

T.GERDING CONSTRUCTION COMPANY

SECTION A1 Safety Policy Statement

INJURY ILLNESS PREVENTION PROGRAM

ACCIDENTS AND INJURIES DON'T JUST HAPPEN --THEY ARE CAUSED

At T.Gerding Construction Company, (TGCC) we expect our employees to work in a safe manner. It is a recognized fact and a shared philosophy of TGCC Management that all accidents can be prevented by eliminating unsafe acts and unsafe conditions. We have a vital interest in accident, injury and loss prevention; accidents and injuries cost our organization not only in dollars but also in, time, damaged equipment and materials, as well as the reputation of the company. But most importantly they cost us our most valuable resource, our employees. These costs not only affect the job where the accident occurred at, but also our ability to successfully bid new jobs.

TGCC Management will provide all employees with training on safe operating procedures for their jobs. It is extremely important that you understand **HOW** each task is to be done in a safe manner... and if you don't know, **STOP** and **ASK** your supervisor before you begin work. Do not take shortcuts in procedures; this does not save time. No job is so important that we cannot take time to do it in a safe manner. Additionally, as our first line of defense in accident and injury prevention, if you observe an unsafe procedure or have ideas on safer procedures, please let a member of management know.

Every employee will be expected to know and understand his or her role and responsibilities connected with TGCC's Injury Illness Prevention Program (IIPP) by following these policies and procedures and the specialized safety training you will receive, you will be doing your part in sharing with us this important responsibility – **THE PREVENTION OF ACCIDENTS AND INJURIES**. A lack of understanding your role and responsibilities or a lack of following the policies and procedures or an indifference to either could result in an injury to yourself or others. Remember **ACCIDENTS AND INJURIES DON'T JUST HAPPEN -- THEY ARE CAUSED**.

Tom Gerding, President

OSHA and OR-OSHA Jurisdictions

Every employee of T.Gerding Construction Company (TGCC) is a member of our team and as a member of the team you have your roles and responsibilities when it comes to our Injury Illness Prevention Program. Each team member also has a responsibility to hold the other team members accountable for their actions or inactions as it relates to this program. Below is a list of some of those responsibilities.

Executive Officers

- Responsible and accountable for the safety of everyone on and/or around the jobsites
- Dedicate resources to the Injury Illness Prevention Program
- Assign responsibilities, authority and accountability
- Take appropriate actions to support the Injury Illness Prevention Program
- Conduct periodic safety performance reviews

Project Managers

- Responsible and accountable for the safety of everyone on and/or around the jobsites
- Coordinate pre-planning meetings for project safety
- Dedicate project resources to safety
- Periodic safety performance reviews of the projects, subcontractors and/or superintendents

Safety Department

- Responsible and accountable for the safety of everyone on and/or around the jobsites
- Act as a resource to the company for safety issues
- Develop and maintain the Injury Illness Prevention Program
- Develop and maintain the safety training program
- Assist in project safety planning
- Conduct safety inspections on the jobsites
- Prepare project and company safety analysis

Superintendents

- Responsible and accountable for the safety of everyone on and/or around the jobsites
- Responsible and accountable for project safety
- Schedule and coordinate pre-planning meeting for the project
- Monitor safety performance on the project
- Identify and correct safety hazards on the project
- Take progressive disciplinary action when appropriate
- Coordinate project safety meetings
- Conduct new employee and site specific safety orientations
- Conduct and/or attend weekly toolbox safety meetings
- Provide safety training to the employees
- Weekly Jobsite Safety Inspections. (Form D2)
 - The Superintendent shall ensure that the weekly safety inspection is performed by a Competent Person or perform the inspection himself
 - The Competent Person shall be agreed to by the Superintendent and Safety Department
 - The Competent Person must have at least an OSHA 10 Hr. card or similar training
 - The Superintendent must sign the weekly safety inspection form

Project Safety Officer (PSO) (if applicable, if no PSO is present Superintendent has these responsibilities)

- Responsible and accountable for the safety of everyone on and/or around the jobsites

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SECTION A2 Safety Roles and Responsibilities

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- Conduct new employee and site specific safety orientations
- Monitor individual employee and subcontractor employee safe work practices
- Identify and correct hazards
- Investigate every near miss, accident, injury and incident
- Assist in project safety planning
- Track and monitor subcontractor safety
- Provide safety training
- Perform a weekly safety inspection of the jobsite

Foremen

- Responsible and accountable for the safety of everyone on and/or around the jobsites
- Monitor individual employees safe work practices
- Conduct weekly tool box safety meetings
- Identify and correct safety hazards
- Assist in investigating accidents and near misses
- Developing pre-task plans and reviewing them with his crews

Employees

- Responsible and accountable for the safety of everyone on and/or around the jobsites
- Attend new hire and site specific orientations and complete orientation checklist
- Attend weekly, daily and special safety meetings
- Follow company and project safety policies at all times
- Use and take care of the safety equipment provided for them
- **DO NOT** proceed with work if unsafe conditions exist
- Report all unsafe conditions immediately
- Participate in the Injury Illness Prevention Program
- Work in a safe manner at all times – **NO SHORTCUTS!!**

Safety Review Committee

- Consists of Management and Safety Department representatives that have an interest in the general promotion of safety and health for TGCC
- Responsible for recommending ways to improve safety and health in the workplace
- Help identify employee safety training needs and develop or provide recommendations for improvement
- Review all accident, injury incident and near miss reports

Project Teams

- Conduct a Monthly Safety Committee Meeting on all jobsites with all available employees
- They will discuss all accident investigations, injuries and near miss investigations

DOSH Jurisdiction

In addition to the above program, projects in the Washington DOSH Jurisdiction shall comply with the following.

Superintendents

- Weekly Jobsite Safety Inspections. (Form D2)
 - The Superintendent shall ensure that the weekly safety inspection is performed by a member of the management staff and an employee representative select by the employees
 - The inspection will be documented using Form D2 and will retain such documentation until project is complete

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The following is a list of safe work practices that all T.Gerding Construction Company (TGCC) employees must follow at all times.

Code of Safe Work Practices

- Report to work in good physical shape and alert mental condition
- The use or possession of alcohol or illegal drugs on the jobsite is prohibited
 - Reporting to work under the influence of alcohol or illegal drugs is prohibited
 - The use of certain prescription or over the counter medications may impair your performance on the job
 - Please notify your supervisor when using prescription or over the counter medications
- Obey all posted rules, instructions, cautions or warning signs
- Obey all traffic laws on and off the jobsite
- Understand your work assignment and make certain you are fully qualified for the job
- No firearms, knives, mace or weapons of any type are allowed on the projects
- Learn and follow the specific safety regulations which apply to your job
 - If you don't know or understand the regulations that apply to you job ask your supervisor
- Housekeeping is a critical part of site safety
 - Clean your work area as you go
 - Dispose of the debris in a proper manner
- Hard hats must be worn at all times on the jobsite without exception
- Proper work clothing and work shoes are necessary for your personal safety
 - Specifically: Shirts must be work at all times; no working shorts, cutoffs, tank tops, thongs, sandals or "tennis" type shoes
- Report accidents immediately to your foreman and follow the instructions given to you when you are referred for medical treatment for any injury
 - Injuries minor or not, must be reported that same day
- Follow instructions given by your supervisors - if you don't understand, please ask questions - know exactly what you are doing at all times - work safely and look out for your fellow workers
- No horseplay, fighting, gambling, or practical joking will be tolerated to any degree
 - Be serious with your work and your safety
- Safety equipment will be furnished as the job requires
 - Use this equipment at all times and use it properly
 - Goggles or a face shield with safety glasses must be used when grinding, chipping, using powder actuated tools, open air hoses and blasting
 - They won't protect you unless you use them
 - Safety harnesses and life lines are required for some operations - when guardrails are impractical or when working above or outside of guardrails - use the harness properly and inspect before each use
- Moving machinery and equipment must not be serviced while in operation - stay clear of moving belts, pulleys, gear, and rollers at all times
 - Operate and/or service only equipment that you are qualified to do so
 - Fuel operated equipment must be kept clean and fuel stored in designated areas
- Material handling and lifting must be done properly and with careful attention to the job
 - Use proper tools, methods, and gloves when hoisting equipment is being used
- Ladders and scaffolding, working platforms and walkways must be properly maintained and used in a safe accepted manner
 - Access areas and walkways must be kept clear of material and debris
 - Always face the ladder – Do not move rolling scaffolding with people onboard
- Electrical tools and equipment must be used properly - all tools require a ground wire (third wire) circuit on 110 volts and (fourth wire) on 220 volts

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- No tools plugs, connectors, outlet boxes or lines may be altered
- Sanitary facilities are maintained on the job
 - Toilets must be used and any violators will be terminated
- Lunch trash should be placed in debris cans or boxes.
- Fire protection is a vital part of safety
 - Know where the extinguishers are and how to use them
 - More importantly know which fires you should fight and which ones you should not
- When lifting heavy objects, use the large muscles of the leg instead of the smaller muscles of the back
- Do not throw materials, tools or other objects from buildings or structures until proper precautions are taken to protect others from falling object hazards
- Employees shall not enter confined spaces (manholes, underground vaults, chambers, silos, etc.) until all conditions of the "Confined Space Entry Procedures" have been complied with
- Gasoline shall not be used for cleaning purposes at any time
- Air hoses should not be disconnected at compressors until the hose line has been bled
- Use hand tools for the purpose they were designed
- Portable electric tools must be lifted or lowered by means of a rope
 - Do not use the cord to lift or lower
- All unsafe conditions or practices must be reported to your foreman at once
- Disregarding these Safe Work Practices or other safety instructions could be cause for termination of employment

OSHA and OR-OSHA Jurisdictions

T.Gerding Construction Company (TGCC) and all their subcontractors shall have at least one person certified in First Aid and CPR at the job site at all times. Subcontractors are solely responsible to ensure the required and proper training of their employees. Only properly trained personnel shall administer First Aid.

TGCC and all their subcontractors shall provide a first aid kit on the jobsite based on their crew size. The TGCC and subcontractor site superintendents are responsible for ensuring that the kit is properly stocked and maintained, and inspected weekly. This first aid kit will also contain equipment and materials to be compliant with Blood Borne Pathogen regulations, including mouth-to-mouth resuscitation devices, bleach, and latex disposable gloves.

If an AED is available in the field office only properly trained personnel shall use the AED at the jobsite.

DOSH Jurisdiction

In addition to the above program, projects in the Washington DOSH Jurisdiction shall comply with the following.

- All crew leaders, supervisors or persons in direct charge of one or more employees must have a valid first-aid certificate
 - For the purposes of this section, a crew means a group of two or more employees working at any worksite
- The requirement that all crew leaders, supervisors or person in direct charge of one or more employees applies even if other first-aid trained person(s) are available
- In emergencies, crew leaders will be permitted to work up to thirty days without having the required certificate, providing an employee in the crew or another crew leader in the immediate work area has the necessary certificate
- An adequate number of first aid kits and supplies shall be immediately available
- First aid kits and supplies should reflect the hazards of the work environment
- All transport vehicles must have a first aid kit
- When practical, a poster must be fastened and maintained either on or in the cover of each first-aid kit and at or near all phones plainly stating the worksite address or location, and the phone numbers of emergency medical responders for the worksite
- Employers with fifty or more employees at one project must establish a first-aid station in accordance with DOSH requirements

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SECTION A5 Required Jobsite Postings

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The following are required to be posted at all jobsites. Postings are available from the Corvallis Office.

ALL SITES

- Code of Safe Work Practices (A3)
- Visitor's Hold Harmless Agreement (D3)
- Emergency Response Plan (A15.1)
- Site Specific Fire Prevention Program (C11.2)
- Listing of Hazardous Chemical on Site (A7.1)
- Listing of HAZ-COM Trained Personnel (A7.2)
- Listing of Ladder Trained Personnel (C16.2)
- Listing of Excavation Trained Personnel (C9.2)
- Listing of Equipment Trained Personnel (From Office)
- Color Code for Quarterly Cord Testing (C7.1)
- Site Specific Fall Protection Plan (C10.1)
- Site Specific Fire Prevention Program (C11.2)
- Safety Committee Meeting Minutes (A18.1)
- Sexual Harassment Policy (Office)
- EEO Policy (Office)
- Military Family Leave (Office)

OREGON

- Federal Minimum Wage
- Federal EEO is the Law
- Federal Family & Medical Leave
- Employee Polygraph Protection Act
- State of Oregon Construction Contractors Board License
- Worker's Comp Notice of Compliance
- OROSHA "It's the Law"
- Oregon Family Leave Act
- Oregon Minimum Wage
- OSHA 300 Log (February 1st to April 30th)
- BOLI Prevailing wage rates and benefits (On Prevailing wage jobs)
- USERRA Poster
- Oregon's Smoke Free Workplace Law

WASHINGTON

- Maternity Leave
- L&I Rights as Non-Agriculture Worker
- L&I Rights as Agriculture Worker
- Washington Minimum Wage
- Unemployment Benefits
- Job Safety & Health Protection
- L&I Notice to Employees
- Certificate of Coverage
- OSHA 300 Log (February 1st to April 30th)
- BOLI Prevailing wage rates and benefits (On Prevailing wage jobs)

Weekly Safety Meeting

Superintendents will hold weekly Tool Box Safety Meetings and require all T.Gerding Construction Company (TGCC) jobsite employees to attend. You may use the topics sent to you from the office, www.toolboxtalk.com or other topics which are site specific. Any hazards noted at Safety Meeting must be investigated immediately and corrective action must be taken to preclude potential hazards. See Form A6.1- Weekly Safety Meeting Sign In Form at the end of this section for documentation of meetings.

Subcontractor Safety Meeting

When working as the General Contractor, superintendents will hold weekly safety meetings with subcontractors at the foreman's meeting. You should discuss site specific concerns, review the superintendent's safety inspection report and review the Safety Department safety inspection report if your jobsite has been visited. Topics discussed shall be documented as part of the meeting minutes.

Jobsite Weekly All Hands Safety Meeting

When working as the General Contractor, superintendents will hold weekly jobsite all hands safety meetings with all workers on site. If this meeting is held and TGCC employees attend, the Weekly Safety Meeting listed above is not required. At a minimum the following topic should be discussed:

- Required PPE
- Job Specific Safety Requirements
- Upcoming tasks and conditions onsite
- Safety concerns and questions
- Any Accidents/Incidents/Near Misses

Safety Meeting Sign in Form

The attendance to the Weekly Safety Meeting and the Jobsite Weekly All Hands Safety Meeting will be documented by use of Form A6.1 - Weekly Safety Meeting Sign in Form located at the end of this section. The original meeting documentation should be kept onsite in the job file and a copy sent to the Corvallis Office.

Written Hazard Communication Program

The OSHA Hazard Communication Standard requires an employer to provide information to its employees as to the hazardous chemicals/agents that they may be exposed to in the work place. Therefore, the following written Hazard Communication Program has been established for T.Gerding Construction Company (TGCC).

Container Labeling

All containers of hazardous chemicals will be labeled to ensure that employees have a means to identify the hazards involved.

- The foreman will verify that all chemical containers received will:
 - When receiving the hazardous chemical must first receive and verify the MSDS Sheet for that chemical before it is transferred to their possession
 - Be clearly labeled as to the contents and to hazard involved
 - Ensure the name, address, and emergency phone numbers of the manufacturer are legible
 - Note the appropriate hazard warnings
- It is company policy that no incoming container will be released for use until the above data is verified
- Do not deface original labels on incoming containers
- The Employee is responsible to know how to identify the hazards of a material from the label and to ensure it is handled in a safe manner
- Clearly label all secondary containers with the identity of the hazardous chemical and the appropriate hazard warnings
- The foreman will ensure that all secondary containers meet this standard
- If there is any question as to the safe handling of any material covered by this program, do not handle until the safe handling procedures have been reviewed.
- Please contact your foreman, the Project Superintendent, or the company's Shop Foreman for help labeling

Material Safety Data Sheets (MSDS)

- The manufacturer provides Material Safety Data Sheets to identify chemicals in a product presenting physical or chemical hazards.
- Copies of the MSDS's for the hazardous chemicals to which company employees or subcontractors or other's employees may be exposed will be kept at the appropriate work site with the written Hazard Communication Program.
- If the MSDS's are not available or new chemicals in use do not have MSDS's immediately contact the Project Superintendent.
- All MSDS's will be readily available during non-emergency situations and immediately available emergency situations.
- Please call company Safety Department in any emergency pertaining to hazardous chemicals.

Employee Training and Information

- Every new employee will receive an overview of the Hazardous Communication requirements during new employee orientation
- Site specific training will include, Employee Right to Know:
 - Location of the written Hazard Communication Program
 - Chemical present in the work place operations
 - How to read container labels and review MSDS's to obtain appropriate hazard information
 - Physical and health effects of the hazardous chemicals
 - Steps the company has taken to prevent or reduce exposure to these chemicals
 - Prevention or reduction of exposure to these hazardous chemicals through physical controls (i.e.: machine guarding), personal protective equipment, and work practices

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- Methods and observation techniques used to determine the presence or release of hazardous chemicals in the work area
- First Aid and Safety emergency procedures to follow if employees are exposed to these chemicals
- After attending the training class, each employee will be required to sign a form to verify that they have attended the training, received the written material, and understand the Company's policies on Hazard Communications
- Prior to a new and different chemical being introduced into the work site, each employee involved in the use of the material will be given the information outlined above

List of Hazardous Chemicals

- A list of hazardous chemicals used by the company will be kept current and on file at the project location at all times
- Form A7.1 Haz-Com Program Inventory List located at the end of this section will be used for this list
- As each project will have a different list of hazardous chemicals, the list for the project will be accessible on site only

Hazardous Non-Routine Tasks

- Periodically, employees may perform hazardous non-routine tasks
- Before starting work on such a project and affected employee will be given specific instruction as to the hazards involved by his/her supervisor, or their designee
- This information will include:
 - The specific chemical hazards involved
 - Protective / safety measures employees are to take
 - Measures the Company has taken to lessen the hazards, including: ventilation, personal protective equipment, hygiene practices, and other emergency procedures

Jobsite Procedures/Responsibilities

- The TGCC Superintendent will:
 - Verify the chemicals are added to the Haz-Com Inventory List
 - Make several copies of the Haz-Com Program Inventory List (A7.1) and distribute them to all subcontractors onsite
 - Require subcontractors submit their list to the Superintendent
 - Require the subcontractors keep their lists updated
 - Post all the lists on the safety bulletin board or where the MSDS's are kept
 - Verify all TGCC employees are trained in this program

REQUIRED TRAINING

Before December 1, 2013 all existing employees must training in the new label elements and new Safety Data Sheets (SDS) formats. After December 1, 2013 all new employee will receive this training at their initial assignment on a project.

DEFINITIONS

Hazard Class – describes the nature of the physical or health hazard(s) e.g. flammable solid, carcinogen, oral toxicity.

Hazard Statement – a statement assigned to a hazard class and category that describes the nature of the hazard(s).

Immediate Use – means that the hazardous chemical will be under the control of and used only by the person who transfers it from a labeled container and only within the work shift in which it is transferred.

Pictogram – a symbol plus other graphic elements that convey specific information about a hazard.

Precautionary Statement – a phrase that describes recommended measures to minimize or prevent adverse effects resulting from exposure to the hazardous chemical.

Product Identifier – unique name or number used for a hazardous chemical on a label by which the user can identify the chemical.

Signal Word – a word used to indicate the relative level of severity of the hazard related to the chemical you are using. They are “Danger” which is used for more severe hazard and “Warning” which is used for less severe hazard.

LABELS

By December 1, 2015 each container of hazardous chemicals coming into the work place must have the following on the label:

- Product Identifier(s)
- Signal Word(s)
- Hazard Statement(s)
- Pictograms(s)
- Precautionary Statement(s)
- Name, Address and Telephone Number of the chemical manufacturer

(Please note: In the remainder of this training the first five bullets above will be referred to as the “Five Label Elements”.)

By June 1, 2016 all employers shall update any alternative workplace labeling, update the hazard communication program, and provide any additional employee training in accordance with the OSHA regulations.

The chemical manufacturer must include all the above for each hazard class and associated hazard category in the product.

The signal word(s), hazard statement(s) and pictogram(s) must be located together on the label.

Solid Materials

For solid materials like wood or plastic items that are not exempted, the required label may be transmitted to the customer at the time of the initial shipment and need not be included with subsequent shipments unless the

information on the label changes. (Please note: this only relates to the solid product itself, and does not apply to hazardous chemicals used in conjunction with the solid material, like glues, sealers etc.

Workplace Labeling

The employer shall ensure that each container of hazardous chemicals in the work place is labeled, tagged or marked with either:

- The Five Label Elements or
- The product identifier and words, pictures, symbols or a combination of, which will provide at least general information regarding the hazards of the chemical and which in conjunction with other information immediately available to employees, will provide employees with the specific information regarding the hazards of the chemical.

The employer is not required to label portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the employee who performs the transfer.

All labels must be legible, in English and on the containers at all times.

SAFETY DATA SHEETS

Material Safety Data Sheets (MSDS) are being replaced with Safety Data Sheets (SDS).

All SDS's must be in English and must include at least the following section numbers and headings, and associated information under each heading, in the order listed:

- Section 1, Identification
- Section 2, Hazard(s) identification
- Section 3, Composition/information on ingredients
- Section 4, First-aid measures
- Section 5, Fire-fighting measures
- Section 6, Accidental release measures
- Section 7, Handling and storage
- Section 8, Exposure controls/personal protection
- Section 9, Physical and chemical properties
- Section 10, Stability and reactivity
- Section 11, Toxicological information
- Section 12, Ecological information
- Section 13, Disposal considerations
- Section 14, Transport information
- Section 15, Regulatory information
- Section 16, Other information, including date of preparation or last revision

OSHA will not be enforcing information requirements in sections 12 through 15, as these areas are not under its jurisdiction.

If no relevant information is found for any sub-heading within a section on the safety data sheet, the chemical manufacturer shall mark it to indicate that no applicable information was found.

Chemical manufacturers shall ensure that distributors and employers are provided an appropriate safety data sheet with their initial shipment and with the first shipment after a safety data sheet is updated.

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Retail distributors selling hazardous chemicals to employers having a commercial account shall provide a safety data sheet to such employers upon request, and shall post a sign or otherwise inform them that a safety data sheet is available.

The employer shall maintain copies of the required safety data sheets for each hazardous chemical, and shall ensure that they are readily accessible during each work shift to employees.

Electronic access and other alternatives to maintaining paper copies of the safety data sheets are permitted as long as no barriers to immediate employee access are created by such options.










Where employees must travel between workplaces during a workshift, i.e., their work is carried out at more than one geographical location, the safety data sheets may be kept at the primary workplace facility.

In this situation, the employer shall ensure that employees can immediately obtain the required information in an emergency.

Employers shall provide employees with effective information and training on hazardous chemicals at the time of their initial assignment, and whenever a new chemical hazard the employees have not previously been trained about is introduced.

Information and training may be designed to cover categories of hazards (e.g., flammability, carcinogenicity) or specific chemicals. Chemical-specific information must always be available through labels and safety data sheets.

PICTOGRAMS

Hazard Symbols (to be used in pictograms for substances of the particular class)		
		
FLAME OVER CIRCLE—USED FOR THESE CLASSES : <ul style="list-style-type: none"> ▪ Oxidizers 	FLAME—USED FOR THESE CLASSES: <ul style="list-style-type: none"> ▪ Flammables ▪ Self Reactives ▪ Pyrophorics ▪ Self-Heating ▪ Emits Flammable Gas ▪ Organic Peroxides 	EXPLODING BOMB—USED FOR THESE CLASSES: <ul style="list-style-type: none"> ▪ Explosives ▪ Self Reactives ▪ Organic Peroxides
		
SKULL & CROSSBONES—USED FOR THESE CLASSES: <ul style="list-style-type: none"> ▪ Acute toxicity (severe) 	CORROSION—USED FOR THESE CLASSES: <ul style="list-style-type: none"> ▪ Corrosives 	GAS CYLINDER—USED FOR THESE CLASSES: <ul style="list-style-type: none"> ▪ Gases Under Pressure
		
HEALTH HAZARD—USED FOR THESE CLASSES: <ul style="list-style-type: none"> ▪ Carcinogen ▪ Respiratory Sensitizer ▪ Reproductive Toxicity ▪ Target Organ Toxicity ▪ Mutagenicity ▪ Aspiration Toxicity 	ENVIRONMENTAL HAZARD—USED FOR THESE CLASSES: <ul style="list-style-type: none"> ▪ Environmental Toxicity 	EXCLAMATION MARK—USED FOR THESE CLASSES: <ul style="list-style-type: none"> ▪ Irritant ▪ Dermal Sensitizer ▪ Acute toxicity (harmful) ▪ Narcotic Effects ▪ Respiratory Tract Irritation



Safety Data Sheet

Material Name: Diesel Fuel, All Types

SDS No. 9909
US GHS

Synonyms: Ultra Low Sulfur Diesel; Low Sulfur Diesel; No. 2 Diesel; Motor Vehicle Diesel Fuel; Non-Road Diesel Fuel; Locomotive/Marine Diesel Fuel

*** Section 1 - Product and Company Identification ***

Manufacturer Information

Hess Corporation
1 Hess Plaza
Woodbridge, NJ 07095-0961

Phone: 732-750-6000 Corporate EHS
Emergency # 800-424-9300 CHEMTREC
www.hess.com (Environment, Health, Safety Internet Website)

*** Section 2 - Hazards Identification ***

GHS Classification:

Flammable Liquids - Category 3
Skin Corrosion/Irritation – Category 2
Germ Cell Mutagenicity – Category 2
Carcinogenicity - Category 2
Specific Target Organ Toxicity (Single Exposure) - Category 3 (respiratory irritation, narcosis)
Aspiration Hazard – Category 1
Hazardous to the Aquatic Environment, Acute Hazard – Category 3

GHS LABEL ELEMENTS

Symbol(s)



Signal Word

DANGER

Hazard Statements

Flammable liquid and vapor.
Causes skin irritation.
Suspected of causing genetic defects.
Suspected of causing cancer.
May cause respiratory irritation.
May cause drowsiness or dizziness.
May be fatal if swallowed and enters airways.
Harmful to aquatic life.

Precautionary Statements

Prevention

Keep away from heat/sparks/open flames/hot surfaces. No smoking
Keep container tightly closed.
Ground/bond container and receiving equipment.

Safety Data Sheet

Material Name: Diesel Fuel, All Types

SDS No. 9909

Use explosion-proof electrical/ventilating/lighting/equipment.
Use only non-sparking tools.
Take precautionary measures against static discharge.
Wear protective gloves/protective clothing/eye protection/face protection.
Wash hands and forearms thoroughly after handling.
Obtain special instructions before use.
Do not handle until all safety precautions have been read and understood.
Avoid breathing fume/mist/vapours/spray.

Response

In case of fire: Use water spray, fog or foam to extinguish.
IF ON SKIN (or hair): Wash with plenty of soap and water. Remove/Take off immediately all contaminated clothing and wash it before reuse. If skin irritation occurs: Get medical advice/attention.
IF INHALED: Remove person to fresh air and keep comfortable for breathing. Call a poison center/doctor if you feel unwell.
If swallowed: Immediately call a poison center or doctor. Do NOT induce vomiting.
IF exposed or concerned: Get medical advice/attention.

Storage

Store in a well-ventilated place. Keep cool.
Keep container tightly closed.
Store locked up.

Disposal

Dispose of contents/container in accordance with local/regional/national/international regulations.

* * * Section 3 - Composition / Information on Ingredients * * *

CAS #	Component	Percent
68476-34-6	Fuels, diesel, no. 2	100
91-20-3	Naphthalene	<0.1

A complex mixture of hydrocarbons with carbon numbers in the range C9 and higher.

* * * Section 4 - First Aid Measures * * *

First Aid: Eyes

In case of contact with eyes, immediately flush with clean, low-pressure water for at least 15 min. Hold eyelids open to ensure adequate flushing. Seek medical attention.

First Aid: Skin

Remove contaminated clothing. Wash contaminated areas thoroughly with soap and water or with waterless hand cleanser. Obtain medical attention if irritation or redness develops. Thermal burns require immediate medical attention depending on the severity and the area of the body burned.

First Aid: Ingestion

DO NOT INDUCE VOMITING. Do not give liquids. Obtain immediate medical attention. If spontaneous vomiting occurs, lean victim forward to reduce the risk of aspiration. Monitor for breathing difficulties. Small amounts of material which enter the mouth should be rinsed out until the taste is dissipated.

Safety Data Sheet

Material Name: Diesel Fuel, All Types

SDS No. 9909

First Aid: Inhalation

Remove person to fresh air. If person is not breathing, provide artificial respiration. If necessary, provide additional oxygen once breathing is restored if trained to do so. Seek medical attention immediately.

* * * Section 5 - Fire Fighting Measures * * *

General Fire Hazards

See Section 9 for Flammability Properties.

Vapors may be ignited rapidly when exposed to heat, spark, open flame or other source of ignition. When mixed with air and exposed to an ignition source, flammable vapors can burn in the open or explode in confined spaces. Being heavier than air, vapors may travel long distances to an ignition source and flash back. Runoff to sewer may cause fire or explosion hazard.

Hazardous Combustion Products

Carbon monoxide, carbon dioxide and non-combusted hydrocarbons (smoke).

Extinguishing Media

SMALL FIRES: Any extinguisher suitable for Class B fires, dry chemical, CO₂, water spray, fire fighting foam, and other gaseous agents.

LARGE FIRES: Water spray, fog or fire fighting foam. Water may be ineffective for fighting the fire, but may be used to cool fire-exposed containers.

Unsuitable Extinguishing Media

None

Fire Fighting Equipment/Instructions

Small fires in the incipient (beginning) stage may typically be extinguished using handheld portable fire extinguishers and other fire fighting equipment. Firefighting activities that may result in potential exposure to high heat, smoke or toxic by-products of combustion should require NIOSH/MSHA- approved pressure-demand self-contained breathing apparatus with full facepiece and full protective clothing. Isolate area around container involved in fire. Cool tanks, shells, and containers exposed to fire and excessive heat with water. For massive fires the use of unmanned hose holders or monitor nozzles may be advantageous to further minimize personnel exposure. Major fires may require withdrawal, allowing the tank to burn. Large storage tank fires typically require specially trained personnel and equipment to extinguish the fire, often including the need for properly applied fire fighting foam.

* * * Section 6 - Accidental Release Measures * * *

Recovery and Neutralization

Carefully contain and stop the source of the spill, if safe to do so.

Materials and Methods for Clean-Up

Take up with sand or other oil absorbing materials. Carefully shovel, scoop or sweep up into a waste container for reclamation or disposal. Caution, flammable vapors may accumulate in closed containers.

Emergency Measures

Evacuate nonessential personnel and remove or secure all ignition sources. Consider wind direction; stay upwind and uphill, if possible. Evaluate the direction of product travel, diking, sewers, etc. to confirm spill areas. Spills may infiltrate subsurface soil and groundwater; professional assistance may be necessary to determine the extent of subsurface impact.

Safety Data Sheet

Material Name: Diesel Fuel, All Types

SDS No. 9909

Personal Precautions and Protective Equipment

Response and clean-up crews must be properly trained and must utilize proper protective equipment (see Section 8).

Environmental Precautions

Protect bodies of water by diking, absorbents, or absorbent boom, if possible. Do not flush down sewer or drainage systems, unless system is designed and permitted to handle such material. The use of fire fighting foam may be useful in certain situations to reduce vapors. The proper use of water spray may effectively disperse product vapors or the liquid itself, preventing contact with ignition sources or areas/equipment that require protection.

Prevention of Secondary Hazards

None

* * * Section 7 - Handling and Storage * * *

Handling Procedures

Handle as a combustible liquid. Keep away from heat, sparks, excessive temperatures and open flame! No smoking or open flame in storage, use or handling areas. Bond and ground containers during product transfer to reduce the possibility of static-initiated fire or explosion.

Special slow load procedures for "switch loading" must be followed to avoid the static ignition hazard that can exist when higher flash point material (such as fuel oil) is loaded into tanks previously containing low flash point products (such as this product) - see API Publication 2003, "Protection Against Ignitions Arising Out Of Static, Lightning and Stray Currents."

Storage Procedures

Keep away from flame, sparks, excessive temperatures and open flame. Use approved vented containers. Keep containers closed and clearly labeled. Empty product containers or vessels may contain explosive vapors. Do not pressurize, cut, heat, weld or expose such containers to sources of ignition.

Store in a well-ventilated area. This storage area should comply with NFPA 30 "Flammable and Combustible Liquid Code". Avoid storage near incompatible materials. The cleaning of tanks previously containing this product should follow API Recommended Practice (RP) 2013 "Cleaning Mobile Tanks In Flammable and Combustible Liquid Service" and API RP 2015 "Cleaning Petroleum Storage Tanks."

Incompatibilities

Keep away from strong oxidizers.

* * * Section 8 - Exposure Controls / Personal Protection * * *

Component Exposure Limits

Fuels, diesel, no. 2 (68476-34-6)

ACGIH: 100 mg/m³ TWA (inhalable fraction and vapor, as total hydrocarbons, listed under Diesel fuel)
Skin - potential significant contribution to overall exposure by the cutaneous route (listed under Diesel fuel)

Safety Data Sheet

Material Name: Diesel Fuel, All Types

SDS No. 9909

Naphthalene (91-20-3)

ACGIH: 10 ppm TWA
15 ppm STEL
Skin - potential significant contribution to overall exposure by the cutaneous route
OSHA: 10 ppm TWA; 50 mg/m³ TWA
NIOSH: 10 ppm TWA; 50 mg/m³ TWA
15 ppm STEL; 75 mg/m³ STEL

Engineering Measures

Use adequate ventilation to keep vapor concentrations of this product below occupational exposure and flammability limits, particularly in confined spaces.

Personal Protective Equipment: Respiratory

A NIOSH/MSHA-approved air-purifying respirator with organic vapor cartridges or canister may be permissible under certain circumstances where airborne concentrations are or may be expected to exceed exposure limits or for odor or irritation. Protection provided by air-purifying respirators is limited.

Use a positive pressure, air-supplied respirator if there is a potential for uncontrolled release, exposure levels are not known, in oxygen-deficient atmospheres, or any other circumstance where an air-purifying respirator may not provide adequate protection.

Personal Protective Equipment: Hands

Gloves constructed of nitrile, neoprene, or PVC are recommended.

Personal Protective Equipment: Eyes

Safety glasses or goggles are recommended where there is a possibility of splashing or spraying.

Personal Protective Equipment: Skin and Body

Chemical protective clothing such as of E.I. DuPont TyChem®, Saranex® or equivalent recommended based on degree of exposure. Note: The resistance of specific material may vary from product to product as well as with degree of exposure. Consult manufacturer specifications for further information.

* * * Section 9 - Physical & Chemical Properties * * *

Appearance:	Clear, straw-yellow.	Odor:	Mild, petroleum distillate odor
Physical State:	Liquid	pH:	ND
Vapor Pressure:	0.009 psia @ 70 °F (21 °C)	Vapor Density:	>1.0
Boiling Point:	320 to 690 °F (160 to 366 °C)	Melting Point:	ND
Solubility (H₂O):	Negligible	Specific Gravity:	0.83-0.876 @ 60°F (16°C)
Evaporation Rate:	Slow; varies with conditions	VOC:	ND
Percent Volatile:	100%	Octanol/H₂O Coeff.:	ND
Flash Point:	>125 °F (>52 °C) minimum	Flash Point Method:	PMCC
Upper Flammability Limit (UFL):	7.5	Lower Flammability Limit (LFL):	0.6
Burning Rate:	ND	Auto Ignition:	494°F (257°C)

* * * Section 10 - Chemical Stability & Reactivity Information * * *

Chemical Stability

This is a stable material.

Hazardous Reaction Potential

Will not occur.

Safety Data Sheet

Material Name: Diesel Fuel, All Types

SDS No. 9909

Conditions to Avoid

Avoid high temperatures, open flames, sparks, welding, smoking and other ignition sources.

Incompatible Products

Keep away from strong oxidizers.

Hazardous Decomposition Products

Carbon monoxide, carbon dioxide and non-combusted hydrocarbons (smoke).

* * * Section 11 - Toxicological Information * * *

Acute Toxicity

A: General Product Information

Harmful if swallowed.

B: Component Analysis - LD50/LC50

Naphthalene (91-20-3)

Inhalation LC50 Rat >340 mg/m³ 1 h; Oral LD50 Rat 490 mg/kg; Dermal LD50 Rat >2500 mg/kg; Dermal LD50 Rabbit >20 g/kg

Potential Health Effects: Skin Corrosion Property/Stimulativeness

Practically non-toxic if absorbed following acute (single) exposure. May cause skin irritation with prolonged or repeated contact. Liquid may be absorbed through the skin in toxic amounts if large areas of skin are repeatedly exposed.

Potential Health Effects: Eye Critical Damage/ Stimulativeness

Contact with eyes may cause mild irritation.

Potential Health Effects: Ingestion

Ingestion may cause gastrointestinal disturbances, including irritation, nausea, vomiting and diarrhea, and central nervous system (brain) effects similar to alcohol intoxication. In severe cases, tremors, convulsions, loss of consciousness, coma, respiratory arrest, and death may occur.

Potential Health Effects: Inhalation

Excessive exposure may cause irritations to the nose, throat, lungs and respiratory tract. Central nervous system (brain) effects may include headache, dizziness, loss of balance and coordination, unconsciousness, coma, respiratory failure, and death.

WARNING: the burning of any hydrocarbon as a fuel in an area without adequate ventilation may result in hazardous levels of combustion products, including carbon monoxide, and inadequate oxygen levels, which may cause unconsciousness, suffocation, and death.

Respiratory Organs Sensitization/Skin Sensitization

This product is not reported to have any skin sensitization effects.

Generative Cell Mutagenicity

This material has been positive in a mutagenicity study.

Carcinogenicity

A: General Product Information

Suspected of causing cancer.

Safety Data Sheet

Material Name: Diesel Fuel, All Types

SDS No. 9909

Studies have shown that similar products produce skin tumors in laboratory animals following repeated applications without washing or removal. The significance of this finding to human exposure has not been determined. Other studies with active skin carcinogens have shown that washing the animal's skin with soap and water between applications reduced tumor formation.

B: Component Carcinogenicity

Fuels, diesel, no. 2 (68476-34-6)

ACGIH: A3 - Confirmed Animal Carcinogen with Unknown Relevance to Humans (listed under Diesel fuel)

Naphthalene (91-20-3)

ACGIH: A4 - Not Classifiable as a Human Carcinogen

NTP: Reasonably Anticipated To Be A Human Carcinogen (Possible Select Carcinogen)

IARC: Monograph 82 [2002] (Group 2B (possibly carcinogenic to humans))

Reproductive Toxicity

This product is not reported to have any reproductive toxicity effects.

Specified Target Organ General Toxicity: Single Exposure

This product is not reported to have any specific target organ general toxicity single exposure effects.

Specified Target Organ General Toxicity: Repeated Exposure

This product is not reported to have any specific target organ general toxicity repeat exposure effects.

Aspiration Respiratory Organs Hazard

The major health threat of ingestion occurs from the danger of aspiration (breathing) of liquid drops into the lungs, particularly from vomiting. Aspiration may result in chemical pneumonia (fluid in the lungs), severe lung damage, respiratory failure and even death.

* * * Section 12 - Ecological Information * * *

Ecotoxicity

A: General Product Information

Keep out of sewers, drainage areas and waterways. Report spills and releases, as applicable, under Federal and State regulations.

B: Component Analysis - Ecotoxicity - Aquatic Toxicity

Fuels, diesel, no. 2 (68476-34-6)

Test & Species

96 Hr LC50 Pimephales promelas	35 mg/L [flow-through]
--------------------------------	------------------------

Conditions

Naphthalene (91-20-3)

Test & Species

96 Hr LC50 Pimephales promelas	5.74-6.44 mg/L [flow-through]
96 Hr LC50 Oncorhynchus mykiss	1.6 mg/L [flow-through]
96 Hr LC50 Oncorhynchus mykiss	0.91-2.82 mg/L [static]
96 Hr LC50 Pimephales promelas	1.99 mg/L [static]

Conditions

Safety Data Sheet

Material Name: Diesel Fuel, All Types

SDS No. 9909

96 Hr LC50 Lepomis macrochirus	31.0265 mg/L [static]
72 Hr EC50 Skeletonema costatum	0.4 mg/L
48 Hr LC50 Daphnia magna	2.16 mg/L
48 Hr EC50 Daphnia magna	1.96 mg/L [Flow through]
48 Hr EC50 Daphnia magna	1.09 - 3.4 mg/L [Static]

Persistence/Degradability

No information available.

Bioaccumulation

No information available.

Mobility in Soil

No information available.

*** Section 13 - Disposal Considerations ***

Waste Disposal Instructions

See Section 7 for Handling Procedures. See Section 8 for Personal Protective Equipment recommendations.

Disposal of Contaminated Containers or Packaging

Dispose of contents/container in accordance with local/regional/national/international regulations.

*** Section 14 - Transportation Information ***

DOT Information

Shipping Name: Diesel Fuel

NA #: 1993 Hazard Class: 3 Packing Group: III

Placard:



*** Section 15 - Regulatory Information ***

Regulatory Information

Component Analysis

This material contains one or more of the following chemicals required to be identified under SARA Section 302 (40 CFR 355 Appendix A), SARA Section 313 (40 CFR 372.65) and/or CERCLA (40 CFR 302.4).

Naphthalene (91-20-3)

CERCLA: 100 lb final RQ; 45.4 kg final RQ

SARA Section 311/312 – Hazard Classes

Acute Health
X

Chronic Health
X

Fire
X

Sudden Release of Pressure
--

Reactive
--

Safety Data Sheet

Material Name: Diesel Fuel, All Types

SDS No. 9909

SARA SECTION 313 - SUPPLIER NOTIFICATION

This product may contain listed chemicals below the de minimis levels which therefore are not subject to the supplier notification requirements of Section 313 of the Emergency Planning and Community Right-To-Know Act (EPCRA) of 1986 and of 40 CFR 372. If you may be required to report releases of chemicals listed in 40 CFR 372.28, you may contact Hess Corporate Safety if you require additional information regarding this product.

State Regulations

Component Analysis - State

The following components appear on one or more of the following state hazardous substances lists:

Component	CAS	CA	MA	MN	NJ	PA	RI
Fuels, diesel, no. 2	68476-34-6	No	No	No	Yes	No	No
Naphthalene	91-20-3	Yes	Yes	Yes	Yes	Yes	No

The following statement(s) are provided under the California Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65):

WARNING! This product contains a chemical known to the state of California to cause cancer.

Component Analysis - WHMIS IDL

No components are listed in the WHMIS IDL.

Additional Regulatory Information

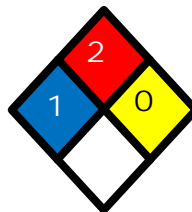
Component Analysis - Inventory

Component	CAS #	TSCA	CAN	EEC
Fuels, diesel, no. 2	68476-34-6	Yes	DSL	EINECS
Naphthalene	91-20-3	Yes	DSL	EINECS

*** Section 16 - Other Information ***

NFPA® Hazard Rating

Health	1
Fire	2
Reactivity	0



HMIS® Hazard Rating

Health	1*	Slight
Fire	2	Moderate
Physical	0	Minimal

*Chronic

Safety Data Sheet

Material Name: Diesel Fuel, All Types

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Key/Legend

ACGIH = American Conference of Governmental Industrial Hygienists; ADG = Australian Code for the Transport of Dangerous Goods by Road and Rail; ADR/RID = European Agreement of Dangerous Goods by Road/Rail; AS = Standards Australia; DFG = Deutsche Forschungsgemeinschaft; DOT = Department of Transportation; DSL = Domestic Substances List; EEC = European Economic Community; EINECS = European Inventory of Existing Commercial Chemical Substances; ELINCS = European List of Notified Chemical Substances; EU = European Union; HMIS = Hazardous Materials Identification System; IARC = International Agency for Research on Cancer; IMO = International Maritime Organization; IATA = International Air Transport Association; MAK = Maximum Concentration Value in the Workplace; NDSL = Non-Domestic Substances List; NFPA = National Fire Protection Association; NOHSC = National Occupational Health & Safety Commission; NTP = National Toxicology Program; STEL = Short-term Exposure Limit; TDG = Transportation of Dangerous Goods; TLV = Threshold Limit Value; TSCA = Toxic Substances Control Act; TWA = Time Weighted Average

Literature References

None

Other Information

Information presented herein has been compiled from sources considered to be dependable, and is accurate and reliable to the best of our knowledge and belief, but is not guaranteed to be so. Since conditions of use are beyond our control, we make no warranties, expressed or implied, except those that may be contained in our written contract of sale or acknowledgment.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet. Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material, even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in their use of the material.

End of Sheet

OSHA and OR-OSHA Jurisdictions

This policy will apply to all work performed by T.Gerding Construction Company (TGCC) Project employees, contractors and tool vendors including, but not limited to, the following activities: construction, installation, demolition, remodeling, relocation, refurbishment, testing, and servicing or maintenance of equipment or machines.

Procedures

- Work areas must be kept clear and free of obstructions by material/debris as follows:
 - Clean-as-you-go practices are required
 - Do not wait until all work has been completed before cleaning up
 - Break the work down into smaller tasks and clean the area after each task is completed
 - Cleanup must be accomplished by proper means in order to reduce airborne dust (Clean Sweep)
 - Materials will not be stored in a manner that will block, restrict, impede or prevent access to an egress path or emergency equipment, such as fire extinguishers, emergency eyewash or shower, emergency shutoff buttons or emergency disconnect devices
 - Stairways shall not be used as storage areas
 - Work that may temporarily block emergency exits, safety showers, elevators, corridors, and hallways will require prior superintendent approval
- Material Storage:
 - Materials stored in the vicinity of the area where work is performed should be limited to only those materials that will be used in the same shift
 - Any material stored in a work area longer than 24 hours must be approved by the superintendent
 - Materials should be stacked in a safe and orderly manner
 - Store all items neatly in cabinets or on shelves, where feasible
 - Gang boxes and toolboxes should not have materials stored on top of them
 - If more storage area is needed, contact the superintendent
- Chemical Storage:
 - The user of the chemical must provide the superintendent a Material Safety Data Sheet prior to bringing the substance on site
 - All chemicals and equipment containing chemicals must be stored in approved containers and/or areas
 - Contractors are responsible for removing all unused chemicals from the project site at the completion of their contract
 - All chemical containers must be properly labeled
 - Chemical/gas cylinders (welding, purging, leak detection cylinders, etc.) must be stored in an upright position and secured at all times
 - All dedicated chemical storage areas must have material safety data sheet (MSDS) available at the storage location
 - If you are unsure of appropriate storage areas, contact the superintendent for direction
- Material/Waste Disposal:
 - All hazardous waste must be stored and disposed of in accordance with Federal, State, and Local regulations
 - All hazardous waste must be properly labeled
 - Hazardous waste materials must be discarded into proper disposal containers
 - Non-hazardous waste must be disposed of into appropriate recycle or disposal containers
- Daily Cleanup:
 - Contractors are solely responsible for the cleanup of their immediate work areas on a daily basis

T.GERDING CONSTRUCTION COMPANY

- Contractors may be required to participate in a general cleanup effort to include stairs, walkways and loading areas, on a weekly basis, commonly known as “Tidy Friday”
- “Tidy Friday” participation guidelines:

Crew Members	Cleaners
1-9	1 every Friday
10-20	2 every Friday
21-30	3 every Friday
30+	4 every Friday
- It is not the intent to have “Tidy Fridays” become the norm. It is intended to be a motivator for each subcontractor to perform clean up on a daily basis
- If a subcontractor fails to complete housekeeping tasks, the superintendent will assign those duties to another subcontractor and back-charge the failing subcontractor for all expenses incurred
- It is the goal of TGCC to provide and maintain a clean worksite during construction
- Early and often implementation of procedures described above will achieve this goal

DOSH Jurisdiction

In addition to the above program, projects in the Washington DOSH Jurisdiction shall comply with the following.

- Hoses and electrical conductors across aisles or passageways shall be covered or suspended overhead so that there is no tripping hazard
- Storage of material shall not create a hazard
 - Bags, containers, bundles, construction materials and other equipment shall be stored in tiers, stacked, blocked or interlocked
 - They shall be limited in height so that they are stable and secure against falling, sliding, or collapse
- Working and storage areas shall be kept free from accumulation of materials that pose hazards of tripping, fire, explosion, or pest harborage
- Vegetation control shall be exercised
- All lunchrooms, washrooms and restrooms shall be kept in a clean and sanitary condition
- Garbage cans in lunchrooms and restrooms shall be equipped with fitted covers and the contents disposed of daily
- Containers shall be provided for the collection and separation of waste, trash, oily or used rags, and other refuse
- Containers used for garbage and other oily, flammable or hazardous wastes, such as caustics, acids, harmful dusts or similar materials shall be equipped with covers
- Common garbage and other waste shall be disposed of at frequent and regular intervals
- Chemical agents or substances which might react to create a hazardous condition shall be stored and disposed of separately

T.GERDING CONSTRUCTION COMPANY

SECTION A8.1 Housekeeping Program – Housekeeping Violation Notice INJURY ILLNESS PREVENTION PROGRAM

Housekeeping/Safety Violation Notice

Jobsite: _____

Contractor: _____

Location: _____

Date: _____ **Time:** _____

T.Gerding Construction Company’s responsibility is to provide a safe working environment to our employees, subcontractors, and vendors. We find your company has the following condition:

PLEASE TAKE CARE OF THIS PROBLEM IMMEDIATELY!

T.Gerding Construction Company’s Contract, **Section ????**, States “If the Subcontractor fails to immediately commence compliance with such safety duties or commence clean-up duties within 24 hours after receipt from the Contractor of written notice of non-compliance, the Contractor may implement such safety or cleanup measures and deduct cost thereof from amounts due to the Subcontractor”.

Superintendent: _____

Subcontractor: _____

Sub Foreman: _____

Compliance Date: _____ **Time:** _____

A copy of this notice will be sent to the Subcontractor’s main office, and a copy will be sent to T.Gerding’s main office.

The intent of this section to ensure all injuries and incidents are reported, and then investigated to determine the root cause and corrective actions implemented to prevent recurrence. Any injury which requires medical attention is considered reportable. All accidents/incidents/near misses shall be reported.

Superintendents Responsibilities

- Ensure the safety and security of the individuals who were injured or involved, other people on site, the public, and the project
- Secure the accident scene
 - Disturb only as necessary for rescue of injured workers or preventing further injury or damage
- Contact the main office immediately
- In case of fatality or catastrophic contact Nate Gerding
- Conduct an accident/incident investigation
- Complete the Incident Report Form at the end of this section and submit to the Safety Department within 2 hours of the incident.
- Complete the A9.2 Grab & Go Incident Report and Investigation Form at the end of this section and submit to the Safety Department within 48 hours of the incident
- Take photos of the accident scene and the surrounding area immediately
 - A digital camera can be used for this purpose
 - Use the date stamp function if the camera has it
 - If the camera does not document the day and time the pictures were taken, you must then document in some way the date the pictures were taken
- Have the employee(s) fill out worker portion of A9.3 801Form located at the end of this section and return form to the office within 24 hours
- Superintendent to fill out Employer section of A9.3 801Form.
- Have the employee(s) and any others involved with the accident/incident or are in the area of the accident/incident, complete a witness statement.
- Have employee(s) involved with the accident/incident transported for drug/alcohol testing
- Complete the root cause analysis form
- Report **all** accidents/incidents/near misses

Safety Department Responsibilities

- Ensure the accident scene is secured and unmodified until the investigations are complete
- Assist the project team in the accident/incident investigation
- Collect the facts about what happened
- Develop the sequence of events
- In case of a fatality or catastrophe the Safety Department will lead the investigation
- Conduct or cause to have conducted an incident review meeting with, project team, any subcontractors involved, the involved party and the Vice President (VP) in attendance
- In case the VP is unavailable any one of the upper management group can fill in
- In case of a fatality or catastrophe, the Safety Department will notify **OR-OSHA** within 8 hours after occurrence or employer knowledge
 - A catastrophe is defined as an accident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility
- In case of an overnight hospitalization of an injured employee, the Safety Department will notify **OR-OSHA** within 24 hours after occurrence or employer knowledge
- In **Washington**, the Safety Department will notify the nearest office of the **DOSH** office by phone within 8 hours of the work related incident or accident as listed below:
 - In case of a fatality
 - In case of a probable fatality

- In case of 2 or more employees are admitted to the hospital
 - See WAC296-800-32005 for further requirements

Safety Review Committee Responsibilities

- Evaluate the root cause analysis form for all accidents to determine the causes
 - Analyze the injury event to identify and describe the direct cause of injury
 - Analyze events occurring just prior to the injury event to identify those conditions and behaviors that caused the injury (primary surface causes) for the accident
 - Analyze the conditions and behaviors to determine other specific conditions and behaviors (contributing surface causes) that contributed to the accident
 - Analyze each contributing condition and behavior to determine if weaknesses in carrying out safety policies, programs, plan, processes, procedures and practices (inadequate implementation) exist
 - Determine implementation flaws to determine the underlying design weaknesses
- Determine possible disciplinary actions.
- Recommend corrective actions and improvements
 - Engineering Controls- Remove or reduce the hazard
 - Management Controls- Remove or reduce the exposure
 - Personal Protective Equipment- Put up a barrier
- Implement the solution
- Share or cause to share the findings with all projects teams.
- Follow up to verify solution is working

Forms for Each Incident

- Non-Injury, Vehicle, Property Damage and Near Miss Incidents
 - Form A9.1 Incident Report Form (Submitted within 2 hours of the incident)
 - Form A9.4 Root Cause Analysis Form
 - Any photos of the scene
 - Other relevant documentation (Pre-task plans, fall protection plans, forklift inspection sheets, etc)
- Injury Incident (Non-Employee)
 - Form A9.1 Incident Report Form (Submitted within 2 hours of the incident)
 - Form A9.2 Grab and Go Incident report and Investigation Form.
 - Form A9.4 Root Cause Analysis Form
 - Any photos of the scene
 - Other relevant documentation (Pre-task plans, fall protection plans, forklift inspection sheets, etc)
- Injury Incident (Employee)
 - Form A9.1 Incident Report Form (Submitted within 2 hours of the incident)
 - Form A9.2 Grab and Go Incident report and Investigation Form.
 - Form A9.3 801 Form
 - Form A9.4 Root Cause Analysis Form
 - Form A9.5 Work Release and Physical Capacity Form (This can be substituted for doctors form)
 - Any photos of the scene
 - Other relevant documentation (Pre-task plans, fall protection plans, forklift inspection sheets, etc)

T.GERDING CONSTRUCTION COMPANY

SECTION A9.1 Incident Report Form

INJURY ILLNESS PREVENTION PROGRAM

Witness Information

Name: _____ Company: _____ Phone: _____
Name: _____ Company: _____ Phone: _____
Name: _____ Company: _____ Phone: _____
Name: _____ Company: _____ Phone: _____

Incident Information

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

Was First Aid Administered? Yes ___ No ___ If yes, by whom: _____

Was Injured party taken to a Hospital/Clinic Yes ___ No ___

If yes, the name of the facility: _____

You should use the space below or attach a diagram of the incident scene or site layout if it helps better describe the incident.

Date: _____ Prepared By: _____

T.Gerding Construction Company Grab & Go

Incident/Accident Reporting and Investigation Form

Ensure the safety and security of the individuals who were injured or involved, other people on site, the public, and the project.

Form to be filled out by the superintendent/foreman of the injured worker.

Secure the accident scene. Disturb only as necessary for rescue of injured workers or preventing further injury or damage.

Contact the Safety Department immediately.

Complete the entire GRAB & GO packet thoroughly. You have a maximum of 24 hours to complete the Grab & Go – at the end of 24 hours all documents are to be submitted to Safety Department

If the injured worker is a T.Gerding employee, someone from the field management team must accompany them to the medical facility.

Instruct the employee to ask the treating physician to offer to purchase over-the-counter medications instead of prescriptions for minor injuries such as small lacerations or puncture wounds.

Before leaving the medical facility after the initial visit and for each and every subsequent visit, instruct the injured worker to obtain the Work Release/Physical Capacities/Job Analysis Form.

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SECTION A9.2 Grab and Go Incident Report and Investigation Form

INJURY ILLNESS PREVENTION PROGRAM

Report Prepared By: _____ Phone Number: _____

Date of Report: _____ Contacted the Safety Department

Contacted Supervisor

1 Project Information:

Jobsite Name: _____ Job No.: _____

Address _____

Contractor: _____ Superintendent: _____

Contractor Foreman: _____ Project Manager: _____

Project Superintendent: _____

2 Employee/Incident Information:

Employee Name: _____ Job Title: _____

Address: _____ Phone Number: _____

Exact location of incident (Bldg/Level/Area): _____

General task at time of incident (ie. Hanging Drywall): _____

Specific activity at time of incident (ie. Cutting Sheetrock): _____

#3 Injury/Illness Information:

Date of Incident: _____ Day of Week: _____ Time of Incident: _____

Date reported : _____, to whom? _____

Type of Injury: _____ Part of body injured: _____

Was first aid given onsite? Yes No If Yes, by whom: _____

Was employee taken to a medical facility offsite? Yes No Date: _____

Treating Facility & Phone Number: _____

Transported by: Ambulance Company Vehicle Private Vehicle Name of driver: _____

Employee returned to: Regular Work Modified Work If not, estimated return date: _____

Employee's Supervisor: _____

Working on a Crew? Yes No If yes, Crew size: _____

Was a Pretask Plan made for the work being performed at the time of the incident? Yes No

If yes, Attach.

#4 Incident Designation:

Valid Claim Suspicious Claim Unknown Claim (Completely unaware of the incident)

Reasons why this is a suspicious claim: _____

First Aid Incident Recordable Incident Lost Time Incident

T.GERDING CONSTRUCTION COMPANY

6 Additional Information:

Name of witnesses and others working with injured worker (attach witness statements): _____

Object, substance, equipment involved in incident (desc/model/serial #): _____

PPE worn at time of incident: _____

Safety equipment & training required for job: _____

Does employee normally operate this equipment? Yes No

Was employee instructed in the safe use of this equip? Yes No When/How? – Describe in detail & attach copies of equipment certifications? _____

Was any defect with the equipment noted or reported prior to accident/incident? Yes No

Was any recent maintenance/service performed on this equipment? Yes No If yes, when/what – Describe in detail and attach copies of invoices/work orders? _____

Were standard work procedures followed? Yes No If no, why not – Describe in detail, attach additional sheets if necessary and attach a copy of the standard site procedures? _____

Was a safety rule or specific instruction violated? Yes No If yes, what – Describe in detail, attach additional sheets if necessary and attach a copy of the rule/regulation? _____

When/How was this rule, regulation or specific instruction communicated to the injured worker(s)? _____

#7 Signatures:

Foreman:

Print Name

Signature

Superintendent:

Print Name

Signature

T.GERDING CONSTRUCTION COMPANY

SECTION A9.2 Grab and Go Incident Report and Investigation Form

INJURY ILLNESS PREVENTION PROGRAM

Injured Worker's Statement *(To be filled out by Employee)*

I _____ am submitting this statement made on _____ of my
(Employee Name) (Date)
own free will. I have not been coerced or threatened in any way to submit this statement.

Consider in your statement and write below in the area provided below:

- What happened? Tell a story.
- Where were you when the incident took place?
- What activity was being performed prior to the event?
- Any other information or detail
- If you were not a witness to this incident, please state
- What do you believe happened?

Statement:

If you were injured in the incident, have you ever injured this body part before? Yes No

Employee Signature: _____ I have received a copy of this statement: Yes No

Today's Date: _____ Employer: _____

Home Address: _____

Home Phone: _____ Cell: _____

T.GERDING CONSTRUCTION COMPANY

SECTION A9.2 Grab and Go Incident Report and Investigation Form

INJURY ILLNESS PROTECTION PROGRAM

Employee/Witness Statement (*Employer: hand to Witness*)

I _____ am submitting this statement made on _____ of my
(Employee Name) (Date)
own free will. I have not been coerced or threatened in any way to submit this statement.

Consider in your statement and write below in the area provided below:

- What happened? Tell a story.
- Where were you when the incident took place?
- What activity was being performed prior to the event?
- Any other information or detail
- If you were not a witness to this incident, please state
- What do you believe happened?

Statement:

If you were injured in the incident, have you ever injured this body part before? Yes No

Employee Signature: _____ I have received a copy of this statement: Yes No

Today's Date: _____ Employer: _____

Home Address: _____

Home Phone: _____ Cell: _____

T.GERDING CONSTRUCTION COMPANY

SECTION A9.2 Grab and Go Incident Report and Investigation Form

INJURY ILLNESS PREVENTION PROGRAM

Employee/Witness Statement (*Employer: hand to Witness*)

I _____ am submitting this statement made on _____ of my
(Employee Name) (Date)
own free will. I have not been coerced or threatened in any way to submit this statement.

Consider in your statement and write below in the area provided below:

- What happened? Tell a story.
- Where were you when the incident took place?
- What activity was being performed prior to the event?
- Any other information or detail
- If you were not a witness to this incident, please state
- What do you believe happened?

Statement:

If you were injured in the incident, have you ever injured this body part before? Yes No

Employee Signature: _____ I have received a copy of this statement: Yes No

Today's Date: _____ Employer: _____

Home Address: _____

Home Phone: _____ Cell: _____

T.GERDING CONSTRUCTION COMPANY

SECTION A9.2 Grab and Go Incident Report and Investigation Form

INJURY ILLNESS PROTECTION PROGRAM

Employee/Witness Statement (*Employer: hand to Witness*)

I _____ am submitting this statement made on _____ of my
(Employee Name) (Date)
own free will. I have not been coerced or threatened in any way to submit this statement.

Consider in your statement and write below in the area provided below:

- What happened? Tell a story.
- Where were you when the incident took place?
- What activity was being performed prior to the event?
- Any other information or detail
- If you were not a witness to this incident, please state
- What do you believe happened?

Statement:

If you were injured in the incident, have you ever injured this body part before? Yes No

Employee Signature: _____ I have received a copy of this statement: Yes No

Today's Date: _____ Employer: _____

Home Address: _____

Home Phone: _____ Cell: _____

T.GERDING CONSTRUCTION COMPANY

SECTION A9.2 Grab and Go Incident Report and Investigation Form

INJURY ILLNESS PROTECTION PROGRAM

Employee/Witness Statement (*Employer: hand to Witness*)

I _____ am submitting this statement made on _____ of my
(Employee Name) (Date)
own free will. I have not been coerced or threatened in any way to submit this statement.

Consider in your statement and write below in the area provided below:

- What happened? Tell a story.
- Where were you when the incident took place?
- What activity was being performed prior to the event?
- Any other information or detail
- If you were not a witness to this incident, please state
- What do you believe happened?

Statement:

If you were injured in the incident, have you ever injured this body part before? Yes No

Employee Signature: _____ I have received a copy of this statement: Yes No

Today's Date: _____ Employer: _____

Home Address: _____

Home Phone: _____ Cell: _____

For SAIF Customer Use

Area _____

Dept. _____

Shift _____ **CC** _____

CLAIM NO. _____

SUBJECT DATE _____

CLASS _____

DEFAULT DATE _____

EMPLOYER'S _____

ACCOUNT NO. _____

Toll-free phone: 1.800.285.8525

Toll-free FAX: 1.800.475.7785

**Report of Job Injury
or Illness**

Workers' compensation claim

Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. **If you do not intend to file a workers' compensation claim with SAIF Corporation, do not sign the signature line.** Your employer will give you a copy.

1. Date of injury or illness:	2. Date you left work:	3. Time you began work on day of injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. Regularly scheduled days off: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	DEPT USE: Emp Ins Occ Nat Part Ev Src 2src
5. Time of injury or illness: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	6. Time you left work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7. Shift on day of injury: (from) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. (to) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right			9. Check here if you have more than one job: <input type="checkbox"/>	
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				

Information ABOVE this line: date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.

11. Your legal name:	12. Worker's language preference other than English: <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify):	13. Birthdate:	14. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
15. Your mailing: Address _____ City _____ State _____ Zip _____		16. Home phone: _____	
17. Social Security no. (see back*): _____		18. Occupation: _____	19. Work phone: _____
20. Names of witnesses: _____			
21. Name and phone number of health insurance company: _____		22. Name and address of health care provider who treated you for the injury or illness you are now reporting: _____	
23. Have you previously injured this body part? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Were you hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>26. By my signature, I am making a claim for worker's compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.</p>			
27. Worker signature: _____		28. Completed by (please print): _____	29. Date: _____

Employer

Complete the rest of this form and give a copy of the form to the worker. Notify SAIF Corporation within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

30. Employer legal business name:		31. Phone:	32. FEIN:
33. If worker leasing company, list client business name:		34. Client FEIN:	
35. Address of principal place of business (not P.O. Box):		36. Insurance policy no.:	
37. Street address from which worker is/was supervised: _____ ZIP: _____		38. Nature of business in which worker is/was supervised: _____	
39. Address where event occurred: _____			
40. Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		41. Class code:	
42. Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	43. Did injury occur during course and scope of job? <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	44. OSHA 300 log case no:	
45. Date employer knew of claim:	46. Worker's weekly wage: \$ _____	47. Date worker hired:	48. If fatal, date of death
49. Return-to-work status: Not returned <input type="checkbox"/> Regular Date: _____ Modified Date: _____		50. If returned to modified work, is it at regular hours and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
51. Employer signature: _____		52. Name and title (please print): _____	53. Date: _____

A guide for workers recently hurt on the job

The following information is provided by SAIF Corporation at the request of the Workers' Compensation Division

saifcorporation

400 High St. SE, Salem, OR 97312

How do I file a claim?

- Notify your employer and a health care provider of your choice about your job-related injury or illness as soon as possible. Your employer cannot choose your health care provider for you.
- Ask your employer the name of its workers' compensation insurer.
- Complete **Form 801, "Report of Job Injury or Illness,"** available from your employer and **Form 827, "Worker's and Physician's Report for Workers' Compensation Claims,"** available from your health care provider.

How do I get medical treatment?

- You may receive medical treatment from the health care provider **of your choice**, including:
 - Authorized nurse practitioners
 - Chiropractors
 - Medical doctors
 - Naturopaths
 - Oral surgeons
 - Osteopathic doctors
 - Physician assistants
 - Podiatrists
 - Other health care providers
- The insurance company may enroll you in a managed care organization at any time. If it does, you will receive more information about your medical treatment options.

Are there limitations to my medical treatment?

- **Health care providers may be limited in how long they may treat you and whether they may authorize payments for time off work.** Check with your health care provider about any limitations that may apply.
- **If your claim is denied, you may have to pay for your medical treatment.**

If I can't work, will I receive payments for lost wages?

- You may be unable to work due to your job-related injury or illness. In order for you to receive payments for time off work, your health care provider must send written authorization to the insurer.
- Generally, you will not be paid for the first three calendar days for time off work.
- You may be paid for lost wages for the first three calendar days if you are off work for 14 consecutive days or hospitalized overnight.
- If your claim is denied within the first 14 days, you will not be paid for any lost wages.
- Keep your employer informed about what is going on and cooperate with efforts to return you to a modified- or light-duty job.

What if I have questions about my claim?

- SAIF Corporation or your employer should be able to answer your questions. Call SAIF Corporation at 800.285.8525.
- If you have questions, concerns, or complaints, you may also call any of the numbers below:

Ombudsman for Injured Workers:

An advocate for injured workers

Toll-free: 800.927.1271

Email: oiw.questions@state.or.us

Workers' Compensation Compliance Section

Toll-free: 800.452.0288

Email: workcomp.questions@state.or.us

* **Do I have to provide my Social Security number on Forms 801 and 827? What will it be used for?**

You do not need to have an SSN to get workers' compensation benefits. If you have an SSN, and don't provide it, the Workers' Compensation Division (WCD) of the Department of Consumer and Business Services will get it from your employer, the workers' compensation insurer, or other sources. WCD may use your SSN for: quality assessment, correct identification and processing of claims, compliance, research, injured worker program administration, matching data with other state agencies to measure WCD program effectiveness, injury prevention activities, and to provide to federal agencies in the Medicare program for their use as required by federal law. The following laws authorize WCD to get your SSN: the Privacy Act of 1974, 5 USC § 552a, Section (7)(a)(2)(B); Oregon Revised Statutes chapter 656; and Oregon Administrative Rules chapter 436 (Workers' Compensation Board Administrative Order No. 4-1967).

T.GERDING CONSTRUCTION COMPANY

SECTION A9.4 Root Cause Analysis Form

INJURY ILLNESS PREVENTION PROGRAM

How bad could the incident have been?

Very Serious Serious Minor

What is the chance of the incident happening again?

Frequent Occasional Rare

Preventative Actions

Describe actions that will be taken to prevent a recurrence	Deadline	By Whom	Complete

Person(s) performing the Root Cause Analysis

Print Name:

Signature:

Reviewed By:

Initials

Superintendent:

Safety Department:

Safety Review Committee Representative:

T.GERDING CONSTRUCTION COMPANY

SECTION A9.5 Work Release and Physical Capacity Form

INJURY ILLNESS PREVENTION PROGRAM

Work Release and Physical Capacity Form

Employee Name: _____ Today's Date: _____
 Employer Name: _____ Date of Injury: _____
 Employee Job Title: _____ **Regular Duty** **Modified Duty**
 Specific Tasks: _____
 Location of worksite: _____

Physical Demands

Sit	(Hours) _____	Consecutive hours at a time _____	Total hours per day _____
Stand	(Hours) _____	Consecutive hours at a time _____	Total hours per day _____
Walk	(Hours) _____	Consecutive hours at a time _____	Total hours per day _____

Employee may alternate between sitting and standing every _____ Hours.

	Seldom	Occasionally	Frequently	Continuously	N/A
Restrictions below are for the:	Lt. Hand _____	Rt. Hand _____	Both Hands _____		
No Restrictions	_____				
Hand/Wrist work	___	___	___	___	___
Grasping	___	___	___	___	___
Pushing/Pulling	___	___	___	___	___
Fine manipulation	___	___	___	___	___
Reach above shoulder	___	___	___	___	___
Bend/twist	___	___	___	___	___
Kneel/Squat	___	___	___	___	___
Climb/Ladder/Stairs	___	___	___	___	___
Lifting 1-10 lbs.	___	___	___	___	___
Lifting 11 – 20 lbs.	___	___	___	___	___
Lifting 21 – 50 lbs.	___	___	___	___	___
Lifting over 50 lbs.	___	___	___	___	___
Distance objects can be carried	_____				

Key			
Seldom (0-1 Hrs)	Occasionally (1-3 Hrs)	Frequently (3-6 Hrs)	Continuously (6-8 Hrs)

Specific restrictions: _____

The above-captioned worker is able to physically commute to and perform the work tasks as described above, effective (Date) _____ for _____ hours per day. (unless otherwise indicated, full shift and immediate effective date assumed)

Physician _____ **Date:** _____

T.GERDING CONSTRUCTION COMPANY

T.Gerding Construction Company (TGCC) provides “Train the Trainer” safety training for Superintendents which enables them to train their crew. Superintendents are responsible for the Site Specific portion of training. See the appropriate section of the Injury Illness Prevention Program Manual for training requirements. The table below shows required training which must be documented.

DEFINITIONS: OR-OSHA has general training requirements intended to make workers aware of the overall safety and health aspects of their jobs and specific training requirements that apply to workers who perform special jobs or tasks. OR-OSHA’s safety and health requirements frequently use the words *certified, designated, authorized, competent person, and qualified person* to identify workers who must meet specific training requirements.

- **Certified** indicates that a worker has successfully completed specialized training and that the training has been certified in writing by a professional organization. For example, OROSHA’s safety and health rules allow only trained audiologists, otolaryngologists, or technicians who have been certified by the Council of Accreditation in Occupational Hearing Conservation to perform audiometric tests
- **Designated** generally refers to a person who has received extensive training in a particular task and is assigned by the employer to perform the task
- **Authorized** refers to a person permitted by an employer to be in a regulated area; the term also refers to a person assigned by an employer to perform a specific task or to be in a specific location at a jobsite
- A **competent person** is someone who has broad knowledge of worksite safety and health issues, who is capable of identifying existing and predictable worksite hazards, and who has management approval to control the hazards. Only a competent person can supervise erecting, moving, or dismantling scaffolds at a worksite, for example
- A **qualified person** is someone who, through training and professional experience, has demonstrated the ability to resolve problems relating to a specific task or process. For example, an individual may be qualified to perform electrical circuit tests but not qualified to perform hydraulic pressure tests

SAFETY TRAINING

Type	Specialized	Site Specific	IIPP Reference	Expires
Forklift	X	X	C13	3 Years
First Aid/CPR	X		A4	2 Years
Respirator	X		B2	1 Year
Powder Actuated Tools	X		C12	
Welding/Cutting		X	C18	
Excavation		X	C9	
Permit Required Confined Space	X	X	C4	
Fall Protection	X	X	C10	
Ladders		X	C16	
Aerial Work Platforms (AWP)			C15	5 Years
Generalized Training	X		C15	5 Years
Familiarization Training		Lift Specific	C15	
Scaffold Erector	X		C15	
Scaffold User		X	C15	
HazCom		X	A7	
Lead Awareness	X		B5	1 Year
Asbestos Awareness	X		B8	1 Year
PPE		X	A12	
Rigging	X		C5	5 Years
Signalman	X		C5	5Years

T.GERDING CONSTRUCTION COMPANY

In an effort to ensure compliance to this program and all OR-OSHA, OSHA and DOSH Standards, T.Gerding Construction Company (TGCC) has implemented the following disciplinary policy for all employees and contractors working on TGCC projects. This is established to promote safety and eliminate offenders and repeat offenders. This program may be used or may be superseded with more severe discipline based on the degree of the infraction(s). In any case TGCC has sole authority in what type of discipline is issued up to and including removal from the project.

Procedures:

- **1st offense** give a verbal warning (written record kept)
- **2nd offense** written safety violation and his/her supervision is brought into the office for a “discussion” with the TGCC Project Management Personnel. A copy of the safety violation is sent to the offending workers company’s office. With a statement to the effect that if this happens again, the worker will be removed from the project and could lead to a termination of the contract
- **3rd offense** the worker is removed from the project and all TGCC Projects for a specific period of time to be determined by the TGCC Project Team
- **If repeat occurrences with other crewmembers are found** the supervisor of said offenders shall be subject to removal from the project

Immediate removal from the project may result when the nature of the violation or when repeated violations make retention of the violator unacceptable. Willful disregard for serious safety hazards will result in immediate removal from the project of individuals directly responsible. Examples: fall protection, lockout/tag out, confined space, trenching. Violations involving these types of work could result in serious injury or death to one or more employees.

T.GERDING CONSTRUCTION COMPANY

SECTION A11.1 Disciplinary Program Safety Violation Form

INJURY ILLNESS PREVENTION PROGRAM

Employee/Subcontractor Safety Violation Notice

Employer: _____

Employee: _____ Date: _____

Supervisor: _____ Jobsite: _____

State Safety Policy Violation: _____

First Offense: Employee was found working in an unsafe manner. The employee was counseled in his/her work habits and how working in an unsafe manner is inconsistent with our goals. **Verbal Warning** (written record kept)

Second Offense: Employee was again found working in an unsafe manner. The employee was counseled in his/her work habits and how working in an unsafe manner is inconsistent with our goals. The employee is in jeopardy of being terminated for further non-compliance with safety policy and procedures. **Written Warning** (supervisor brought in for a “discussion” with the TGCC Project Management Personnel. A copy of the safety violation is sent to the offending workers company’s office)

Third Offense: Employee was found working in an unsafe manner or has blatantly placed themselves or others in extreme or excessive danger and is to be immediately terminated. **Removal** (worker is removed from the project and all TGCC Projects for a specific period of time TBD by the TGCC Project Team)

Repeat Offense: A repeat occurrence with other crewmembers. **Removal** (supervisor is removed from the project and all TGCC Projects for a specific period of time TBD by the TGCC Project Team)

Employee Signature: _____

Supervisor Signature: _____

Witness Signature: _____

T.GERDING CONSTRUCTION COMPANY

T.Gerding Construction Company (TGCC) has adopted this Personal Protective Equipment (PPE) Program to ensure that when hazards cannot be fully controlled with engineering or process controls that employees or subcontractor employees use appropriate personal protection. It is also to assist in ensuring compliance with OSHA, OR-OSHA and DOSH Standards in addition to the following TGCC requirements.

Appropriate training on the use and maintenance of PPE will be provided by, or arranged for by, our supervisors. Employees are required to wear proper personal protective equipment.

The PPE provided shall be used as outlined by specific job procedures and maintained in a sanitary and reliable condition.

The selection of PPE shall be made by our management staff and designed to match the hazard to allow employees to safely conduct their job tasks.

PPE is designed to protect the worker from injury or harm. However, it is not designed to prevent the *occurrence* of an incident which might cause harm or injury. Therefore, we must ensure that working conditions are safe and PPE is used as a back-up for additional protection.

Workplace hazards will be assessed by the project superintendent.

Prior to achieving Temporary Certificate of Occupancy (T.C.O.) the requirements for PPE are 100% coverage all the time for all people onsite. After achieving T.C.O., should conditions change, the area and requirements can be reassessed, by the project superintendent and workers shall be retrained if necessary.

Defective or damaged PPE shall not be used.

Appropriate Clothing

- Long pants are required at all time
- Shorts, dresses and sweat pants are not allowed on the jobsite
- Shirts with sleeves that cover the shoulder are required
- No muscle, mesh, tank top or similar shirts are allowed on the jobsite
- Shirts with the hem on the sleeve cut off are not allowed on the jobsite
- Clothing that may get caught in tools or equipment, such as loose fitting, torn or ragged clothing shall not be allowed on the jobsite
- Workers exposed to roofing tar must wear long sleeved shirts

High-Vis Clothing or Vests

- Shall be worn at all times when workers are exposed to vehicle traffic or may become exposed to vehicle traffic
- Colors for the clothing that meets this policy shall be determined by the project
- Reflective clothing and/or vests are required when working after dark or in low light levels

Head Protection

- All employees, subcontractor employees and visitors to the project sites are required to wear hardhats that comply with ANSI Z89.1
- Aluminum hardhats, and bump caps are not permitted
- Hard hats shall be worn whenever 'hard hat' signs are posted regardless of whether an overhead hazard exists

Hearing Protection

- When an employee could be exposed to noise in excess of 85 dBA, their employer will provide hearing protection, which will reduce the noise to an acceptable level
- Earmuffs and earplugs are used to protect against hazardous noise levels when they cannot be adequately lessened by various engineering controls
- Hearing protective devices are supplied to all employees

Eye and Face Protection

- All employees, subcontractor employees and visitors to the project sites are required to wear safety glasses that comply with ANSI Z87.1
- Prescription eyeglasses and sunglasses that do not comply with ANSI Z87.1 are **prohibited**
- All ANSI approved prescription glasses shall have ANSI approved side shields
- Employees performing work that could potentially cause materials to become flying objects such as, but not limited to, chipping, welding, grinding, cutting and chiseling, shall utilize a face shield in addition to safety glasses or goggles whichever is appropriate
- A face shield shall be worn while using powder-actuated tools
- Where necessary, each employee shall use equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation
- Employees performing work that could potentially expose them to harmful chemicals may be required to utilize safety goggles and/or a face shield
 - Please refer to manufacturer MSDS for specific requirements

Hand Protection

- Hand protection is worn to protect the hands from a mechanical injury due to friction, heat, shearing/cutting actions, and for protection against chemicals
- Chemical protective gloves are selected based on the type of rubber/plastic material which affords proper protection against specific chemicals used
 - The selection will be made by the supervisor
- Chemical protective gloves will be worn when there is skin contact with the following chemicals:
 - Solvents
 - Any corrosives
 - Spill clean-up
 - Concrete
- Kevlar gloves will be worn when using hand held grinders
- Kevlar gloves will be worn when erecting tilt panels

Foot Protection

- All employees, subcontractor employees and visitors to project sites are required to wear work boots with sturdy leather uppers
- Employees working with jackhammers, tampers and similar equipment are required to utilize metatarsal guards over their work boots
- Soft soled shoes are allowed only in specific areas or tasks (I.E. finished areas, sloped roofing work)
- Tennis or running type shoes are not allowed on the jobsite

Leg Protection

- Persons using chainsaws must wear chaps or leg protectors that cover the leg from the upper thigh to mid-calf
- The chaps must be made of a material designed to resist cuts from the chainsaw

T.GERDING CONSTRUCTION COMPANY

This program identifies the method of Pre-Task Planning that is required for each work operation. The Pre-Task Plan (PTP) will be made available to the project team for review and comment. (Sample forms are available at the end of this section.)

Pre-Task Plan – (PTP) This daily plan is designed to take place at the start of each work shift. Supervisors shall meet with their crews to discuss the tasks to be accomplished and the steps that need to take place to work safely. All workers shall review and sign the relevant PTP for their assigned work. The main components of the PTP will include but are not limited to the following:

- Evaluating the Work Area
- Potential Hazard Checklist
- Description of Steps to be Performed
- Hazards Associated with Each Step
- Required Actions to Eliminate or Control the Hazard
- Crew Sign-off

A copy of the PTP shall be kept near the work location and made available for review.

Roles and Responsibilities

- The Project Superintendent will ensure that PTP's are completed
- When applicable, pre-construction meetings will be held to review the PTP's

T.GERDING CONSTRUCTION COMPANY

SECTION A13.1 Pre-Task Planning Form

INJURY ILLNESS PREVENTION PROGRAM

Pre Task Planning Worksheet

Company Name: _____

Creator Name: _____ Phone #: _____

Start Date: _____ Completion Date: _____

Project Location: _____

Specific Location: _____

Type of Work: _____ Crew Size: _____

Are the following required?

Lock out Tag out:	Yes	No	Hot Work Permit:	Yes	No
Confined Space Permit:	Yes	No	Critical Lift Plan:	Yes	No
Ladders:	Yes	No	Ladders inspected:	Yes	No

HAVE YOU WALKED YOUR WORK AREA? **Yes No**

Does this task require special training?	Yes	No
Is the work area congested with other crafts?	Yes	No
Has the work plan been coordinated with other crafts in the area?	Yes	No
Does this task require any special permits or procedures?	Yes	No
Have you addressed any barricading requirements appropriate to the task?	Yes	No
Are you working around live systems or energized equipment? (sub grade 5')	Yes	No
Have all portable electric tools and equipment been inspected prior to use?	Yes	No
Will weather conditions affect the safe completion of this work?	Yes	No
Do you need to review a MSDS to proceed with this work?	Yes	No
Have employees been trained in the proper usage and disposal of PPE?	Yes	No
Are enough personnel assigned to this task to complete it safely?	Yes	No
Does task require disassembly of systems or equipment? Is demolition to be performed?	Yes	No
Identified all emergency equipment? Fire extinguishers, eyewashes and phones, etc?	Yes	No
Does this work involve working underneath the raised floor?	Yes	No
Does this work involve awkward positions or static postures?	Yes	No
Have you looked at all ergonomic issues related to this work?	Yes	No
Is there adequate material handling equipment available?	Yes	No
Are you familiar with evacuation routes?	Yes	No
Have you contacted the appropriate personnel?	Yes	No
Are drawings on hand?	Yes	No
Should the safety department be involved in this planning?	Yes	No
Have you performed a sequential step job analysis? (Form Attached	Yes	No

PPE Required

Hand Protection:	Yes	No	Type:	Kevlar	Rubber	Leather	Cotton	Nitrile	Other
Fall Protection:	Yes	No							
Face Shield:	Yes	No							
Foot/Toe Protection:	Yes	No							

T.GERDING CONSTRUCTION COMPANY

SECTION A13.1 Pre-Task Planning Form

INJURY ILLNESS PREVENTION PROGRAM

Sequence of basic job steps	Hazards involved in completing steps	Method to eliminate hazards and/or PPE to be utilized

Crew Members Signatures

Creators Signature: _____ **Date:** _____

Superintendents Signature: _____ **Date:** _____

T.GERDING CONSTRUCTION COMPANY

All T.Gerding Construction Company (TGCC) employees will receive a New Hire Safety Orientation before they are allowed to start work. The New Hire Safety Orientations will be given when they are: new employee's, transfers, rehires, or when they have demonstrated they did not understand the first orientation by not following the TGCC safety policies and procedures. The New Hire Safety Orientation maybe found in Section A14 of the TGCC's IIPP Manual.

In addition to The New Hire Orientation, TGCC employees will also receive a Site Specific Safety Orientation when they first arrive at the jobsite. If a new employee reports directly to the jobsite, they must receive both orientations. . The Site Specific Safety Orientation maybe found in Section A14 of the TGCC's IIPP Manual.

All subcontractors working on TGCC projects are solely responsible to ensure their employees and the employees of their subcontractors either attend the site orientation provided by TGCC or provide the Site Specific Safety Orientation to their own employees. If the contractor elects to give the orientations themselves, the foreman of the contractor must provide TGCC with the signed Site Specific Safety Orientation Form before the employee is allowed to work onsite.

No employee will be permitted to work until such orientation has been successfully completed and documented.

Procedures New Hire Safety Orientation:

- It is the responsibility of the direct supervisor to the employee to conduct this orientation
- Must be filled out and signed by the supervisor as well as the employee
- The signed form is then sent to the TGCC office and placed in the employees file

Procedures Site Specific Safety Orientation:

- It is the responsibility of the direct supervisor to the employee to conduct this orientation
- Must be filled out and signed by the supervisor as well as the employee
- The signed form is then sent to the TGCC office and placed in the employees file

T.GERDING CONSTRUCTION COMPANY

SECTION A14.1 New Hire Safety Orientation Form

INJURY ILLNESS PREVENTION PROGRAM

Employee's Name: _____

Job Assignment: _____

Date of Hire: _____

New Employee **Transfer** **Re-Hire** **Re-Orientation**
 Other (specify) _____

General

- Production goals and expectations
- Timesheets, overtime, payday
- Absentee calling procedures
- Vacation/Leave/Time off request policy
- Harassment Policy
- Use of company vehicles
- Personal use of company facilities/property
- Tobacco use policy
- Handheld electronic device use policy
- Drug and Alcohol policy
- Appropriate clothing
- No fire arms, explosives or knives
- Lockout/Tagout and assured grounding
- Hand and power tool procedures
- HazCom Overview

Incident/Accident Reporting

- Report all incidents, accidents, injuries, near misses (no matter how small) to you supervisor immediately

Overall Safety Program (IIPP)

- Read and review the Safety Policy Statement
- Read the Code of Safe Work Practices
- Explain the function of the Safety Committee and Safety Meetings

First Aid/CPR

- Explain how to get treatment
- Show location(s) of First Aid supplies, equipment
- Inform who is First Aid / CPR trained
- Discuss bloodborne pathogen program
- Show location of the nearest emergency medical facility

T.GERDING CONSTRUCTION COMPANY

SECTION A14.2 Site Specific Safety Orientation

INJURY ILLNESS PREVENTION PROGRAM

Jobsite General Information

- Project name
- Project address
- Project phone
- Scope of work
- Hours of work
- Parking location
- Restrooms facilities
- Hand washing facilities
- First aid kit location
- Fire extinguisher locations
- Task fire extinguisher requirements
- Eating area
- Break and lunch times
- Personal storage
- Absentee call in procedures
- No firearms, explosives or knives
- Firearms
- Tobacco use policy
- Radio use policy
- Safety bulletin board

Emergency Response Plan

- Emergency calling procedures
- Accident/incident reporting procedures
- First Aid/CPR trained personnel
- Medical facility location
- Medical facility location maps
- Collection/Rally point
- Head count

Hazardous Communication Program

- MSDS location
- Onsite chemical inventory list
- Training

Safety

- Correct all safety hazards immediately
- Everyone must work in a safe manner
- Must meet or exceed OSHA standards
- Must meet T.Gerding standards where they exceed OSHA
- All hands safety meeting time and location
- Fall protection required at 10 ft.
- Fall protection plans are required
- 100% safety glass policy
- 100% hard hat policy
- Per-task glove policy
- Shirts must have sleeves
- Long pants required no shorts
- Over ankle boots are required
- High –Vis clothing requirements
- Appropriate clothing requirements
- Face shields when grinding or chipping
- Per-task ear protection policy
- Respirator policy
- Red tape – means extreme danger stay out
- Yellow tape means – Caution enter only if
- No Horseplay, fighting or aggressive behavior
- No Harassment of any kind
- Housekeeping policy

Disciplinary Policy

- 1st offense – Documented verbal warning
- 2nd offense – Written Safety Violation
- 3rd offense – Worker is removed from the project
- Repeat offense – Supervisor removed
- 1st and 2nd can be skipped depending on the severity of the safety violation (fall protection)

Pre-Task Planning

- Pre-Task Plans are required for all work tasks
- Plans must be submitted to TGCC Super

T.GERDING CONSTRUCTION COMPANY

In the event of an incident (fire, injury, etc.) requiring the assistance of outside personnel, craft persons shall contact a T.Gerding Construction Company (TGCC) Project Management Team Member immediately. If the situation requires immediate outside attention and there is no time to contact a management team member, individuals shall dial # 911. Upon calling, the person shall state their name, their contractor's name, the location of the emergency, and the type of emergency. Immediately after this emergency call is made, the person shall contact the TGCC Project Management Team and their direct superiors.

The TGCC Project Management Team will work with the subcontractors in developing appropriate evacuation procedures as the job progresses. For emergencies involving building evacuation all craft persons shall follow the posted evacuation routes to their designated evacuation assembly area. Craft persons shall remain at the evacuation assembly area until they are accounted for by their supervision and an "all clear" is given to return to the project. TGCC will designate and establish the evacuation assembly area for the project.

A list of "key" onsite and home office personnel (with phone numbers) shall be developed by each subcontractor and submitted to TGCC Project Management Team prior to any work commencing, to assist communication in case of a project emergency.

Prior to the start of the project the TGCC Superintendent will identify the nearest Urgent Care facility and the nearest Hospital Emergency Room and place that information on the Emergency Response Plan Form at the end of this section. Maps for these locations will be posted and copies made available to the subcontractors. The superintendent will also determine the best location for the onsite rally point where the crews can safely gather for a head count.

T.GERDING CONSTRUCTION COMPANY

SECTION A15.1 Emergency Response Program Posting Form

INJURY ILLNESS PREVENTION PROGRAM

**IN THE EVENT OF A SERIOUS ACCIDENT OR INJURY
DIAL 911**

Project Name: _____

Project Address: _____

Cross Streets: _____

(Note: If multiple entrances are present, specify to dispatch which entrance and that someone will meet them)

Project Phone#: _____

Rally Point Location: _____

First Aid Kit Locations: _____

First Aid Trained Personnel: _____

Superintendent: _____

Home Phone: _____ **Cell Phone:** _____

Alternate Contact: _____

Home Phone: _____ **Cell Phone:** _____

Urgent Care Facility: _____

Address: _____ **Phone #** _____

Emergency Hospital: _____

Address: _____ **Phone #** _____

This Plan Must be Posted at All Phones on TGCC Projects

Subcontractors: Please Post By Phone in Your Job Trailer

T.GERDING CONSTRUCTION COMPANY

The overall reason for planning for an emergency is to provide a systematic approach to managing the crisis in an organized fashion, without causing a major disruption of normal activities. A crisis management plan is designed to maintain the T.Gerding Construction Company's (TGCC) credibility and positive image with all of its identified audiences in the face of adversity. Our customers, employees, management, financial supporters, industry peers and others, should all feel we were well organized and handled the emergency in a professional manner. Because emergencies do not pause to allow us to think through the problem, we need to be prepared for every emergency most apt to happen.

Our plan is organized for immediate use in the event of an emergency. The project teams should develop the Crisis Management Plan prior to starting the project. Copies of the plan should be printed out and kept on hand by all senior staff of the project.

This plan must be developed for each project regardless who would be taking the lead with the media. Whether we are a subcontractor, the general contractor on a stand alone site or the general contractor on a large site where the owner has requested that all media relations be handled by their spokesperson the information within this plan will help who ever is dealing with the media.

The Crisis Management Plan template and the instructions for developing the Crisis Mangement Plan can be obtained by contacting the Safety Department.

T.GERDING CONSTRUCTION COMPANY

T.Gerding Construction Company (TGCC) will strive to maintain a positive working relationship with all regulatory agencies. By law, any regulatory agency or compliance officer (Authority) has the right to enter and inspect any place of employment during normal working hours. It is TGCC policy NOT to deny entry and to fully cooperate with Regulatory Inspectors. TGCC expects all subcontractors to follow that policy.

OR-OSHA Consultative Services

- TGCC encourages the use of OR-OSHA consultative services to help employers and employees identify and correct occupation safety and health hazards
- Consultants can be utilized for pre-job and pre-task planning. Contact the Safety Consultant to arrange an OR-OSHA Consultation

DOSH Consultations

- TGCC encourages the use of DOSH consultative services to help employers and employees identify and correct occupation safety and health hazards
- Consultants can be utilized for pre-job and pre-task planning. Contact the Safety Consultant to arrange a DOSH Consultation

AGC and/or Third Party Safety Consultants

- TGCC encourages the use of AGC and/or Third Party consultative services to help employers and employees identify and correct occupation safety and health hazards
- Consultants can be utilized for pre-job and pre-task planning. Contact the Safety Consultant to arrange an AGC or Third Party Consultation

T.GERDING CONSTRUCTION COMPANY

SECTION A18 Safety Committee/Safety Review Committee Procedures INJURY ILLNESS PREVENTION PROGRAM

T.Gerding Construction Company (TGCC) has elected to conduct safety meetings instead of forming a formal safety committee. In conjunction with the safety committee, TGCC has formed a safety review committee with the intent of providing the project safety committees with information on accidents, incidents, near misses and/or injuries.

Safety Review Committee

The Safety Review Committee will be made up of Nate Gerding, Chris Giggy and the Safety Department. The sole purpose of this committee is to; 1) Gather the information and details of all accidents, incidents, near misses and/or injuries 2) Review all the information available 3) Recommend policy or procedural changes to the safety program. 4) Distribute the information and recommendations to the projects for discussion at their safety meetings.

Jobsite Safety Committee Meetings

Procedures:

- Each project will develop a Project Safety Committee
- The committee will include all available employees and subcontractors
- The project Superintendent will be considered as an employer representative and is charged with correction of and safety or health issues
- Meeting will be held on company time and employees will be paid for attendance
- These meetings will be held before the start of each project and at least monthly after that
- Topics for discussion will include, but not limited to:
 - Safety and health issues on the project
 - Accident investigations, causes and suggested corrective measures
 - Any hazards related to tools, equipment, work environment, and unsafe work practices
 - Training needs or requirements
 - Review the findings from the quarterly safety inspection the next meeting after the inspection
- Meetings shall be documented in the following manner:
 - Minutes of the meeting must be taken using the Project Safety Committee Meeting Agenda Form A18.1 located at the end of this section
 - All attendees must sign the minutes
 - A copy of the meeting minutes must be sent to the office where a copy will be kept for 3 years.
 - Posted at the jobsite until the end of the project
- This meeting will be in addition to the weekly tool box talks
- On a quarterly basis, in addition to the monthly meeting, each committee shall perform a safety inspection on the job site using the Quarterly Safety Inspection Form A18.2 located at the end of this section
 - This inspection may substitute for the Weekly Safety Inspection

T.GERDING CONSTRUCTION COMPANY

Safety and Health Issues on the Project

Hazards Related to Tools, Equipment, Work Environment and Unsafe Practices

Training Needs or Requirements (Upcoming work or equipment that requires special training – forklift, fall protection etc.)

T.GERDING CONSTRUCTION COMPANY

Review Finds From Quarterly Safety Inspection (If applicable)

Competent Person(s) – Has a Competent Person been assigned to specific tasks (scaffolds, fall protection, etc.)

Other Issues:

T.GERDING CONSTRUCTION COMPANY

SECTION A18.2 Quarterly Safety Inspection Form

INJURY ILLNESS PREVENTION PROGRAM

Quarterly Safety Inspection Form

Jobsite Name: _____

Jobsite Address: _____

Inspected By: _____ **Inspection Date:** _____

Check the appropriate box (S for Safe, U for Unsafe or N for Not Applicable) for each observation. All Unsafe observations require corrective action be taken. Identify the responsible contractor for correcting the unsafe observations.

	S	U	N	Comments
Program Administration				
All OSHA and required posting up?				
MSDS's and hazardous chemical list posted?				
Medical service locations identified and posted?				
Are all emergency numbers been posted?				
Weekly all hands meetings held and documented?				
Monthly safety committee meeting held?				
All safety training complete and up to date?				
Is the first aid kit present and up to date?				
Injuries, incidents, accidents and near misses investigated and tracked?				
Accident Investigation forms available?				
First Aid				
First Aid kits present and properly stocked?				
CPR / First Aid trained personnel present?				
Employee emergency data cards available?				
Emergency numbers posted?				
Housekeeping and Sanitation				
Overall neatness of the project?				
Regular disposal of trash and debris?				
Passageways, walkways and egress paths clear?				
Adequate lighting for all egress paths?				
Nails removed from wood?				
All oil or grease spots cleaned up?				
Debris containers provided and used?				
Adequate number of toilet facilities provided?				
Toilet facilities are cleaned regularly?				
Proper drinking container and cups provided?				
Adequate amount of drinking water provided?				
Disposal container for drinking cups provided?				
All landings and stairs are kept clean?				
Adequate lighting throughout?				
Adequate ventilation in the work area?				

T.GERDING CONSTRUCTION COMPANY

SECTION A18.2 Quarterly Safety Inspection Form

INJURY ILLNESS PREVENTION PROGRAM

Fire Prevention	S	U	N	Comments
Site specific fire prevention program posted?				
Adequate number of fire extinguishers present?				
Fire extinguishers been inspected each month?				
Fire hydrants active and available for use?				
No smoking allowed in the building?				
Site is easily accessible for the Fire Department?				
Overall housekeeping in generally good shape?				
Electrical				
Temp Power Cords, Extension Cords, Temp Lights Strings, in good condition?				
Temp power cords, extension cords, temp lights strings, inspected and color code for the quarter?				
GFCI provided at temp power locations?				
Exterior outlets protected by covers?				
Hot electrical panels protected?				
Hand Tools				
Proper tool for the job?				
Transported and stored properly?				
Inspected and properly maintained?				
Damaged tools taken out of service and tagged?				
Employee's tools inspected?				
Power Tools				
Good housekeeping where tools are used?				
Tools and cords in good condition?				
Tool double insulated or properly grounded?				
All guards are in place?				
Workers properly instructed on the proper use?				
Properly stored when not in use?				
Correct tool for the task at hand?				
Powder Actuated Tools				
Operators are properly trained?				
Tools and loads protected from unauthorized use?				
Tools inspected and in good condition?				
Tool used only on recommended materials?				
Safety glasses or face shields used?				
Flying material hazards addressed?				
Powder actuated tool in use sign present?				
Live and spent load strips properly handled?				
Spent load strips disposed of properly?				
Fall Protection				
Written fall protection plan in place?				
Fall protection devices available?				
Fall protection devices inspected daily?				

T.GERDING CONSTRUCTION COMPANY

SECTION A18.2 Quarterly Safety Inspection Form

INJURY ILLNESS PREVENTION PROGRAM

	S	U	N	Comments
Good fall protection procedures being followed?				
Guardrails are properly installed and in place?				
Falling object protection in place?				
Wall openings protected?				
Floor holes protected?				
Ladders				
Ladders inspected and in good condition?				
Properly secured from slipping, sliding or falling?				
Extended past the landing by 36"?				
Extension ladders used with a 4 to 1 ratio?				
Step Ladders fully opened?				
Step ladders not used in a leaned position?				
Properly maintained and stored?				
All labels and stickers legible?				
Scaffolding				
Erection supervised by a competent person?				
All working surfaces are fully planked?				
Cross bracing and guardrails in place?				
Components are fully compatible?				
Properly secured to the structure? (if needed)				
Working surfaces clear of all debris, material, etc.?				
Are steel feet and mudsills used?				
Fall object protection provided?				
Proper access provided?				
Means of lifting material provided?				
Daily inspections performed and documented?				
User training verified?				
Aerial Lifts				
Operators are trained?				
Operator appears competent?				
Aerial Lifts inspected daily?				
Aerial lifts are operated on a smooth, level surface?				
Operating surface free of holes?				
Scissor lift gate closed?				
Harnesses used in boomlifts				
Hoists, Cranes and Derricks				
Erection supervised by A/D Director?				
Crane has been inspected?				
Wire rope has been inspected?				
Crane annual certification on file at jobsite?				
Crane operator certification on file at jobsite?				
Work zone evaluation completed?				
Crane lift plan on file at jobsite?				
Outrigger fully extended?				

T.GERDING CONSTRUCTION COMPANY

SECTION A18.2 Quarterly Safety Inspection Form

INJURY ILLNESS PREVENTION PROGRAM

	S	U	N	Comments
Soil bearing capacities have been checked?				
Rigging and components have been inspected?				
Qualified rigger on hand?				
Anti-Two Blocking device in place?				
Qualified signalman on hand?				
Heavy Equipment and Motor Vehicle Equipment				
Inspected and properly maintained?				
All lights, warning and signal devices in proper working order.				
Back up alarm is present and can be heard over the surrounding noise?				
Spotter in place where needed?				
Operators appear qualified?				
Glass in good condition?				
High-Vis clothing being worn in work area?				
Pinch points protected?				
Traffic control plan in place?				
Traffic control procedures are being followed?				
Barricades				
Floor openings covered or guard railed?				
Roadways and sidewalks protected?				
Adequate site lighting provided?				
Proper traffic control in place?				
Handling and Storage of Materials				
All materials are properly stored and stacked?				
Materials do not block the egress paths?				
Material not stacked too high and stacks are stable?				
Proper material handling techniques used? (Hand)				
Proper material handling techniques used? (Equip)				
Material protected from the weather?				
Excavation and Shoring				
Are adjacent structures properly supported?				
Excavations properly shored or benched?				
Proper access to the excavation?				
Surface encumbrances address?				
Material 2 feet back from edge?				
Water not allowed to accumulate in the excavation?				
Competent person present?				
Demolition				
Demolition plan in place?				
Temporary shoring or supports in place?				
Debris removal procedures adequate?				
Public protection provided?				

T.GERDING CONSTRUCTION COMPANY

SECTION A18.2 Quarterly Safety Inspection Form

INJURY ILLNESS PREVENTION PROGRAM

	S	U	N	Comments
Adequate operating space for equipment?				
Adequate access to all levels?				
Flammable Gasses and Liquids				
Fuel containers are metal safety cans or DOT approved?				
All containers are properly identified?				
Proper storage procedures in place?				
Fire extinguisher present at storage locations?				
Fire extinguisher present at fueling operations?				
Cylinders stored in upright, capped and secured?				
Types of gas cylinders are properly separated?				
Welding and Cutting				
Are all welders certified?				
Screens and/or shields in place?				
Proper PPE being worn?				
Equipment in good condition?				
Hoses, gauges, torches, etc. in good condition?				
Welding leads in good condition?				
Equipment grounded?				
Task fire extinguisher present?				
Hot work permit present?				
Fire watch required?				
PPE				
Respirators, cartridges, and pre-filters appropriate?				
Extra cartridges, pre-filters, respirators and spare parts available?				
Positive and negative check performed before use?				
Eye protection available and in use?				
Face shields available and in use?				
Eye wash station present?				
Hard hats available and in use?				
Hearing protection available and in use?				
Hand protection available?				
Proper clothing in use?				
Hi-Vis clothing in use				
Proper work boots worn?				

T.GERDING CONSTRUCTION COMPANY

T.Gerding Construction Company (TGCC) is concerned about the health and wellbeing of its employees. In the event an employee suffers a job related illness or injury and is unable to perform their regular job duties, TGCC wants to assist the employee in obtaining the best treatment and returning to their regular duties as soon as possible. The following program has been prepared to help the employee understand the procedures to follow for providing us with the information needed to assist the employee in returning to work as quickly as possible. Studies shows that return to work programs are therapeutic and help speed the recovery process. In addition, injured employees stay “in touch” with the work environment and with fellow employees, which helps to facilitate a smooth and speedy transition back to their normal job. This also creates an opportunity for cross training and developing new skills.

Everybody “wins” with this type of program. The company wins by retaining the use of valuable trained employees while at the same time minimizing workers’ compensation and other costs. Employees win by returning to their regular job and income sooner, and by avoiding the negative effects of a long-term absence.

Purpose and Intent

- In order to minimize serious disability due to on-the-job injuries or illnesses and to reduce workers’ compensation costs, TGCC has developed procedures to deal with injuries/illnesses in which the worker can be offered light duty or modified work, temporarily
- Light duty jobs will be identified after obtaining and examining the injured worker’s physical limitations of restrictions. “Light duty” might be the worker’s regular job, modified by removing heavier tasks and reassigning these to other workers; a different regular job currently existing at the workplace, or a job that is specifically designed around the worker’s restrictions
- A light duty job offer will be made only when the work is available. The light duty job, if offered, will end with the date the worker received a regular release, and may be ended at any time if there is no longer a need for the light duty work. Each case will be assessed individually based on need
- On-the-job injuries and occupational diseases will be handled by a team consisting of the injured worker, his or her supervisor, the safety department, the company owners, the insurance company, and the injured workers physician. The team approach is the most effective method for achieving a return to productive work at the earliest opportunity. Responsibilities of the injured worker, the supervisor, and the safety department are outlined in the following pages

Employee’s Responsibilities

- When an employee has an on-the-job injury, or illness, it must be reported immediately to a supervisor/foreman. Failure to do so could result in your claim being delayed or denied
- If an injury requires treatment at a medical facility, the employee will be required to fill out an 801 Form as soon as possible after the incident
- **You** must inform your physician that there are modified/light-duty jobs available, and provide him with a Work Release and Physical Capacity Form for each separate doctor’s visit
- Work Release and Physical Capacity Form with you to the first and all subsequent medical visits.
 - Tell the doctor the company may be able to place you in a temporary modified job if you cannot return to regular work
 - Return form completed by the doctor to your supervisor or to the office the same day, or the next scheduled business day
- You cannot return to work without a release from your doctor
- If you are unable to report for any kind of work, you must call in every Monday, between the hours of 7:30 a.m. and 9:30 a.m. (unless otherwise arranged) to your superintendent or other designated person to report your status
- If you are unable to bring in the information, you should call your supervisor/foreman and then mail in the written information

T.GERDING CONSTRUCTION COMPANY

- It is also your responsibility to supply your supervisor/foreman with your current telephone number (unlisted or not) and an address where you can be reached
- If an appropriate light duty job is developed, whether it is a modified version of your regular job or another light duty job, you must report for work at the time designated by the company
- If you return to a light duty job, you must make sure that you do not go beyond either the duties of the job or your physician's restrictions
 - If your restrictions change at any time, you must notify your supervisor at once and give your supervisor a copy of the new medical release at which time the light/modified duties may be changed to be consistent with your current restrictions
- If you see a Doctor or Emergency facility after hours or on a weekend for a work related injury, you must notify your Supervisor of this fact and the nature of the injury and any restrictions on the next scheduled business day
- Employee must understand that refusal of a light duty job offer may impact the workers worker compensation benefits

Superintendent/Foreman Responsibilities

- Provide Employees with the proper forms
 - 801 Form located in Section A9 document A9.3
 - Work Release and Physical Capacity Form located in Section A9 document A9.5
 - Early Return to Work Employee Instruction Form located at the end of this section, document A19.1
- Assure the employee understands and follows his/her responsibilities as listed above and on Form A19.1
- Work with the safety department and employee to determine what light duty jobs are available that will meet the restrictions specified by the treating physician
- Verify that the employee does not go beyond either the duties of the job or the physician's restrictions

Safety Department's Responsibilities

- Assist the superintendent/foreman in determining available light duty work that will meet the restrictions set by the treating physician
- Track all the paperwork and forms required for this program

T.GERDING CONSTRUCTION COMPANY

T.Gerding Construction Company (TGCC) has developed a program for its' employees designed to assist workers who are **temporarily** disabled due to an on the job illness or injury. This program is called the "Early Return to Work Program." This includes a team effort, including disabled workers, their attending physician, the insurance carrier, and project management.

When employees report illnesses or injuries, they will be given certain forms and may be sent to a doctor for examination and/or treatment. A separate Work Release and Physical Capacity Form must be completed for each separate doctor visit to help us ensure the greatest degree of health and safety. If the doctor determines that the employee qualifies for our Early Return to Work Program, the doctor will complete the appropriate forms indicating the restrictions and conditions for transitional work. **We will then attempt to provide a modified work position until the employee is able to resume full duties.** All modified work is temporary in nature and is designed to facilitate a return to full duties as soon as possible. Modified work positions may be offered at any project, and/or any shift. Modified work positions can also be offered on a varied schedule.

Failure to report for work at the designated time and place will be regarded as a voluntary resignation and could affect your time loss compensation and/or reemployment/reinstatement rights.

This is not designed as a substitute for reasonable accommodation under any applicable federal and/or state regulations, such as the Americans with Disabilities Act, The Rehabilitation Act 1973 or other applicable laws.

To preserve the ability to meet company needs under changing conditions, we reserve the right to revoke, change or supplement these guidelines at any time with or without written notice. No permanent employment for any term is intended or can be implied by this policy. But, while in effect, all doctor recommended restrictions will be followed. The site management and the claims manager, on a two-week basis or after a doctor's visit, will review with the worker the availability of continued modified work.

The policies and procedures in this program are not intended to be contractual commitments and they shall not be construed as such. This policy is not intended as a guarantee of continuity of benefits or rights.

Studies shows that return to work programs are therapeutic and help speed the recovery process. In addition, injured employees stay "in touch" with the work environment and with fellow employees, which helps to facilitate a smooth and speedy transition back to their normal job. This also creates an opportunity for cross training and developing new skills.

Everybody "wins" with this type of program. The company wins by retaining the use of valuable trained employees while at the same time minimizing workers' compensation and other costs. Employees win by returning to their regular job and income sooner, and by avoiding the negative effects of a long-term absence.

Employee Responsibilities

- When an employee has an on-the-job injury, or illness, it must be reported immediately to a supervisor/foreman. Failure to do so could result in your claim being delayed or denied
- If an injury requires treatment at a medical facility, the employee will be required to fill out an 801 Form as soon as possible after the incident
- **You** must inform your physician that there are modified/light-duty jobs available, and provide him with a Work Release and Physical Capacity Form for each separate doctor's visit
- Work Release and Physical Capacity Form with you to the first and all subsequent medical visits.
 - Tell the doctor the company may be able to place you in a temporary modified job if you cannot return to regular work
 - Return form completed by the doctor to your supervisor or to the office the same day, or the next scheduled business day

T.GERDING CONSTRUCTION COMPANY

- You cannot return to work without a release from your doctor
- If you are unable to report for any kind of work, you must call in every Monday, between the hours of 7:30 a.m. and 9:30 a.m. (unless otherwise arranged) to your superintendent or other designated person to report your status
- If you are unable to bring in the information, you should call your supervisor/foreman and then mail in the written information
- It is also your responsibility to supply your supervisor/foreman with your current telephone number (unlisted or not) and an address where you can be reached
- If an appropriate light duty job is developed, whether it is a modified version of your regular job or another light duty job, you must report for work at the time designated by the company
- If you return to a light duty job, you must make sure that you do not go beyond either the duties of the job or your physician's restrictions
 - If your restrictions change at any time, you must notify your supervisor at once and give your supervisor a copy of the new medical release at which time the light/modified duties may be changed to be consistent with your current restrictions
- If you see a Doctor or Emergency facility after hours or on a weekend for a work related injury, you must notify your Supervisor of this fact and the nature of the injury and any restrictions on the next scheduled business day

Employee must understand that refusal of a light duty job offer may impact the workers worker compensation benefits.

I have read and fully understand all of the above procedures, and know my responsibilities. I understand that failure to complete my responsibilities as stated above may result in disciplinary action up to and including termination from my job and/or loss of my right to re-employment or reinstatement following injury. I have received a copy of this information.

Employee's Signature

Date

This Form is for T.Gerding Construction Company Employees Only

T.GERDING CONSTRUCTION COMPANY

SECTION A19.2 Injured Employee Job Offer Letter

INJURY ILLNESS PREVENTION PROGRAM

Date: _____ **Send Certified Mail, Receipt Requested or Fill Out In Person**

Injured Workers Name: _____

Street Address: _____

City, State, Zip _____

RE: Claim Number: _____ **Date of Injury:** _____

Dear: _____ *(Employees Name)*

Your doctor released you for temporary alternate/modified duty work and has agreed that you are physically able to commute to modified work. Attached is a copy of the Physician-approved Job Analysis. We are offering you a temporary alternate/modified duty job, as described below. Unless otherwise stated, the duration of the job is unknown.

Job Title: _____ **Start Time:** _____

Start Date: _____ **Hours per Day:** _____

Wage: _____ **Hours per Week:** _____

Where to Report/ Location of Work: _____ **Report to Whom:** _____

Address: _____

Description of Job Duties: (see Physician-approved Work Release and Physical Capacity Form)

While on temporary alternate/modified duty work, your workers' compensation benefits may be offset by your wages. If you choose not to accept this job offer or do not report to work as specified, your workers' compensation benefits may be adversely affected. Under Oregon law, you have the right to refuse an offer of employment without termination or reduction of temporary total disability benefits if any of the following conditions apply:

- a. The offer is at a site more than 50 miles from where you were injured, unless the work site is less than 50 miles from your residence, or your intent and the intent of the employer at the time of hire or as established by the employment pattern prior to your injury was that the job involved multiple or mobile work sites and the worker could be assigned to any such site. Examples of such sites include, but are not limited to logging, trucking, construction workers and temporary employees;
- b. The offer is not with the employer at injury;
- c. The offer is not at a work site of the employer at injury;
- d. The offer is not consistent with existing written shift change policy or common practice of the employer at injury or aggravation; or
- e. The offer is not consistent with an existing shift change provision of an applicable union contract.

If you refuse this offer of work for any of the reasons listed above, you must write to your insurer or employer and tell them your reason(s) for refusing the job to keep your temporary total disability from being reduced or stopped. If the insurer disagrees and reduces or stops your temporary total disability, you have the right to request a hearing.

Sincerely, _____

Title: _____ **Date:** _____

I have read the above job offer and accept / decline the job as offered. *(Circle response)*

Employee's Signature and Date

Witness Signature and Date

T.GERDING CONSTRUCTION COMPANY

SECTION A20 Substance Abuse Program

INJURY ILLNESS PREVENTION PROGRAM

T.Gerding Construction Company (TGCC) has a ZERO tolerance policy.

Illegal drugs and alcohol of any kind are not allowed on TGCC's project sites. This includes the project worksite, trailers, parking lots and personal vehicles. Anyone found in possession of illegal drugs and/or alcohol on the project site is subject to termination.

This policy is non-discriminatory and applies to all TGCC employees, contractors, subcontractors, owner's subcontractors and construction managers, and any others working on a TGCC project.

Individuals under the influence of drugs or alcohol on the job pose serious safety and health risks not only to the user, but also to all those who surround or come in contact with the user. Therefore, TGCC asks for your full cooperation and support in implementing this policy.

OR-OSHA and OSHA Jurisdictions

T.Gerding Construction Company (TGCC) recognizes the importance of proper sanitation on the project sites. This program is designed to meet the needs of proper sanitation on our projects.

Potable Water

- Each employer shall have an adequate supply of potable drinking water for their crews.
- Portable containers used to dispense drinking water shall be capable of being tightly closed and equipped with a tap
- Water shall not be dipped from the container
- Any container used to distribute drinking water shall be clearly marked as to the nature of its contents and not used for any other purpose
- Water containers shall be:
 - Constructed of materials that maintain water quality
 - Refilled daily or more often as necessary
 - Kept covered at all times
 - Cleaned at least once a week or more often if conditions require
- Common drinking cups are prohibited
- Where single 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
- Potable water means water which meets the quality standards prescribed in the U.S. Public Health Service Drinking Water Standards, published in 42 CFR part 72, or water which is approved for drinking purposes by the State or local authority having jurisdiction

Non-potable water

- Outlets for non-potable water, such as water for industrial or firefighting purposes only, shall be identified by signs to indicate clearly that the water is unsafe and is not to be used for drinking, washing or cooking purposes
- There shall be no cross-connection, open or potential, between a system furnishing potable water and a system furnishing non-potable water

Toilets

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

Number of employees	Minimum number of facilities
20 or less	1
20 or more	1 toilet seat and 1 urinal per 40 workers
200 or more	1 toilet seat and 1 urinal per 50 workers

- Under temporary field conditions, provisions shall be made to assure not less than one toilet facility is available
- At the site of every project with an estimated cost of \$1,000,000 or more the following will be enforced
 - Provide flush toilet facilities in accordance with the table above. (all required toilets based on the table must be the flushing type)
 - Where flush toilets are required a chemical toilet will be considered a urinal
 - Washing facilities which include wash basins, warm water and soap
- Toilets and toilet area shall be maintained in good repair and in a clean and sanitary condition
- At locations where women will be using the toilets a lockable toilet will be made available for them

DOSH Jurisdiction

In addition to the above program, projects in the Washington DOSH Jurisdiction shall comply with the following.

Wash Water

- Clean, tepid wash water, between 70 and 100 degrees Fahrenheit, shall be provided at all construction sites
- Individual hand towels shall be provided
- Both a sanitary container for the unused towels and a receptacle for disposal of used towels shall be provided
- Hand soap, industrial hand cleaner or similar cleansing agents shall be provided
- Cleansing agents shall be adequate to remove any paints, coatings, herbicides, insecticides or other contaminants
- Gasoline or solvents shall not be used for personal cleaning
- Wash water areas will be maintained in a dry condition
- Slipping or other hazards shall be eliminated from the wash water area before it is acceptable for use

Toilets

- Where chemical toilets are used the following table shall apply:

Number of Employees	Number of toilets required
1 – 10	1
11 – 25	2
26 – 40	3
41 – 60	4
61 – 80	5
81 and Over	1 additional toilet for each 20 workers or fraction there of

- Where only flush toilets are used the following table shall apply

Number of Employees	Number of toilets required
1 – 15	1
16 – 35	2
46 – 55	3
56 – 80	4
81 - 110	5
111 – 150	6
151 and Over	1 additional toilet for each additional 40 employees

- When the employer provides both flush and portable chemical toilets, the number of employees allowed to be served will be required to meet the chemical toilet table
- Internal latches shall be provided to secure the units from inadvertent entry
- Where there are twenty or more employees consisting of both sexes, facilities shall be provided for each sex
- Each unit shall be properly cleaned on a routine basis
- Chemicals, toilet tissue and sanitary seat covers shall be maintained in a supply sufficient for use
- Any defective or inadequate unit shall be immediately removed from service
- The following specifications apply:
 - A noncaustic chemical toilet (portable chemical toilet) is a self-contained unit equipped with a waste receiving chemical holding container

- Portable chemical toilets consisting of only a holding tank, commonly referred to as "elevator units" or "elevator toilets" are not acceptable
- "Elevator units" may be used if they are individually located in a lockable room which affords privacy
- When this type unit is used in a private individual lockable room the entire room will be considered a toilet facility, as such the room will meet all requirements of toilet facilities
- Rooms, buildings or shelters housing toilets shall be of sound construction, easy to clean, provide shelter and provide privacy
- The toilet rooms shall be ventilated to the outside and adequately lighted. All openings into the toilet room shall be covered with 16-mesh screen
- Toilets shall be serviced on a regular schedule
- Toilets shall be inspected daily
- On multistory structures they shall be furnished on every third floor