Department of Health and Human Services (DHHS)
Safety Manual for Safety Officers

Effective March 1, 2016

1. PURPOSE AND SCOPE

The purpose of this Manual is to:

a. Provide a safe and healthy environment for staff, patients, residents, clients and visitors to work, live, and visit.

b. Provide oversight and examination of issues and develop strategies on the impact of occupational safety, environmental compliance, and fire protection regulations affecting the Department of Health and Human Services (DHHS).

c. Ensure DHHS facilities comply with current National Fire Protection Association (NFPA) National Fire Codes (NFC), emphasizing NFPA 101, Life Safety Codes, environmental regulations, and Uniform Federal Accessibility Standards.

The Manual is organized by subject. Many requirements are interrelated; staff are responsible for compliance with all of the Laws within its provisions.

2. PROGRAM OBJECTIVES

Expected results of this program are:

a. Hazardous materials will be controlled.

b. Unsafe or unhealthy conditions reported by staff, patients, residents, clients, or visitors will be examined and corrected when appropriate.

b. Fire losses will be reduced through prevention and control strategies, evacuation planning, and maintenance of fire suppression equipment.

c. Work-related accidents and injuries will be investigated.

d. Personal protective equipment will be worn by staff when necessary.

e. Safety, fire safety, environmental compliance, and sanitation inspections will be conducted regularly.

3. DIRECTIVES AFFECTED

4. STANDARDS REFERENCED

Occupational Safety and Health Administration (OSHA)
National Fire Protection Association (NFPA)
Environmental Protection Agency (EPA)
Department of Environmental Quality (DEQ)
Joint Commission/CMS
American National Standards Institute (ANSI)
American Congress of Governmental Industrial Hygienists (ACGIH)

5. WRITTEN PLANS/PROGRAMS

Each facility/division/office shall publish Plans and/or Programs in accordance with this manual.

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Chapter 1. ADMINISTRATION

A. PURPOSE

The Department of Health and Human Services, through its safety policy, aims to create a safe, healthful environment for patients, residents, clients, staff, visitors, and others in DHHS facilities. Each facility/division/office must comply with the most recent codes, standards, and regulations; the following are referenced in this policy:

Occupational Safety and Health Administration (OSHA)
National Fire Protection Association (NFPA)
Environmental Protection Agency (EPA)
The Joint Commission/CMS
American Society for Testing and Materials (ASTM)
American National Standards Institute (ANSI)
American Congress of Governmental Industrial Hygienists (ACGIH)
Division of Health Service Regulation
Department of Environmental Quality
North Carolina Building Codes

B. RESPONSIBILITIES

1. Safety Programs Manager

The Safety Programs Manager (SPM) reports to the Director, DHHS HR, on issues related to occupational safety, fire safety, and environmental health issues. He/she:

Consults with the facility/division Safety Officers and informs DSOHF management when issues in the facilities cannot be resolved at that level.
Develops and interprets policy in the areas of occupational safety, fire protection, and environmental regulations.
Ensures the effectiveness and uniformity of safety programs in consultation with DSOHF.
Monitors reports and data generated by facilities safety personnel.
Provides guidance and technical supervision to facilities safety personnel.

2. Safety Officers

The Safety Officer advises the Chief Executive Officer (CEO)/Facility Director on occupational safety, environmental compliance, and fire protection. He/she:

Monitors the effectiveness of the safety program as identified in the organization's policies;
Conduct periodic inspections of the facility/division/office (see Attachments 1.1 and 1.2);
Participates in inspections/surveys by authorities having jurisdiction as directed by the CEO/Director;
Participates in safety related inspections as directed by the organization's policies;
Provides technical assistance on safety, environmental, and fire related issues to

the organization;
Participates in accident investigations and related activities as directed by the organization's policies;
Participates within the organization's emergency management/operations plan;
Complies with the organization's policies and procedures; and
Integrates well into the organization's structure and operations.

3. Chief Executive Officers

The CEO/Facility Director:
Commits top management support to injury/illness reduction, and monitor the effectiveness of the program.
Ensures compliance with OSHA, EPA, and NFPA requirements and state and local regulations.
Ensures periodic inspections of workplaces by technically competent personnel.
Ensures prompt abatement of unsafe or unhealthful working conditions.
Ensures that management information systems and records are kept accurately and posted annually for accidents, injuries, and illnesses.
Ensures that employees are not subject to restraint, interference, coercion, discrimination, or reprisal for exercising their rights under 29 CFR 1960, or for participating in the DHHS Occupational Safety, Environmental Compliance, and Fire Protection Program.

4. Supervisors

Ensures safety practices are followed and implements corrective actions**.**
Trains staff in safe practices.
Familiarizes themselves with hazards associated with particular jobs or the physical surroundings of employees.
Promptly and accurately reports and records work-related accidents, injuries, illnesses, and their causes within 24 hours.

5. Non-Supervisory Staff

Perform their duties in the safest possible manner.
Comply with regulatory agencies and division/facility/office policies.
Immediately report hazards or unsafe acts to supervisors.
Report accidents, injuries, and illnesses to supervisors.

C. IMMINENT DANGER

When a Safety Officer determines conditions or practices in a place of employment could reasonably and immediately be expected to cause death or serious physical harm, he/she must inform and remove affected employees from the danger and in consultation with CEO/Director and clinical leadership shut down the work or process until the danger is eliminated. In addition, he/she must inform the CEO/Director and SPM in writing. Reactivation of the work or process depends on the Safety Officer's re-inspection and written approval.

D. TRAINING

1. Safety Staff

Safety Officers complete the following training courses:

- Introduction to Occupational Safety, Environmental Compliance, and Fire Protection Training Program
- Environmental compliance training, as specified in Chapter 3. Safety staff also receive environmental refresher training annually
- Fire protection and emergency response training, as specified in Chapter 4
- Safety staff also receive annual refresher training in fire protection and emergency responses
- Employee Compensation procedures and forms
- Training for trainers
- Other facility/division/office specific annual training requirements
- Confined space
- Confined space rescue for facilities with rescue teams
- Basic first aid
- Cardiopulmonary resuscitation (CPR)

2. Safety Training for Other Staff

Supervisors are trained annually in inspection techniques for compliance with occupational safety, fire safety, and environmental standards.

Supervisors and line staff are trained annually in fire plans, features in automatic fire suppression equipment, and fire response (e.g., use of extinguishers).

Other topics covered in annual training may include:

- DHHS Safety Program
- OSHA (Section 19)
- Respirator Program
- Workers' Compensation Program
- Lockout/tagout procedures
- Departmental inspections
- Asbestos awareness
- Hazard Communication Program
- Confined Space Identification
- Fire Alarm System and Annunciator Panel

Training also includes skill development in managing Occupational Safety and Environmental Health programs within the work unit, including training and motivation of staff for participation in maintaining a safe and healthful work practices.

E. COMMITTEE MEMBERSHIP

1. Facilities Safety Committee

The Facilities/Divisions Safety Committee includes department heads (including Plant Ops Supervisor(s)) designated by the CEO/Director. Other staff should be invited as needed to Safety Committee meetings that involve their areas.

At DSOHF facilities, the Facility Director appoints the Safety Committee chair, which may be the Safety Officer, and designates a recorder to prepare minutes. For other DHHS Divisions, the Safety Officer chairs the Safety Committee.

The committee meets at least quarterly. At a minimum, the following topics are reviewed:

- Accidents and injuries
- Budget/planning
- Disaster management
- Fire safety issues
- Hazardous complaint log
- Inspections
- Audit Review reports
- Pest control

F. REPORTING HAZARDS

Any employee who believes that an unsafe or unhealthful condition exists in a workplace where he/she is employed, has the right to report the unsafe or unhealthful working condition to the Safety Officers or directly to OSHA, NC Department of Labor. Since many safety and health problems can be eliminated as soon as they are identified, the existence of formal channels of communication does not preclude immediate corrective action by a supervisor in response to oral reports of unsafe or unhealthful working conditions. Completion of the DHHS required hazard reporting form and submission to supervisor will suffice for this requirement.

Each report of an existing or potential unsafe or unhealthful working condition is recorded in a log at the facilities/divisions. A copy of each report is presented to the Facilities/Divisions Safety Committee at its next meeting.

Log entries will be completed by the Safety Officer or designee and contain: date, time, location of condition, brief description, classification (imminent danger, serious, or other), and date and nature of action taken.

The Safety Officer conducts an inspection upon notification of imminent danger conditions, within 8 hours for potentially serious conditions, and 3 working days for other than serious conditions. A written summary is provided to the employee upon request.

The Occupational Safety and Environmental Health Program poster is displayed in a conspicuous location frequented by employees. The poster details the program and

how to file a report.

G. ACCIDENT INVESTIGATION

Work-related accidents and injuries are investigated and documented by the supervisor and the Safety Department. Documentation of property damage accidents must be compliant with state record retention policy.

In instances of serious injury, dismemberment, or fatal injury, the facility/division/office policy is followed to determine the underlying conditions responsible for the accident, for the sole purpose of identifying corrective actions to prevent future reoccurrences**.**

A Board of Inquiry may be appointed by the Director when an external investigation is thought appropriate.

H. REPORTS

1. Serious Accidents/Incidents/Fires

Within 8 hours after a serious accident/incident/fires of the following types, the Safety Officer notifies the SPM, following all HIPAA/privacy rules/policies by telephone and e-mail of the circumstances, individuals involved, actions taken, fatalities and injuries, and extent of property damage:

Occupational accident that is fatal or involves the loss of an eye, bodily function or appendage.
Occupational accident that results in hospitalization.
Occupational illness that results in death.
The Safety Officer ensures proper notification to outside agencies
Fatality and catastrophe notification to OSHA, per 29 CFR 1904.

2. Staff Injuries

Injuries are documented by the Safety Department or Worker's Compensation Administrator (WCA) using NC Industrial Commission Form 19 and OSHA 300 log. The OSHA 300A form (Annual Summary of Injury or Illnesses) is posted in a conspicuous area by no later than February 1 through April 30 of each year (per a DOL requirement).

3. Outside Visits

The SPM is notified when a regulatory agency visits or inspects the facility/division/office. He/she is also notified when an outside technical assistance/inspection report is received by the facilities/division**.**

4. Motor Vehicle Accidents

The Safety Officer ensures vehicle accidents are investigated as required.

5. Outside Visitors

Accidents involving outside visitors are reported to the Safety Department.

I. RECORDS RETENTION

Follow local, state and federal requirements for records retention.

J. ACCIDENT COMPENSATION

Follow required policy and procedures.

K. FIRST AID KITS

The facility/division/office CEO/Director designates personnel to inspect emergency medical response carts or first aid kits to ensure the contents are safe to use and are not outdated.

L. DRIVER LICENSING

For purposes of licensing, there are two categories of drivers: employee operators and employee incidental operators.

1. Employee Drivers

Responsibility for ensuring adherence to the following requirements resides with the head of the department using the operator or incidental operator.

An Employee Operator is a staff member required to operate a commercial motor vehicle (CMV) on public roads or highways (as defined by DOT in Title 49, CFR). He/she must have a CDL and meet DOT requirements. An Employee Operator must:

- Have a safe driving record, as defined by the DMV
- Have a valid CDL and meet Federal Motor Carrier Safety Administration Commercial Driver's License Standards; Requirements and Penalties (defined by DOT in Title 49, CFR)
- Meet physical fitness, medical examination, and other CMV qualifications required by DOT in Title 49, CFR.

An Employee Incidental Operator is an employee who operates a Government-owned or -leased motor vehicle to carry out assigned duties. Incidental Operators must:

- Have a safe driving record
- Have a valid state license
- Carry an identification card when operating a Government-owned, privately owned, or leased vehicle on official business
- Receive documented special training if operating special-purpose or over-one-ton-rated vehicles

2. Employee Drivers Corrective Actions

Action may be taken against an operator or incidental operator for:

- Being convicted of operating under the influence of alcohol or drugs

- Being convicted of leaving the scene of an accident without making his/her identity known
- Failing to meet required physical standards by a licensed health care professional
- Having a revoked or suspended state license
- Operating a motor vehicle in an unsafe or negligent manner

3. Seat Belt Use

Employees on official business must fasten seat belts when a vehicle is in motion.

Seat belts must be worn by occupants of Government-owned vehicles, including leased, personally owned, or rented vehicles on official business (except passengers on buses).

M. CONSTRUCTION AND RENOVATION PROJECTS

1. Projects completed with DHHS Force Account Labor

a. Plan Review

Plans for renovations, alterations, additions, and new construction are reviewed by the facilities Safety Officers. The Safety Officer's review focuses on compliance with NFC, OSHA, NC Building Codes, and State policy.

b. Pre-Construction Meetings

The Safety Officer attends pre-construction and job progress meetings to advise project staff on fire protection and safety issues.

c. Monitoring

The Safety Officer monitors construction and renovation projects to ensure compliance with safety standards.

d. Unsafe Work Conditions

If an unsafe work condition is observed, the Safety Officer takes the following steps:

- Advise the on-site Maintenance Director/Plant Operations Supervisor of the unsafe work condition
- Keep a log of unsafe incidents and corrective actions
- Conduct follow-up inspections to ensure corrective actions occurred and continued compliance exist.
- For imminent danger situations, see Chapter 1, Section C

2. Contracted Projects

a. For any contracted construction and renovation work, the contractor is responsible for all safety associated with the project as specified in the project construction documents. The DHHS Safety Policy Manual is not referenced as part of the project construction documents.

b. The DHHS Safety Officer shall have the opportunity to:
Review any contract documents during the design phase of the project for the purpose of providing input regarding safety.
Attend preconstruction and progress meetings to ask questions and provide input.
Monitor project sites to ensure that work is being conducted in a safe manner (for the project team is responsible for ensuring that work is progressing in conformance with the intent of the design documents).

c. The Safety Officer informs the on-site Maintenance Director/Plant Operations Supervisor of any safety issues identified with the construction documents or construction. The Maintenance Director/Plant Operations Supervisor informs the assigned Project Manager of the Division of Property and Construction who will ensure the project team addresses the issue.

Chapter 2. OCCUPATIONAL SAFETY

This chapter mirrors the layout of the OSHA regulations.

A. OCCUPATIONAL SAFETY

1. Standards

While other publications help in managing the occupational safety program, OSHA regulations are the governing authority. Note that provisions in this policy may be **more** restrictive than OSHA minimum standards. Health hazards discussed in this section concern environmental conditions in the workplace that may cause illness or death. If the scope of a problem is beyond the expertise of the Safety Department, OSHA has responsibility to provide services and guidance to State agencies in development and implementation of occupational safety and health programs.

2. NIOSH

The National Institute for Occupational Safety and Health (NIOSH) evaluates hazards resulting from exposure to chemical substances only, while OSHA assists with evaluation of physical agents (noise, heat, etc.).

3. Hazard Control Methods

Occupational hazards must be assessed. If hazards cannot be “substituted out” (i.e., use of a less flammable solvent), then administrative (reduced exposure through scheduling) and engineering controls (i.e., ventilation) are implemented where feasible. The last line of defense for workers is the use of personal protective equipment (PPE).

B. HAZARD ASSESSMENT

The Safety Department identifies and addresses hazards in the workplace. Existing and new work procedures, projects, or exercises (mock disaster drills, etc.) are reviewed by the Safety Department and brought for review to the Safety Committee. At DSOHF facilities, results and recommendations from the safety committee are integrated into the QAPI structure of the facility.

Prior to the purchase of new chemicals (not including pharmaceuticals), orders are reviewed by the Safety Officers to ensure environmentally-friendly chemicals are purchased.

Hazard assessments include identification of equipment requiring safety guards.

C. WALKING-WORKING SURFACES (FLOORS, STAIRS, ETC.)

1. **Floors**. Floors, aisles, and passages are per 29 CFR 1910 Subpart D.

2. **Loading Docks**. Loading docks 4 feet or more in height have guardrails and signs posted designating the use of wheel chocks or mechanical means to secure trucks or trailers to the loading dock.

Note: The NFPA Life Safety Code requires a guardrail on any section of the loading dock that is part of a required exit, when dock height is 30 inches or more.

3. **Portable Ladders**. Portable ladders are used per manufacturer's recommendations and meet specifications in the OSHA standard, 29 CFR 1910 Subpart D. Fiberglass ladders are not covered by OSHA regulations but are used per manufacturer's recommendations.

4. **Scaffolding.** Scaffolding meets specifications in the OSHA standard, 29 CFR 1910.28 Subpart D.

D. NOISE EXPOSURE

Noise assessments and hearing conservation programs are conducted per the OSHA Occupational Noise Exposure regulation, 29 CFR 1910.25. The Safety Officers conduct a facilities-wide survey to determine high-noise areas and operations, as defined in the regulation. Baseline and annual audiometric testing are required as outlined in 29 CFR 1910.25.

Workers conducting operations that exhibit a sound level greater than 90 decibels (A scale), for an 8-hour time-weighted average use hearing protection.

E. PAINTING OPERATIONS

Staff using spray guns wear ANSI-compliant eye protection approved by safety staff. Paint spray booths have a fixed-plumbing eye wash station nearby that provides 15 minutes of continuous water flow. Portable units are not acceptable. In addition, emergency showers are provided when specified by the Safety Data Sheet (SDS).

When flammable or combustible materials are sprayed, booths and operations comply with 29 CFR 1910.107 and NFPA 33: Standard for Spray Application Using Flammable or Combustible Materials.

Non-hazardous (non-flammable, non-toxic, and non-caustic) materials are used in hobby craft areas when available.

F. PERSONAL PROTECTIVE EQUIPMENT

The Safety Department conducts a hazard assessment for Personal Protective Equipment (PPE) selection per 29 CFR 1910.132 Subpart I (see Attachment 2.1). PPE such as safety shoes, eye and face protection, hard hats, gloves, respirators, lifelines and harnesses, and hearing protection are worn per 29 CFR 1910 Subpart I and 29 CFR 1926 Subpart E or as deemed necessary by the Safety Department.

PPE is used where there is a reasonable probability of injury. Such areas are conspicuously marked with hazard warning signs.

PPE is purchased and maintained by the department requiring it, which also ensures it meets testing and certification requirements.

Eye and Face Protection
Protective eye and face equipment is used where there is a reasonable probability of injury in compliance with 29 CFR 1910.133. These areas are conspicuously marked with eye hazard warning signs.

Respiratory Protection
When airborne exposures exceed or are anticipated to exceed OSHA levels (action level or permissible exposure limit), or while engineering controls are being instituted, respirators are used per 29 CFR 1910.134, requiring a written program governing the selection and use of respirators, and areas/conditions where use is mandatory. Prior to wearing a respirator and annually thereafter, employees complete respiratory protection training, are medically evaluated (see Attachment 2.2), and fit-tested (see Attachment 2.3).

When air sampling demonstrates that exposure levels are below OSHA limits, respiratory protection is not required, but may be offered per 29 CFR 1910.134.

Head Protection
Per 29 CFR 1910.135, head protection (hard hats) is used by staff and visitors in any area required by the facility/division/office hazard assessment.

Foot Protection
Safety shoes meeting requirements of the American Society for Testing and Materials (ASTM) are required in foot hazard areas per 29 CFR 1910.136, designated by Facilities Supplement. Toe caps or foot guards may not be worn in lieu of safety shoes.

Fall Protection
If needed, fall protection is provided per 29 CFR 1926.501. Fall protection equipment is visually inspected prior to each use and annually inspected by a competent person. The annual inspections must be documented (see Attachments 2.4 – 2.7).

G. PEST CONTROL

Under NC law, staff must be licensed as a pest control operator when using regulated pesticides. Each facility/division/office develops a written plan for pest control measures in accordance with 29 CFR 1910 Subpart H, including spraying, inspection schedules, and logs.

Pesticides are mixed by a qualified staff member for application by trained personnel in diluted form. An alternative to in-house pest control is to contract with a professional pest control company. Environmentally safe products are used where possible.

CONFINED SPACE ENTRY

Confined space entry is conducted in accordance with 29 CFR 1910.146 Subpart J. Facilities must develop a written Permit-Required Confined Space Entry Program per the OSHA Standard.

The Safety Officers and Plant Ops Supervisor perform a facilities survey to identify permit-required confined spaces, including boilers**,** and non-permit-required confined spaces (see Attachments 2.8 and 2.9). The Plant Operations department covers the costs of the program. The Safety Officers collaborate with the Plant Operations Supervisor to write the facility/division/office program and provide compliance guidelines per 29 CFR 1910.146 Subpart J.

If a facility has a confined space rescue team, the Plant Operations Supervisor and Safety Officer ensure that team members are trained per the OSHA standard, 29 CFR 1910.146 Appendix F. Complete lesson plans are required. Team members must attend, at a minimum, a 16-hour course. If a facility does not have a rescue team, arrangements are made with a local emergency responder to provide rescue services.

The Plant Operations Supervisor and Safety Officers ensure that all other confined space training is conducted per 29 CFR 1910 Subpart J. Training for affected employees is documented and maintained in the employee's personnel file or training file (see Attachment 2.10).

Facilities-made equipment is prohibited. Equipment must be inspected, tested, and maintained per manufacturer's recommendations and applicable standards.

Confined Space Entry Permits are reviewed and approved by the Safety Officers (see Attachment 2.11). Atmospheric monitoring is performed as needed and results documented (see Attachment 2.12).

Permit-required confined spaces may be reclassified to allow entry without a permit. A reclassification form must be completed and signed (see Attachment 2.13).

H. LOCKOUT/TAGOUT

The Safety Officer ensures that operations are assessed, hazardous energy sources are identified, and a lockout/tagout program is established per 29 CFR 1910.147 Subpart J, Control of Hazardous Energy. A program review is conducted annually (see Attachment 2.14). Periodic inspections of multiple energy source equipment are completed and documented annually (see Attachment 2.15). Training is provided annually by the Safety Officer to ensure that the energy control program is understood by affected employees.

If a machine remains locked out over a period of time or repairs continue by other employees through more than one shift, the oncoming employee affixes his/her lock to the machine before the out-going employee removes his/her lock. The out-going employee briefs the oncoming employee, then removes his/her lock.

When outside service personnel are engaged in activities covered by this standard, the Safety Officer approves their lockout/tagout procedures. The affected department ensures that personnel comply with the outside employer's energy control procedures. If the outside employer has no documented lockout or tagout procedures, they must ensure that their staff comply with the facility/division/office Control of Hazardous Energy (lockout/tagout) program.

I. TIRE REPAIR

Staff do not perform tire or wheel maintenance on multi-piece or single-piece rim wheels used on large vehicles, as defined in 29 CFR1910.177 Subpart N, until they have been trained. Training, procedures, and equipment (restraining devices) must comply with 29 CFR1910.177 Subpart N.

J. FORKLIFTS/POWERED INDUSTRIAL TRUCKS

The Safety Officers ensure that forklift operations, training, and maintenance are compliant with 29 CFR 1910.178 Subpart N. Operators are trained and evaluated prior to use of a powered industrial truck (see Attachment 2.16). A visual inspection is conducted before use (see Attachments 2.17 – 2.19). Forklifts must have:

- A cage over the driver's compartment to protect from shifting and falling loads
- Backup alarms
- Strobe lights attached to the roll cage when used inside buildings
- A horn when operating in either direction

K. ELEVATORS, GAS LINES, CRANES, AND AERIAL LIFTS

The applicable department ensures that maintenance and repairs of aerial lifts are documented (see Attachment 2.20). Aerial lifts and the work area are inspected prior to each use/shift and inspections are documented (see Attachments 2.21 and 2.22). Aerial lifts must also be tested and meet annual certification requirements according to 29 CFR 1910 Subpart N (see Attachment 2.23). A copy of each certification is kept on file.

Before first use, new and altered or extensively repaired cranes are tested for hoisting and lowering, trolley travel, bridge travel, and limit switches, locking, and safety devices. They are load-tested by or under the direction of a qualified inspector, per 29 CFR 1910.179 Subpart N. Visual inspection is conducted before any use.

L. MACHINERY AND MACHINE GUARDING

Machinery and machine guarding is compliant with 29 CFR 1910 Subpart O. General requirements for all machines must be implemented, including point of operation guarding, exposure of blades, and anchoring of fixed machinery to prevent “walking” due to vibration. Belts and flywheels must be per 29 CFR 1910.219 Subpart O, Mechanical Power-Transmission Apparatus regulations.

Equipment that may cause injury during sudden or unexpected startups must have anti-restart devices.

M. CLEANING WITH COMPRESSED AIR

Air lines used for cleaning must be reduced below 30 psi and have nozzles with Venturi-type features for chip guarding (29 CFR 1910 Subpart P).

N. LAWN EQUIPMENT

Power lawn mowers meet specifications of 29 CFR 1910 Subpart P. Staff wear safety shoes that meet ASTM standards while operating a power mower.

Operators of power edger's, line trimmers, leaf blowers, lawn vacuums, chain saws, and similar equipment use PPE approved by the Safety Officers.

Positions of operating controls are clearly identified. Power supply cords are of adequate size and checked before each use to ensure there are no cracks or tears that could allow moisture in. Only three-wire grounded power supply cords are used.

O. WELDING, CUTTING, AND BRAZING

These operations comply with 29 CFR Subpart Q. The Safety Department assesses welding operations for hazards, identifying types of welding, volume of welding area, and ventilation measures. Refer to Chapter 4 for hot work permit requirements.

P. LAUNDRY MACHINERY AND OPERATIONS

These are assessed by the Safety Department and must be per 29 CFR 1910.264 Subpart R.

Q. ELECTRICAL

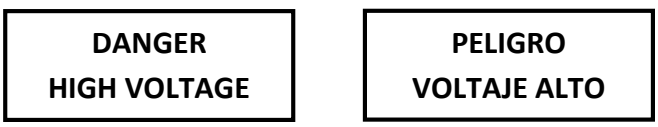
1. **High Voltage** (Over 600 Volts)

Work on high-voltage lines and equipment must be per 29 CFR 1910.269 Subpart R. The Safety and Plant Operations Departments assess high-voltage electrical hazards at the facilities.

The Plant Operations Supervisor ensures that electricians do not work on high voltage without proper PPE. He/she ensures the availability, maintenance, and testing (every two years) of such equipment. PPE storage is inaccessible to unauthorized staff.

There must always be a staff member trained in emergency procedures to serve as backup to a qualified staff electrician during repair or replacement of high-voltage lines or equipment. Lines are de-energized before work begins. Testing is only performed on energized circuits.

Accessible aboveground power lines are marked with signs:



2. Ground Fault Protection

Ground fault protection complies with the current National Electrical Code and other codes, standards, and recommended practices for single-phase receptacles in wet or damp areas.

During construction of any kind, portable ground fault circuit interrupters, or documentation of an assured equipment grounding conductor program with requisite testing, per 29 CFR 1926 Subpart K, is used.

3. Enclosures, Panels, Switches, and Flexible Cords

Electrical enclosures, panels, switches, and flexible cords are compliant with OSHA regulations per 29 CFR Subpart S.

4. Hospital Concerns

Receptacles and plugs installed where general anesthesia is administered are listed for hospital use and installed and identified per the National Electric Code.

New electrical/electronic patient care equipment is tested and evaluated per NFPA, TJC, and CMS standards before use. Electrical/electronic non-clinical equipment is inspected and tested annually and records of results maintained.

Electric power distribution systems, including receptacles, are tested and inspected by the facility/division/office electrician at least annually; results are kept in the Plant Operations Department**.**

5. Electricians

Staff working with voltages above 600 must have appropriate training.

R. EXCAVATIONS/TRENCHING

These activities are approved by the Plant Operations Supervisor and Safety Officers and are per 29 CFR 1926 Subpart P.

S. TOXIC AND HAZARDOUS SUBSTANCES AND LEAD

29 CFR 1910 Subpart Z is the OSHA regulation that governs the authority for determining employees' exposure to any material listed in table Z-1, Z-2, or Z-3 of that section. A determination of noncompliance with permissible exposure limits (PELs) requires measurement and documentation of an overexposure to at least one employee. For air contaminants with PELs, sampling is conducted by a qualified source.

When testing indicates controls are needed to prevent atmosphere contamination, engineering control measures are used if possible (e.g., enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials).

T. LEAD

Projects involving lead must comply with Federal, state, and local laws and regulations. Guidelines from 29 CFR 1926 Subpart D, Lead Exposure in Construction, are the minimum standards for operational and maintenance procedures. Prior to the commencement of any work involving lead, the Safety Officer reviews the project**.**

Only staff who have received training and follow proper health and safety rules and requirements may work on projects where lead-contaminated materials are found.

U. ASBESTOS

1. General

If a substance to be worked is suspected of containing asbestos, it is handled as such until proven otherwise by laboratory analysis. At no time is known or suspected asbestos-containing material removed or disturbed without the approval of the Safety Officer and the Plant Operations Supervisor on an Asbestos Work Permit (see Attachment 2.25).

Other than small-scale emergency repair/cleanup, projects involving asbestos are contracted and meet the requirements of 29 CFR 1926.1101. Staff do not work on projects that involve abatement or repair of asbestos, unless they have received verifiable training.

Qualified staff may perform short-duration, small-scale operations involving no more than one glove bag of asbestos-containing material per 29 CFR 1926.1101. Examples: pipe repair, valve replacement, and patch or repair jobs on asbestos insulation.

2. Respirators and Protective Clothing

Work involving known or suspected asbestos-containing materials requires (at a minimum) half-face respirators with filters and disposable coveralls.

3. Responsibilities

The Safety Officer ensures that:

Inspections document needed repairs on known or suspected asbestos and pipe insulation. Facilities with documentation that they are free of asbestos-containing material can eliminate these inspections.
Work orders are forwarded to the Plant Operations Supervisor.

4. Removal/Demolition

Removal/demolition projects involving asbestos-containing materials adhere to OSHA 29 CFR 1926.1101 and EPA 40 CFR 61 Subpart M (National Emission Standard for Hazardous Air Pollutants), and state and local requirements. Due to the complexity of such projects and their strict regulatory safeguards, in-house asbestos removal or demolition (except for small-scale emergency repair/cleanup) is prohibited.

As required by 40 CFR 61 Subpart M, the Regional EPA Asbestos Coordinator or governing state environmental agency is notified in writing at least 20 days before the start of an asbestos removal or demolition project. A copy of the notification is kept in the Facilities project file.

V. INFECTIOUS WASTE

Each facility/division will follow Infection Control policies and procedures for management of regulated medical wastes compliant with 29 CFR 1910.1030 (d) (2) (xiii) parts (A) (B) and (C) and 15A NCAC 13B.1200 until final disposition is made per environmental regulations.

X. CONTAMINATED LAUNDRY

Each facility/division will follow facility Infection Control policies and procedures compliant with 29 CFR 1910.1030 (d) (4) (iv) Laundry.

Y. HAZARD COMMUNICATION - CHEMICAL STORAGE AND USE

Each facility/division/office has a hazard communication program per 29 CFR 1910 Subpart Z. Each department using an identified toxic or hazardous substance listed in table Z-1, Z-2, or Z-3 of 29 CFR 1910 Subpart Z maintain an SDS on that substance listing requirements for its storage, use, and disposal. Copies of SDS are forwarded to the Safety Department, which keeps a master list. The Safety Department develops a written program on hazard communication and the storage and use of chemicals.

Rules on use and storage of hazardous products are based on their relative hazard.

Hazardous chemicals are stored in their original containers with labels intact. If dispensed to other containers, those containers must be labeled with substantially the same information as the original.

Care must be exercised in storing incompatible chemicals so that inadvertent mixing does not occur.

Compressed Gas Cylinder Storage. Compressed gas cylinders are stored according to 20 CFR 1910.101 away from radiators and other heat sources, in a well-ventilated, dry location, at least 20 feet from highly combustible material.

Compressed gas cylinders are stored away from elevators, stairs, or gangways, and are secured with straps, chains, etc.**,** so they cannot be knocked over or damaged by passing or falling objects.

Oxygen cylinders are stored at least 20 feet from fuel-gas cylinders or combustible materials such as oil or grease, or are separated by a wall at least five feet high having a fire resistance rating of at least one-half hour.

Z. BARBER AND COSMETOLOGY OPERATIONS

The “Barber and Cosmetology Operations” section of this manual applies only to facilities operating a licensed barber or cosmetology shop for patients, residents, or clients. Facilities operating non-licensed Barber shops must comply with all infection control policies and procedures. Barber and cosmetology operations include stationary and mobile units. Protection against skin and scalp infections requires that non-sanitized tools are not reused.

Stationary operations are located in a room not used for any other purpose. The floor is smooth, nonabsorbent, and easily cleaned. Walls and ceiling are in good repair and painted a light color. Artificial lighting of at least 50 foot candles is provided. Mechanical ventilation of 5 air changes per hour is provided if there are no operable windows. At least one lavatory is provided for every two chairs. Both hot and cold water are available; hot water is capable of maintaining a constant flow of water at 105°F. Each barber shop or cosmetology shop has all equipment and facilities necessary for maintaining sanitary procedures: cabinets, covered containers for waste, disinfectants, disposable head rest covers, laundered towels, and hair cloths.

Clippers may be treated for pathogenic organisms and fungi. Ultraviolet lights may only be used after sterilization.

Sanitation procedures used in stationary operation are also required for mobile operations. Portable barber and cosmetology kits must have sufficient disinfectants, fungicides, and sanitizing equipment.

AA. CHLORINATION ROOMS

These are secured and equipped with mechanical ventilation that is on continuously or automatically activates when the door opens.

Chlorine cylinders are secured to prevent falling or jarring.
At least two Self Contained Breathing Apparatus (SCBA) are available for emergency use. Chlorination rooms have an electronic leak detection and alarm device that gives an audible and visual alarm.

AB. HEATING, REFRIGERATION, VENTILATION, AND AIR CONDITIONING

Design, construction, and operation of heating, refrigeration, ventilation, and air conditioning systems or equipment is covered in the ASHRAE Guide and Data Book, published by the American Society of Heating, Refrigeration, and Air Conditioning Engineers, Inc.

At least 10 cubic feet of outside or recirculated filtered air per minute per person is provided at facilities built before 1990. At least 15 cubic feet of outside or recirculated filtered air per minute per person is provided in facilities built or renovated in or after 1990.

AC. HOUSEKEEPING

The Safety Department and Housekeeping team develop a housekeeping plan to

assign responsibilities for a clean and sanitary environment. The Safety Department monitors the plan during inspections.

AD. KILNS

Dry clay (slip powder) is not used due to silica hazards and possible asbestos. Use premixed clay. Do not sand ceramic items dry because of dust generation; always sand while wet.

Kilns are enclosed in a 1-hour rated room with self-closing doors. Kilns require an external exhaust for adequate ventilation when in operation with secured thermostatic operation.

AE. LIGHTING

The Safety Department assesses light levels throughout the facility/division/office. Standards for illumination in various areas are based on recommendations in the Industrial Lighting Handbook/Illuminating Engineering Society. Lighting requirements vary with location and type of activity. Unless required by the task at hand, in keeping with conservation measures, minimum illumination is per the chart:

MINIMUM RECOMMENDED ILLUMINATION

AREA	FOOT-CANDLES ON TASK	AREA	FOOT-CANDLES ON TASK
Assembly		**Materials Handling**	
Rough, easy seeing	30	Wrapping, packing, labeling	30
Rough, difficult seeing	50	Picking stock, classifying	30
Medium	100	Loading, trucking	10
Fine	200		
Clothing Manufacture		**Offices**	
Pattern making, etc.	50	Drafting	100
Shops	100	Accounting, Bookkeeping, etc.	100
Inspection	200	Regular office work	100
Pressing	100	Reading, transcribing, filing	50
Sewing	200	Corridors, etc.	10
Control Room	50	**Paint Shops**	50
Food Service		**Printing Industry**	
Dining Areas	10-50	Composition	50
Kitchen (food prep)	50-100	Presses	50
Dish rooms	20-50	Inspection	100
		Proofreading	100
		General	50

Garages		**Service Space**	
Repair Area	50	Stairways	5
Traffic Area	10	Elevators	5
		Corridors	5
		Toilets and washrooms	10
Glove Manufacture		**Shoe Manufacture**	
Pressing	200	Cutting and stitching	200
Sorting	100	Making and finishing	100
Cutting	200		
Sewing and Inspection	200		
Living Units Desk		**Storage**	
Level (writing)	20	**Rooms/Warehouses**	
Grooming Level	20	Inactive	5
		Active	10

AREA	FOOT-CANDLES ON TASK	AREA	FOOT-CANDLES ON TASK
Inspection		**Textile Mills**	
Ordinary	50	Opening, blending, pickling	30
Difficult	100	Carding, combing, gilling	30
Highly difficult	200	Drawing, spinning	20-50
Very difficult	500	Weaving, warping, dyeing	100
		Wet finishing	100
Laundries		**Welding**	50
Washing	30		
Listing, marking	30		
Machine and press finish	50		
Machine Shop		**Woodworking**	30
Rough bench and machine work	30		
Medium bench and machine work, automatic machines, rough grinding, medium buffing and polishing	50		

AF. PIPING SYSTEMS IDENTIFICATION

Utility lines are identified per ANSI 13.1-1996.

AG. TRANSPORTATION

Operators inspect for safety deficiencies before operating any motor vehicle, heavy equipment, or motorized equipment. Special requirements when transporting persons:

Heavy equipment, such as D-4 and D-7 Caterpillars and farm equipment, is transported only on lowboy trailers specifically made to haul this equipment. Heavy equipment is chained and blocked on the trailer; any truck-trailer combination used to move heavy equipment on the highways is driven by a person with a valid commercial driver's license, as specified in Chapter 1, Section M. Vehicles and drivers meet applicable Federal Motor Carrier Safety Administration regulations.

Only trained persons can operate heavy equipment and farm machinery. There must be no more people on a tractor than there are seats.

Tractors, lawn mowers**,** bulldozers, etc., over 20 H.P. have rollover protection as required by OSHA and seat belts. Road graders and low-slung tractors of equal-width front and rear axles are exempt.

Slow-moving vehicle emblems are posted on farm machinery.

Backup alarms are required on construction equipment, including dump trucks, loaders, bulldozers, tractors, and trash trucks.

AH. EYE WASH STATIONS AND SHOWERS

An eye wash station and shower is provided at battery charging stations, in areas where caustic chemicals are dispensed, and in medical laboratories covered under 29 CFR 1910.1030.

Chapter 3. ENVIRONMENTAL COMPLIANCE

A. POLICIES AND PROCEDURES

DHHS promotes energy conservation, reducing solid waste, recycling waste materials, using environmentally friendly products, and educating staff regarding the need to protect the environment.

A summary report, outlining discrepancies noted during quarterly environmental inspections, is developed by the Safety Officers and provided to each CEO/Facility Director**.**

B. PLUMBING AND DRINKING WATER

1. Plumbing

Design, construction, and maintenance of a facility's plumbing system meet nationally recognized plumbing codes. Renovations also meet plumbing code requirements.

Approved backflow prevention devices or assemblies are installed in the potable water supply to prevent pollution or contamination from cross-connections. These are tested and maintained in good working condition by the Plant Operations Department.

Backflow prevention assemblies are tested by a certified tester at installation, repair, or relocation, and at least annually thereafter. Inspection is documented using a state-approved form or the NFPA 25 Backflow Preventer Inspection Form.

Annually, the Safety Officers inspects backflow documentation to ensure each has been tested by a certified tester.

2. Drinking Water.

Facilities receiving drinking water from a DHHS-owned or operated source comply with Federal, state, and local standards. They develop a written program including:

Identification of regulatory requirements.
Guidance for complying with requirements and maintaining records.

The Plant Operations Supervisor, with assistance from the Safety Officer and Environment of Care Coordinator, if applicable, develops the program. Program operation and maintenance is the responsibility of the Plant Operations Supervisor**.**

DSOHF Facilities follow DSOHF policy SOHF 154_AL.

C. WASTE WATER DISCHARGES

1. Sewage Treatment

Since each facility is under the jurisdiction of a different water management authority, each ensures that its sewage treatment arrangement meets local standards.

2. Industrial Waste Water

This is not discharged unless the proper permit has been obtained from the state (NPDES Wastewater Permitting & Compliance Program).

Point-source industrial waste discharges into a storm sewer, ditch, or other conveyance require a National Pollutant Discharge Elimination System (NPDES) Permit. **Example:** Discharging vehicle wash rack waste water into a ditch.

Discharges into a publicly owned treatment works (POTW) require local or state permits, or must meet certain regulatory requirements. **Example**: Waste water discharged from a spray booth metal pretreatment process probably requires a state or local permit to discharge, but dental clinic waste discharges may be addressed in a specific regulation or code requiring installation and maintenance of a mercury trap/filter system.

D. SOLID WASTE DISPOSAL

Refuse includes garbage, rubbish, and other putrescible and non-putrescible solid waste, except the solid and liquid waste discharged into the facilities' sanitary sewer system. Garbage and refuse are collected and removed as often as necessary to maintain sanitary conditions and to be consistent with Infection Control procedures.

Since methods for handling and disposing of refuse affect the local environment, compliance with local and State requirements is essential (NCDEQ Solid Waste Management Law).

Open dumping of solid waste, such as construction debris and discarded furniture and appliances, is prohibited. **This does not apply to recyclable materials.**

E. HAZARDOUS WASTE GENERATION, STORAGE, AND DISPOSAL

The Safety Officer performs a facilities-wide hazardous waste determination for each waste stream generated in the facilities. The survey is documented and kept by the Safety Officers. Each new waste stream generated after the initial survey is evaluated and documented.

The Safety Officer obtains an EPA Generator Identification Number if the facility is deemed a small or large hazardous waste generator.

The Safety Officer meets with each department head whose department generates hazardous waste to explain waste-handling requirements. The department head ensures proper handling, labeling, and storage of waste, and completes a Uniform

Hazardous Waste Manifest for each shipment. He/she also ensures the timely transfer of hazardous waste to a storage site.

The Safety Officer ensures that training in the following areas is provided and the department head ensures that staff participate:

- Federal and state regulatory requirements applicable to staff
- NCDEQ Hazardous waste requirements
- Proper completion of the Uniform Hazardous Waste Manifest
- Emergency spill response

Pharmaceutical Waste. The facility/division/office ensures proper handling, storage, and disposal of pharmaceutical waste. Quarterly the Safety Officer inspects the pharmaceutical waste storage site (see Attachment 3.1). Deficiencies are reported to the appropriate department head.

Hazardous Waste Site Storage Coordinator
The CEO/Facility Director appoints a Hazardous Waste Site Storage Coordinator (HWSSC) according to the generator status of the facility/division/office. (Only required for small and large generators)

The HWSSC ensures proper labeling, handling, storage, manifesting, placarding, and pickup (for shipment) of waste in the hazardous waste storage site. The HWSSC ensures the site meets Federal and state requirements.

Each week the HWSSC inspects stored waste containers for integrity, corrosion, leaks, etc. An inspection log is kept.

Before assuming duties, each HWSSC receives training from the Safety Officer covering:

- Federal and state hazardous waste requirements applicable to the HWSSC
- State hazardous waste requirements
- Proper completion of the Uniform Hazardous Waste Manifest
- Emergency spill responses

The Safety Programs Manager develops an HWSSC training program and provides training for trainers to Safety Officers and staff. Safety staff train HWSSCs at their facilities.

Quarterly, the Safety Officer inspects the hazardous waste storage site and any satellite storage sites for proper storage, signs, labeling, manifesting, and record keeping. Discrepancies are reported in the safety and environmental inspection report. The safety officer works with responsible parties to correct any identified deficiencies.

The Safety Officer performs and documents an annual review of the

facility/division/office hazardous waste program (see Attachment 3.2). Discrepancies are reported to the facility/division/office leadership in the Annual Environmental Report. Documentation is kept by the Safety Department for at least 3 years.

Hazardous waste is stored in a building that meets the following requirements:

- Located away from high-traffic areas and other buildings
- Enclosed on all sides, adequately ventilated, and equipped with secondary containment
- Entrances secured to prevent unauthorized entrance and posted with a sign reading **"Danger - Unauthorized Personnel Keep Out"**
- Equipped with adequate fire extinguishers
- Equipped with adequate absorbent materials for accidental spills
- Equipped with an eye wash station if the waste is corrosive
- Exterior is posted with: name and telephone number of the HWSSC, location of fire extinguishers, spill equipment, and fire alarm, and telephone number of the fire department

F. UNIVERSAL WASTE GENERATION, STORAGE, AND DISPOSAL

The following are disposed of as universal waste:

- Lamps: fluorescent (including green-tip fluorescent), high intensity discharge, neon, mercury vapor, high pressure sodium, metal halide
- Batteries designed to receive, store, and deliver electricity. **Exception**: lead acid batteries handled and reclaimed under 40 CFR 266.80
- Mercury-containing equipment; i.e., thermostats, thermometers
- Pesticides (including unused commercial products and waste)

The Safety Officer, with assistance from the Plant Operations Supervisor, surveys the facility/division/office to identify and document universal waste streams (see Attachment 3.3). Documentation is kept by the Safety Officer.

Universal waste is stored and disposed in compliance with the North Carolina Standards for Universal Waste Management. Crushing fluorescent tubes is prohibited in North Carolina.

Safety staff member performs a facilities-wide inspection of universal waste handling, storage, and recordkeeping. Discrepancies are reported in the safety and environmental report.

The Safety Officer conducts an annual universal waste review using Attachment 3-2, Universal Waste Checklist. Discrepancies are reported to facility/division/office leadership in the Annual Environmental Report.

G. USED OIL GENERATION, HANDLING, STORAGE, AND RECYCLING

Used oil is handled and stored per EPA 40 CFR 279 and state regulations. (NCDEQ Standards for the Management of Used Oil)

Used oil generated in DHHS facilities/divisions is recycled by a licensed contractor. Land disposal is prohibited.

The department that generates used oil is responsible for handling, storage, and recycling.

The Safety Programs Manager develops a used oil training program for use by the Safety Officers to train employees who handle, store, and recycle used oil.

Before training Plant Operations staff, Safety Officers receive used oil training for trainers by the Safety Programs Manager.

Safety Officers ensure each area that generates used oil is inspected. Discrepancies are reported to the facility/division/office leadership in the safety and environmental report.

Annually, the Safety Officer reviews the facility/division/office used oil program using the Used Oil Checklist (see Attachment 3.4). Discrepancies are reported to the facility/division/office leadership in the Annual Environmental Report.

H. ABOVEGROUND STORAGE TANK MANAGEMENT

The Safety Officers, with assistance from the Plant Operations Supervisor, surveys the facility/division/office to identify aboveground storage tanks (AST), collecting the following information for each:

- Location
- Product stored in tank
- Storage capacity (in gallons)
- Description of secondary containment and leak detection equipment
- Maintenance and calibration requirements specified by the manufacturer
- Tank registration and operating permits that may be required by the state

Survey results are kept permanently in the Plant Operations and Safety Departments and updated as required.

The Safety Officers, with assistance from the Plant Operations Supervisor, identifies AST state regulatory requirements. He/she subsequently meets with the Plant Operations Supervisor to explain state requirements.

The Safety Officer, with assistance from the Plant Operations Supervisor, develops an AST training program, containing at minimum:

Operation and maintenance of equipment to prevent discharges.
Discharge procedure protocols.
Pollution control laws, rules and regulations.
General facility operations.

The facility/division/office Integrated Contingency Plan (ICP) or Spill Prevention, Control, and Countermeasure (SPCC) plan.

Each AST operator shall be trained.

The Plant Operations Supervisor inputs AST maintenance requirements (per manufacturer and state requirements) into the facility/division/office computerized maintenance system and ensures maintenance is performed as required.

The Safety Officer ensures a facilities/division/office-wide AST inspection is conducted. Discrepancies are reported to the facility/division/office leadership in the safety and environmental report.

Annually, the Safety Officers reviews the facility/division/office AST program using AST Checklist (see Attachment 3.5). Discrepancies are reported to the facility/division/office leadership in the Annual Environmental Report.

I. UNDERGROUND STORAGE TANK (UST) MANAGEMENT

The Safety Officer with assistance from the Plant Operations Supervisor, conducts a facility/division/office survey to document:

- Locations
- Storage capacity of each
- Date of each tank installation
- Types of leak detection and spill control systems installed
- Maintenance and calibration requirements specified by the manufacturer
- Tank registration and operating permits required by the state

Results of the survey are kept permanently in the Plant Operations and Safety Departments and updated as required.

The Safety Officer, with assistance from the Facility Supervisor, identifies Federal (US EPA Underground Storage Tank Requirements) and State (NCDEQ Underground Storage Tank Section) UST regulations.

The Safety Programs Manager develops a UST training program for use by staff to train UST operators. Before training UST operators and other staff, Safety Officers and staff receive training for trainers, provided by the Safety Programs Manager.

The Safety Officers ensure a quarterly inspection of UST's is completed using Federal and State regulations. Discrepancies are reported to the facility/division/office leadership in the safety and environmental inspection report.

Annually, the Safety Officers review UST operations using the UST Checklist (see Attachment 3.6). Discrepancies are reported to the facility/division/office in the Annual Environmental Report.

J. ENVIRONMENTAL PLANNING AND COMMUNITY RIGHT TO KNOW ACT (EPCRA)

The Safety Officer ensures facilities compliance with EPCRA.

The Safety Officers conduct an annual facility/division/office wide chemical survey to document:

- Hazardous chemicals, as defined by OSHA 29 CFR 1910 Subpart Z, stored at any one time, during a given calendar year, at or above the threshold of 10,000 lbs. Extremely hazardous chemicals stored at or above the threshold planning quantity (TPQ) at any one time (as listed in 40 CFR 355 Appendix A and Appendix B)
- Chemicals listed in the Toxic Release Inventory (40 CFR 372.65) whose use, throughout the calendar year, is equal to or exceeds 10,000 lbs.

Based on the survey results, the following actions are taken by the Safety Officers:

- Submit a Tier 1 or 2 report for each hazardous chemical at any one time during the calendar year at or above 10,000 lbs. The report is submitted per 40 CFR 370.
- Submit an SDS for each hazardous chemical stored at or above 10,000 pounds and for each extremely hazardous substance stored at or above the threshold planning quantity (TPQ). This is a one-time submission.
- Submit a Toxic Release Inventory Report for each chemical whose use is equal to or exceeds 10,000 pounds during the calendar year or is equal to or exceeds the specific reporting threshold for chemicals of special concern listed in 40 CFR 372.28.
- Notify the Local Emergency Planning Commission of the existence of any extremely hazardous chemicals stored at the facility/division/office at or above the TPQ. Notify the State Emergency Response Commission that the facility/division/office is subject to emergency planning.
- Incorporate into the facilities spill plan specific emergency response procedures for each extremely hazardous chemical stored at or above the TPQ.

The Safety Programs Manager develops an EPCRA training program and ensures that Safety Officers are trained.

K. OZONE-DEPLETING SUBSTANCES (ODS)

The Plant Operations Supervisor conducts a survey to determine:

- Location, size (lbs. of refrigerant), and description of refrigeration and comfort- cooling units that contain a Class I or Class II ODS
- Location of halon fire extinguishing units

- Location and description of equipment containing more than 50 lbs. of a Class I or Class II ODS; e.g., chillers, food storage units

The Safety Officer may participate and will ensure the survey is completed as required. The survey is kept by the Safety and Plant Operations Departments.

Each staff member who services equipment containing Class I or Class II ODS must have a certification card indicating he/she has completed EPA-required training. Staff only service equipment for which they have been trained.

The Safety Officers receive training covering EPA regulatory and policy requirements concerning ODS. The Safety Programs Manager develops the training program.

Equipment used to recover or recycle ODS complies with 40 CFR 82.162. In addition, an equipment certification statement is sent to the EPA for each unit.

The Plant Operations Supervisor ensures proper equipment is procured and equipment certifications are forwarded to the EPA.

Employees who service equipment containing 50 pounds or more of a Class I or Class II ODS maintain the following records for at least three years. In addition, a contractor who provides such services for the facilities provides these records to the Plant Operations Department staff responsible for maintenance:

- Name of staff or contractor who performed the service
- Date and type of service performed
- Quantity of refrigerant added to the unit
- Leak calculation, if refrigerant was added

The Plant Operations Supervisor ensure that appliances containing 50 lbs. or more of a Class I or Class II ODS are repaired within 30 days or removed from service when leak rate calculations meet or exceed the following threshold:

- 15% for comfort cooling appliances
- 35% for commercial refrigeration appliances

The Plant Operations Supervisor ensures that appliances with Class I or Class II refrigerant are evacuated and labeled before being discarded. A record is kept indicating date of evacuation, type of refrigerant evacuated, and description of the appliance.

The Plant Operations Supervisor ensures that accurate inventory records are kept for three years from date of purchase for Class I or Class II refrigerants purchased by the facilities.

The Safety Officer ensures an inspection of the ODS program is done**.**

Discrepancies are reported in the safety and environmental report.

Annually, the Safety Officer conducts a review of refrigerant and comfort cooling equipment and associated documentation using the ODS Checklist (see Attachment 3.7). Discrepancies are reported to the facility/division/office leadership in the Annual Environmental Report.

L. EMERGENCY SPILL PLANS

The Safety Officer identifies the spill plan requirements for the facilities/divisions.

The Safety Officer ensures the development and maintenance of a written spill plan that complies with state and Federal (US EPA Spill Prevention, Control, and Countermeasure Regulation) requirements. The plan is kept in the Safety Department.

Facilities required to develop an SPCC plan may use the sample SPCC format provided in federal regulations.

The Safety Programs Manager develops a training course for the Safety Officers to train the following staff concerning spill plans and responses:

- UST and AST operators
- Staff designated to respond to hazardous material spills

The Safety Officers receive spill plan and spill response training for trainers before training facilities staff.

The Safety Officer identifies staff who respond to hazardous material spills and the training requirements for their response level, and ensures that the training is completed.

Annually, the Safety Officer reviews the facility/division/office spill plan and, if applicable, the SPCC Plan, using the Emergency Spill Plan Checklist (see Attachment 3.8). Discrepancies are reported to facility/division/office leadership in the Annual Environmental Report.

M. CLEAN AIR ACT (CAA)

The Plant Operations Department and other affected departments provide the Safety Officers with copies of air emissions permits held by the facilities; e.g., boiler operating permits, emergency generator permits, spray booth operating permits, drying oven emission permits. The Safety Officer reviews the permits and develops a compliance checklist for each emission source.

The Safety Officer also identifies air emission sources that are operated without a permit and determines whether one is required. If so, the Safety Officer develops a compliance checklist. To make such determinations, the Safety Officer

researches state air emissions regulations (NC Division of Air Quality) and contacts state regulatory authorities.

Pre-construction and construction permits may be required for construction and renovation projects involving an air emission source; e.g., new construction or renovations involving boilers, spray booths, or emergency generators. The Safety Officer is informed of each construction or renovation project during the early planning stage and reviews such requirements during the project planning stage to ensure proper permits are obtained. New equipment cannot be purchased and designs are not finalized until permits are obtained.

Title V of the CAA requires a facility/division/office-wide air emissions permit for those that are major sources of regulated pollutants. Larger facilities may require such a permit and should conduct an air emissions inventory to make a determination. If emissions thresholds are reached, an annual inventory may be required by the State.

The Safety Officer consults with the Plant Operations Supervisor to decide if a Title V determination should be made. Air emissions inventories are kept indefinitely and revised when emission sources are added or removed.

Safety officers inspect emission sources to ensure compliance. Discrepancies are reported to facility/division/office leadership in the safety and environmental report.

Annually, the Safety Officers reviews the air emissions permit program using required checklists. Discrepancies are reported to facility/division/office leadership in the Annual Environmental Report.

The Safety Programs Manager develops a CAA training program and ensures Safety officers receive training.

Chapter 4. FIRE PROTECTION

A. STAFF RESPONSIBILITIES

1. NC State Construction Office

The NC State Construction Office is the Authority Having Jurisdiction (AHJ) for all State Facilities. When facilities are governed by DHSR, CMS, and/or TJC, these organizations also serve as AHJs. However, it is equally important to discuss any requests with the Division of Property and Construction prior to contacting the AHJ.

2. Safety Program Manager

The SPM notifies the HR Director, Division Director or DSOHF for the facilities, about fire protection issues. He/she:

Monitors the effectiveness and uniformity of fire protection programs through audit reviews and technical assistance visits.
Monitors reports and data generated by facilities/division safety personnel.
Provides guidance and technical supervision to safety personnel and helps resolve fire protection problems.

3. Safety Officers

The Safety Officer advises the CEO/Facility Director of fire protection issues. He/she works with departments to achieve fire protection goals.

4. DHHS Division Safety Representatives (not including DSOHF Safety Representatives)

Safety Representatives report to the Safety Officers and help implement the fire safety program.

5. Chief Executive Officers/Facility Directors

The CEO/Facility director ensures:

- Compliance with AHJ regulations including OSHA standards, applicable NFPA standards, and state and local specific requirements
- Adequate staffing to administer the fire protection program
- Periodic fire inspections by trained personnel
- Prompt abatement of unsafe conditions
- Accurate recordkeeping for fire protection inspections, testing, and maintenance
- That employees are not subject to restraint, interference, coercion, discrimination or reprisal for exercising their rights under NC GS 95-130 or for participating in the DHHS Fire Protection Program
- Fire protection training is provided to all staff
- Participation in fire protection organizations is encouraged

6. Other Employees

Employees must:

- Perform their duties in the safest possible manner
- Comply with applicable OSHA, NFPA, and NC Fire Code standards
- Report fire hazards to their supervisors
- Immediately report fires

B. EMPLOYEE FIRE PROTECTION TRAINING

1. Safety Officers

Safety Officers complete these courses:

- National Incident Management System (NIMS)
- Incident Command System (ICS)
- Hazardous materials first responder (Operations level)

C. CODES, STANDARDS, AND REGULATIONS

1. Authority Having Jurisdiction

The AHJ enforces the laws, rules, and regulations that govern fire protection in NC, and approves equipment, materials, installations, and procedures necessary for compliance.

2. Fire Protection Codes and Standards

Each facility/division/office complies with the applicable portions of the most recent fire protection codes, standards, and regulations published by:

- National Fire Protection Association (NFPA)
- Occupational Safety and Health Administration (OSHA)
- Joint Commission/CMS
- North Carolina Fire Code

3. Additional Standards

Fire protection for conditions or operations not adequately addressed by the codes and standards above use information published by:

- American Society for Testing and Materials (ASTM).
- American National Standards Institute (ANSI).

4. Prescriptive vs. Performance-Based Design Standards

When possible, prescriptive design requirements of fire protection codes, standards, and regulations are used. Performance-based design options are only used with the written approval of the AHJ.

5. **Code Conflicts**

   a. **Building Code vs. Life Safety Code**
   Where differences exist between the fire protection and life safety requirements of the building code and the Life Safety Code, the Life Safety Code is followed. **Note**: Compliance with the Life Safety Code is considered equivalent to the requirements of the building code.

   b. **Building Code vs. National Fire Codes**
   Where differences exist between the fire protection requirements of the building code and the NFC, the NFC is followed unless written approval is obtained from the AHJ. **Note**: Compliance with the fire protection requirements of the NFC is considered equivalent to the requirements of the building code.

   c. **Fire Code vs. Fire Code**
   Where differences exist between fire protection and life safety requirements within the NC Occupational Safety and Health Division or NFC, the more stringent requirements apply.

   d. **Fire Code vs. OSHA (Fire)**
   Where differences exist between fire protection and life safety requirements of the NC Occupational Safety and Health Division or NFC, the more stringent requirements apply. **Exception**: 29 CFR 1910.35 allows compliance with the current edition of the Life Safety Code to be considered equivalent to compliance with OSHA provisions on egress.

   e. **Fire Code vs. OSHA (Safety)**
   Where differences exist between the worker safety requirements of the NC Occupational Safety and Health Division and the NFC, the more stringent requirements apply.

6. **Equivalent Levels of Protection**
   The use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety over those prescribed by the NFC or this policy must be approved by the appropriate AHJ. Before installation, technical documentation is submitted to the AHJ to demonstrate equivalence.

   Alternative systems, methods, or devices approved by the AHJ(s) are in compliance with policy and the NFC. Equivalent protection methods that do not receive AHJ approval are not in compliance.

D. LIFE SAFETY REVIEW PROCESS

The purpose of the Life Safety Review Process is to make recommendations to the AHJ on plans of action to address fire protection and life safety deficiencies, variance requests, and additional functions deemed necessary by the AHJ.

E. BUILDING EGRESS

1. Number of Means of Egress

All areas of a facility/division/office must have access to exit routes with at least two means of egress from the building. Additional egress routes may be needed based on occupant load, travel distance to exits, occupancy, and operation.

2. Individual Rooms

Individual rooms with a maximum occupant load of 50 or more must have at least two egress doors.

3. Evacuation Diagrams

Buildings have an evacuation diagram posted conspicuously by the main entrance and elevator lobbies. Diagrams are also posted:

- Throughout the facility/division/office
- In visiting rooms
- Adjacent to elevator doors above or below the main level of discharge.

Exception: Evacuation diagrams are not required in small buildings with limited occupancy such as pumping stations, hazardous materials storage buildings, or small storage sheds.

Evacuation diagrams outline the location of building exits and the routes to reach them. In addition to a diagram of the general area, diagrams include:

Evacuation instructions
Point of reference: "You are here".

On new or replacement evacuation diagrams, areas of refuge (inside the building) designated for use during an emergency evacuation are identified.

4. Exit Signs

Unless the facility/division/office meets an exception in the NC Building Code, exits, and access routes leading to them, are identified by illuminated or photo luminescent exit signs.

Signs identifying exit access doors are not required in individual offices or rooms with fewer than 50 people.

5. Emergency Lights

These are provided for the means of egress from all buildings.

Individual rooms with a maximum occupant load less than 50 and small buildings that are normally unoccupied are not required to have emergency lights.

6. Locks

a. Multiple Locks

No door in a means of egress may have more than one lock.

b. Padlocks and Chains

Padlocks or chains are not used on any door in the means of egress. The prohibition includes personnel gates on loading docks and gates in fences used during an evacuation.

c. Fire Doors

Exit doors that are listed fire doors (greater than 20 minutes) are provided with a self-latching feature necessary for a listed fire door, the following measures provide equivalent protection:

- Doors installed in fire-rated wall assemblies are built to the same specifications for listed fire doors
- Doors installed in fire barriers are normally closed and latched, in some areas also locked
- Doors installed in fire barriers have self-closing devices

7. Aisles

Exit access aisles are sized to accommodate the maximum anticipated occupant load of the area. Aisle width is compliant with the current edition of NFPA 101.

Exception: Aisles formed by furniture or movable partitions, serving not more than six people, are sized per NFPA 101.
Aisles are kept clear and unobstructed, and may not be used for storage. Exit access aisles in storage and industrial occupancies are permanently marked with paint or similar material. Aisle access ways are provided and maintained per the Life Safety Code.

8. Areas of Refuge

Areas of refuge are rooms or areas in the building where staff, patients, residents, clients, and any others can be relocated during a fire or similar emergency. See the current edition of NFPA101 for additional information.

If areas of refuge are part of a facilities plan for response to fires and emergencies, they are identified in:

- Fire Prevention, Control, and Evacuation Plan
- Evacuation Diagrams
- Contingency Plans

9. Temporary Holding Areas

A temporary holding area is a secure location where staff, patients, residents, clients, and any others can relocate after they are moved from the immediate

area of a fire. It is not necessary to identify temporary holding areas in sections of a building with direct access to an exit(s) or a designated area of refuge.

If temporary holding areas are part of a facilities' plan for response to fires and emergencies, they are identified in:

Fire Prevention, Control, and Evacuation Plan.
Contingency Plan.

10. Fire Drills

Fire drills are conducted once per shift per quarter in all healthcare facilities. The Divisions and other areas with business occupancy conduct drills annually (see Attachment 4.1).

Drills are conducted at irregular intervals during the day and night to familiarize staff, patients, and residents with emergency response procedures.

Drills include evacuation of staff, patients, residents, clients, and any others, except in hospitals and areas were safety or security may be jeopardized by evacuation. In these areas, staff simulate actions during a fire or emergency.

A written report is prepared and submitted to the Safety Director or equivalent after every fire drill. The Safety Officer presents compiled information to the Safety Committee and identifies the need for performance improvement and/or training.

11. Occupant Load Calculations

The design (minimum) occupant load of an area is determined by dividing the floor area by the occupant load factor (in the Life Safety Code), which is based on the actual use of the area.

The maximum occupant load is based on the total capacity of all means of egress. The capacity of an individual means of egress is based on the smallest component. The maximum occupant load never exceeds the sum of the egress components.

The maximum occupant load of an area is approved by the Safety Officer. Load figures contained in the original life safety certification or as-built drawings are acceptable. Maximum occupant loads are posted in assembly areas, including:

- Visiting room
- Chapel
- Food service dining room
- Gymnasium
- Staff Training Center if occupancy is 50 or more

F. EMERGENCY RESPONSE PROCEDURES

1. Staff Response

Fires and similar emergencies are immediately reported by radio, on any telephone, or by activating the building fire alarm system.

Staff must be familiar with fire suppression equipment used to contain incipient-stage (small) fires.

Initial response is limited to containing incipient-stage fires and beginning to move occupants away from the area. Fire-fighting activities beyond these are left to the fire department.

When the alarm system is out of service, a fire watch is initiated in accordance with the NC Fire Code (see Section F.4).

Annunciator panels are checked on each shift in Joint Commission accredited facilities.

2. Fire Department Entry

Formal written emergency response, entry, and escort protocols are requested from the local fire department.

3. Fire Investigation

Fires and similar emergencies are investigated by the Safety Officers**.** The Safety Officer is notified if serious injury, death, or significant property damage results.

These outside resources are available if needed:

- SBI
- State/local Fire Marshal.
- Local Police

Guidance on fire investigation procedures is in NFPA 921 (Guide for Fire and Explosion Investigations).

4. Fire Watch (DSOHF Only)

A fire watch covers areas left unprotected by a sprinkler or fire alarm/detection system shutdown. It is initiated when a sprinkler or alarm/detection system is out of service for more than 4 hours in a 24-hour period. Facility/division/office policies should be referenced and followed.

A watch consists of a tour of unprotected areas by a staff member every half hour.

Staff members working in areas left unprotected by shutdowns must be made aware of:

- Expected duration of the shutdown

- Temporary alarm and notification procedures
- Actions to be taken in a fire

Watch procedures for unoccupied buildings are established by the Safety Officers. Frequency is based on:

- Exposure to occupied areas
- Importance of the building to the security and operation of the facilities
- Value of the building and contents

Repairs to a fire alarm system or automatic sprinkler system are done in a timely manner.

G. WRITTEN PLANS AND PROGRAMS

1. Fire Plan

Each facility/division/office develops a Fire Plan addressing:

- Control of ignition sources
- Control of combustible and flammable fuels
- Occupant protection from fire and smoke
- Inspection, testing, and maintenance of fire protection equipment per NFPA codes, standards, recommended practices, and guides
- Fire protection and life safety inspection
- Proper placement of fire protection equipment throughout the facilities
- Evacuation diagrams and exit signs, including directional signs for traffic flow

The Plan also addresses:

- Chain of command for fires and similar emergencies
- Emergency response procedures
- Fire department notification procedures
- Evacuation/relocation procedures
- Fire suppression procedures
- Fire department escort procedures

The Fire Plan (and any revisions) are available to the local fire department. A copy of the transmittal letter is kept with the plan.

The Fire Plan is certified annually by the Safety Officer. It is available on the shared drive at all times.

2. Flammable and Combustible Liquids Plan

Each facility/division/office develops a plan concerning use, control, and storage of flammable and combustible liquids per National Fire Codes (primarily NFPA 30, Flammable and Combustible Liquids Code).

3. Hot Work Plan

Each facilities develops a hot work plan to establish a permit process for operations, using portable equipment, that produce open flames or sparks (welding, cutting, grinding). **Exception**: Welding, cutting, and grinding done at a fixed location in a shop area are exempt. A hot work permit is completed prior to hot work and kept on site until the work is complete (see Attachment 4.2).

H. CONTROL OF COMBUSTIBLES

1. Flammable/Combustible Liquids

Flammable liquids with a closed cup flash point below 100 are stored, handled, and used per NFPA 30 (Flammable and Combustible Liquids Code).

2. Housekeeping

Non-combustible or fire-resistant trash containers are provided in sufficient sizes and quantities for trash collection. Trash containers with a capacity exceeding 20 gallons have a non-combustible or fire-resistant lid. Trash is removed at least daily.

3. Storage

Storage in mechanical and/or electrical rooms is prohibited.

4. Pillows

Synthetic cellular rubber or foam pillows are prohibited.

5. Laundry

Laundries are in a smoke-resistant room protected by automatic sprinklers. Laundry rooms are cleaned daily to prevent buildup of lint and dust on washers, dryers, sprinkler heads, and fire alarm components.

I. CONTROL OF IGNITION SOURCES

1. Space Heaters

Refer to DHHS Plan.

2. Fuel Pumps

Fueling operations for flammable and combustible liquids must be installed per NFPA 30 (Flammable and Combustible Liquids Code) and NFPA 30A (Code for Motor Fuel Dispensing Facilities and Repair Garages).

3. Heat-Producing Appliances

Follow local policy.

4. Matches, Candles, and Open Flames

Prohibited except for religious observances under direct staff supervision.

J. FIRE SUPPRESSION SYSTEMS

1. Automatic Sprinkler Systems

The Safety Officer ensures that new buildings and additions must have an automatic sprinkler system. Variances may be requested for projects involving additions to existing non-sprinklered buildings.

Sprinkler systems are designed and installed per NFPA 13 (Standard for the Installation of Sprinklers). Modifications are made per NFPA 13:

Any change in the sprinkler system, building, storage arrangement, or water supply is accompanied by a re-evaluation of existing sprinkler protection.

2. Automatic Sprinkler System Supervision

Sprinkler system components (water flow alarm, valve tamper supervision, air pressure switches, etc.) are monitored at an annunciator panel.

3. Fire Extinguishers

Portable fire extinguishers are installed throughout the facility/division/office. Locations, with the inspection, testing, and maintenance program, are per NFPA 10 (Standard for Portable Fire Extinguishers) and the NC Fire Code.

Extinguishers in areas subject to tampering or unauthorized use may be installed in cabinets.

Cabinets may be locked if staff working in and responding to the area have the necessary keys.

4. Kitchen Hood and Duct Exhaust Systems

Cooking is done under a hood and duct system designed, installed, operated, and maintained per NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations). Stand-alone microwave ovens in housing units, staff lounge/office areas, and the training center are exempt. Residential appliances used in patient/resident programming are exempt.

A fire extinguishing system is provided for:

- Grease removal devices
- Hood exhaust plenums
- Exhaust duct plenums
- Cooking equipment that may produce grease-laden vapors

Hood and duct systems are cleaned as needed to prevent buildup of grease.

K. FIRE ALARM AND DETECTION SYSTEMS

1. Fire Alarm Systems

A fire alarm system must be in all areas mandated by the occupancy chapters of the NC/Life Safety Code.

Locked buildings that are normally occupied have a fire alarm system that is activated manually by a pull station. Manual fire alarm pull stations in patient care/resident areas may be locked if staff working in and responding to the area have the necessary keys.

2. **Smoke Detection Systems**
   Smoke detectors are installed in all areas mandated by the NC Fire Code and facility/division/office certification, licensure, and accreditation requirements.

3. **Supervision**
   Fire alarm and detection systems are supervised at the main fire alarm annunciator panel. Trouble/alarm conditions or fire alarm system damage are reported to the Safety Officer.

L. DURESS ALARMS IN LOCKED LOCATIONS

Devices can be maintained in an enclosed case to be broken in an emergency, and must emit an audible signal to a staff-attended location.

M. INSPECTION, TESTING, AND MAINTENANCE

1. **Inspections**
   Fire protection and life safety inspections are conducted. Specific items covered are outlined in the facilities' Fire Plan.

2. **Inspections by Outside Fire Agencies**
   An invitation to conduct a courtesy inspection shall be extended to local or state fire agencies annually. Recommendations should be reviewed and, if practical, implemented. Declinations to visit are kept in the Safety Department for one year.

3. **Annual Inspection**
   The safety officer ensures an annual fire protection and life safety inspection is conducted according to facility/division/office policy.

4. **Fire Alarm System Inspections**
   Alarm systems are inspected, tested, and maintained per NFPA 72 (National Fire Alarm Code) and NC Fire Code, by qualified staff or a contractor.

5. **Sprinklers, Standpipes, Hydrants, Tanks, and Other Water-Based Extinguishing System Inspections**
   Water-based extinguishing systems are inspected, tested, and maintained per NFPA 25 (Standard for the Inspection, Testing, and Maintenance of Water Based Extinguishing Systems), by qualified Facilities staff or a contractor.

   An annual sprinkler test must be conducted by qualified contractor or qualified

Plant Operations staff.

6. **Kitchen Hood and Duct System Inspections**
   These, with associated fixed fire suppression systems, are inspected, tested, and maintained per the NC Fire Code and NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations).

7. **Portable Fire Extinguisher Inspections**
   These are inspected, tested, and maintained per NFPA 10 (Standard for Portable Fire Extinguishers). Annual maintenance may be done by qualified staff or a contractor.

8. **Halon/Gaseous Extinguishing System Inspections**
   Existing Halon 1301 systems must be inspected, tested, and maintained per NFPA 12A (Standard on Halon 1301Fire Extinguishing Systems). No new Halon fire suppression may be installed.

9. **Inspection Records**
   Inspections are documented by a written report. Written reports of inspections, including deficiencies, are sent to the Department Head or supervisor, for review and corrective action, if needed. The reports and corrective actions taken are kept in the Safety Department for 3 years.

   Inspection, testing, and maintenance records for fire detection, alarm, and suppression equipment are also kept for 3 years. Records of hydrostatic testing and 6-year maintenance are kept until the next test.

N. NATIONAL INCIDENT MANAGEMENT SYSTEM/INCIDENT COMMAND SYSTEM

1. **Safety Officer Role in Command Staff**
   This system requires Safety Officers to be part of the Command Staff and serve as Safety Officer (SO) inside the Incident Command Post or Emergency Operations Center. Safety staff must complete Federal Emergency Management Agency (FEMA) Incident Command System (ICS) 100, 200, 700 and 800 level courses.

   Safety Officers report directly to the Incident Commander and advise on all matters pertaining to incident safety.

2. **Responsibilities**
   Following are common responsibilities assigned to Safety Officers:

   - Identify and correct occupational safety and health hazards
   - Continuously monitor workers for exposure to safety or health-hazardous conditions
   - Alter, suspend, evacuate, or terminate activities that may pose imminent safety or health dangers to workers

- Take action to mitigate or eliminate unsafe conditions, operations, or hazards.
- Provide training and safety and health information
- Assess engineering controls and PPE
- Comply with OSHA Standard.
- Document safe and unsafe acts, corrective actions taken on the scene, accidents or injuries, and ways to improve safety in future incidents
- Participate in planning meetings
- Identify hazardous situations associated with the incident
- Review the Incident Action Plan (IAP) for safety implications
- Exercise emergency authority to prevent unsafe acts
- Investigate accidents within the incident area
- Assign assistants as needed
- Collaborate with medical staff to review and approve the medical plan

The Safety Officer accesses a variety of Internet-based incident management tools from the FEMA ICS site to assist the Incident Commander.

Safety Officers serve as subject matter experts within the ICP or Emergency Operations Center for fires, natural disasters, and chemical, biological, radiological/nuclear, and explosive incidents.

ACRONYMS AND ABBREVIATIONS

AHJ	Authority Having Jurisdiction
ANSI	American National Standards Institute
AST	Aboveground storage tanks
ATF	Bureau of Alcohol, Tobacco, and Firearms
ASTM	American Society for Testing and Materials
CAA	Clean Air Act
CDL	Commercial driver's license
CEO	Chief Executive Officer
CFR	Code of Federal Regulations
CMS	Center for Medicare and Medicaid Services
CPR	Cardiopulmonary resuscitation
DOT	U.S. Department of Transportation
DEQ	Department of Environmental Quality
EPCRA	Environmental Planning and Community Right to Know Act
EPA	Environmental Protection Agency
HMIS	Hazardous Materials Identification System
HWSSC	Hazardous Waste Site Storage Coordinator
SDS	Safety Data Sheet
NFC	National Fire Codes
NFPA	National Fire Protection Association
NIOSH	National Institute for Occupational Safety and Health
NPDES	National Pollutant Discharge Elimination System
ODS	Ozone-depleting substances
OSHA	Occupational Safety and Health Administration
PEL	Permissible exposure limit
POTW	Publicly owned treatment works
PPE	Personal Protective Equipment
SPCC	Spill Prevention, Control, and Countermeasure
TJC	The Joint Commission
TPQ	Threshold planning quantity
TRM	Technical Reference Manual
UST	Underground storage tank

ATTACHMENTS

1.1	General Safety Inspection Form
1.2	Maintenance Safety Inspection Form
2.1	PPE Hazard Assessment Form
2.2	Respirator Medical Questionnaire
2.3	Respirator Fit-Testing Form
2.4	Fall Protection Inspection Checklist – Full Body Harness
2.5	Fall Protection Inspection Checklist – Lanyards
2.6	Fall Protection Inspection Checklist – Snap Hooks/Carabiners
2.7	Fall Protection Inspection Checklist – Self-Retracting Lanyard/Lifeline
2.8	Permit Required Confined Spaces - Identification Form
2.9	Permit Required Confined Spaces - Details Form
2.10	Permit Required Confined Spaces - Employee Training Certification Form
2.11	Permit Required Confined Spaces - Entry Permit
2.12	Permit Required Confined Spaces - Entry & Atmospheric Monitoring Log
2.13	Permit Required Confined Spaces - Reclassification Form
2.14	LOTO Program Review Checklist
2.15	LOTO Periodic Inspection Form
2.16	Powered Industrial Trucks - Operator Evaluation
2.17	Powered Industrial Trucks – CNG/Gas/Diesel Fork Truck Operator's Daily Inspection Checklist
2.18	Powered Industrial Trucks – Electric Fork Truck Operator's Daily Inspection Checklist
2.19	Powered Industrial Trucks – Electric Cargo/Burden Carrier Truck Operator's Daily Inspection Checklist
2.20	Aerial Lift Repair & Maintenance Record
2.21	Aerial Lift Pre-Use Inspection Checklist
2.22	Aerial Lift Frequent Inspection Checklist
2.23	Aerial Lift Work Area Inspection Checklist
2.24	Aerial Lift Examples
2.25	Asbestos Work Permit
3.1	Pharmaceutical Waste – Quarterly Inspection Checklist
3.2	Hazardous Waste Checklist
3.3	Universal Waste Checklist
3.4	Used Oil Checklist
3.5	Above Ground Storage Tank Checklist
3.6	Underground Storage Tank Checklist
3.7	Ozone-Depleting Substances Checklist
3.8	Emergency Spill Plan Checklist
4.1	Fire Drill/Incident Evaluation Form
4.2	Hot Work Permit

GENERAL SAFETY INSPECTION FORM

Attachment 1.1

Division:	**Department:**	**Facility:**
Building:	**Area:**	**Inspection Date:**
Inspection Personnel:		

FIRE/EMERGENCY EVACUATION	YES	NO	N/A	COMMENTS	INTERIM ACTION TAKEN	CORRECTION ACTION
Are emergency evacuation routes visible?						
Are exit signs illuminated/reflective?						
Are emergency lights functional?						
Are Fire Extinguishers compliant and unobstructed (3 ft. clearance)?						
Are fire alarm pull stations unobstructed?						
Are all fire doors, exit doors and means of exit kept clear at all times?						
Are all walls, doors, and smoke barriers free of holes or penetrations?						
Is there2’ clearance between all storage and the ceiling? (non-sprinkler)						
Is there 18” clearance between all storage and smoke detectors/sprinkler heads?						
Are sprinkler heads clean?						
Is there 3’ of clearance around heater/heat source?						
Are doors found without use of door props, wedges or similar devices?						
Are doors properly latched?						
GENERAL SAFETY						
Is lighting adequate in all areas?						
Are chairs in safe condition?						

Retain this form for 3 years

GENERAL SAFETY INSPECTION FORM

Attachment 1.1

GENERAL SAFETY (cont'd)	YES	NO	N/A	COMMENTS	INTERIM ACTION TAKEN	CORRECTION ACTION
Are filing cabinets stable?						
Is first aid readily available?						
If portable heaters are in use, are they compliant with DHHS policy?						
WALKING/WORKING SURFACES						
Are safety warning signs posted for hazardous conditions (e.g., wet floor, tripping hazard)?						
Are telephone and computer cords secured to floor, under desk or along baseboards?						
Are carpeted areas secured to floor and free of worn or frayed seams?						
ELECTRICAL						
Are only three pronged extension cords in use?						
Are outlet expanders/adapters prohibited?						
Are Surge Protectors/Power Strips used correctly?						
Are extension cords used only as temporary wiring?						
Are ground pins present on equipment cords?						
Are outlet/switch covers present, intact, and undamaged?						
Are light bulbs present in all sockets?						
Are all appliances coffee makers, toaster ovens, etc. UL Listed for COMMERCIAL USE or if for HOUSEHOLD USE ONLY are they being used in a manner consistent with UL Listing design?						
Are electrical circuit breaker panels free from obstructions?						
Are electrical circuit breakers labeled?						
Are all electrical openings covered?						

GENERAL SAFETY INSPECTION FORM

Attachment 1.1

HAZARDOUS MATERIALS	YES	NO	N/A	COMMENTS	INTERIM ACTION TAKEN	CORRECTION ACTION
Are emergency eyewash / showers available where corrosive materials are stored?						
Are emergency eyewash / showers tested and documented weekly?						
Are emergency eyewash / showers in a sanitary condition and readily available for use?						
Are SDS's readily available / maintained?						
Are chemical inventories readily available / maintained?						
Are all hazardous chemical containers properly labeled? (original and secondary containers)						

ADDITIONAL COMMENTS:

Retain this form for 3 years

MAINTENANCE SAFETY INSPECTION FORM

Attachment 1.2

Division:	**Department:**	**Facility:**
Building:	**Area:**	**Inspection Date:**
Inspection Personnel:		

MACHINE GUARDING	YES	NO	N/A	COMMENTS	INTERIM ACTION TAKEN	CORRECTION ACTION
Are fixed machines securely anchored?						
Are exposed belts, pulleys, gears, and moving parts properly guarded?						
Are fans less than seven feet above the floor properly guarded?						
Are circular saws properly guarded by hood/shield?						
Are radial saws properly guarded by hood and adjustable stop?						
Are band saws properly guarded by a tension control device?						
Are the knives on jointers/planers not extended more than 1/8” beyond head?						
Are the table throat openings on jointers/planers less than 2 ½”?						
Is the drill Press properly guarded or had the bit removed?						
Are work rests on abrasive wheels set at 1/8”?						
Are guard covers on abrasive wheel spindle ends, nuts and flanges?						
Are tongue guards on abrasive wheels set at 1/4”?						
Are the wheels on abrasive wheels free from foreign matter?						
Are anti-restart mechanisms in place as needed?						

Retain this form for 3 years

MAINTENANCE SAFETY INSPECTION FORM

Attachment 1.2

ELECTRICAL	YES	NO	N/A	COMMENTS	INTERIM ACTION TAKEN	CORRECTION ACTION
Are electrical tools and fixed equipment grounded or of the double-insulated type?						
Are exposed wiring and cords with damaged insulation repaired or replaced promptly?						
Are electrical cords free of splices?						
In wet or damp locations, are electrical tools and equipment protected?						
Are all energized parts of electrical circuits and equipment guarded against accidental contact by approved cabinets or enclosures?						
Do circuit breaker panels have a clearance of 36”?						
Are all extension and equipment cords placed to prevent damage (through holes in walls, ceilings, floors, doorways, windows, etc.; provided with strain relief) or risk of tripping over the cord?						
Are extension cords in use for less than 30 days?						
Are power cords without worn insulation, bent/ missing pins, etc. removed from service?						
Do 15 and 20 amp receptacles on rooftops and in outdoor areas have GFCI protection?						
Have employees who work on high voltage systems or who are at risk of exposure to arc-flash been trained on work practices and do they have appropriate electrical safety equipment & PPE for their work?						
Are electrical installations with exposed live parts kept locked or guarded?						
Are pull/junction boxes over 600 volts permanently marked “HIGH VOLTAGE”?						
WELDING	**YES**	**NO**	**N/A**	**COMMENTS**	**INTERIM ACTION TAKEN**	**CORRECTION ACTION**
Are cylinders secured in a vertical position when transported by powered vehicles?						

Retain this form for 3 years

MAINTENANCE SAFETY INSPECTION FORM

Attachment 1.2

WELDING (cont'd)	YES	NO	N/A	COMMENTS	INTERIM ACTION TAKEN	CORRECTION ACTION
Are lines bled after use?						
When transporting or storing compressed gas cylinders, are cylinders secured/caps in place?						
Are frames of all arc welding and cutting machines grounded?						
Are welding and cutting operations shielded by noncombustible or flameproof screen whenever practicable?						
Is suitable fire extinguishing equipment immediately available in the work area and ready for instant use?						
Is Proper PPE being used (eye protection, apron, gloves, welding shield)?						
Are employees trained in fire watch?						
Are acetylene and oxygen cylinders stored separately?						
Are cylinders stored away from heat/ flammables/combustibles?						
Is welding restricted around combustible materials?						
Are welding cables free from damaged insulation?						
Are cylinders stored without regulators installed?						
Are Pressure gauge covers in place?						
Are electrode rods removed from holder when not in use?						

MAINTENANCE SAFETY INSPECTION FORM

Attachment 1.2

WALKING/WORKING SURFACES	YES	NO	N/A	COMMENTS	INTERIM ACTION TAKEN	CORRECTION ACTION
Are floors, stairs and walkways smooth and free from holes, cracks and loose boards, tools, materials, oil, grease, water or chemicals?						
Where the operation requires the floor to be wet frequently, is the floor surface rough-finished concrete or some other nonslip type?						
Are employees encouraged to wear shoes with nonskid soles in potentially wet or slippery areas?						
Are the walkways and work areas arranged so as to avoid tripping hazards at floor level?						
Are barricades and warning signs used where unavoidable tripping hazards are present?						
Are the stairs in good condition and provided with handrails?						
Are ladders in good condition, free from cracks, burrs and splinters?						
Are all elevated walkways, tramways, catwalks and scaffolds provided with toe-boards, handrails, and intermediate railings?						
HAZARDOUS COMMUNICATION						
Is there a list of hazardous substances used in available?						
Is there an appropriate written hazard communication program?						
Is each container for a hazardous substance labeled with product identity and a hazard warning?						
Is there a safety data sheet readily available for each hazardous substance used?						
Is there an employee training program for hazardous substances?						
Are eyewash stations and safety showers provided where corrosive chemicals are handled?						

Retain this form for 3 years

MAINTENANCE SAFETY INSPECTION FORM

Attachment 1.2

HAZARDOUS COMMUNICATION (cont'd)	YES	NO	N/A	COMMENTS	INTERIM ACTION TAKEN	CORRECTION ACTION
Are all storage tanks labeled with their identity and hazards?						
Are employees required to use PPE and equipment when handling chemicals?						
Are flammable or toxic chemicals kept in closed containers when not in use?						
Are "NO SMOKING" signs posted where appropriate in areas where flammable or combustible materials are used or stored?						
Are combustible scrap, debris and waste materials (oily rags, etc.) stored in covered metal receptacles and removed from the worksite promptly?						
Is proper storage practiced to minimize the risk of fire, including spontaneous combustion?						
Do cabinets, containers and tanks, used for the storage and handling of flammable and combustible liquids, meet the capacity and labeling requirements?						
Are all connections on drums and combustible liquid piping vapor and liquid tight?						
Are all flammable liquids kept in closed containers when not in use (e.g., parts cleaning tanks, pans)?						
Are only approved portable safety cans in use?						
Are bulk drums of flammable liquids grounded and bonded to containers during dispensing?						
Do storage rooms for flammable and combustible liquids have explosion-proof lights?						
Do storage rooms for flammable and combustible liquids have mechanical or gravity ventilation?						
GENERAL	**YES**	**NO**	**N/A**	**COMMENTS**	**INTERIM ACTION TAKEN**	**CORRECTION ACTION**
Is the load capacity on floor jack?						

Retain this form for 3 years

MAINTENANCE SAFETY INSPECTION FORM

Attachment 1.2

GENERAL (cont'd)	YES	NO	N/A	COMMENTS	INTERIM ACTION TAKEN	CORRECTION ACTION
Are air hoses undamaged?						
Are all parts operating as designed?						
Are Power tools operating as designed?						
Is compressed air restricted to 30 psi for cleaning?						
Are air hose lines marked with psi?						
Are dock plates labeled with load capacity?						
Are ladders maintained/stored in good condition?						

ADDITIONAL COMMENTS:

Retain this form for 3 years

PERSONAL PROTECTIVE EQUIPMENT

Hazard Assessment

This hazard assessment form must be completed and certified annually. The completed and certified form is kept on file by the Safety Officer. Assess the presence of the following hazards, mark yes or no. If hazard is present, select how it is mitigated: eliminated, guarded, or the use of Personal Protection Equipment (PPE).

Division:	**Facility:**
Department:	**Job Title Assessed:**
Assessment Completed by:	**Date:**

Eye and Face	**Y**	**N**	**Mitigation**	**Hand**	**Y**	**N**	**Mitigation**
Flying Particles	☐	☐		Skin Absorption	☐	☐	
Molten Metals	☐	☐		Cuts or Lacerations	☐	☐	
Liquid Chemicals	☐	☐		Abrasions	☐	☐	
Acids	☐	☐		Puncture	☐	☐	
Caustic Liquids	☐	☐		Chemical Burns	☐	☐	
Chemical Gases or Vapors	☐	☐		Thermal Burns	☐	☐	
Light Radiation	☐	☐		Temperature Extremes	☐	☐	
Other	☐	☐		Other	☐	☐	
Head and Hearing	**Y**	**N**	**Mitigation**	**Respiratory**	**Y**	**N**	**Mitigation**
Falling or Flying Objects	☐	☐		Harmful Dusts	☐	☐	
Work Performed Overhead	☐	☐		Fumes	☐	☐	
Elevated Conveyors	☐	☐		Mists	☐	☐	
Striking Fixed Object	☐	☐		Smokes	☐	☐	
Forklift Hazards	☐	☐		Sprayers	☐	☐	
Exposed Electrical Conductors	☐	☐		Vapors	☐	☐	
Noise	☐	☐		Other	☐	☐	
Other	☐	☐		**Torso**	**Y**	**N**	**Mitigation**
Foot	**Y**	**N**	**Mitigation**	Hot Metals and Liquids	☐	☐	
Falling and Rolling Object	☐	☐		Cuts	☐	☐	
Objects Piercing the Sole	☐	☐		Acids	☐	☐	
Electrical Hazards	☐	☐		Radiation	☐	☐	
Wet or Slippery Surfaces	☐	☐		**Miscellaneous/Other**	**Y**	**N**	**Mitigation**
Chemical Exposure	☐	☐		Lifting	☐	☐	
Environmental/Other	☐	☐		Blood borne pathogens	☐	☐	

PERSONAL PROTECTIVE EQUIPMENT

Hazard Assessment

If PPE was selected as mitigation for a hazard, list the required PPE for each hazard below:

Hazard	Required PPE

Additional Comments:

This hazard assessment has been performed by the Safety Department to determine the required type of Personal Protection Equipment for each affected employee. This assessment includes:

- Walk-through survey
- Specific job analysis
- Review of accident statistics
- Review of safety equipment selection guidelines materials
- Selection of appropriate required PPE

Department Supervisor:	**Signature:**
Assessment Certified by:	**Signature:**

RESPIRATORY PROTECTION

Medical Surveillance Questionnaire

Part A. (Mandatory) Every employee who has been selected to use any type of respirator must provide the following information.

Section 1: Employee Identification

Name:		Home Phone:	
Date of Birth:		Work Phone:	
Social Security Number:		Gender:	
Job title:		Height (lbs.):	
Supervisor:		Weight (ft., in):	
Can you read English?		☐ Yes ☐ No	
Has your employer told you to how to contact the healthcare professional who will review this?		☐ Yes ☐ No	

Section 2: Current Respirator Use

Type of respirator you will use (you can select more than one).	☐ Filtering facepiece (N-95) ☐ Half facepiece ☐ Full facepiece	☐ PAPR ☐ SCBA ☐ Supplied Air				
Have you worn a respirator in the past?	☐ Yes ☐ No					
If yes, what type of respirator have you worn?	Brand		Model		Size	
Describe the job duties requiring the use of a respirator.						
Will there be physical exertion while wearing the respirator?	☐ None ☐ Mild ☐ Moderate ☐ Strenuous					
How long will you wear the respirator in a single day?	☐ Less than 4 hours/week ☐ Less than 2 hours/day ☐ 2-4 hours/day ☐ Over 4 hours/day					
Is protective clothing also worn?	☐ Yes ☐ No		Describe the clothing:			
Identify hazardous or special work conditions	☐ Confined Spaces ☐ Toxic Gases ☐ Asbestos ☐ Lead		Describe any other hazards:			

RESPIRATORY PROTECTION

Medical Surveillance Questionnaire

Part B. (Mandatory) Every employee selected to use any type of respirator must complete the following:

Section 1: Personal Medical Information

If this is an initial examination, give answers based on your entire work history. If this is a periodic examination, give answers based on the past year. Please answer all questions fully.

Do you smoke tobacco? (No = less than 20 packs per life-time or less than 1 per day per year)	☐ Ever			
	☐ Within the Past Month			
	☐ Currently			
If yes, how many packs per day or pipes/cigars per week?	☐ ½ or less	☐ 1	☐ 2	☐ 2 or more
If yes, how many years have you smoked?	☐ 1-9	☐ 10-19	☐ 20-29	☐ 30 or more

Have you **ever** had any of the following conditions?	Seizures	☐ Yes ☐ No	Jaundice	☐ Yes ☐ No
	Diabetes	☐ Yes ☐ No	Kidney disease	☐ Yes ☐ No
	Rheumatic fever	☐ Yes ☐ No	Bladder disease	☐ Yes ☐ No
	Allergic reactions that interfere with breathing	☐ Yes ☐ No	Claustrophobia	☐ Yes ☐ No
			Can't smell odors	☐ Yes ☐ No
Have you **ever** had any of the following pulmonary or lung problems?	Asbestosis	☐ Yes ☐ No	Emphysema	☐ Yes ☐ No
	Asthma	☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No
	Chronic bronchitis	☐ Yes ☐ No	Lung cancer	☐ Yes ☐ No
	Pneumonia	☐ Yes ☐ No	Broken ribs	☐ Yes ☐ No
	Chest injuries/surgeries	☐ Yes ☐ No	Silicosis	☐ Yes ☐ No
	Collapsed lung	☐ Yes ☐ No	Hay Fever	☐ Yes ☐ No
	Common Cold	☐ Yes ☐ No	Other lung problem	☐ Yes ☐ No
Do you **currently** experience shortness of breath during any of the following activities?	Walking fast on level ground/up slight incline	☐ Yes ☐ No	Walking at your own pace	☐ Yes ☐ No
	Walking with other people at an ordinary pace on level ground	☐ Yes ☐ No	Washing/dressing	☐ Yes ☐ No
			Any other time that interferes with job	☐ Yes ☐ No
Do you **currently** experience coughing?	That produces a phlegm (thick sputum)	☐ Yes ☐ No	That occurs mostly when lying down	☐ Yes ☐ No
	That wakes you early in the morning	☐ Yes ☐ No	That produces blood	☐ Yes ☐ No
Do you currently have any other symptoms of pulmonary or lung illness?	Wheezing	☐ Yes ☐ No	Chest pain when breathing deeply	☐ Yes ☐ No
	Wheezing that interferes with your job	☐ Yes ☐ No	Any other related symptoms	☐ Yes ☐ No
Have you **ever** had any of the following cardiovascular or heart problems?	Heart attack	☐ Yes ☐ No	Stroke	☐ Yes ☐ No
	Angina	☐ Yes ☐ No	High blood pressure	☐ Yes ☐ No
	Heart Failure	☒ Yes ☐ No	Heart arrhythmia/ irregular heartbeat	☐ Yes ☐ No
	Swelling in your legs or feet (not caused by walking)	☐ Yes ☐ No	Any other heart problem.	☐ Yes ☐ No

RESPIRATORY PROTECTION

Medical Surveillance Questionnaire

Have you ever had any of the following cardiovascular or heart symptoms?	Frequent pain or tightness in your chest.	☐ Yes ☐ No	Your heart skipping or missing a beat.	☐ Yes ☐ No
	Chest pain/tightness during physical activity.	☐ Yes ☐ No	Heartburn not related to eating.	☐ Yes ☐ No
	Chest pain/tightness that interferes with the job.	☐ Yes ☐ No	Other heart symptoms	☐ Yes ☐ No
Do you currently take medication for any of the following problems?	Breathing/lung problems	☐ Yes ☐ No	Blood pressure	☐ Yes ☐ No
	Heart trouble	☐ Yes ☐ No	Seizures	☐ Yes ☐ No
Do you currently take medication for any of the following problems?	Breathing/lung problems	☐ Yes ☐ No	List any other medications you take now (including over-the-counter)	☐ Yes ☐ No
	Heart trouble	☐ Yes ☐ No		
	Blood pressure	☐ Yes ☐ No		
	Seizures	☐ Yes ☐ No		

If you have used a respirator in the past, have you ever had any of the following problems? (If you've never worn a respirator, proceed to the next question.)	☐ Eye Irritation
	☐ Skin allergies or rashes
	☐ General weakness or fatigue
	☐ Anxiety
	☐ Any other problem that interferes with your use of a respirator

Would you like to talk to the healthcare professional who will review this questionnaire about your answers?	☐ Yes ☐ No

RESPIRATORY PROTECTION

Medical Surveillance Questionnaire

Part C. (Supplemental) If you will be wearing a full facepiece or SCBA respirator, complete the following section. If not, please skip this section and sign at the bottom.				
Have you **ever** lost vision in either eye?		☐ Yes ☐ No	Have you **ever** had an injury to ears/eardrums	☐ Yes ☐ No
Do you **currently** have any of the following vision problems?	Wear contact lenses	☐ Yes ☐ No	Color blind	☐ Yes ☐ No
	Wear glasses	☐ Yes ☐ No	Any other eye or vision problem	☐ Yes ☐ No
Do you **currently** have any of the following hearing problems?	Difficulty hearing	☐ Yes ☐ No	Other hearing problems	☐ Yes ☐ No
	Wear a hearing aid	☐ Yes ☐ No		
Do you **currently** have any of the following musculoskeletal problems?	Weakness in arms, hands, legs, or feet.	☐ Yes ☐ No	Difficulty bending at knees.	☐ Yes ☐ No
	Difficulty fully moving arms and legs.	☐ Yes ☐ No	Difficulty squatting to the ground	☐ Yes ☐ No
	Pain/stiffness leaning forward/backward at waist.	☐ Yes ☐ No	Difficulty climbing stairs with > 25 lbs.	☐ Yes ☐ No
	Difficulty fully moving head up or down.	☐ Yes ☐ No	Other muscle/skeletal problems that interferes with respirator use.	☐ Yes ☐ No
	Difficulty fully moving head side to side.	☐ Yes ☐ No		
Have you **ever** had a back injury?		☐ Yes ☐ No	Do you currently have back pain?	☐ Yes ☐ No

I hereby certify that the above information is true and accurate to the best of my knowledge.	
Employee's Signature	**Date**

Retain this form in employee's file in accordance with HIPAA regulations

RESPIRATORY PROTECTION
Medical Clearance Form

This form is to be completed and signed by the physician or licensed healthcare professional who reviews the medical surveillance questionnaire. Indicate recommendations and any restrictions. This form must be completed, signed, and given to the Safety Officer prior to respirator fit-testing.

Employee Identification			
Name:		Division:	
Date of Birth:		Department/Facility:	
Date of medical evaluation:			

Recommendations (check one of the following):
☐ No restrictions on respirator use
☐ No restrictions on respirator use
☐ No respirator use permitted.
☐ Employee to use powered air purifying respirator (PAPR) only.
☐ No respirator use until further medical evaluation/diagnostic testing is complete.

Restrictions:
List any restrictions below (not for medical information or LOU sensitive material):

Based on the medical evaluation, this employee should be reevaluated on the following date:	

Signature of Examining Physician or Healthcare Professional	**Date**

RESPIRATORY PROTECTION

Fit-Testing/Training Record

Attachment A

A respirator fit test must be completed annually for individuals wearing respirators. Completed fit-testing forms are kept on file by the Safety Officer.

Name:	**Job Title:**
Department:	**Facility:**
Last 4 digits of SSN:	**Supervisor Name:**

----------EMPLOYEE STOP HERE ----------

Requirements:	**YES**	**NO**
Was the employee medically cleared by a healthcare professional?		
Does the employee wear glasses?		
Does the employee have facial hair that will interfere with the respirator seal?		
Does the employee have other attributes that will interfere with the respirator seal?		
Has the employee received respiratory protection training?		

Respirator Information	
Respirator Type: ☐ N95 ☐ Half facemask ☐ Full facemask ☐ PAPR ☐ SCBA	
Make:	Model:
Size:	Use: ☐ Daily ☐ Occasionally ☐ Rarely

Fit-Testing		
Method: ☐ Saccharine ☐ Bitrex ☐ Irritant Smoke ☐ Quantitative		
Activities:	**Pass**	**Fail**
Positive pressure fit check		
Negative pressure fit check		
Normal breathing		
Deep breathing		
Head moving side to side		
Head moving up and down		
Recitation of Rainbow Passage		

Fit-tester Signature:	**Date:**
Employee Signature:	**Date:**

Retain this form permanently

FALL PROTECTION

Inspection Checklist
Full Body Harness

Users of a full body harness perform annual inspections of this equipment to maintain the service life and performance, in addition to a visual inspection prior to each use. If you have any questions or concerns, please contact the Safety Officer. Keep this form on file for your records.

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**
Harness Model/Name:	**Serial Number:**
Date of Manufacture:	**Date of Purchase:**

General Factors	Accepted	Rejected	Comments
Hardware: includes D-rings, buckles, keepers and back pads. Inspect for damage, distortion, sharp edges, burrs, cracks and corrosion.			
Webbing: Inspect for cuts, burns, tears, abrasions, frays, excessive soiling and discoloration.			
Stitching: Inspect for pulled or cut stitches.			
Labels: Inspect, making certain all labels are securely held in place and are legible.			
Other:			
Other:			
Overall Disposition:			

Comments:

FALL PROTECTION

Attachment 2.5

Inspection Checklist
Lanyards

Users of a fall protection lanyards perform annual inspections of this equipment to maintain the service life and performance, in addition to a visual inspection prior to each use. If you have any questions or concerns, please contact the Safety Officer. Keep this form on file for your records.

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**
Harness Model/Name:	**Serial Number:**
Date of Manufacture:	**Date of Purchase:**

General Factors	Accepted	Rejected	Comments
Hardware: (includes snap hooks, carabiners, adjusters, keepers, thimbles and D-rings) Inspect for damage, distortion, sharp edges, burrs, cracks, corrosion and proper operation.			
Webbing: Inspect for cuts, burns, tears, abrasions, frays, excessive soiling and discoloration.			
Stitching: Inspect for pulled or cut stitches.			
Synthetic Rope: Inspect for pulled or cut yarns, burns, abrasions, knots, excessive soiling and discoloration.			
Energy Absorbing Component: Inspect for elongation, tears and excessive soiling.			
Labels: Inspect, making certain all labels are securely held in place and are legible.			
Other:			
Overall Disposition:			

Comments:

FALL PROTECTION

Inspection Checklist

Snap Hooks/Carabiners

Attachment 2.6

Users of a snap hooks/carabiners perform annual inspections of this equipment to maintain the service life and performance, in addition to a visual inspection prior to each use. If you have any questions or concerns, please contact the Safety Officer. Keep this form on file for your records.

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**
Harness Model/Name:	**Serial Number:**
Date of Manufacture:	**Date of Purchase:**

General Factors	Accepted	Rejected	Comments
Physical Damage: Inspect for cracks, sharp edges, burrs, deformities and locking operations.			
Excessive Corrosion: Inspect for corrosion, which affects the operation and/or the strength.			
Markings: Inspect and make certain marking(s) are legible.			
Other:			
Other:			
Other:			
Overall Disposition:			

Comments:

FALL PROTECTION
Inspection Checklist
Self-Retracting Lanyard/Lifeline

Users of a self-retracting lanyard/lifeline perform annual inspections of this equipment to maintain the service life and performance, in addition to a visual inspection prior to each use. If you have any questions or concerns, please contact the Safety Officer. Keep this form on file for your records.

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**
Harness Model/Name:	**Serial Number:**
Date of Manufacture:	**Date of Purchase:**

General Factors	Accepted	Rejected	Comments
Impact Indicator: Inspect indicator for activation (rupture of red stitching, elongated indicator, etc.)			
Screws/Fasteners: Inspect for damage and make certain all screws and fasteners are tight.			
Housing: Inspect for distortion, cracks and other damage. Inspect anchoring loop for distortion or damage.			
Lanyard/Lifeline: Inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration. (See impact indicator section.)			
Locking Action: Inspect for proper lock-up of brake mechanism.			
Retraction/Extension: Inspect spring tension by pulling lanyard out fully and allowing it to retract fully (lifeline must be taut with no slack).			
Hooks/Carabiners: Inspect for physical damage, corrosion, proper orientation and markings.			
Labels: Inspect, making certain all labels are securely held in place and are legible.			
Other:			
Overall Disposition:			

Comments:

PERMIT REQUIRED CONFINED SPACES
Identification Form

Attachment 2.8

List all permit required confined spaces below, and check the appropriate boxes to indicate the hazards associated with each space. The Safety Officer keeps the completed form on file and reviews/revises as needed.

Division:	**Facility:**
Building:	**Location/Area:**
Surveyor Name:	**Date of Survey:**

Space Name	Space Location	Atmospheric Hazard?	Engulfment Hazard?	Configuration Hazard?	Other Hazard?

Attachment 2.9

PERMIT REQUIRED CONFINED SPACES

Details Form

Complete this details form for each of the permit required confined spaces listed on the identification form.

Division:	**Facility:**
Building:	**Location/Area:**
Surveyor Name:	**Date of Survey:**

1. General	
Space Name	
Location	
Description/Use of Space	
2. Entry Supervisor	

3. Hazards	
Hazard Type (atmospheric, engulfment, configuration, other)	Description

4. Acceptable Entry Procedures	☐ Reclassification ☐ Alternative Procedures ☐ Permit Required
5. Authorized Entrants	☐ Contractors Only ☐ Authorized Employees

PERMIT REQUIRED CONFINED SPACES

Details Form

6. Authorized Entrants	
	☐ Attendant ☐ Entrant
	☐ Attendant ☐ Entrant
	☐ Attendant ☐ Entrant
	☐ Attendant ☐ Entrant
	☐ Attendant ☐ Entrant
	☐ Attendant ☐ Entrant
	☐ Attendant ☐ Entrant

7. Equipment		
Communication		
Testing		
Control		
Rescue		
PPE		
Other		
8. Rescue Source		Contact Number

PERMIT REQUIRED CONFINED SPACES

Details Form

9. Entry Procedures			
Required Pre-Entry Tests	Test		Acceptable Level
Pre-Entry Procedures			
Required Tests During Entry	Test	Frequency	Acceptable Level
Post Entry Procedures			

PERMIT REQUIRED CONFINED SPACES

Employee Training Certification Form

This form certifies that the employee named below received classroom training in the Permit-Required Confined Space Program and in his/her duties for the permit spaces listed below.

Employee Information:	
Name:	**Title:**
Division:	**Department:**
Date of Training:	**Training Type:** ☐ Awareness ☐ PRCS Procedures
Trainer Name:	**Trainer Signature:**

Training Course Information:	
Employee trained for (name/location of specific PRCS):	**Employee Trained as:**
	☐ Entry Supervisor ☐ Attendant ☐ Entrant
	☐ Entry Supervisor ☐ Attendant ☐ Entrant
	☐ Entry Supervisor ☐ Attendant ☐ Entrant
	☐ Entry Supervisor ☐ Attendant ☐ Entrant
	☐ Entry Supervisor ☐ Attendant ☐ Entrant
	☐ Entry Supervisor ☐ Attendant ☐ Entrant
	☐ Entry Supervisor ☐ Attendant ☐ Entrant
	☐ Entry Supervisor ☐ Attendant ☐ Entrant

By signing below, I certify that I have received the training listed above on the date listed above, that I understood the information provided, and that I am capable of following the permit-required confined space procedures and performing the activities assigned to me under those procedures.	
Employee's Signature:	**Date:**

PERMIT REQUIRED CONFINED SPACES

Entry Permit

Attachment 2.11

This permit must be completed prior to any entry into a permit-required confined space. Completed permit must be posted at the entrance to the space. Permits are kept on file by the Safety Officer and Plant Operations Supervisor.

Identification of Permit Space:	**Location**	**Entry Supervisor (Print)**

Work to Be Performed:

Hazards In the Space

☐ Atmospheric ☐ Oxygen Deficiency ☐ Flammable Gases ☐ Toxic ☐ Gases/Vapors/Mists ☐ Other (Attach List)	☐ Engulfment (List)	☐ Configuration ☐ Sloping Walls ☐ Narrowing Floor ☐ Entrants Out of Sight ☐ Other (Attach List)	☐ Other Serious Hazard ☐ Moving Parts ☐ Electrical ☐ Radiation ☐ Other (Attach List)

Required Equipment

☐ Respirator ☐ SCBA ☐ Supplied Air ☐ PAPR ☐ Negative Pressure	☐ Eye Protection ☐ Face Shield ☐ Goggles ☐ Glasses	☐ Rescue Equipment ☐ Harness ☐ Wristlets ☐ Winch/Lift	☐ Hard Hat ☐ Gloves ☐ Protective Clothing (List)	☐ Attendant Communication Equip. ☐ Communication Equipment (List) ☐ Fire Extinguisher ☐ Lighting ☐ Other (List)

Required Pre-Entry Actions (Check First Block if Required, Check Second Block when performed)

☐ Notify Local Rescue of Entry ☐ Purge-Flush ☐ Venting ☐ Continuous Forced Air	☐ ☐ ☐ ☐	☐ Inerting ☐ Double Block and Bleed ☐ Blanking/Binding ☐ Set Up Rescue Equipment	☐ ☐ ☐ ☐	☐ Line Braking ☐ Isolation ☐ Traffic Control Devices ☐ Lockout (List Equipment)	☐ ☐ ☐ ☐	☐ Other (List)	☐

Final Atmospheric Test (Perform After Pre-Entry Actions) ☐ Required ☐ Not Required	☐ Oxygen: 19.5-23.5 ☐ Flammable: 10% LFL ☐ CO: 35 ppm	☐ Other (List PELS and Actual)

Other Entry Permits Issued:		**Rescue Number**:	

Authorized Employees

	☐ Entrant ☐ Attendant		☐ Entrant ☐ Attendant		☐ Entrant ☐ Attendant
	☐ Entrant ☐ Attendant		☐ Entrant ☐ Attendant		☐ Entrant ☐ Attendant

☐ Entry approved by permit only ☐ Entry/Atmosphere monitoring log required	☐ Alternate entry procedures approved upon verification of atmospheric levels	☐ Space reclassified upon verification of hazard elimination

Authorizing Entry Supervisor	**Date Issued**	**Time Issued**	**Time of Expiration**

Date/Time of Entry		**Date/Time Entry Completed**	

Post Entry

☐ Entry successful ☐ Permit terminated due to emergency **Comments:**	**Post Entry Activities** ☐ All entrants accounted for. ☐ All isolation and control measures disabled. ☐ Equipment secured and properly stored. ☐ Space secured against unauthorized entry. ☐ Rescue personnel contacted to stand down.

Verified by:	

PERMIT REQUIRED CONFINED SPACES

Entry and Atmospheric Monitoring Log

Log must be maintained when entrants are expected to enter and leave a permit space more than once. Gas monitoring shall be conducted at least once per hour.

Entrant	Time Entered	Time Exited	Entrant	Time Entered	Time Exited

Oxygen (19.5 - 23.5)			Flammable Gas (10%)			Air Contaminants				
Time	Initials	Level	Time	Initials	Level	Name	PEL	Time	Initials	Level

Verification of Tester (Signature)	

PERMIT REQUIRED CONFINED SPACES

Reclassification Form

This form must be completed and signed after eliminating hazards in order to reclassify a confined space from permit-required to permissible entry without a permit. The completed form must remain at the site of the confined space until all work is completed. Completed forms are kept on file by the Safety Officer.

Division:	**Facility:**
Building:	**Location/Area:**
Date of Reclassification:	**Expiration Date:**

Identified Hazards and Elimination Methods:	
Hazard Type (atmospheric, engulfment, configuration, other)	Method(s) used to eliminate hazard

I certify that this permit required confined space poses no actual or potential atmospheric hazards and that all hazards within the space have been eliminated. This space has been reclassified as a non-permit required confined space for as long as the hazards remain eliminated.

Safety Officer (or designee):	**Signature:**

I understand that if hazards arise within the reclassified confined space all employees in the space shall exit the space immediately. The Safety Officer must reevaluate the space before reentry.

Supervisor:	**Signature:**

LOCKOUT/TAGOUT

Program Review Checklist

This checklist must be completed annually as a periodic review of the Energy Control Program. The completed form is kept on file by the Safety Officer.

Division:	**Facility:**	**Department:**
Building:	**Room/Area:**	**Supervisor:**
Assessment Completed by:		**Date:**

A. Lockout/Tagout Program	**Yes**	**No**	**N/A**	**Comments**
1. Written program complete				
2. Training complete and documented				
3. Periodic inspections performed and documented				
B. Energy Control Procedures				
1. Where necessary, equipment specific lockout procedures established and documented				
2. General lockout procedures established				
3. Procedures established for removal of lockout devices				
4. Procedures established for tagout				
5. Protective materials and hardware available				
C. Requirements for Special Situations				
1. Procedures for testing or repositioning equipment established				
2. Procedures for working with outside contractors established				
3. Procedures for group Lockout/Tagout established				
4. Procedures for shift or personnel change established				

LOCKOUT/TAGOUT
Program Review Checklist

Keys to Lockout/Tagout Checklist

A. Lockout/Tagout Program

1. A model written program is available.
2. Training is required for all workers authorized to apply Lockout/Tagout devices. Training is also required for workers who are affected by the Lockout/Tagout activities of authorized workers.
3. An annual review of energy control procedures must be completed and documented by an authorized worker other than the workers using the procedures.

B. Energy Control Procedures

1. For certain types of equipment, specific written procedures must be developed and documented. Information on what types of equipment this is necessary for is available in the model written program and from EHS.
2. General Lockout procedures, spelled out in the model written program, must be followed for all equipment.
3. Procedures for removal of locks and tags are available in the model written program.
4. When equipment is not designed to accept a Lockout devices, Tagout may be used. Tagout must provide the same level of protection as Lockout procedures. Additional training and oversight may be necessary. Assistance in developing Tagout procedures is available in the model written program.
5. Standardized Lockout/Tagout devices must be used for all procedures.

C. Requirements for Special Situations

1. Whenever equipment must be tested or repositioned, special procedures must be used for the removal and replacement of Lockout/Tagout devices. Sample procedures are available in the model written program.
2. When appropriate, workers and outside personnel must discuss and compare Lockout/Tagout procedures. Consult the model written program for additional information.
3. Group Lockout/Tagout procedures must provide the same level of protection as individual procedures. Information is available in the model written program.
4. The continuity of Lockout/Tagout protection must be ensured during shift or personnel changes. Examples of how this could be done are provided in the model written program.

LOCKOUT/TAGOUT

Periodic Inspection & Certification Form

This inspection/certification form must be completed annually for Authorized Employees involved in Energy Control Procedures for multi-energy source equipment. It must be maintained on-site, and is to be completed based on the witnessed demonstration of the Lockout/Tagout (LOTO) procedures on the equipment or machinery by Authorized Employees.

Division:	**Facility:**
Equipment/Machine:	**Locked Out?** ☐ **Yes** ☐ **No**
Assessment Completed by:	**Date:**

Authorized Employees Observed:

1.	**6.**
2.	**7.**
3.	**8.**
4.	**9.**
5.	**10.**

PERIODIC INSPECTION QUESTIONS	YES	NO
Was the written Energy Control Procedure (ECP) present during the inspection? (inspection cannot be performed without the written ECP present)		
Have the Authorized Employees received appropriate training within the past year?		
If training was completed, is documentation available?		
Is the ECP that was used effective to provide full employee protection during the LOTO procedure? (i.e. all sources of energy were disabled)		
Has there been a change in equipment/machinery that presents a new hazard or a change in the ECP?		
Did the Authorized Employees demonstrate their roles and responsibilities under the LOTO Program?		
Are the tags being used durable, legible, understandable to all Affected and Authorized Employees and securely attached?		
Was the ECP performed correctly?		

LOCKOUT/TAGOUT

Periodic Inspection & Certification Form

Provide detailed information if any deviations/inadequacies were identified requiring corrective action:

If no deviations or inadequacies were identified during the inspection the inspection can be completed and certified. This form requires two signatures; the signature of the individual who performed the inspection and the signature of the individual certifying that the process was completed.

SIGNATURES	
Inspector:	
Signature:	Printed Name:
Title:	Date:
Certified by:	
Signature:	Printed Name:
Title:	Date:

POWERED INDUSTRIAL TRUCKS

CNG/Gas/Diesel Fork Trucks

Operator Evaluation Form

This evaluation must be completed for any employee who will be operating a powered industrial truck prior to operation. Evaluation is completed by a designated competent person. This evaluation is maintained by the Safety Officer and the Plant Operations Supervisor.

Division:	**Facility:**
Location:	**Date:**
Operator:	**Equipment:**

Observable Behaviors	Yes	No	Comments
Completes pre-shift inspection			
Wears seatbelt			
Uses strobe light			
Operates at safe speed for conditions			
Uses smooth and safe turning technique			
Eyes on work path (Looks before backing up)			
Sounds horn at corners, doors and blind spots			
Travels in reverse when load obstructs vision			
Observes safe battery charging, refueling procedures			
Keeps load uphill on ramps/hills			
Observes load handling/stacking rules			
Parks truck properly - brake, power, neutral			

Results		
☐ Operator Evaluation Satisfactory	☐ Operator Evaluation Satisfactory After review of "At Risk" Items	☐ Operator Referred for Refresher Training and Follow-up Evaluation

Evaluator Name:	**Title:**
Signature:	**Date:**

Retain this form for 30 days

POWERED INDUSTRIAL TRUCKS

Attachment 2.17

CNG/Gas/Diesel Fork Trucks
Operator's Daily Checklist

This checklist must be completed prior to each shift during which a CNG/gas/diesel fork truck will be operated.
This checklist is maintained on file by the Safety Officer and the Plant Operations Supervisor.

Division:	**Facility:**
Location:	**Date:**
Operator:	**Equipment:**

Engine Off Checks	OK	Maintenance
Leaks – fuel, hydraulic oil, engine oil or radiator coolant		
Tires – condition and pressure		
Forks, top clip retaining pin and heel –check condition		
Load Backrest – securely attached		
Hydraulic hoses, mast chains, cables and stops – Check Visually		
Overhead and finger guards – attached		
Leaks – fuel, hydraulic oil, engine oil or radiator coolant		
Propane tank (LP gas truck) – rust, corrosion, damage		
Safety warnings – attached (refer to parts manual for location)		
Battery – Check water/electrolyte level and charge		
All engine belts – Check visually		
Hydraulic fluid level – Check level		
Engine oil level – Dipstick		
Transmission fluid level – Dipstick		
Propane tank (LP gas truck) – Rust, corrosion, damage		
Engine air cleaner – Squeeze rubber dirt trap or check restriction alarm (if equipped)		
Fuel Sedimentor (Diesel)		
Radiator Coolant – Check Level		
Operator's Manual – In Container		
Nameplate attached and information matches model, serial number and attachments		
Seat Belt – Functioning Smoothly		
Hood Latch – Adjusted and securely fastened		
Brake Fluid – Check level		
Engine On Checks – Unusual noises must be investigated immediately		
Accelerator or direction control pedal – functioning smoothly		
Service & parking brake – functioning smoothly		
Steering Operation – functioning smoothly		
Drive and Tilt Controls – Forward/Reverse – functioning smoothly		
Hoist, Lowering, and Attachment Controls – functioning smoothly		
Horn and Lights – functioning		
Gauges: ammeter, engine oil pressure, hour meter, fuel, temp., instrument monitors		

Completed by:	**Signature:**

Retain this form for 30 days

POWERED INDUSTRIAL TRUCKS

Electric Fork Trucks

Operator's Daily Checklist

Attachment 2.18

This checklist must be completed prior to each shift during which an electric fork truck will be operated. This checklist is maintained on file by the Safety Officer and the Plant Operations Supervisor.

Division:	**Facility:**
Location:	**Date:**
Operator:	**Equipment:**

Engine Off Checks	OK	Maintenance
Leaks – Hydraulic Oil, Battery		
Tires – Condition and Pressure		
Forks, Top Clip Retaining Pin and Heel -- Condition		
Load Backrest Extension – Attached		
Hydraulic Hoses, Mast Chains, Cables & Stops – Check Visually		
Finger Guards – Attached		
Overhead Guard – Attached		
Safety Warnings – Attached (Refer to Parts Manual for Location)		
Battery – Water/Electrolyte Level and Charge		
Hydraulic Fluid Level – Dipstick		
Transmission Fluid Level – Dipstick		
Operator's Manual in Container		
Capacity Plate Attached – Information Matches Model, Serial Number and Attachments		
Battery Restraint System – Adjust and Fasten		
Operator Protection: Sit-down Truck - Seat Belt – Functioning Smoothly Man-up Truck – Fall protection/Restraining means - Functioning		
Brake Fluid – Check level		
Motor On Checks (Unusual Noises Must Be Investigated Immediately)	**OK**	**Maintenance**
Accelerator Linkage – Functioning Smoothly		
Parking Brake – Functioning Smoothly		
Service Brake – Functioning Smoothly		
Steering Operation – Functioning Smoothly		
Drive Control – Forward/Reverse – Functioning Smoothly		
Tilt Control – Forward and Back – Functioning Smoothly		
Hoist, Lowering, & Attachment Controls – Functioning Smoothly		
Horn – Functioning		
Lights & Alarms (where present) – Functioning		
Hour Meter – Functioning		
Battery Discharge Indicator – Functioning		
Instrument Monitors – Functioning		

Completed by:	**Signature:**

Retain this form for 30 days

Attachment 2.19

POWERED INDUSTRIAL TRUCKS

Electric Cargo/Burden Carrier Trucks

Operator's Daily Checklist

This checklist must be completed prior to each shift during which an electric cargo/burden carrier truck will be operated. This checklist is maintained on file by the Safety Officer and the Plant Operations Supervisor.

Division:	**Facility:**
Location:	**Date:**
Operator:	**Equipment:**

	Monday		Tuesday		Wednesday		Thursday		Friday	
Items inspected	**OK**	**Maintenance**	**OK**	**Maintenance**	**OK**	**Maintenance**	**OK**	**Maintenance**	**OK**	**Maintenance**
Tire Condition										
External Frame Damage										
Backup Alarms/Horn										
Accelerator/Brake Pedals										
Parking Brake										
Battery Status Indicator										
Seat Interlock Switch(if equipped)										
Leaking Fluids or Grease										

Completed by:	**Signature:**

AERIAL LIFTS

Repair & Maintenance Record

Attachment 2.20

Owners and operators of aerial lifts are required to document maintenance and repairs. If you have any questions or concerns, please contact the Safety Officer. Keep this form on file for your records.

Division:	**Facility:**
Location:	**Supervisor:**
Manufacturer:	**Model #:**
Serial #:	**Aerial Lift ID:**

Date	Description of Work	Maintenance Performed by:

Retain this form for the life of the equipment

AERIAL LIFTS

Attachment 2.21

Pre-Use Inspection Checklist

The operator shall inspect aerial lifts prior to placing the machine in service at the beginning of each work shift. Deficiencies noted on the inspection form must be corrected prior to operation. If the deficiencies cannot be corrected, the aerial lift must not be used and lockout/tagout procedures initiated according to the Aerial Lift Policy. Keep documentation of repairs with preventive maintenance records on file for no less than 30 days, form is subject to review by Safety Officer.

Division:	**Facility:**
Location:	**Supervisor:**
Manufacturer:	**Model #:**
Serial #:	**Aerial Lift ID:**
Inspected by:	**Date:**

Inspection Items	OK	Maintenance
Operating and emergency controls		
Safety devices		
Structural and other critical components present and all associated fasteners and pins in place		
Personal protective devices (harness, lanyard, etc.)		
Fluid levels checked (hydraulic oil, engine oil, coolant, etc.)		
Hydraulic power unit, reservoir, hoses, fittings, cylinders, and manifolds		
Electrical components, wiring harness, and electrical cables		
Loose or missing parts		
Tires and wheels		
Placards, warnings, and control markings		
Owner's manual legible and stored inside container located on platform		
Outriggers, stabilizers and other structures		
Guardrail system		
Cracks in welds or structural components		
Dents or damage to machine		
Other items specified by manufacturer		

Comments:

AERIAL LIFTS

Work Area Inspection Checklist

Before an aerial lift is used and during use, the operator shall check the area in which the aerial platform lift is to be used for possible hazards. Hazards include, but are not limited to, those in the following checklist. Keep this form on file for no less than 30 days, form is subject to review by Safety Officer.

Division:	**Facility:**
Location:	**Supervisor:**
Inspected by:	**Date:**

Inspection Items	Yes	No	Comments
Drop-offs or holes			
Slopes			
Bumps and floor obstructions			
Debris			
Overhead obstructions and high voltage conductors			
Hazardous locations and atmospheres			
Tools and/or other equipment			
Inadequate surface and support to withstand all load forces imposed by the aerial platform lift			
20mph wind speeds or anticipated gusts (lower lifts to a maximum height of 20 ft.)			
25mph wind speeds or anticipated gusts (ground all lifts)			
Presence of unauthorized people			
Other possible unsafe conditions:			

AERIAL LIFTS

Attachment 2.23

Frequent Inspection Checklist

A frequent inspection is performed at least annually by a qualified person. Any time an aerial platform lift has not been used for a period of 3 months or more (or after the lift has been purchased) a frequent inspection is performed by a qualified person. Form is subject to review by Safety Officer.

Division:	**Facility:**
Location:	**Supervisor:**
Manufacturer:	**Model #:**
Serial #:	**Aerial Lift ID:**
Inspected by:	**Date:**

Inspection Items	OK	Maintenance
All functions and their controls for speed(s) smoothness, and limits of motion		
Lower controls including the provisions for overriding of upper controls		
All chain and cable mechanisms for adjustment, wear or damaged parts		
All emergency and safety devices		
Lubrication of all moving parts, inspection of filter element(s), hydraulic oil, engine oil, and coolant as specified by the manufacturer		
Visual inspection of structural components and other critical components such as fasteners, pins, shafts and locking devices		
Placard, warnings and control markings		
Additional items specified by the manufacturer		
All functions and their controls for speed(s) smoothness, and limits of motion		
Lower controls including the provisions for overriding of upper controls		
All chain and cable mechanisms for adjustment, wear or damaged parts		
All emergency and safety devices		
Lubrication of all moving parts, inspection of filter element(s), hydraulic oil, engine oil, and coolant as specified by the manufacturer		
Visual inspection of structural components and other critical components such as fasteners, pins, shafts and locking devices		
Placard, warnings and control markings		
Additional items specified by the manufacturer		

Comments:

AERIAL LIFTS

Examples

Vehicle Mounted Aerial Lift / Bucket Truck	
	The lift platform is an integral part of an over-the-road vehicle.
Articulating Boom Aerial Lift	
	This lift has at least 2 hinged sections which are used to increase mobility.
Man Lift/Cherry Picker	
	This lift will rise vertically but not horizontally.
Scissor Lift	
	This lift will rise vertically but not horizontally.
Extendable/Telescopic Aerial Lift	
	This lift has a boom that extends vertically and horizontally.

ASBESTOS WORK PERMIT

Attachment 2.25

This permit must be completed prior to the commencement of any work that will disturb asbestos-containing material. It must be maintained on-site and in place until the work is complete and the area is considered safe. Once complete, the original of this form is to be returned to the Plant Operations Supervisor or equivalent, and a copy is to be maintained by the Safety Officer.

Project Information:	
Start Date:	**Completion Date:**
Division:	**Department:**
Building:	**Location:**
Work Performed by:	☐ Contractor ☐ Staff
Type of Project: ☐ Emergency Repair ☐ Maintenance ☐ Encapsulation	
Description of Work:	

Names of Workers:	**Certification Verified?**	
	☐ Yes	☐ No
	☐ Yes	☐ No
	☐ Yes	☐ No
	☐ Yes	☐ No
	☐ Yes	☐ No

Precautions:		
Asbestos work area signage posted?	☐ Yes	☐ No
Personal Protective Equipment in use?	☐ Yes	☐ No
Airborne concentration monitoring?	☐ Yes	☐ No
Prior notification given to people in the area?	☐ Yes	☐ No
Additional Precautions:		

Follow up:		
Work area properly cleaned?	☐ Yes	☐ No
Contaminated materials properly bagged and weighted?	☐ Yes	☐ No
Appropriate bags and marked containers used?	☐ Yes	☐ No
Comments:		

Retain this form permanently

ASBESTOS WORK PERMIT

Attachment 2.25

Who was notified?		
State	☐ Yes	☐ No
Federal	☐ Yes	☐ No
Landfill Operator	☐ Yes	☐ No
Contract Trash Hauler	☐ Yes	☐ No

The work area has been examined; necessary precautions are being taken and work may proceed.

	SIGNATURE:	PRINT NAME:
Work Supervisor:		
Plant Operations Supervisor:		
Safety Officer:		
Project Rep. (if applicable)		

If more voluntary information is to be provided, continue below:

Retain this form permanently

Attachment 3.1

PHARMACEUTICAL WASTE
Quarterly Inspection Checklist

This inspection form is completed quarterly for the facility/division/office pharmaceutical waste processes and procedures. The completed form is kept on file by the Safety Officer.

Division:	**Facility:**
Inspected by:	**Date:**

Inspection Questions:	**YES**	**NO**	**N/A**
Are pharmaceutical hazardous waste containers close to the point of generation?			
Are pharmaceutical hazardous waste containers black in color?			
Are pharmaceutical hazardous waste containers labeled according to policy and according to 40 CFR 262.31/32?			
Is the acute P-listed hazardous waste separated from the other hazardous waste that is generated?			
Is the person completing weekly inspections trained according to the hazardous waste requirements being inspected?			
Are hazardous and acute hazardous waste containers closed when not in use?			
Is the accumulation and storage area for hazardous and acute hazardous waste clear of spills?			
Are black waste containers in good condition, not leaking or bulging?			
Has the person signing the hazardous waste manifests for the Generator received documented training of DOT requirements for shipping hazardous waste?			
Are containers in the central accumulation hazardous materials storage area marked with an accumulation start date on the label?			
Has the person signing the hazardous waste manifests for the Generator received documented training of DOT requirements for shipping hazardous waste?			
Are the most recent hazardous waste shipping manifests available for review?			
Is there a receipt of hazardous material signature for each manifest?			
Are hazardous waste shipping manifests completed correctly, including the following:			
Generator signature?			
Land disposal restriction form?			
Driver signature?			
Receipt of hazardous materials signature?			
EPA ID number for the transporter?			
Manifest tracing number?			

Explain any "no" answers and corrective actions below:

Attachment 3.2

HAZARDOUS WASTE CHECKLIST
Small & Large Quantity Generators

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**

Satellite hazardous waste accumulation sites meet the following requirements:	**YES**	**NO**	**N/A**
No more than 55 gallons of hazardous waste is stored at a satellite accumulation site.			
Containers of hazardous waste are transferred to the Hazardous Waste Storage Site (HWSS) within three days after being filled to capacity.			
Each container at satellite storage sites is labeled as "Hazardous Waste".			
Containers of hazardous waste remain sealed except during waste transfer.			
Waste is stored on a non-permeable surface away from floor drains or other conveyances.			
Spill control materials are readily available at or near the storage site.			
State/local regulations that differ from federal have been identified; each site is in compliance.			
Staff who operate and maintain satellite storage sites have received verifiable training to a level commensurate with their duties and responsibilities			

Hazardous waste storage site and records:	**YES**	**NO**	**N/A**
The Hazardous Waste Site Storage Coordinator (HWSSC) maintains a log of storage and handling practices, including information required in the Safety Manuel, Ch. 3, Sect. E.			
The HWSSC maintains copies of hazardous waste manifests for at least three years. The manifests and manifest procedures comply with the Safety Manual, Ch. 3, Sect. E.			
The HWSS is inspected monthly by the Safety Department.			
No more than 13,200 pounds of hazardous waste is stored in the HWSS at any one time.			
Small and large quantity generators have obtained an EPA identification number.			
Small quantity generators store hazardous waste in the HWSS no longer than 180 days or 270 days if the waste is transported a distance of 200 miles or more.			
Large quantity generators store hazardous waste no longer than 90 days.			
All containers of hazardous waste are sealed.			
Containers are labeled according to contents of the container and the date of accumulation. The label is also marked with the words "Hazardous Waste".			
Incompatible wastes are separated.			
The HWSS is ventilated and is away from high traffic areas, buildings, drains and depressions.			
The HWSS is secure; entrance is posted with a "Danger - Unauthorized Personnel Keep Out" sign.			
The following information is posted: Name and telephone number of the HWSSC; location of fire extinguishers, spill equipment and fire alarm; telephone number of the fire department.			
The HWSSC has received training including hazardous waste storage & handling procedures, manifest procedures, emergency spill response and record keeping.			
An emergency eye wash station is readily available at or near the storage site.			

HAZARDOUS WASTE CHECKLIST
Conditionally Exempt Small Quantity Generators

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**

Hazardous waste storage site and records:	**YES**	**NO**	**N/A**
The institution generates no more than 220 pounds of hazardous waste per month.			
No more than 1000 pounds of hazardous waste is stored at any one time.			
Hazardous waste is identified by: Laboratory analysis for chemical characteristics, i.e., flammability, corrosiveness, reactivity, toxicity; or by regulatory listing.			
Hazardous waste is stored away from drains or other conveyances.			
Containers of hazardous waste are sealed and opened only during waste transfer or during containerinspection.			
Incompatible wastes are separated.			
An emergency eye wash station isreadily available at or near the storage site.			

COMMENTS:

UNIVERSAL WASTE CHECKLIST
Small Quantity Generators

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**

Universal waste accumulation sites meet the following requirements:	**YES**	**NO**	**N/A**
An institution-wide survey to identify universal waste streams has been conducted by the Safety Officer with assistance from affected Department Heads.			
Each identified universal waste stream is handled as universal waste. [Exception: Spent lead acid batteries handled under 40 CFR Part 266].			
Each container of universal waste is labeled in accordance with 40 CFR 273, i.e., Universal Waste - lamps, used lamps, waste lamps			
Each container of universal waste is labeled with the accumulation start date.			
Universal waste does not accumulate for more than one year beyond the accumulation start date.			
No more than 11,000 lbs. of universal waste is generated in one calendar year.			
If the 11,000 lb. generation threshold is exceeded, the institution has sent a notification to the EPA and has received an EPA identification number.			
Staff who collect, store, or arrange shipments of universal waste have received verifiable and appropriate training.			
The HWSSC and the Safety Department maintain a readily available copy of State and Federal universal waste regulations.			
The institution complies with State universal waste requirements that differ from Federal.			

COMMENTS:

Attachment 3.4

USED OIL CHECKLIST

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**

Used oil storage sites meet the following requirements:	**YES**	**NO**	**N/A**
Used oil containers are in good condition with no structural damage or rust.			
No visible leaks in storage area and the storage method prevents the escape of accidental releases into the environment (via floor drains, ditches, directly onto soil, etc.)			
Used oil containers are clearly marked with the words "Used Oil."			
Used oil is transported by a transporter that has an EPA identification number or the generator has entered into a tolling arrangement with a contractor in accordance with 40 CFR 279.24(c).			
Copies of Federal and State used oil regulations are readily available at the generation site and the Safety Office.			
The generator complies with State regulations that differ from Federal.			

COMMENTS:

Retain this form for 3 years

ABOVE GROUND STORAGE TANK CHECKLIST

Attachment 3.5

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**

Above ground storage tanks (ASTs) must meet the following requirements:	**YES**	**NO**	**N/A**
A State required tank registration and operating permit has been obtained for each AST.			
The Powerhouse and Safety Office maintains a readily available copy of applicable state/local regulations			
AST maintenance requirements have been inputted into the computerized maintenance system and maintenance is performed as required.			
Tanks, piping, pumps, and valves are free of corrosion, damage, and evidence of leaks.			
Overfill prevention equipment is present. The equipment initiates an audible alarm when the tank is 90 % full and automatically shuts off flow into the tank when it is 95 % full.			
A secondary containment system for each single wall tank (110 gallons or more) is present and in good operating condition. The system is large enough to contain 110% of tank capacity.			
Single wall tank secondary containment systems are free of tank product and other liquid and debris such as rainwater, leaves, trash and stored materials.			
Each double wall tank is equipped with an interstitial leak detection monitor in good operating condition. The monitor is tested at least monthly.			
Spill control equipment or supplies, for use during refueling operations, are in place or readily available, e.g., reservoirs, catchment basins, portable containment systems or absorbent materials.			
Spill control equipment is in good operating condition and of sufficient size or quantity to contain the contents of the largest compartment on the tank truck used to refuel the AST or ASTs.			

COMMENTS:

UNDERGROUND STORAGE TANK CHECKLIST

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**

The Safety Officer, with assistance from the Plant Operations Supervisor, has conducted an institution survey to identify and document:	**YES**	**NO**	**N/A**
Locations of all USTs.			
Storage capacity of each UST.			
Date of each tank installation.			
Date of tank upgrade if applicable.			
Types of leak detection and spill control systems that are installed on each tank.			
UST equipment maintenance and calibration requirements as specified by manufacturer.			
Tank registration and operating permits that may be required by the state.			
The following records are maintained in the Facilities and Safety Departments.	**YES**	**NO**	**N/A**
Written documentation of all calibration, maintenance and repair of release detection equipment are maintained for at least one year.			
Tank and piping tightness tests are maintained until the next test is conducted.			
If applicable, tank gauging and inventory control records are maintained for at least two years.			
Tank registrations and current operating permits (if required) are maintained as permanent records.			
All written performance claims pertaining to release detection systems and the manner in which the claims have been justified or tested by the equipment manufacturer or installer are maintained for at least five years from the date of installation.			
USTs meet the following requirements:	**YES**	**NO**	**N/A**
The results of the UST Survey are maintained as a permanent record in the Facilities and Safety Departments and updated when required.			
A readily available copy of applicable federal and state UST regulations is maintained in the Plant Operations and Safety Departments and updated when required.			
The institution complies with state regulations that differ from federal.			
Each UST is equipped with an operable catchment basin and an overfill protection device.			
Appropriate staff have received verifiable training in the operation of USTs, to include leak detection systems, spill and overfill protection and regulatory requirements (federal and state).			

UNDERGROUND STORAGE TANK CHECKLIST

If UST has pressurized piping, either annual line tightness testing or monthly monitoring* is used as a leak detection system.			
If UST has pressurized piping, one of the following devices has been installed: • automatic flow restrictor • automatic shutoff device • continuous alarm system			
USTs meet the following requirements (continued):	**YES**	**NO**	**N/A**
UST leak detection system calibrations and maintenance are performed according to the manufacturer's recommendations.			
The UST has one of the following leak detection systems: • interstitial monitoring • automatic tank gauging • vapor monitoring • groundwater monitoring • manual tank gauging (only for tanks <1001 gallons) • manual tank gauging & tank tightness testing (only for tanks <2001 gallons and may only be used for 10 years after tank installation) • inventory control and tank tightness test (may only be used for 10 years after tank installation) • statistical inventory reconciliation			
If UST has suction piping, one of the following detection systems is used: • monthly monitoring* • tightness testing every three years • no release detection system required because: piping is sloped so that the contents will drain back into the tank after suction is released, the suction line has only one check valve located directly below the suction pump, or the system operates at less than atmospheric pressure.			

*Monthly Monitoring includes:

- Interstitial Monitoring
- Automatic Tank Gauging
- Vapor Monitoring
- Ground Water Monitoring
- Statistical Inventory Reconciliation

COMMENTS:

OZONE DEPLETING SUBSTANCES CHECKLIST

Attachment 3.7

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**

Ozone depleting substances must meet the following requirements:	YES	NO	N/A
Staff who service equipment containing Class I or Class II ozone depleting substances (ODS) have been trained and have a certification card.			
Staff are certified for the type of equipment that they service. Type I - small appliances, Type II - high pressure, Type III- low pressure, Type IV - universal			
A record is maintained for each appliance, containing a Class I or Class II ODS that has been evacuated and discarded as waste. The record includes the amount and type of refrigerant that was recovered, a description of the appliance and the date of the evacuation. The record is maintained for three years.			
A maintenance record is maintained for appliances that contain 50 lbs. or more of a Class I or Class II ODS, i.e., chillers, large Food Service refrigeration units. Each record is maintained for at least three years and contains the following information: Staff or contractor who performed the service; Date and type of service that was performed; Quantity of refrigerant added; Leak calculation if refrigerant was added.			
Appliances containing 50 lbs. or more of a Class I or Class II ODS are repaired within 30 days when leak calculations indicate the following leak rate threshold: 15% for comfort cooling appliances; 35% for commercial refrigeration appliances.			
Records of refrigerants purchased and added are maintained if the institution staff add refrigerant to an appliance containing 50 lbs. or more of a Class I or Class II substance. The records are maintained for at least three years.			
Recycling and recovery equipment are certified for the type of appliances that are serviced and maintained.			

COMMENTS:

EMERGENCY SPILL PLAN CHECKLIST

Division:	**Facility:**
Building:	**Location/Area:**
Inspector:	**Date:**

The Plan contains the following information:	**YES**	**NO**	**N/A**
Spill Coordinator's telephone number			
Fire Department telephone number			
Telephone numbers or methods for contacting staff who are designated to initiate or assist in initiating an emergency spill response.			
Telephone number of any contractor named in the plan to respond to a spill or perform clean-up.			
Telephone numbers of appropriate agencies who must be contacted in case of a discharge or spill.			
The Plan meets the following requirements:	**YES**	**NO**	**N/A**
The plan includes the location of emergency equipment.			
The plan explains and assigns staff emergency response levels.			
The plan addresses staff training requirements.			
The plan describes actions required to implement the plan.			
The facility has a maximum AST capacity greater than 1320 gallons or total underground storage capacity greater than 42,000 gallons.* If the answer is **no,** the checklist has been completed.			
The plan includes a Professional Engineer (PE) certification.			
At a minimum the plan is reviewed at least every five years and updated as necessary.			
A plan that is updated because of technical changes (tank additions, removals, fuel changes, secondary structure changes, etc.) is re-certified by a PE.			
A plan that follows the ICP format, includes a cross reference to requirements of 40 CFR 112.7.			
The plan includes a site diagram that identifies the location and contents of each container of oil that has a capacity of 55 gallons or greater (including 55 gallon drums and oil filled equipment such as transformers).			
For each container, the plan identifies the type of oil stored and the storage capacity.			
The plan includes discharge prevention measures, including oil handling procedures such as loading and unloading.			
The plan includes oil spill predictions, including direction, flow rate, and total quantity that could be discharged as a result of a major equipment failure.			
The plan identifies and discusses discharge controls, i.e., secondary containment structures.			
The plan identifies site drainage patterns.			
The plan includes the telephone number of the National Response Center.			

COMMENTS

Fire Drill/Incident Report

Evaluation Form

Fire drills are conducted one per shift per quarter in healthcare facilities and annually in business occupancy areas. The completed form is kept on file by the Safety Officer.

Division:	**Facility:**
Building:	**Location/Area:**

Drill Information:			
Coordinator Name:		**Date of Drill:**	
Drill Start Time:		**Drill End Time:**	
Number of Personnel on Scene:		**Number of Patients/Residents/Clients on Scene:**	
Shift:	☐ Day	☐ Evening	☐ Night
Type of Incident:	☐ Fire Report	☐ Fire Drill	☐ False Alarm
Alarm Initiation Method:	☐ Pull Station	☐ Verbal Announcement	☐ Smoke Head/Sensor
Emergency Response Contacted (911):		☐ Yes	☐ No
Weather Conditions:			

Type/cause of fire (or drill scenario):

Problems encountered, injuries, or damage

Retain this form for 3 years

Fire Drill/Incident Report

Evaluation Form

Evaluation of Performance:	YES	NO	N/A
A clear announcement was communicated via the paging system and/or 2-way radio.			
All staff, patients, residents, and other individuals were removed from immediate danger.			
All rooms were checked and cleared of patients, residents, clients, staff, and others.			
All doors were closed to contain the spread of fire and smoke.			
Staff, visitors, residents, clients, and patients were directed/escorted as needed to external evacuation site.			
Everyone evacuated to either the designated external or internal evacuation site.			
A fire extinguisher was deployed to area of fire in order to safely attempt fire suppression.			
Communication was established and maintained with appropriate personnel.			
Patients, residents, clients, staff or visitors with special medical needs were assisted as needed.			
Staff recognized & properly executed assigned areas of responsibility (as applicable).			
All staff present in building responded to fire incident or fire drill.			
An “All Clear” announcement was made when appropriate.			
All equipment was accounted for and returned to proper location; i.e. radios, extinguishers.			
Issues identified during the fire drill were discussed with/communicated to staff.			

Evaluation Completed by:	**Date:**

Note: Unmet performance measures require Evaluator or Supervisor to complete this section:

Opportunities for Improvement Identified or Corrective Actions Taken:	
☐ Address Issues with staff on shift	☐ Retrain All Staff
☐ Remove fire hazard from area	☐ Initiate Fire Safety Education
☐ Review/revise written plan	☐ None needed
☐ Other:	

Supervisor:	**Date:**

Retain this form for 3 years

HOT WORK PERMIT

This permit must be completed prior to the commencement of any hot work (welding, grinding, etc.) It must be maintained on-site and in place until the hot work and associated procedures (inspections, fire watch, etc.) are complete. Once complete, the original of this form is to be returned to the Plant Operations Supervisor or equivalent, and a copy is to be maintained by the Safety Officer.

NOTE: All hot work must be conducted prior to 3:00 p.m. except for emergencies or other mechanical needs that could affect the safety and health of staff and individuals. This permit is good only for the time and date indicated below:

Issued To:	**Date:**
Division:	**Facility:**
Building:	**Location:**
Start Time:	**End Time:**

Please complete the following checklist:

Type of Work:		**Precautions:**	
Welding		**Guards**	
Cutting		**Fire Extinguishers**	
Brazing		**Safety Screen**	
Open Flame		**Personal Protective Equipment**	
Solder		**Movable Fire Hazards Removed From Work Area**	
Blow Torch Use		**Other (Specify):**	
Other (Specify)			

	SIGNATURE:	**PRINT NAME:**
Work Supervisor:		
Plant Operations Supervisor:		
Safety Officer:		

To be completed by the Work Supervisor:

This is to confirm that I have personally made a fire inspection of the above mentioned are where I have been supervising hot work and as of _____ (insert date and time), there was no fire in the area and, in my opinion, there was not residue that could cause a fire to develop.

Signature:	**Print Name:**