

Safety





Roles & Responsibility
Documents & Recordkeeping
General Safety & Drills
Bloodborne Pathogens
Hazard Communication
Personal Protective Equipment
Machine or Power Equipment
Lock-out/Tag-out
Forklift Trucks
OSHA & On-Site Program
Hazard Assessment

Roles & Responsibility

Managers & Supervisors

- Develop Safe Work Environment**
- Have Authority and Resources**
- Evaluate Training Needs of Workers**
- Reevaluate Conditions for New Training**
- Correct Unsafe Conditions**
- Test Employee Comprehension**
- Conduct Inspections**

Roles & Responsibility

Managers & Supervisors

- Set the Example**
- Mentor, Advise and Counsel Employees**
- Prepare for Safety Hazards/Remedies**
- Communicate & Follow-Up**
- Acknowledge Safe Behavior**
- Attend to Near Misses**
- Report and Document**

Documents & Recordkeeping

Safety Manual, Policies, Procedures

Written Policy Statements

OSHA Posters

Recordkeeping

Safety Analysis

Health & Safety Training

Safety Inspection

Reporting and Investigations

Program Reviews

Documents & Recordkeeping

Safety Committee

Defined Roles and Purpose

Regular Meetings

- **Agendas**
- **Minutes**
- **Documentation & Reporting**

Training

Inspections & Corrective Actions

Accident Investigations

Documents & Recordkeeping

Regular Inspections

Good Housekeeping

Clear Exits

Free of Obstructions

Safe Behavior

Trained Employees

Tools and Equipment

Materials and Storage

Electrical

Other Unsafe Conditions

Documents & Recordkeeping

Corrective Actions

Hazards that are Potentially Harmful

Severity of Consequences

Likelihood of Occurrence

Correct Immediate Cause

Correct Root Cause

Commitment of Resources

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1215-0170

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____
City _____ State _____

Identify the person

Describe the case

Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Enter the number of days the injured or ill worker was:

Check the "Injury" column or choose one type of illness:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Away from work (K) _____ days	On job transfer or restriction (L) _____ days	(M)						
						Death (G) <input type="checkbox"/>	Days away from work (H) <input type="checkbox"/>	Job transfer or restriction (I) <input type="checkbox"/>	Other recordable cases (J) <input type="checkbox"/>			Injury (1) <input type="checkbox"/>	Skin disorder (2) <input type="checkbox"/>	Respiratory condition (3) <input type="checkbox"/>	Poisoning (4) <input type="checkbox"/>	Hearing loss (5) <input type="checkbox"/>	All other illnesses (6) <input type="checkbox"/>	
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page totals **▶** _____

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ____ of ____

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury
(1) (2) (3) (4) (5) (6)

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses
 Year 20__ __
U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness TypesTotal number of . . .
(M)

(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor vehicles*) _____

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

(____) - _____ / /

Phone _____ Date _____

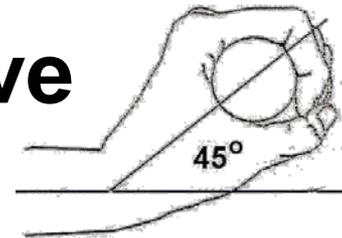
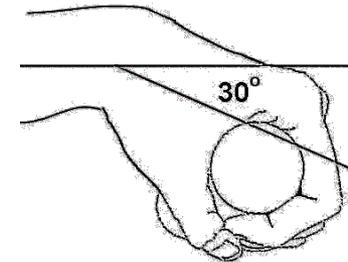
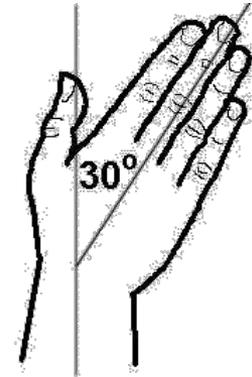
General Safety & Drills

Ergonomics

**Reduce or Eliminate Hazard
using Engineering Controls**

**Change Work Practices and
Policies by Administrative
Controls**

**Use Personal Protective
Equipment**



General Safety & Drills

Housekeeping - Slips, Trips & Falls

Wet Product or Spills

Dry Product or Spills

Surfaces

Clutter, Hoses, Cables or Extension Cords

Thresholds or Unmarked Steps/Ramps

General Safety & Drills

Workplace/Work Process Design

Good Housekeeping

Safe Practices & Routes

Proper Footwear

Adequate Lighting

Mark/Highlight Steps & Transitions

Sufficient Hand Rails

Slip-Resistant Floors

General Safety & Drills

Emergency Plans & Exit Routes

Prepare for Emergencies

Practice Evacuation Procedures

Floor Plans or Maps

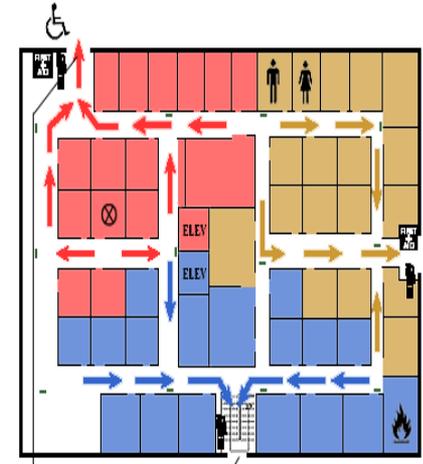
Shutdown Equipment Properly

Confirm Employee Understanding

Evaluate Effectiveness

Unobstructed Exit Routes

Locking Panic Bar



General Safety & Drills

Alarms, Lighting & Signage

Exit Doorway or Passage

Clearly Visible “Exit” Sign

Emergency safeguards:

- **Sprinkler Systems**
- **Alarm Systems**
- **Fire Doors**
- **Exit Lighting**



General Safety & Drills

Fire Extinguishers

Fully Charged and Operable

Designated Storage

Annual Maintenance

Inspected & Maintained

Training on Use



Bloodborne Pathogens

The Employer Must:

Identify Exposures

Review Exposure Potential

Re-evaluate New Procedures

Engineering Controls/Devices

Hazard Communication¹⁸

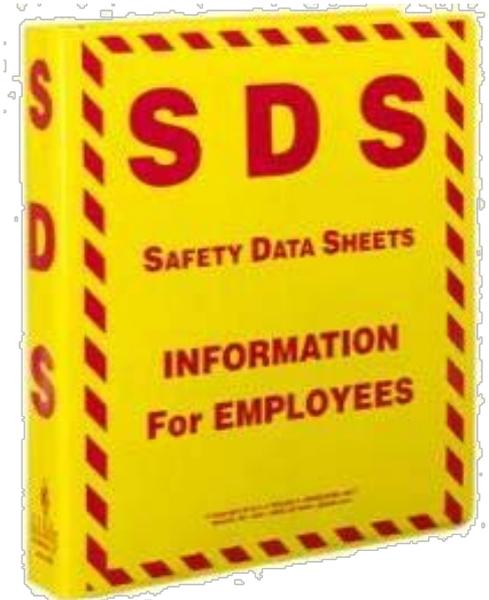
The Employer Must:

Have a Written Hazard Communication Program

Communicate to Employees

- Labels
- SDS Sheets
- Formal Training

List All Chemicals



Hazard Communication

Gas Cylinder

Skull and Crossbones

Corrosion

Flame Over Circle

Environment

Exploding Bomb

Health Hazard

Flame

Exclamation Mark

Health
Hazard



Flame



Exclamation
Mark



Gas
Cylinder



Corrosion



Exploding
Bomb



Flame Over
Circle



Environ-
ment



Skull and
Crossbones



Personal Protective Equipment

The Employer Must:

Assess Hazards

Engineering and Work Practice Controls

Provide Appropriate PPE at No Cost

Require PPE in the Workplace

Proper Wear

PPE Limitations

Proper Care, Maintenance & Disposal

Machine or Power Equipment

Train and Test all Employees & Staff

Drills, Saws, Portable Power Tools

Balers

Production Equipment

Shrink Wrap Machines

Maintenance Equipment

Machine or Power Equipment Confined Space

The Employer Must:

**Written Procedure Meeting the Criteria
of Permit Required Confined Spaces**

Lockout/Tagout Procedure

Provide Signage

"Warning - Follow LO/TO Procedures"

"Danger - Confined Space"

Lock-out/Tag-out

**Control Energy During Machine
Servicing & Maintenance**

Documented Procedures

Documented training program

Identify All Energy Sources

Energy Locking Devices

Test & Periodic Inspection

Forklift Trucks

Train, Evaluate and Certify All Operators

Must be 18 Years Old

Examine Forklift

Maintain Equipment

Follow Safe Procedures

5 MPH & Slow Down in Congested Areas

Do Not Handle Heavy Loads

OSHA Reporting Requirement

Reporting of ALL accidents which result in a work-related fatality within eight (8) hours or any hospitalization, amputation, loss of an eye within 24 hours.

OSHA

Employer Responsibilities

Provide a Hazard Free Workplace

Provide Training

Keep Records

Provide Medical Exams Required by OSHA

Provide PPE

Post 300A Summary

Post OSHA Citations and Notices

OSHA's Top 10 Violations

Scaffolding

Electrical,
General

Powered
Industrial
Trucks

Electrical,
Wiring
Methods

Machine
Guarding

Hazard
Communication

Lockout/
Tagout

Respiratory
Protection

Fall
Protection

Ladders

OSHA's Top 10 Violations

Machine Guarding 2,701

Electrical, General 2,745

Lockout/Tagout 3,254

Ladders 3,311

Powered Industrial Trucks 3,340

Electrical, Wiring Methods 3,452

Respiratory Protection 3,879

Scaffolding 5,423

Hazard Communication 6,156

(New training by Dec. 1, 2013.)

Fall Protection 8,241

OSHA

Violations in Workshops

Loose Conduit Clamps and Fittings

Exposed Wire & Knockouts

Loose Propane Tank Clamp (Forklift)

Broken Circuit Box Hinge

Key In Baler or Forklift During Break

Confined Space Identification/Procedures

No LOTO Procedures for Each Machine

Poor Safety Training & Comprehension

No Pre-Trip Forklift Inspection

On-Site Program

Missouri Department of Labor and Industrial Relations

Safety and Health Surveys

Hazard Reporting System



Analyze New Processes, Buildings,

Materials and Equipment

Job Safety and Health Analysis

Expert Hazard Analysis

Accident & Incident Investigation

Trend Analysis

Hazard Assessment

Purpose: Control the Hazards

Reduce/Eliminate Injuries

Identify Areas for Potential Hazards

Identify Processes for Potential Hazards

Identify Sources of Hazards

Hazard Assessment

- A. People should not use extension cords instead of permanent wiring
OR
- B. Extension cords can be damaged when tied in knots or wrapped around sharp corners.
OR
- A. OSHA prohibits wrapping extension cords around sharp corners



Hazard Assessment

- A. There is no hazard, the machine came like that
OR
- B. People should keep their hands away from the spokes
OR
- C. Spokes create a pinch point where fingers can get caught



Hazard Assessment

