NIOSH: National Institute for Occupational Safety and Health

OSHA: Occupational Safety and Health Act (1970)

PPE: Personal Protective Equipment


QUALIFIED PERSON: One, Who, By Possession of A Recognized Degree, Certificate, Or Professional Standing, Or Who by Extensive Training and Experience, Has successfully demonstrated his/her Ability to Solve or Resolve Problems relating To the Subject Matter, The Work, Or the Project.

SAFETY FACTOR: The Ratio Of The Ultimate Breaking Strength Of A Member Or Piece Of Material Or Equipment To The Actual Working Stress Or Safe Load In Use.

SAFETY MONITOR SYSTEM: A Safety System In Which A Competent Person Is Responsible For Recognizing And Warning Employees Of Fall Hazards.

SHALL: Means Mandatory

SHOULD: Means Recommended
**ST. LUKE’S CONSTRUCTION:** Saint Luke’s Regional Medical Center.

**ST. LUKE’S CONSTRUCTION CONSTRUCTION FOREMAN:** Foreman Employee by Saint Luke’s Regional Medical Center

**ST. LUKE’S CONSTRUCTION CONSTRUCTION MANAGER (CM):** St. Luke’s Construction Manager.

**ST. LUKE’S CONSTRUCTION CONSTRUCTION SUPERINTENDENT (CS):** St. Luke’s Superintendent.

**ST. LUKE’S REGIONAL MEDICAL CENTER:** The Prime Contractor and/or Construction Manager.

**SUBCONTRACTOR:** a person or entity who has a direct contract with the contractor to perform a portion of the work at the site.

**WARNING LINE SYSTEM:** A Barrier Erected On A Roof To Warn Employees That Are Approaching An Unprotected Roof Side, Or Edge, And Designates An Area In Which Roofing Work May Take Place Without Fall Protection To Protect Employees In This Area.