SAFETY AND HEALTH ORIENTATION TRAINING

The goal of (Insert Name of Company) is to provide a safe and healthful workplace for our employees. Your health and safety must always be the first priority in any situation. Should you encounter any situation that you believe is not safe, or that could be improved in regard to safety, let your supervisor know immediately. At this time I would like you to go over the basic work and safety rules of our company.

1. **INJURIES**

   Report all occupational injuries, illnesses or accidents without regard to their severity to your supervisor immediately. At no time are you to leave the project because of illness or injury unless your supervisor is notified. You are to use our designated medical provider for job related injuries or illnesses. For (Insert Name of Medical Provider and Give Employees a Wallet Card or Any Other I.D. or Documentation Necessary to Receive Medical Care by the Provider).

2. **SAFETY MEETINGS**

   Safety meetings are held weekly on our projects. You are required to attend, and are expected to actively participate. You are the key to our safety and health program and are responsible for your own safety as well as the safety of others working around you. Your ideas, suggestions and recommendations are always welcome.

3. **ALCOHOL/SUBSTANCE ABUSE**

   Illegal drugs, alcohol or other dangerous substances are not allowed on any company project. Employees who report for work while under the influence of drugs or alcohol will be terminated.

4. **ABSENCES**

   You must notify your supervisor if you will be absent and for how long. Repeated absenteeism will not be tolerated.

5. **CLOTHING**

   You are to report for work, rested and in the proper clothing for the job. The following rules shall apply:

   A. Rings, necklaces or other jewelry that may become entangled in machinery or otherwise cause an accident shall not be worn.
B. Long hair shall be worn in a manner that will not impede vision, become entangled or prevent the use of a respirator if required. It is suggested that long hair be tied back and put under your hard hat, or use a hair net.

C. Eye, head, and hearing protection will be issued to you. Do not alter them. (Insert Name of Company) will replace these items as they become worn or damaged through normal use.

D. Proper footwear is required. Steel toe boots are recommended. Sneakers, sandals, canvas or perforated top shoes are prohibited. Leather shoes or boots with good, heavy soles are required.

E. Long pants and a shirt with sleeves are required. Short pants, cut-offs, tank tops, muscle shirts, etc. are not allowed. You will be sent home if you report for work with inadequate clothing.

6. EYE AND FALL PROTECTION

A. (Insert Name of Company) requires 100% eye protection at all times. (Insert Name of Company) requires 100% fall protection from unprotected heights over 6 feet and when a fall from any height may result in an injury. Inspect your fall protection equipment daily. Ensure that what you connect your lanyard to and/or your anchorage point(s) will support you in the event of a fall. On unhooking your harness from an attachment point, unhook from the attachment point, not your belt or harness.

7. LADDER SAFETY

A. Use only wood or fiberglass ladders in or around electrical equipment or conductors.

B. Use ladders as they are designed to be used. Do not split or take apart extension ladders.

C. Tie off straight or extension ladders at all times. If it is not possible to tie off a ladder, and when tieing off a ladder, another person must stabilize the ladder at all times. The ladder must extend 3 feet above the top supporting object.

D. Use the 4 to 1 ratio of top to base when using an extension ladder. When using a step ladder, do not go higher than the second step from the top.

E. Remove from service any ladder that is damaged or unstable.

F. Remember, if you are more than six feet above the floor or ground, even if on a ladder, you must wear fall protection.
8. **LASER EQUIPMENT**
   A. Only qualified and trained operators shall install, adjust and operate laser equipment.
   B. Lasers should be set-up above the heads of other workers if possible.
   C. Avoid direct eye contact with the laser beam. Serious eye injury could result.

9. **POWDER ACTUATED TOOLS**
   A. Only qualified operators that have been certified and licensed may operate powder actuated tools.
   B. Eyes or face protection shall be worn by operator and assistants when the tool is in use.

10. **POWER & HAND TOOLS**
    A. Check tools daily for frayed or damaged (electrical cords, guards, etc.). Repair or replace damaged tools before use.
    B. All guards are to be left in place. Do not alter or adjust guards in any way that could reduce their effectiveness.

11. **RIGGING**
    A. All rigging will be inspected by your supervisor or a designated competent person prior to operations. If you don’t know how to rig or aren’t certain ask your supervisor.

12. **SCAFFOLDING**
    A. Safety railing should be in place before any work is performed from scaffold.
    B. Mobile scaffold shall be equipped with a positive method of locking the scaffold against movement. Scaffold is to be locked when being used.
    C. Rolling scaffolds are not to be moved until all workers are off the scaffold.
    D. Do not work directly under scaffolds.
13. **VEHICLES**

   A. Vehicles are to be inspected periodically for broken glass, seatbelts, fire extinguishers, etc.

   B. Riding on vehicles without passenger seats is strictly prohibited. Remain seated with seat belt fastened while in the vehicle.

   C. Obey the speed limit and fasten your seatbelt.

14. **WELDING & BURNING**

   A. Inspect cylinders and equipment prior to use. Replace any defective parts or equipment.

   B. Welding and burning will be done only by qualified persons and adequate eye protection (hood or No. 3 density minimum goggles), shall be used by operators, helpers, and any others in the area.

   C. Fire blankets, fire extinguishers, and/or a fire watch will be used at all times while welding or burning is taking place.

   D. Compressed gas cylinders will be properly stored (upright and secured to a solid object) at all times. Do not store oxygen and acetylene cylinders together. Reverse flow check valves shall be installed.

15. **HAZARDOUS CHEMICALS**

   To insure the safety of our employees we have developed a Hazard Communication Program. The company provides all pertinent safety and health information regarding chemicals used in the workplace.

   The jobsite office trailer contains the program in a red binder accessible to any and all employees, plus an emergency phone number should it be necessary. The program contains the following:

   A. Hazard Communication Program
   B. Safety and Health Information
   C. Material and Safety Data Sheets (MSDS’s)

   It is the responsibility of the Project Superintendent to see that all hazardous chemicals are labeled and that employees are trained as to the hazards of the chemical.

   This orientation is not all inclusive as some situations may require more extensive precautions. If you have any questions or recommendations, contact your supervisor.
I ______________________, clearly acknowledge that I have received General Safety and Health Training & Orientation, viewed the Safety video and received the corresponding forms for my use in compliance with the existing corporate and governmental resolutions.

I hereby agree to comply with the policies, practices and rules of the (Insert Name of Company) illness, injury and safety plan. I also understand any non-compliance with the illness, injury and safety plan will result in disciplinary action up to and including termination.

I specifically understand and agree that my employment is at will and for an unspecified period of time, and that either employer or I may terminate employment at any time, with or without reason or notice. I specifically understand and agree that this statement of policy contains all of the terms relative to the termination of employment and that no representations made be made contrary to the foregoing, either express or implied. I understand that this statement of policy is not subject to change.

Signed: ________________________________ Date: __________________________