

**Safety
Program
Handbook**

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Safety Program Statement

This company recognizes our obligation to provide the safest possible working conditions for our employees. All employees are expected to follow the policies set forth in this policy as a condition of employment.

Our objective is a safety and health program that will reduce the number of injuries and illnesses to an absolute minimum, not merely in keeping with, but surpassing, the best experience of businesses similar to ours. Our goal is zero accidents and injuries.

Changes and additions to this policy may be made in the future, depending upon a need for modification of this policy based on experiences encountered in our workplace and by changes or additions required by OSHA regulations.

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Safety Responsibilities

Management:

1. Establish safety program
2. Enforce rules set forth in this program
3. Encourage employees' input to report hazardous conditions and implement corrective action as deemed necessary
4. Conduct periodic work site inspections to assess potential hazardous conditions or safety violations.
5. Conduct training sessions on safety issues as experience dictates needs
6. Investigate all injuries and "near miss" incidents.

Employees:

1. Comply with this safety program.
2. Report hazardous conditions to management.
3. Attend safety training sessions held or sponsored by the company.
4. Immediately report injuries and accidents which do not result in injuries ("near misses") to management.

Hazard Identification and Control

Management (and/or the safety coordinator (if applicable)) will conduct periodic work site safety inspections, using the checklist at the end of this handbook. Problems or violations of safe practices will be noted and necessary corrective action will be identified under "Comments" on the checklist.

Employees are to report hazardous conditions by using the Employee Hazardous Condition Report form (a sample of which is attached at the end of this handbook). An example of a hazardous condition, for instance, would be a frayed vacuum cleaner cord or extension cord with exposed electrical wiring which could cause serious electrical shock.

Our industry is not a high risk accident or injury environment compared to many other work places, but there is always the potential for injury, primarily as a result of carelessness. Most accidents that are incurred cleaning homes can be avoided with reasonable care and attention.

When completing the Hazardous Condition Report, please be sure to write down your suggestion as to the appropriate solution to the problem (example: *vacuum cleaner cord needs to be replaced immediately*). Your suggestions on how to make your workplace safer are encouraged at all times.

Safety Training

Management is responsible to see to it that safety training is provided to all employees. As a matter of policy, management intends to conduct training on at least one subject approximately every 30 days.

Training may consist of lecture, demonstration, video, handout, and, on occasion, by guest presenters. Training will be documented by having attendees sign in on the Safety Training Meeting Attendance form. Attendance at these training sessions by all employees is mandatory.

New employee orientation will be given by management or a supervisor following the outline of the New Employee Safety Orientation form. New employees must initial that each subject on the New Employee Safety Orientation form has been reviewed by placing his or her initials in the column to the right of each subject listed (see New Employee Orientation form at the end of this handbook).

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Accident and “Near Miss” Investigations

All injuries are to be reported immediately by the injured employee completing a Notice of Injury or Occupational Illness Incident Report (see sample at end of this booklet). An investigation will be commenced immediately by the immediate supervisor of the injured employee. The Injury Investigation form is to be completed by the immediate supervisor (same at end of handbook).

The Notice of Injury or Occupational Illness Incident Report and the Injury Investigation form are to be turned in to management in order to ensure corrective action is taken to reduce the probability of a similar injury reoccurring. These forms are to be kept on file for a minimum of five years.

Near Misses are to be reported on the Near Miss form, and the process for investigating and correcting the problem is the same as described above.

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Safety Rules and Discipline

General Safety Rules

1. Do not run in the office, on client's property or in parking areas.
2. Follow prescribed safety practices at all times.
3. Do not use vacuum cleaners (or any electrical appliances or equipment) which appear to have frayed or exposed wiring.
4. Do not mix chlorine (bleach) and ammonia. Even combining the fumes of these two chemicals creates a toxic gas that can cause serious harm to your health as well as the health of fellow employees.
5. Do not lean out of high windows, over balconies or expose yourself to potential falls from high places.
6. Report hazardous conditions as described in this program.
7. Maintain a safe workplace for yourself and fellow employees by being aware of equipment, materials or supplies which could be tripped over.
8. Never lift more than you feel comfortable with; get help. When lifting, bend your knees, not your back.
9. Wear non-slip shoes such as sneakers to avoid slipping on wet floor surfaces.
10. Report all injuries and near misses immediately.
11. Comply with all safety instructions given.
12. Dangerous horseplay is prohibited and will result in termination.

Discipline

Management is responsible for enforcing these general safety rules, as well as more specific safety policies included in other written programs from time to time.

In the event an employee violates any of the policies of the safety program, the employee will be given a written safety violation notice. After two written violations have been issued, the offending employee may be terminated immediately upon being issued with any subsequent safety violation notice.

We reserve the right to terminate an employee without prior disciplinary action when that employee engages in dangerous horseplay.

All disciplinary action will be documented using the Safety Violation form (a sample of which can be found at the end of this handbook).

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First Aid and Safety Equipment

OSHA regulations require that a First-Aid Kit “acceptable to the attending physician” be assigned to each team. We have not been able to determine the meaning of “acceptable to the attending physician” (since the phrase seems to imply that the doctor attending the injured person would need to approve its contents, which, of course, would be a little late to seek the doctor’s approval). However, as a minimum, your First Aid Kit should include quantities of the following:

1 (16) 1" X 3" Bandage	1 (10) Iodine Swab
1 Disposable Ice Pack	1 Triangular Bandage
1 4 oz. First Aid Spray	1 Butterfly Band-aids
1 4 oz. Eye Wash	1 Pair Scissors
1 4" Compress	1 Tweezers
1 (6) Foille Burn Ointment	1 Pair Latex Gloves
1 (4) 3" X 3" Gauze Pads	1 (10) Ammonia Inhalent
1 1/2" X 5 Yard Adhesive	1 2" Roller Bandage
1 (10) Wound Wipes	1 First Aid Guide

FIRE EXTINGUISHER & FLARES

Each vehicle must be equipped with a fire extinguisher with at least a 4 B:C rating and at least two reflective type flares.

BACK BRACES

While neither Federal OSHA regulations nor most state regulations require your employees to wear back brace supports, we believe they should be offered them as a way of minimizing the possibility of back strain from vacuuming, bending and lifting.

RUBBER GLOVES

Employees need to be supplied with rubber gloves and instructed on which cleaning jobs they should be worn for health reasons.

New Employee Safety Orientation Form

Employee Name: _____

Date: _____

		Employee Initial
1	Company safety program reviewed	
2	General safety rules reviewed	
3	Enforcement and disciplinary procedures reviewed	
4	Injury reporting procedures reviewed	
5	MSDS sheets reviewed	
6	Safe use and maintenance of vacuum cleaner reviewed	
7	Hazardous Condition Report reviewed	
8	First-aid kit and emergency telephone numbers reviewed	
9	Use of fire extinguisher reviewed	
10	Use of optional or mandatory personal protective equipment (such as gloves, non-slip shoes and back brace supports) reviewed	
11	Proper lifting procedures reviewed	
12	Policies on reaching high places and leaning over balconies, out of windows and policies on the use of hot stools and step ladders reviewed.	
13	Near Miss form reviewed	
	Other (list below)	
14		
15		
16		
17		
18		
19		
20		

Employee's Signature: _____ Date: _____

Management Signature: _____ Date: _____

Hazardous Condition Report

Employee Name: _____ Date: _____

Hazardous Condition:
Suggested Solution:
Investigation of management or its official coordinator
Corrective action taken (to be completed by management or its official safety coordinator)

Under OSHA regulations, employees are protected against retribution from management for completing this form in order to report unsafe conditions. This company is committed to the safety and well-being of all employees and encourages employees to report unsafe conditions which could lead to injury to, or impairment of the health of, themselves, their fellow workers, or even to clients or their families.

Near Miss Report

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ SSN: _____

Day and Date of Near Miss: _____ Time: _____

Location where near miss occurred (name and address of client and location in the home)

Describe what happened

How do you think this can be avoided in the future?

Corrective action implemented subsequent to this report

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

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Injury Investigation Form

TO BE COMPLETED BY EMPLOYEE'S IMMEDIATE SUPERVISOR

Employee's Name: _____ SSN _____

Day and Date of Injury: _____ Time: _____

Location where accident occurred (name and address of client and the location in the home).

Type of injury incurred (and to what part of the body or limb):

Type of first aid or other medical care given:

How did the injury occur and what was the cause?

What corrective actions can be taken to prevent reoccurrence of this type of accident?

Corrective actions implemented subsequent to filing this form

Name of witnesses:

Supervisor's Signature: _____

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Notice of Injury or Occupational Illness Incident Report

NOTE: This form is to be completed by the employee with receipt acknowledged by management.

Employee's Name:				Phone #			
Date of Accident:				Time of Accident:			
Place where accident occurred in the home							
What is the nature of the injury?				List the body parts involved			
Briefly describe the accident or circumstances							
Name of witness(es):							
Did you leave work because of this injury?	Yes	No	If yes, give date & time	Have you returned to work?	Yes	No	If yes, give date & time
Was first aid provided?	Yes	No	If yes, by whom?	Name and address of treating physician, if applicable or known			
Did the accident happen in the normal course of your work?			Yes	No			
Was anyone else involved?			Yes	No	If yes, give the name(s) of the person(s) involved:		

My employer/insurer may have made arrangements to direct me to a health care provider for medical treatment of my occupational injuries. I have been notified of these arrangements.

The employee must sign and date this form in the space provided below. The employee is also advised to retain a copy of this form.

Signature of injured employee: _____ Date: _____

TO FILE A CLAIM FOR COMPENSATION, COMPLETE THE APPROPRIATE WORKER'S COMPENSATION CLAIM FORMS.

When my signature below, I acknowledge receipt of this form on behalf of management of the company listed below:

Name of Business: _____ Telephone: _____

Address: _____ State/ZIP _____

Name (Print) _____ Signature: _____ Date: _____

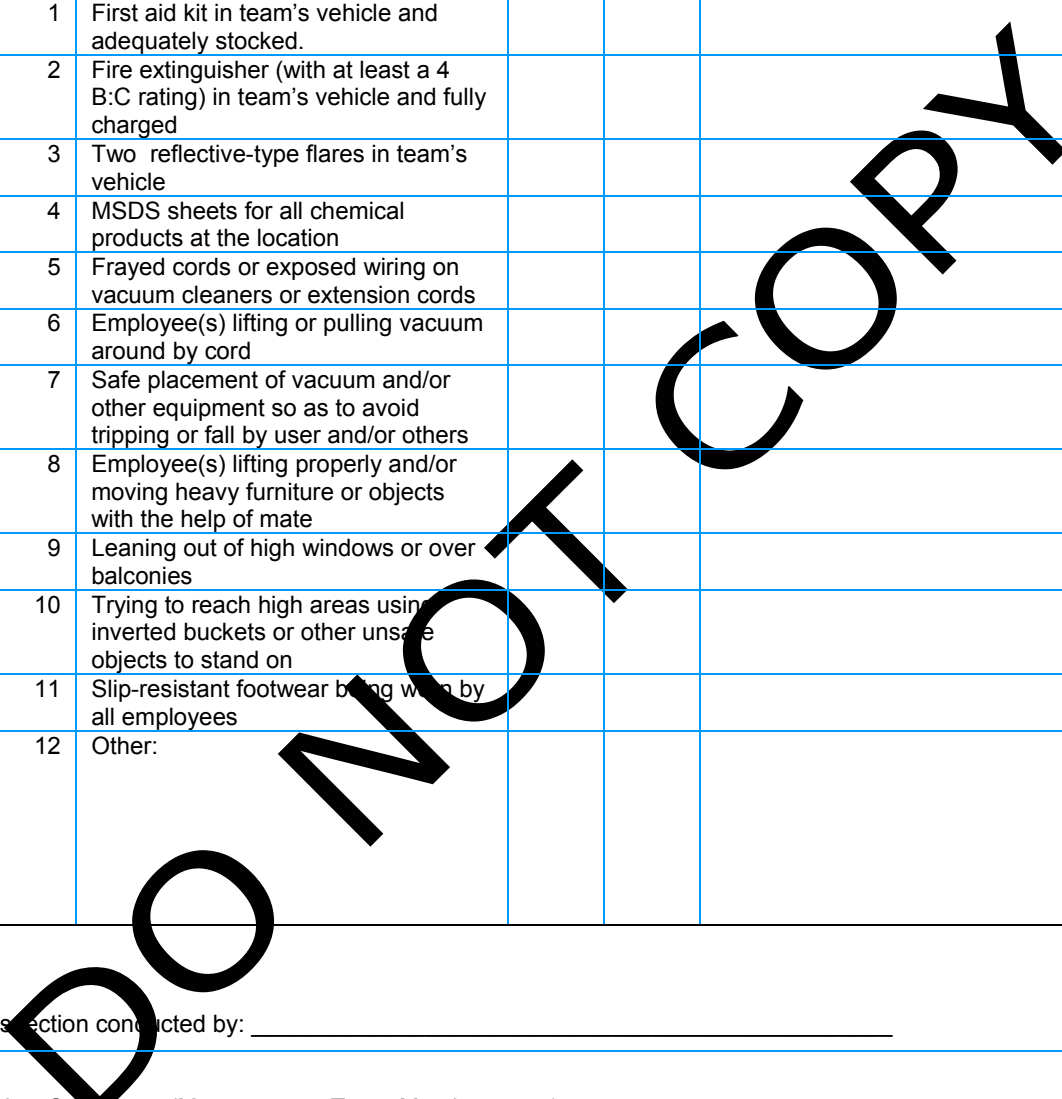
ORIGINAL TO EMPLOYER, COPY TO EMPLOYEE

Worksite Safety Inspection Checklist

TEAM NAME/NUMBER		INSPECTION SITE (CLIENT'S NAME/ADDRESS)		INSPECTION DATE
		YES	NO	COMMENTS
1	First aid kit in team's vehicle and adequately stocked.			
2	Fire extinguisher (with at least a 4 B:C rating) in team's vehicle and fully charged			
3	Two reflective-type flares in team's vehicle			
4	MSDS sheets for all chemical products at the location			
5	Frayed cords or exposed wiring on vacuum cleaners or extension cords			
6	Employee(s) lifting or pulling vacuum around by cord			
7	Safe placement of vacuum and/or other equipment so as to avoid tripping or fall by user and/or others			
8	Employee(s) lifting properly and/or moving heavy furniture or objects with the help of mate			
9	Leaning out of high windows or over balconies			
10	Trying to reach high areas using inverted buckets or other unsafe objects to stand on			
11	Slip-resistant footwear being worn by all employees			
12	Other:			

Inspection conducted by: _____

Other Comments (Management, Team Members, etc.)



Safety Violation Form

Employee Name;	Date:
This is your: <input type="checkbox"/> 1st Warning <input type="checkbox"/> 2nd Warning <input type="checkbox"/> 3rd Warning <input type="checkbox"/> _____ Other*	Date of prior warning (if applicable)
Description of offense:	
Employee Response:	
Disciplinary action taken:	

Employee's Signature: _____ Date: _____

Management Signature: _____ Date: _____

**** An employee may be terminated following a third or subsequent warning of a safety violation***

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