

PETE KING CORP

SAFETY PROGRAM

Revised 2/2022

**2575 East Lone Mountain Road, North Las Vegas, NV 89081
777 South Auto mall Drive, Suites 108 & 109, Bldg. B, American Fork, UT 84003**

Greg Mortensen, Safety Director: 702-657-1102

Contact Safety Director with Questions Regarding Safety Program



PETE KING CORP - SAFETY PROGRAM

ACKNOWLEDGMENT OF SAFETY PROGRAM

- I hereby acknowledge I have been instructed I can access Pete King Corp's written Safety Program on-line or at the office.
website:
- I understand it is a condition of employment with Pete King Corp that I read, understand, and abide by the policies and procedures established by the company in its written Safety Program.
- I understand my responsibilities as an employee in helping to achieve the company's goal of eliminating all occupational accidents and incidents and creating a work environment that is both safe and healthy.
- I understand if I have questions regarding the company's written Safety Program, I should discuss them with my foreman, superintendent, or the Safety Director.
- I understand if I feel I am not receiving proper or sufficient training I should contact Ryan Wagner President or Jared Noa VP, Managers of Pete King Corp and Chairman of the General Safety Committee or the Safety Director at 702-657-1102.
- I understand if I have an unsafe condition or practice to report or if I have a safety suggestion, I would like to recommend I should complete an Employee Safety Information Report and submit it directly to the office. I know this form may be completed and submitted anonymously if desired.
- I understand it is illegal for an employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.
- **I UNDERSTAND THE CONTENTS OF THIS SAFETY PROGRAM DO NOT CONSTITUTE THE TERMS OF A CONTRACT OF EMPLOYMENT.** Except where a collective bargaining agreement or other written contract otherwise provides, employment with Pete King Corp is on an "at-will" basis. Our employment relationship may be terminated at any time by either the employee or the company for any reason not prohibited by law.

Employee's Name Printed: _____ **SSN:** _____

Employee's Signature: _____ **Date:** _____

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THE CONTENTS OF THIS SAFETY PROGRAM DO NOT **CONSTITUTE THE TERMS OF A CONTRACT OF** **EMPLOYMENT**

Except where a collective bargaining agreement or other written contract otherwise provides employment with Pete King Corp is on an “at-will” basis. Our employment relationship may be terminated at any time by either the employee or the company for any reason not prohibited by law.

POLICIES AND PROCEDURES OUTLINED IN OUR SAFETY **PROGRAM ARE SUBJECT TO CHANGE WITHOUT** **PRIOR NOTIFICATION**

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PETE KING CORP - SAFETY PROGRAM

STATEMENT OF POLICY ON EMPLOYEE SAFETY

It is the policy of Pete King Corp that the first consideration in the performance of work will be the safety of employees. All reasonable methods, procedures, and equipment necessary to achieve this will be used.

THERE WILL BE NO COMPROMISE WITH SAFETY!

Our goal is to eliminate all occupational accidents and incidents. This objective can be met only with the complete cooperation and dedication of every employee. Accountability for safety must be accepted at all levels from management through each individual employee.

To carry out our Safety Program management including all levels of supervision has the responsibility to:

- Provide or make available to each employee such protective equipment or clothing needed to perform their work safely.
- Provide employees with tools and equipment that are safe.
- Provide employees with the necessary instruction and training to perform their work safely.
- Provide a continuing program of safety training through all available employee communication methods including new hire orientation, weekly toolbox meetings, workshops, seminars, posters, check attachments and a written Safety Program.
- Engage in a continuing program of investigation of improved safety methods, techniques, concepts, and equipment and of adopting those deemed advantageous to the overall Safety Program through our General Safety Committee.

For this policy to be fully effective it must be the responsibility of all employees to:

- Observe applicable office, yard and job site safety rules, policies, and procedures.
- Keep work areas free of unnecessary hazards.
- Wear and use required safety equipment.
- Maintain work habits and attitudes that will protect other employees as well as themselves.

THINK SAFETY--WORK SAFELY

Ryan Wagner President, Jared Noa VP

Ryan Wagner President, Jared Noa VP

PETE KING CORP - SAFETY PROGRAM

OVERVIEW OF SAFETY PROGRAM

Safety and the prevention of accidents and incidents are a priority with Pete King Corp. Realizing the only way to have an effective program is to have awareness at all levels of the company we have implemented ways to involve each employee in our Safety Program.

- I. **EMPLOYEE HANDBOOK:** Each employee will receive instructions on how they can access our Employee Handbook on-line or at the office during our hiring process. Our Employee Handbook contains a Statement of Policy on Employee Safety. Our Employee Handbook also states it is a condition of employment that employees read, understand, and abide by the policies and procedures outlined in our Safety Program.
website:
- II. **SAFETY PROGRAM:** Each employee will receive instructions on how they can access our Safety Program on-line or at the office during our hiring process. While the Safety Program cannot cover every situation or condition that may arise while working it does act as an informative document which can be utilized as:
website:
 - A. Statement of company policies and procedures.
 - B. Quick reference guide.
 - C. Training aid.
- III. **GENERAL SAFETY COMMITTEE:** The committee will meet to help implement, monitor, and improve our safety and accident prevention program.
- IV. **SAFETY TRAINING SESSIONS FOR FOREMEN:** Periodic safety training sessions will be held for foremen conducted by our general superintendent, Safety Director or outside sources as deemed appropriate for the topics to be discussed.
- V. **TOOLBOX MEETINGS:** Foremen will conduct weekly tool box meetings at job sites for job specific, new hire and on-going training of crew members.
- VI. **SAFETY POLICY POSTERS:** Foremen will post company safety posters at job site trailers and company bulletin boards.
- VII. **CHECK ATTACHMENTS:** Safety reminders will be printed on payroll check stubs or attached to payroll checks for a quick review of specific safety information.
- VIII. **SAFETY INCENTIVES:** The General Safety Committee will offer safety incentives at various times to encourage employee participation in our goal to provide a safe, accident-free work environment.

PETE KING CORP SAFETY PROGRAM

ASSIGNMENT OF RESPONSIBILITIES

GENERAL SAFETY COMMITTEE

A General Safety Committee has been formed as part of Pete King Corp's Safety Program. The main purpose of the committee will be to help implement, monitor, and improve our safety and accident prevention program.

The General Safety Committee members will include both management and field personnel. Meetings will be held monthly and will be conducted by Ryan Wagner as Chairman and Jared Noa as chairman. Minutes will be recorded and kept a minimum of three years. They will include a record of the date, time and place of meeting, names of committee members attending the meeting, items discussed, and actions recommended. Safety Committee members are assigned by management or selected from volunteers.

Functions to be performed by the General Safety Committee are as follows:

- I. Discuss and report on unfinished business from the previous committee meeting.
- II. Review accident/injury reports and discuss root causes and corrective actions.
- III. Review and discuss new or outstanding recommendations or projects regarding safety and accident prevention.
- IV. Actively participate in safety and health instruction programs including weekly toolbox meetings conducted by foremen at job sites and other training meetings including annual safety training sessions evaluating the effectiveness of these programs.
- V. Provide additional training for Safety Committee members.
- VI. Regularly inspect the yard, shop, and job sites to detect unsafe conditions, practices or potentially hazardous situations.
- VII. Discuss and recommend improvements to existing safety and health rules, policies, and procedures.
- VIII. Discuss and recommend suitable hazard elimination or reduction measures.
- IX. Periodically review, discuss, and recommend changes when needed in existing work practices and hazard controls.
- X. Assess implications of changes in work tasks, operations, and processes before implementing them.
- XI. Monitor and evaluate the effectiveness of safety recommendations, improvements, and safety incentive programs.

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ASSIGNMENT OF RESPONSIBILITIES

- XII. Communicate information to employees regarding safety, health, hazardous materials and hazardous situations through weekly toolbox meetings and payroll check attachments.
- XIII. Immediately investigate any serious workplace accident.
- XIV. Study and analyze accident and injury data.

CHAIRMAN OF GENERAL SAFETY COMMITTEE

Ryan Wagner and Jared Noa of Pete King Corp and Chairman of the General Safety Committee are responsible for the implementation of our written Safety Program and monitor the effectiveness of our Safety Program through the General Safety Committee. Discussion of problems and review of injury and accident reports in committee meetings allows the Chairman to continually assess our Safety Program and the results of new policies and procedures as they are incorporated into our existing Safety Program. Responsibilities have been assigned with the adequate resources and support (PEOPLE, TIME, AUTHORITY) to aid in the implementation of our Safety Program as follows:

SAFETY DIRECTOR AND GENERAL SUPERINTENDENT RESPONSIBILITIES

Our Safety Director and general superintendent are responsible for monitoring safe work practices and the implementation of our policies and procedures established in our Safety Program as they visit job sites. They are responsible for helping to maintain a safe work environment by finding and controlling unsafe work conditions, practices, and procedures.

SUPERINTENDENT RESPONSIBILITIES

Our superintendents are responsible for monitoring safe work practices and the implementation of policies and procedures established in our Safety Program as they visit job sites. They are responsible for helping to maintain a safe work environment by finding and controlling unsafe work conditions, practices, and procedures. The superintendents are also responsible for keeping foremen trained in new safety policies and procedures and to help in the implementation of these changes as they occur.

FOREMAN RESPONSIBILITIES

Foremen are responsible for monitoring the implementation of our safety policies and procedures as shown in our Safety Program at the job site level. It is their responsibility to enforce our Safety Program and to use all reasonable methods, procedures, and equipment necessary to achieve a safe work environment and protect employees from injury. The responsibilities of the foremen include:

- I. Assessing job sites prior to beginning work to determine potentially hazardous situations or conditions and determining what if any personal protective equipment will be needed by

PETE KING CORP SAFETY PROGRAM

ASSIGNMENT OF RESPONSIBILITIES

employees. The company Task Hazard Analysis (THA) book is to be completed by foremen as part of this assessment.

- II. Training crew members regarding safety, personal protective equipment, blood borne pathogen and MRSA awareness and hazardous materials prior to beginning work at a job site.
- III. On-going training of crew members through weekly toolbox meetings held at the job site.
 - A. Instructing crew members in the recognition and avoidance of unsafe conditions.
 - B. Training crew members regarding regulations applicable to their work environment to control or eliminate any hazards or other exposure to illness or injury.
 - C. Completing signed records of weekly toolbox meetings showing date and place of meeting, crew members in attendance and topics discussed.
 - D. Submitting records to office.
- IV. Maintaining a safe work environment by finding and controlling unsafe work conditions, practices, and procedures.
- V. Enforcing use of safety equipment including personal protective equipment as deemed necessary.
- VI. Watching crew members for “chance takers” and correcting any unsafe work practices observed.
- VII. Making sure employees handle materials, equipment, and tools in a proper and safe manner.
- VIII. Making periodic job site safety inspections.
- IX. Attending safety meetings and training sessions required by management.
- X. Reporting all accidents, no matter how minor as specified in our Safety Program.

HIRING PERSONNEL

Office personnel processing new hires are responsible for giving new employees the appropriate paperwork including information on how to access our Employee Handbook and Safety Program either on-line or at the office and ensuring every new hire watches our new hire safety training video prior to reporting to work at a job site.

website: <https://>

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ASSIGNMENT OF RESPONSIBILITIES

EMPLOYEE RESPONSIBILITIES

Each employee is responsible for their own safety and the safety of their fellow employees. It is only by each employee becoming familiar with the hazards of their job and doing what is necessary to ensure a safe work environment that we can achieve safe working conditions deserved by all employees.

Pete King Corp expects each employee regardless of their position within the organization to cooperate in every aspect of our Safety Program. Therefore, it is a condition of employment that each employee:

- I. Read, understand, and abide by the policies and procedures outlined in our Safety Program. Complete, sign and return acknowledgment forms in the company's Employee Handbook and Safety Program.
- II. Report physical limitations to ensure they are assigned work they can safely perform.
- III. Comply with prescribed job procedures and instructions given by foremen and superintendents.
- IV. Report all accidents and injuries immediately to their foremen and the safety director no matter how minor they may appear.
- V. Wear the proper personal protective equipment including hard hats, safety glasses, respirators, proper shoes, appropriate clothing, and other equipment deemed necessary by the job site foremen. There will be no exceptions to this requirement. Failure to comply will result in disciplinary action up to and including termination.
- VI. Report hazardous conditions and other safety concerns immediately to the job site foreman, superintendent, or safety director.
- VII. Know what to do in case of an emergency.
- VIII. Contact a job site foreman, superintendent or safety director for information if exposed to a material directly or indirectly and do not know if it is hazardous and/or are concerned about the physical or health hazards associated with it.

COMPETENT PERSON RESPONSIBILITIES

OSHA 29 CFR 1926.32(f): "Competent Person" means one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

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DISCIPLINE AND ENFORCEMENT

It is part of every employee's job to adhere to all safety rules, regulations, policies, and procedures which have been adopted for the safety and protection of all employees. Progressive disciplinary actions that will be taken against employees who violate our safety standards have been established to help maintain safe working conditions for all employees and to have employees be responsible for their own actions.

Written safety violation citations will be issued by our Safety Director, superintendent, foremen or management observing a safety violation being committed. The written safety violation citation is to be signed by the person issuing the citation and by the employee receiving the citation. Foremen have the discretion of issuing a verbal warning in place of a written safety violation citation if the violation is minor. An employee receiving a verbal warning must agree to correct the situation causing the violation.

The person issuing the citation will submit the written safety violation citation to the office within 24 hours where it will be determined what the disciplinary action will be based on the number of written safety violation citations if any previously received. Progressive disciplinary action will be based on the number of written safety violation citations received by an employee during the previous twelve-month period.

An employee who has received a written safety violation citation, their foreman and superintendent will receive a written statement of the disciplinary action to be taken based on the number of citations on file as follows:

- **First Offense:** Employee will receive a written safety violation citation classified as a warning.
- **Second Offense:** Employee will receive a written safety violation citation requiring a two-day suspension without pay.
- **Third Offense:** Employee will receive a written safety violation citation requiring a five-day suspension without pay.
- **Fourth Offense:** Employee will receive a written safety violation citation requiring discharge and will not be eligible for rehire for a period of three months.

Refusal to use or wear required safety equipment or serious or willful violations that endanger any person including yourself, other employees or persons can result in immediate discharge.

An employee who receives a written safety violation citation may request the Safety Director review the violation with them if they do not feel it was warranted. Our Safety Director and management will have the authority to void a written safety violation citation if they determine it was not justified.

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SAFETY VIOLATION CITATION

Name of Employee Committing Safety Violation: _____

Describe Safety Violation: _____

Date of Violation: _____ **Where Did Safety Violation Occur:** _____

This written safety violation citation is being issued because of a safety violation which was observed. Progressive disciplinary actions for written safety violation citations received within a twelve-month period are as follows:

- **First Offense:** Employee will receive a written safety violation classified as a warning.
- **Second Offense:** Employee will receive a written safety violation citation requiring a two-day suspension without pay.
- **Third Offense:** Employee will receive a written safety violation citation requiring a five-day suspension without pay.
- **Fourth Offense:** Employee will receive a written safety violation requiring discharge and will not be eligible for rehire for a period of three months.

Refusal to use or wear required safety equipment or serious or willful violations that endanger any person including yourself, other employees or persons can result in immediate discharge.

Signature of Employee Receiving Safety Violation Citation: _____

Signature of Person Issuing Safety Violation Citation: _____
=====

THIS SECTION WILL BE COMPLETED BY THE OFFICE AND A COPY WILL BE GIVEN TO EMPLOYEE, FOREMAN AND SUPERINTENDENT FOR ENFORCEMENT

This is your _____ violation received within the past twelve months. As a result, your disciplinary action will be:

- warning
- 2-day suspension without pay
- 5-day suspension without pay
- discharge, not eligible for rehire for a three-month period

Verified and approved by: _____ Date: _____

PETE KING CORP SAFETY PROGRAM

ACCIDENT AND INCIDENT REPORTING GUIDELINES

Listed below are forms to be used as part of our Safety Program for reporting, investigating, and analyzing accidents and incidents. Blank forms are available from any foreman, superintendent, or the office. Samples of these forms are included in this Safety Program.

- I. **Form C-1, State of Industrial Insurance System Notice of Injury or Occupational Disease Incident Report Nevada:** It is the injured employee's responsibility to complete this form within 24 hours after an industrial accident/injury if they choose not to seek medical attention. If medical treatment is needed for an industrial injury, employees must choose a medical facility from the current provider list. If an employee uses a medical facility **NOT** on the current provider list, they will forfeit their benefits and will be responsible for all costs incurred. Form C-1 and current provider lists may be obtained from foremen or the office.

- II. **Employee's Report of Injury:** Employees must report all injuries immediately to their foreman and the office no matter how minor the injury may appear. As a follow up, employees are to complete and submit this form as soon as possible.

- III. **Foreman's Report of Injury and Investigation:** The injured employee and/or foreman must notify our office of an injury immediately. As a follow up, foremen are to complete and submit this form as soon as possible. The foreman's investigation of the injury will be guided by the checklist on the back of this form including the following actions as applicable:
 - A. Secure scene if there is a possibility of further injury or damage and preserve evidence.
 - B. Examine and record perishable or transient physical evidence.
 - C. Interview principal persons involved in the incident and witnesses to the incident.
 - D. Examine the injury scene.
 - E. Determine the results of the incident.
 - F. Report the injury.
 - G. Determine the immediate causes of the incident.
 - H. Recommend action needed for corrections and/or prevention of similar injuries.

- IV. **General Safety Committee Accident Follow Up:** Our office industrial injury claims person will complete the top portion of this form, attach a copy of the Employee's Report of Injury and Foreman's Report of Injury and Investigation and give to Ryan Wagner and Jared Noa.

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ACCIDENT AND INCIDENT REPORTING GUIDELINES

- A. Ryan Wagner or Jared Noa as chairman of the General Safety Committee will submit the injury report packages at the following committee meeting.
 - B. The General Safety Committee will determine what if any action needs to be taken to avoid future injuries of the same nature by discussing any recommended plan of action proposed by the investigating foreman and by trying to determine the underlying causes of the accident. Any actions taken will be documented in the minutes of the meetings.
 - C. The injury packages will be used to watch for trends in kinds of injuries or an increase in frequency of injuries.
- V. **Form C-3 (Employer's Report of Industrial Injury) Nevada:** Our office industrial injury claims person will complete and submit this form to the appropriate claims administrator for injured employees who seek medical attention within five working days from when the company receives a **Form C-4** from the place medical attention was received.
- VI. **Form 122 (Employer's First Report of Injury or Illness) Utah:** In Utah our office industrial injury claims person will complete and submit this form to the appropriate claims administrator for injured employees who seek medical attention within three working days from when the company receives a **Form 123** Physicians Initial Report of Work Injury or Occupational Disease.
- VII. **Near Miss/Potential Accident Report:** Foremen are to complete the top portion of this form if they observe a "near miss", see a situation which may potentially cause an accident or if a near miss or potential accident is reported to them by an employee. The General Safety Committee will review the form at the following committee meeting and determine what if any additional action should be taken.
- VIII. **Employee Report of Vehicle Accident Involving Company Vehicle:** Any employee involved in an accident while driving a company vehicle must complete and submit this form. All accidents involving a company vehicle must be reported to the police. See section in this Safety Program on our Fleet Safety Program.
- IX. **Safety Director's Follow Up Report of Vehicle Accident:** Safety Director will investigate vehicle accidents and complete this form for review at the next General Safety Committee Meeting.
- X. **Incident Report:** Employees are to complete and submit this form if they are involved in or witness an incident or accident in which an employee or company property is involved and a person who is not our employee is injured or there is damage to equipment or property not belonging to our company.

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ACCIDENT AND INCIDENT REPORTING GUIDELINES

- XI. **Employee Safety Information Report/Safety Suggestion:** Employees are to complete and submit this form if they want to report an unsafe workplace condition or practice or if they would like to recommend a safety suggestion to our company.
- XII. **Report of Theft:** Employees are to complete and submit this form to report the theft of company vehicles, equipment, materials, tools, or other property. All thefts must be reported to the police.
- XIII. **Report of Significant Work Exposure to Bodily Fluids:** Employees must complete and submit this form to our office immediately but in no case later than ten calendar days after significant work exposure to bodily fluids. See section in this Safety Program on our Blood Borne Pathogens Exposure Control Program.

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MISCELLANEOUS SAFETY PROGRAM FORMS

Listed below are miscellaneous forms which are included in our Safety Program. Blank forms are available from our Safety Director, general superintendent, foremen or the office. Samples are included in this Safety Program.

- I. **Assessment of Hazards Necessitating the use of Personal Protective Equipment Checklist:** Prior to beginning work at a job site, foremen are to assess hazards requiring personal protective equipment. This form is to be used as a checklist for the survey to be conducted at the job site and the sources of potential hazards for which they will be watching. See the section in this Safety Program on our Personal Protective Equipment Assessment, Selection and Training Program for more information.
- II. **Personal Protective Equipment Training Checklist:** After a foreman has completed an assessment of a job site to determine hazards necessitating the use of personal protective equipment and has selected the appropriate personal protective equipment each crew member is to be trained on when, what, how, limitations, care and maintenance of the personal protective equipment selected for the job. Foremen are to use this checklist as a guide.
- III. **Respirator Protection Program Inspection Checklist:** Our Safety Director will inspect job sites randomly for individual employee and foreman compliance with our Respiratory Protection Program using this checklist as a guide.
- IV. **Respirator User Medical Clearance:** Employees who will need to use respirators as part of their personal protective equipment will be sent for a medical evaluation prior to using a respirator to determine if they are physically able to perform the work and use the equipment. Respirator users will also be sent for medical examinations periodically as required by Nevada statutes to determine if there have been any changes in their health which would stop them from using a respirator. Employees are to take our Respirator User Medical Clearance form with them when they go for their medical evaluations. The examining physician will complete the form and return it to the office. See the section in this Safety Program on our Respiratory Protection Program for more information.
- V. **Scaffold Safety Checklist:** Foremen are responsible for continual inspection of scaffolding to ensure it is erected correctly, safety features are not removed or by-passed by employees and to verify all scaffolding meets OSHA standards. Our Scaffold Safety Checklist is designed to help assess scaffolding at job sites daily and document findings.
- VI. **Job Site Safety Inspection Sheet:** Our Job Site Safety Inspection Sheet is to be used by our Safety Director and general superintendent during job site visits as an aid in evaluating whether our safety policies and procedures as well as Federal and State safety regulations are being followed.

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MISCELLANEOUS SAFETY PROGRAM FORMS

- VII. **Toolbox Meeting:** Foremen are required to conduct weekly toolbox meetings at job sites to train new and existing employees in general safety guidelines, accident and injury prevention, fall protection, scaffolding safety, hazardous materials, blood borne pathogens and MRSA awareness, the proper use and kind of equipment needed for specific job sites and conditions and emergency procedures. All weekly toolbox meetings are to be documented by completion of this form. Forms are to be submitted to our Safety Director for review.
- VIII. **Vehicle Maintenance Log:** Employees assigned a company vehicle have the responsibility of keeping it in good repair. Routine servicing and repairs should be recorded on this form and kept in the glove compartment of the vehicle. See the section in this Safety Program on our Fleet Safety Program for more information on vehicle maintenance.

Blank forms shown in this safety program can be obtained from:

- **Office**
- **Safety Director**
- **Superintendent**
- **Foreman**

PETE KING CORP SAFETY PROGRAM

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer _____

Name of Employee		Social Security Number	Telephone Number	
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)		
What is the nature of the injury or occupational disease?			List any body parts involved:	
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment)				
Names of witnesses:				
Did the employee leave work because of the injury or occupational disease? _____ YES _____ NO	If yes, when (date and time)?	Has the employee returned to work? _____ YES _____ NO	If yes, when (date and time)?	
Was first aid provided? _____ YES _____ NO	If yes, by whom?	Name and address of treating physician, if applicable or known		
Did the accident happen in the normal course of work? (if applicable) _____ YES _____ NO				
Was anyone else involved? _____ YES _____ NO	Names of others involved			

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature _____ Date _____

Signature of Injured or Disabled Employee _____ Date _____

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

*For assistance with Workers' Compensation Issues you may contact the State of Nevada Office for Consumer Health Assistance **Toll Free:** 1-888-333-1597 **Web site:** <http://dhlhs.nv.gov/Programs/CHA/> **E-mail:** cha@govcha.nv.gov*

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee

C-1 (Rev. 02/20)

PETE KING CORP SAFETY PROGRAM

EMPLOYEE'S REPORT OF INJURY

Employees must report all injuries immediately to their foreman, no matter how minor the injury may appear. As a follow up, employees are to complete and submit this form as soon as possible. **Employees who require medical attention after a workplace related injury are required to submit to an alcohol impairment test and a drug test for the unlawful use of any controlled substance prohibited under Nevada and Utah's criminal statutes within twenty-four hours after we have been notified of the injury.**

INJURED EMPLOYEE'S NAME: _____

Social security number: _____ Position: _____ Birth date: _____

Date of accident: _____ Time of accident: _____ Foreman's name: _____

Location of accident _____

Describe how the accident occurred: _____

What part of your body was injured? _____

Describe your injuries in detail: _____

Who did you report injury to: _____ Date and time injury was reported: _____

Date and time you first sought medical attention: _____

Name of doctor and/or hospital where you first sought medical attention: _____

In your opinion, what if anything, could have been done to prevent this accident: _____

In your opinion, what factors contributed to this accident: _____

In your opinion, did actions or conditions created by anyone not employed by our company, contribute to your injury happening: [] yes [] no. If yes, please give name of person(s) or company and an explanation of events or conditions which you feel contributed to your accident:

Please list names of witnesses: _____

Signature of Injured Employee: _____ **Date:** _____

PETE KING CORP SAFETY PROGRAM

FOREMAN'S REPORT OF INJURY AND INVESTIGATION

The injured employee and/or foreman must notify our office of an injury immediately. The foreman is to investigate the cause of the accident and follow up by completing and submitting this form to the office as soon as possible. The foreman's investigation of the injury will be guided by the checklist as applicable on the back of this form.

INJURED EMPLOYEE'S NAME: _____

Date of accident: _____ Time of accident: _____ Employee's Position: _____

Date and time accident was reported to you: _____

Names of all witnesses: _____

Accident resulted in: injury fatality property damage. Please describe nature of injury or property damage: _____

First aid given: yes no. Medical treatment required: yes no.

Location of accident: _____

Task being performed when accident happened: _____

Describe how accident happened: _____

In your opinion what actions events or conditions contributed most directly to this accident: _____

In your opinion did actions or conditions created by anyone not employed by our company contribute to this accident: yes no. If yes, please give name of person(s) or company and an explanation of events or conditions which you feel contributed to this accident: _____

In your opinion what if anything could have been done to prevent this accident: _____

Recommended corrective measures, additional training, or plan of action you would like to recommend to the General Safety Committee as a result of your investigation of this accident: _____

Signature of Foreman: _____ **Date:** _____

PETE KING CORP SAFETY PROGRAM

FOREMAN'S REPORT OF INJURY AND INVESTIGATION CHECKLIST

- I. **SECURE SCENE IF NECESSARY**
 - A. To prevent further injury or damage.
 - B. To preserve evidence.

- II. **IF THERE IS PERISHABLE OR TRANSIENT PHYSICAL EVIDENCE**
 - A. Examine immediately.
 - B. Photograph completely.
 - C. Record position with sketches.

- III. **INTERVIEW WITNESSES AND PRINCIPAL PERSONS INVOLVED**
 - A. Injured employee.
 - B. Other employees of our company.
 - C. Job related persons.
 - 1. Truck drivers/delivery persons.
 - 2. Equipment operators.
 - 3. Employees of other companies.
 - D. Other witnesses.

- IV. **EXAMINE THE INJURY SCENE**
 - A. Reconstruct the occurrence (when warranted).
 - 1. Have witnesses act out the sequence of events.
 - 2. Photograph actors in key events.
 - 3. Photograph entire scene before disturbing evidence.
 - B. Record technical data as applicable.
 - 1. Equipment name, model, manufacturer, year, numbers.
 - 2. Sketch and photograph dials, controls, etc.
 - C. Cite violations of safety regulations.

- V. **DETERMINE THE RESULTS OF THE INCIDENT**
 - A. Injuries.
 - B. Fatalities.
 - C. Property damage.
 - D. Other losses.

- VI. **REPORT THE INJURY**
 - A. Who?
 - B. What?
 - C. When?
 - D. Where?
 - E. How?

PETE KING CORP SAFETY PROGRAM

VII. DETERMINE THE IMMEDIATE CAUSES OF THE ACCIDENT

- A. Unsafe act (examples)
 - 1. By-passing or removal of safety devices.
 - 2. Horseplay.
 - 3. Ignoring safety rules.
- B. Unsafe condition (examples)
 - 1. Debris and clutter.
 - 2. Cords left exposed.
 - 3. Ramp not properly constructed.

VIII. DETERMINE ROOT CAUSE OF ACCIDENT

IX. RECOMMEND PLAN OF ACTION FOR CORRECTIONS

PETE KING CORP SAFETY PROGRAM

GENERAL SAFETY COMMITTEE ACCIDENT FOLLOW UP

INJURED EMPLOYEE'S NAME: _____

Position: _____ Last date of hire: _____

Date and time of accident: _____ Location of Accident: _____

Brief recap of accident and injuries: _____

_____ Investigating foreman's name: _____

TIME LOST [] yes [] no STILL OFF [] yes [] no Number of days lost to date: _____

The General Safety Committee will review the attached Employee's Report of Injury and Foreman's Report of Injury and Investigation for the above referenced injury to determine the underlying causes of the accident.

- I. Management issues
 - A. Awareness of safety
 - B. Support of safety
 - C. Improper purchasing
 - D. Poor maintenance
 - E. Poor job design
 - F. Training
 - G. New hire practices
 - H. Communication
- II. Foreman's safety performance
 - A. Inadequate training
 - B. Inadequate procedures
 - C. Lack of enforcement
 - D. Motivation
- III. Employee factors
 - A. Lack of training
 - B. Lack of skills
 - C. Improper motivation
 - D. Carelessness
- IV. Environment factors
- V. Machines/equipment
- VI. Materials
- VII. Why did condition exist which caused accident/incident?
- VIII. Why did employee's behavior or actions happen which contributed to accident/incident?

Decision on plan of action recommended if any on attached Foreman's Report of Injury and Investigation or preventive measures suggested by employee on attached Employee's Report of Injury:

Additional recommendations and/or plan of action if needed by General Safety Committee: _____

Any actions taken will be documented in minutes of General Safety Committee meeting. This report will be used as a tool in watching for trends in kinds of injuries or an increase in frequency of injuries.

PETE KING CORP SAFETY PROGRAM

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM		Please Type or Print	EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE							
EMPLOYER	Employer's Name		Nature of Business (mfg., etc.)	FEIN	OSHA Log #					
	Office Mail Address		Location . . . If different from mailing address		Telephone					
	City	State	Zip	INSURER		THIRD-PARTY ADMINISTRATOR				
EMPLOYEE	First Name	M.I.	Last Name	Social Security	Birthdate	Age	Primary Language Spoken			
	Home Address (Number and Street)			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
	City	State	Zip	Was the employee paid for the day of injury? (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		How long has this person been employed by you in Nevada?				
	In which state was employee hired?		Employee's occupation (job title) when hired or disabled			Department in which regularly employed:				
	Telephone	Is the injured employee a corporate officer? . . . sole proprietor? . . . partner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			Was employee in your employ when injured or disabled by occupational disease (O/D)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
ACCIDENT OR DISEASE	Date of Injury (if applicable)	Time of Injury (Hours; Minute AM/PM) (if applicable)		Date employer notified of injury or O/D	Supervisor to whom injury or O/D reported					
	Address or location of accident (Also provide city, county, state) (if applicable)				Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No					
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)									
	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary.									
INJURY OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable)			Witness		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Part of body injured or affected		If fatal, give date of death	Witness						
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.)			Witness		Will you have light duty work available if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If validity of claim is doubted, state reason			Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Treating physician/chiropractor name			Location of Initial Treatment		Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No				
	IMPORTANT	How many days per week does employee work?		From	<input type="checkbox"/> am <input type="checkbox"/> pm	To	<input type="checkbox"/> am <input type="checkbox"/> pm	Last day wages were earned		
	Scheduled days off	S <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	Rotating <input type="checkbox"/>	Are you paying injured or disabled employee's wages during disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date employee was hired		Last day of work after injury or disability			Date of return to work		Number of work days lost			
Was the employee hired to work 40 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, for how many hours a week was the employee hired?			Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know					
For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.										
Pay period ends on: <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI		Employee is paid: <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY		On the date of injury or disability the employee's wage was: \$ _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo						
For assistance with Workers' Compensation Issues you may contact the State of Nevada Office for Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://dhhs.nv.gov/Programs/CHA/ E-mail: cha@govcha.nv.gov										
Insurer Use Only	I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.			Employer's Signature and Title		Date				
	Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 rd Party			Deemed Wage		Account No.		Class Code		
Claims Examiner's Signature			Date		Status Clerk		Date			

PETE KING CORP SAFETY PROGRAM

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT FORM C-4

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED									
First Name	M.I.	Last Name	Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)				
Home Address			Age	Height	Weight	Social Security Number			
City		State	Zip		Telephone				
Mailing Address		City	State	Zip	Primary Language Spoken				
INSURER			THIRD-PARTY ADMINISTRATOR		Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred				
Employer's Name/Company Name					Telephone				
Office Mail Address (Number and Street)									
Date of Injury (if applicable)	Hours Injury (if applicable) am pm	Date Employer Notified	Last Day of Work After Injury or Occupational Disease		Supervisor to Whom Injury Reported				
Address or Location of Accident (if applicable)									
What were you doing at the time of the accident? (if applicable)									
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)									
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?					Witnesses to the Accident (if applicable)				
Nature of Injury or Occupational Disease			Part(s) of Body Injured or Affected						
I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON; ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL; ANY MEDICAL SERVICE ORGANIZATION; ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.									
Date	Place	Employee's Signature							
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT									
Place		Name of Facility							
Date	Diagnosis and Description of Injury or Occupational Disease		Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)						
Hour									
Treatment:		Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: _____							
X-Ray Findings:									
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Is additional medical care by a physician indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)									
Date	Print Doctor's Name		I certify that the employer's copy of this form was mailed to the employer on:						
Address			INSURER'S USE ONLY						
City	State	Zip					Provider's Tax I.D. Number	Telephone	
Doctor's Signature							Degree		

PETE KING CORP SAFETY PROGRAM

Form 122E

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

Rev 10/2019

TO BE COMPLETED BY EMPLOYER WITH ORIGINAL SENT TO INSURANCE CARRIER AND COPY SENT TO INJURED WORKER

INJURED WORKER INFORMATION:		
Name:	Phone:	
Address:	City:	State: Zip:
Social Security Number:	Date of Birth:	
Marital Status:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	
Occupation / Job Title:	Date Hired:	
Employment Status:	Number of Dependents:	
Wage:	Wage Period:	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Full Pay for Day of Injury: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Days Worked per Week:	
EMPLOYER INFORMATION:		
Business Name:	Phone:	
Employer Contact:	Phone:	
Mailing Address:	City:	State: Zip:
Employment Address:	City:	State: Zip:
Employer FEIN:		
INSURANCE INFORMATION:		
Carrier:	Phone:	
Carrier Address:	City:	State: Zip:
Policy / Self-Insured Number:	Policy Period:	
OCCURRENCE/TREATMENT:		
Date of Injury / Disease:	Time of Injury:	Date Employer Notified:
Nature:	Body Part:	Cause:
Last Day Worked:	Date Disability Began:	Date Returned to Work:
Fatality: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Death:	Date Administrator Notified:
Address of Occurrence:	City:	State: Zip:
Premises: Employer's <input type="checkbox"/> Other <input type="checkbox"/>	Description:	
Accident Description:		
Provider Injured Worker Received Care From:		
Provider Address :	City:	State: Zip:
Treating Physician:	Phone:	
Initial Treatment:	No Medical Treatment <input type="checkbox"/> Minor: By Employer <input type="checkbox"/> Minor: Clinic/Hospital <input type="checkbox"/> Emergency Care <input type="checkbox"/>	
	Hospitalized- 24 Hours <input type="checkbox"/> Future Major Medical/Lost Time Anticipated <input type="checkbox"/>	
Witnesses: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes list their names and phone number:	
<p>For your protection, it is required by Utah Law to give notice that workers' compensation fraud is a crime. See next page for full fraud statement.</p>		



PETE KING CORP SAFETY PROGRAM

Rev 10/2019

Form 123

Physician's Initial Report of Work Injury or Occupational Disease

INSTRUCTIONS: 1) form to be completed by physician; 2) copy of completed form to be sent to insurance carrier with bill and progress reports; 3) copy of form only sent to injured employee, employee's employer, and Utah Labor Commission.

This report must be filled pursuant to rule R612-100-3 (A), Utah Administrative Code. For your protection Utah law requires notification that any workers' compensation fraudulent claim for disability compensation on medical benefits is a crime and may be subject to fines and prison confinement.

PHYSICIAN	1. Physician Name			2. Physician Phone Number			Do Not Use This Space CLAIM NO. POLICY NO. Class Code
	3. Treatment Facility			4. Registered Email			
CARRIER	5. Insurance Company						
	6. Mailing Address		City	State		Zip	
PATIENT	7. Employee's First Name	Middle Initial	Last Name	8. SS # (or other)		9. DOB (MM/DD/YYYY)	10. Gender
	11. Mailing Address			City	State	Zip	12. Employee Telephone Number
EMPLOYER	13. Name of Employer						
	14. Address			City	State	Zip	15. Employer Telephone Number
HISTORY	16. Date Injured (MM/DD/YYYY)			Hour _____	AM	17. Last Date Worked	
				_____	PM <input type="checkbox"/>		
18. Employee's Statement of Cause of Injury or Illness (In First Person)							
EXAMINATION	19. Diagnosis (Written Description as Related to Industrial Claim) w/ ICD Code						
	20. Is the Condition Requiring Treatment the Result of the Industrial Injury or Exposure Described?						
	<input type="checkbox"/> Yes <input type="checkbox"/> No Undetermined						
21. Claimant Needs Interpreter		Yes	No	Language _____ (If Answer is Yes)			
COMMENTS	22. Other Comments						
	23. Date Submitted _____						



Rev

PETE KING CORP SAFETY PROGRAM

NEAR MISS / POTENTIAL ACCIDENT FORM

Foremen are to complete the top portion of this form if they observe a “near miss”, see a situation which may potentially cause an accident or if a near miss or potential accident is reported to them by an employee. The completed form should be submitted to our Safety Director as soon as possible. The General Safety Committee will review the form at the following committee meeting to determine what if any action should be taken.

Date of occurrence: _____ **Time of occurrence:** _____ am pm

Location where incident occurred (be specific): _____

SEQUENCE OF EVENTS: Describe in detail exactly what the conditions were that created the opportunity for an accident to occur including whether it was due to unsafe work practices, unsafe working conditions or a combination of both:

Unsafe work practice: yes no. If yes, please describe in detail: _____

Unsafe working condition: yes no. If yes, please describe in detail: _____

Other pertinent information: _____

Was another company or an employee of another company responsible for the condition: yes no. If yes, who in your opinion was responsible: _____

Did you notify the general contractor/builder on the job site: yes no. If yes, name of person notified: _____

CORRECTIVE ACTION PLAN: Describe in detail what has been done or will be done to prevent the possibility of another accident occurring due to the above-described situation. Include who is responsible for taking the corrective action and when it will be completed: _____

Foreman completing form: _____ **Date:** _____

REVIEW BY GENERAL SAFETY COMMITTEE

Will the corrective action plan described by the foreman eliminate the unsafe work practice or unsafe working condition: yes no. If yes, has the plan been effectively implemented: yes no. If no, what corrective action measures should be taken, who will be responsible and when will the measures be completed:

PETE KING CORP SAFETY PROGRAM

EMPLOYEE REPORT OF VEHICLE ACCIDENT INVOLVING COMPANY VEHICLE

An employee involved in an accident while driving a company vehicle must report the accident to their foreman and Safety Director immediately and follow up as soon as possible by completing and submitting this form along with an information card from the driver of the other vehicle and witness cards as applicable. All accidents involving a company vehicle must be reported to the police. See the section in this Safety Program on our Fleet Safety Program for more information.

OUR DRIVER'S NAME: _____ Injured: yes no. If yes, describe: _____

Date of accident: _____ Time of accident: _____ am pm. Location of accident: _____

Police name: _____ Badge #: _____ Police report #: _____

Were you cited: yes no.? **Was another driver cited:** yes no.

Our vehicle #: _____ License plate #: _____ VIN: _____

Passengers in our vehicle: yes no. If yes, list names and whether there were injuries:

Passenger #1: _____ Injured: yes no. If yes, describe: _____

Passenger #2: _____ Injured: yes no. If yes, describe: _____

Describe in detail how the accident happened and who in your opinion caused the accident. Use the back of this form if more room is needed. Draw a diagram of the accident scene on the back of this form showing street names, location of all vehicles and direction of travel at the time of the accident.: _____

Describe damages to our vehicle: _____

OTHER DRIVER'S NAME: _____ Injured: yes no. If yes, describe: _____

Driver's license #: _____ State of driver's license: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip code: _____

Passengers in other vehicle: yes no. If yes, list names and whether or not there were injuries:

Passenger #1: _____ Injured: yes no. If yes, describe: _____

Passenger #2: _____ Injured: yes no. If yes, describe: _____

Owner of other vehicle: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip code: _____

Insurance agent: _____ Telephone #: _____

Insurance carrier: _____ Policy #: _____

Make of vehicle: _____ Model: _____ Year: _____

Vehicle license plate #: _____ State: _____ VIN: _____

Describe damages to other vehicle: _____

PETE KING CORP SAFETY PROGRAM

EMPLOYEE REPORT OF VEHICLE ACCIDENT INVOLVING COMPANY VEHICLE

(continued)

Use this space to continue information from front of form if more room is needed to describe how the accident happened or other pertinent information: _____

DRAW A DIAGRAM OF THE ACCIDENT SCENE BELOW. SHOW STREET NAMES, LOCATION OF ALL VEHICLES AND DIRECTION OF TRAVEL AT TIME OF ACCIDENT:

Employee completing form: _____ **Date:** _____

PETE KING CORP SAFETY PROGRAM

SAFETY DIRECTOR'S FOLLOW UP REPORT OF VEHICLE ACCIDENT

Our Safety Director is to review Employee Report of Vehicle Accident Involving Company Vehicle forms submitted, investigate the accident, complete, and submit this form for review by the General Safety Committee at its next meeting.

OUR DRIVER'S NAME: _____ **Position:** _____

Date of accident: _____ Our vehicle #: _____ VIN: _____

ACCIDENT RESULTED IN: injury fatality property damage

Describe in detail injuries, fatality, or property damage: _____

What actions, events or conditions in your opinion contributed most directly to this accident: _____

Was accident avoidable: yes no. If yes, how: _____

Can anything be done to prevent accidents of this type in the future: yes no. If yes, what:

Plan of action you would like to recommend to the General Safety Committee as a result of your investigation. Include information on who will be responsible for implementing the plan of action and when it will be implemented if approved by the General Safety Committee: _____

Safety Director completing form: _____ **Date:** _____

PETE KING CORP SAFETY PROGRAM

INCIDENT REPORT

Employees are to complete and submit this form if they are involved in or witness an incident or accident in which an employee or company property is involved, and a person not employed by our company is injured or there is damage to equipment or property not belonging to our company.

DATE OF ACCIDENT/INCIDENT: _____ **Time:** _____ [] am [] pm

Location of accident/incident: _____

Describe in detail what happened: _____

Were any of our employees involved in the incident: [] yes [] no. If yes, list employee names:

Was any of our company's equipment, material, scaffolding, tools, etc. involved in the incident: [] yes [] no. If yes, list what was involved: _____

Was anyone other than an employee injured: [] yes [] no. If yes, please give available information:

Name: _____ Employed by: _____

Address: _____

Nature of injuries: _____

Was equipment belonging to someone other than our company damaged: [] yes [] no. If yes, please describe what was damaged and nature of damages: _____

Please list names of all witnesses and where they can be reached:

Witness: _____ Telephone #: _____ Employer: _____

Witness: _____ Telephone #: _____ Employer: _____

Did you report the incident to the general contractor or builder's job site superintendent:

[] yes [] no. General Contractor/Builder: _____

Job site superintendent: _____ Telephone #: _____

Employee completing form: _____ **Date:** _____

PETE KING CORP SAFETY PROGRAM

EMPLOYEE SAFETY INFORMATION REPORT

Employees are to complete and submit this form if they want to report an unsafe workplace condition or practice or if they would like to recommend a safety suggestion to our company.

Description and location of unsafe working condition or practice you would like to report: _____

In your opinion what are the causes or conditions contributing to the unsafe condition or practice you have described above: _____

Have you reported the above unsafe condition or practice to your foreman: yes no. If yes, date you reported condition: _____ Foreman's name: _____

Do you have a recommendation for eliminating the unsafe condition or practice you have reported above: yes no. If yes, please explain: _____

Other: _____

PETE KING CORP SAFETY PROGRAM

REPORT OF THEFT

Employees are to complete and submit this form to report the theft of company vehicles, equipment, materials, tools, or other property. All thefts must be reported to the police.

PLEASE BE SURE TO WRITE DOWN THE POLICE EVENT NUMBER

Police event #: _____ **Police name:** _____

EMPLOYEE WHO DISCOVERED THEFT: _____

Date theft was discovered: _____ Time: _____ [] am [] pm

Location where theft was discovered: _____

Please give details of how the theft was discovered and any information which may help the police or our insurance company in their investigation of the theft: _____

Was anything destroyed or broken into during the theft: [] yes [] no. If yes, please explain: _____

Were security measures required by company policy in place at the time of the theft: [] yes [] no. If no, please explain to the best of your knowledge why they weren't being used: _____

Do you have any recommendations regarding measures that could be taken to avoid a similar theft in the future: [] yes [] no. If yes, please explain: _____

PLEASE LIST ALL ITEMS STOLEN, DAMAGED OR DESTROYED

(If more room is needed, please continue on back of form.)

Quantity	Description of Equipment/Property Stolen	Serial Number	Estimated Value

Employee completing form: _____ **Date:** _____

PETE KING CORP SAFETY PROGRAM

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS OR OTHER INFECTIOUS MATERIAL

(This form is not a claim form, but a report of exposure. Forms to report a claim to the Industrial Commission are available at: www.ica.state.az.us.)

1. Exposed Employee _____ Birth Date _____ Job Title _____
Last Name First M.I. Phone No. _____
2. Address _____ Phone No. _____
3. Employer's Full Name _____
4. Employer's Address _____
5. Date of Exposure _____ Time of Exposure _____ A.M. _____ P.M. _____
6. Address or Location of Exposure _____
7. Describe the circumstances surrounding the exposure, including (if applicable) personal protective equipment worn and the names of any witnesses to the exposure (be specific) _____

8. What were you exposed to? (Directly or indirectly via bandages, personal items, etc.) Check all that apply.
- | | | | | |
|---------------------------------|--|---|---|--|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Vaginal fluid | <input type="checkbox"/> Broken skin | <input type="checkbox"/> Urine | <input type="checkbox"/> Any other fluid(s) containing blood or infectious material (Describe) _____ |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Surgical fluid(s) | <input type="checkbox"/> Mucous membrane | <input type="checkbox"/> Feces | <input type="checkbox"/> Airborne/Respiratory/Oral Secretions |
| <input type="checkbox"/> Saliva | <input type="checkbox"/> Vomitus | <input type="checkbox"/> Skin infection (e.g. abscesses, boils, or pus-filled/red/swollen/painful skin lesions) | <input type="checkbox"/> Other (specify): _____ | |

9. Source person(s) information Unknown Known
- Name _____ DOB _____ Phone No. _____
Address _____ City _____ State _____ Zip _____

10. What part(s) of your body was exposed to bodily fluids/infectious material? Did exposure take place through your skin or mucous membrane (be specific)? _____

11. Did you have any open cuts, sores, rashes, or other breaks/ruptures in your skin or mucous membrane that were exposed to bodily fluids/infectious material (please describe)? _____

I HAVE GIVEN THIS FORM TO MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

EMPLOYEE SIGNATURE _____ DATE _____

Other Required Steps to Establish Prima Facie Claim for HIV, AIDS or Hepatitis C (A.R.S. §§ 23-1043.02, -03; A.A.C. R20-5-164)

1. You must file this report with your employer no later than ten (10) days after your exposure.
2. You must have blood drawn no later than ten (10) calendar days after exposure.
3. You must have blood tested for HIV or Hepatitis C by Antibody Testing no later than thirty (30) calendar days after exposure and test results must be negative.
4. You must be tested or diagnosed as HIV positive no later than eighteen (18) months after the exposure, or tested and diagnosed as positive for the presence of Hepatitis C within seven (7) months after the exposure.
5. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis or positive blood test if you wish to receive benefits under the workers' compensation system.

Other Required Steps to Establish Prima Facie Claim for MRSA (A.R.S. § 23-1043.04; A.A.C. R20-5-164)

1. You must file this report with your employer no later than thirty (30) days after your exposure.
2. For a claim involving MRSA, you must be diagnosed with MRSA within fifteen (15) days after you report in writing to your employer the details of the exposure.
3. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis if you wish to receive benefits under the workers' compensation system.

Other Required Steps to Establish Prima Facie Claim for Spinal Meningitis or TB (A.R.S. § 23-1043.04; A.A.C. R20-5-164)

1. You must file this report with your employer no later than ten (10) days after your exposure.
2. For a claim involving spinal meningitis, you must be diagnosed within two (2) to eighteen (18) days of the possible significant exposure and for a claim involving tuberculosis, you must be diagnosed within twelve (12) weeks of the possible significant exposure.
3. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis if you wish to receive benefits under the workers' compensation system.

Employer: Keep Original (Notify Carrier) Employee: Keep Copy
THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA

REV. 7/11

PETE KING CORP SAFETY PROGRAM

ASSESSMENT OF HAZARDS NECESSITATING THE USE OF PERSONAL PROTECTIVE EQUIPMENT CHECKLIST

Foremen are to use this form as a checklist for assessing hazards requiring personal protective equipment prior to beginning work at a job site.

- SURVEY:**
- Impact
 - Penetration
 - Compression (roll over)
 - Chemical
 - Heat
 - Harmful dust
 - Light (optical) radiation
 - Other _____
- _____
- _____

- SOURCES:**
- Motion
 - High temperatures
 - Chemical exposures
 - Harmful dust
 - Light radiation
 - Falling objects
 - Fall hazards
 - Sharp objects
 - Rolling or pinching objects
 - Electrical hazards
 - Layout of workplace and location of other workers
 - Sound
 - Location of emergency equipment
 - Hazard warning signs (or lack of)
 - Review of injury/accident data with superintendents
 - Other _____
- _____
- _____

PETE KING CORP SAFETY PROGRAM

PERSONAL PROTECTIVE EQUIPMENT TRAINING CHECKLIST

Employees are to receive training for personal protective equipment prior to beginning work at a job site where it has been determined hazards are present or are likely to be present which will necessitate the use of personal protective equipment. Foremen are to use this checklist as a guide.

- Eye
- Face
- Head
- Foot
- Hand
- Hearing
- Respiratory
- Other _____

- When personal protective equipment is necessary
- What personal protective equipment has been selected
- How to properly put on, take off, adjust and wear personal protective equipment
- Limitations of the personal protective equipment
- Proper care, maintenance, useful life and disposal of personal protective equipment

**See section in Safety Program:
Personal Protective Equipment Assessment, Selection and Training**

PETE KING CORP SAFETY PROGRAM

RESPIRATOR PROTECTION PROGRAM INSPECTION CHECKLIST

Our Safety Director and general superintendent will inspect job sites randomly for individual employee and foreman compliance with our Respiratory Protection Program using this checklist as a guide. Immediate steps are to be taken to correct any hazardous situation observed and our Employee Safety Information Report form is to be completed and submitted.

- [] Has the foreman properly assessed job site conditions, employee exposure and stress?
- [] Has the foreman properly trained employees?
 - [] Nature of respiratory hazard(s)
 - [] Controls being used
 - [] Selection and reasons for respiratory protective equipment
 - [] Proper methods of putting on, wearing, and taking off respiratory protective equipment
 - [] Respirator maintenance and storage
 - [] Handling emergency situations
 - [] Information on results of overexposure to hazards
- [] Are all employees exposed to hazards requiring respirator protection wearing respirators?
- [] Are all employees wearing respirators using the proper type of respirator required for the tasks and conditions?
- [] Are all respirators being used properly maintained?
- [] Do all employees using respirators have proper medical clearance?

See section in Safety Program: Respiratory Protection Program.

PETE KING CORP SAFETY PROGRAM

TOOLBOX MEETING

Foremen are required to conduct weekly toolbox meetings at job sites to train new and existing employees in general safety guidelines, accident and injury prevention, hazardous materials, blood borne pathogens and MRSA awareness, proper use and type of equipment needed for specific job sites and conditions and emergency procedures. All weekly toolbox meetings are to be documented by completion of this form and submitting it to our Safety Director for review.

Date of meeting: _____ **Time:** _____ [] am [] pm

Job site/location of meeting: _____

Foreman conducting meeting: _____

EMPLOYEES ATTENDING MEETING:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW HIRE ORIENTATION TOPICS

- | | |
|--|---|
| _____ Hazardous materials training | _____ Company Safety Program |
| _____ Blood borne pathogens awareness training | _____ Review reporting forms and procedures |
| _____ MRSA awareness training | |

NEW JOB SITE TOPICS

- _____ Job site specific hazards and/or potential hazards utilizing Task Hazard Analysis (THA)
- _____ Job site specific personal protective equipment requirements
- _____ Job site specific fall protection requirements
- _____ Job site specific emergency procedures and facilities (see "Site Specific Emergency Action Plan bottom of next page")

SUGGESTED ON-GOING TRAINING TOPICS

- | | |
|---|--|
| _____ Aerial platform equipment safety | _____ Hard-sole shoes |
| _____ Emergency response involving hazardous materials incident | _____ Hazard communication program |
| _____ Fall protection requirements and equipment | _____ Ladder safety |
| _____ Fire prevention/protection | _____ Laser equipment |
| _____ First aid and medical attention | _____ Lifting techniques |
| _____ Fleet safety policy, approved drivers | _____ Personal protective equipment requirements |
| _____ Forklift safety | _____ Powder actuated tools |
| _____ General contractor/Builder job site rules and regulations | _____ Reporting forms and procedures |
| | _____ Respirator protection program |
| | _____ Scaffolding safety and requirements |

SPECIAL TOPICS

- _____ Maintaining work environment free of harassment, intimidation, and coercion
- _____ Recruitment of female and minority employees
- _____ Time sheets – accuracy, completeness, must be signed
- _____ Overtime - must be authorized

Check off items listed above which were discussed at weekly toolbox meeting. List additional items discussed in proper section of next page.

PETE KING CORP SAFETY PROGRAM

TOOLBOX MEETING

Page 2

Special training topics: _____

Problems discussed: _____

Recommendations or suggestions to be reviewed by General Safety Committee: _____

Other: _____

SITE SPECIFIC EMERGENCY ACTION PLAN

JOB SITE NAME: _____

A. EMERGENCY PREPAREDNESS CHECKLIST

- | | |
|-------------------------------------|---|
| ___ Emergency meeting place (below) | ___ How to report emergencies |
| ___ First aid kit on site | ___ Identify escape/egress routes (below) |
| ___ Fire extinguisher on site | ___ Names & number of PKCOMM employees |
| ___ SDS book on site | (see sign up section top of this form) |

B. MEDICAL & RESCUE DUTIES

1. Perform first aid/Call 911 if needed
2. Meet emergency vehicles at job site entrance and direct them to scene
3. Preserve the scene
4. Notify General Contractor/Builder IMMEDIATELY
5. Notify PKCOMM Safety Director or General Superintendent IMMEDIATELY

C. EVACUATION PROCEDURES (if necessary)

1. Instruct all employees to evacuate the building to predetermined place
2. Account for all PKCOMM employees
3. Call for emergency services
4. Notify General Contractor/Builder of emergency issues IMMEDIATELY
5. Notify PKCOMM Safety Director or General Superintendent IMMEDIATELY

D. ESCAPE/EGRESS ROUTE(S): _____

E. EMERGENCY MEETING PLACE: _____

Foreman's signature: _____ **Date:** _____

PETE KING CORP SAFETY PROGRAM

PETE KING COMMERCIAL, LLC													
SCAFFOLD SAFETY CHECK LIST													
Project #		Project Name:											
General Contractor/Builder:													
PKCOMM Foreman:		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Are scaffold components and planking in safe condition for use?												
2	Are sills or pads properly placed and adequate size?												
3	Are working level platforms planked sufficiently between guard rails?												
4	Have screwjacks or extension baseplates been used to level & plumb scaffold?												
5	Is scaffold level and plumb?												
6	Does plank have a minimum 12" overlap and extend 6" beyond supports?												
7	Are all scaffold frames connected with appropriate braces, goosers or rails and properly attached?												
8	Is guard railing in place on all open sides and ends above 10' in height?												
9	Has proper access been provided?												
10	Has scaffold been tied to structure at four times the minimum base dimension & every 30' in length?												
11	Have wheels been locked before use?												
12	Have accessories been properly placed?												
	Brackets												
	Putlogs												
	Tube & Clamp												
13	Have employees been instructed in safe codes of practices?												
Initials of Person Inspecting Scaffold													
Comments:													
Comments:													
Comments:													

PETE KING CORP SAFETY PROGRAM

JOB SITE SAFETY INSPECTION SHEET

Project: _____ Date: _____

Foreman: _____ Time (start) _____ Time (end) _____

General Contractor/Builder: _____

Safety inspection conducted to ensure Pete King Corp's safety policies and procedures are followed as well as Federal and State regulations.

- | | |
|---|---|
| [1] PPE | [12] Ladders |
| [2] Hard Hats | [13] Scaffold/Planks/Rails/Braces |
| [3] Fall Protection/Elevated Work | [14] Forklift/Aerial Lift/Booms/License |
| [4] Unsafe Actions/Horseplay | [15] Confirmed |
| [5] Right Tool/Used Correctly/Safe Conditions | [16] Cords/Plugs/Grounding |
| [6] Incident Reporting Procedures | [17] High/Low Voltage-Minimum Clearance |
| [7] Hazard Communication/Labeling/Signage
Competent Person/Qualified | [18] Guardrails/Stairs/Floor Hole |
| [8] Person | [19] Housekeeping |
| [9] Fire Protection/Fire Extinguishers | [20] Spill Containment/Chemicals/Fuel |
| [10] Site Specific Emergency Action Plan | [21] JHA/Think Forms |
| [11] Gasses/Flammables/Combustibles | [22] Other |

Type #	Area	Name	Foreman (Y/N)	ITM (Y/N)	Stop Work (Y/N)	Verbal Warning Citation V/W/C	Summary

Notes: _____

Safety Inspector: _____ Safety Director: _____

PETE KING CORP SAFETY PROGRAM

GENERAL SAFETY GUIDELINES

- I. Report immediately to your foreman and the Safety Director any accident that results in personal injury or damage to property. Complete our Employee's Report of Injury form and submit as soon as possible. **GET MEDICAL ATTENTION PROMPTLY WHEN NEEDED.**
- II. Report immediately to your foreman any condition or practice you think might cause injury to a person or damage to equipment. Complete and submit our Employee Safety Information Report form.
- III. Do not operate any equipment which in your opinion is not in a safe condition. Complete and submit our Employee Safety Information Report form.
- IV. Use all prescribed safety and personal protective equipment as required and maintain it in good working condition. See the section in this Safety Program on our Personal Protective Equipment Assessment, Selection and Training Program.
- V. Obey all company rules, government regulations, signs, markings, and instructions. Be particularly familiar with those that apply directly to you.
- VI. Lift using approved lifting techniques. Get help for heavy loads. Back braces are available.
- VII. Do not horseplay; avoid distracting others; be courteous.
- VIII. Use the right tools and equipment for the job you are doing. Use them safely and only when authorized.
- IX. Practice good housekeeping. Return all tools, equipment, and materials to their proper places. Disorder wastes time, energy and material and will often result in injury.
- X. The use of drugs and/or intoxicating beverages is prohibited. See the section in this Safety Program "Substance Abuse Policy/Drug and Alcohol Testing Policy".

PETE KING CORP SAFETY PROGRAM

EMPLOYEE SAFETY RULES AND REGULATIONS

Safety rules are established to protect employees from injuries. Our company believes in your right as an employee to work in a safe and healthful environment. The safety rules outlined in this section of our Safety Program should not be construed as a complete safety guideline. In Nevada your foreman will have a copy of the State of Nevada Occupational Safety and Health Standards for the Construction Industry (29 CFR Part 1926) to use as a reference guide and as an aid in training. In Utah your foreman will have a copy of the State of Utah 34A Occupational Safety and Health Act to use as a reference guide and as an aid in training.

The following safety rules and regulations are part of our Safety Program. As a condition of employment, you must comply with them and do everything reasonably necessary to protect the life, health, safety and welfare of yourself and others on the job.

- I. Employees are not to operate any equipment without proper training and authorization.
- II. Employees are not to remove, displace, damage, destroy or carry off any safety device furnished and provided for their use or the use of another person. Employees are not to interfere with the use of any method or process adopted for the protection of themselves or another person.
- III. Employees are to comply with occupational safety and health standards (OSHA) and all rules and regulations which are applicable to their own actions and conduct.
- IV. Employees are to report to their foreman any physical impairment or condition which may affect their ability to perform safely before attempting to perform any work.
- V. Employees are to know their job duties and be aware of hazards that exist. If an employee becomes aware of a potentially hazardous condition or situation, they are to shut down the unsafe area and immediately notify their foreman and our Safety Director. Employees are to follow up with a written report of the situation by completing our Employee Safety Information Report form as outlined in this Safety Program. Continued use of an unsafe structure, equipment or vehicle is prohibited pending correction of the unsafe condition.
- VI. Employees are to report all injuries to their foreman and the safety director immediately. As soon as possible the injured employee is to follow up with a written report of the injury by completing our Employee's Report of Injury form as outlined in this Safety Program. Employees who require medical attention after a workplace related injury are required to submit to an alcohol impairment and drug test for the unlawful use of controlled substances.
- VII. Employees are never to move an injured person unless it is absolutely necessary due to danger of further injury. First aid training is not provided that would qualify employees to treat serious injuries. Foremen may treat minor cuts and abrasions only. Other employees need to leave all treatment for authorized persons to handle. Employees should make the injured person comfortable until trained personnel arrive.

PETE KING CORP SAFETY PROGRAM

EMPLOYEE SAFETY RULES AND REGULATIONS

- VIII. The use or possession of intoxicants or drugs in the workplace is prohibited. If an employee reports for work intoxicated or under the influence of intoxicating liquor or drugs they will not be allowed to work or stay on the premises.
- IX. Employees who are taking a prescription or over-the-counter drug are personally responsible for confirming with their physician that they may safely perform their normal job duties while taking it. If an employee is taking a drug that could impair their performance, they must advise their foreman immediately. If duties which are not hazardous are available the employee will be reassigned by the foreman; otherwise, the employee will be sent home.
- X. Employees are not allowed to have firearms or weapons of any kind at job sites or company premises or in company vehicles.
- XI. Employees are not allowed to run in the yard or at job sites. Employees should watch where they are walking and keep alert to conditions, work processes and the movement of equipment and others around them so they can foresee and avoid potential dangers.
- XII. Employees are not allowed to engage in fighting, gambling, the practice of sports, horseplay, or other misconduct in the yard or at job sites. Threatening or attacks upon another employee will not be tolerated.
- XIII. Employees are to drive within the safe limits of all posted and known traffic regulations both on the street and at job sites. Employees are not to drive a company vehicle unless they have been authorized as an approved driver. See the section in this Safety Program on our Fleet Safety Program.
- XIV. Employees are to properly use, maintain and dispose of personal protective equipment. Job sites will be assessed by our foremen utilizing our Task Hazard Analysis (THA) to determine what if any personal protective equipment will be required, under what conditions it is to be used and will train employees in the proper use, maintenance, and disposal of it as well as its limitations. Personal protective equipment such as hard hats, safety glasses or goggles, respiratory protection and back braces that are required will be furnished by the company. See the section in this Safety Program on our Personal Protective Equipment Assessment, Selection and Training.
- XV. Employees are required to wear hard-sole shoes in the yard or at job sites. Sneakers, tennis shoes and open-toe shoes are not permitted on job sites. Foremen will enforce this policy. Disciplinary action will include sending employees home if they are not wearing proper shoes.
- XVI. Employees are required to wear full body clothing to avoid sunburn and exposure to sparks and hazardous materials. "T-shirts" with short sleeves of at least three inches will be required as a minimum during hot weather. Shorts will not be allowed. Foremen will enforce our clothing policy. Employees will be sent home if they are not in compliance.

PETE KING CORP SAFETY PROGRAM

EMPLOYEE SAFETY RULES AND REGULATIONS

- XVII. Employees who are working with hazardous materials requiring respiratory protective equipment will be provided with appropriate respiratory protective devices and will be trained in the proper use, maintenance, and disposal of the devices as well as their limitations. See the section in this Safety Program on our Respiratory Protection Program.
- XVIII. Employees are required to properly use and maintain all fall protection equipment determined to be necessary at a job site. Foremen will assess each job site for fall protection requirements. Employees will be trained in fall hazards, fall protection equipment and the proper use and maintenance of the equipment. See the section in this Safety Program on our Fall Protection Program.
- XIX. Employees are not allowed to work on ladders or scaffolding until they have received the proper training and are authorized to use them. Foremen are to check all scaffolding to see that it has been assembled correctly and all safety features are in place prior to scaffolding being used. See the section in this Safety Program on our Ladder Program and our Scaffolding Program.
- XX. Employees should be alert and heed all information and warning signs.
- XXI. Employees are not to attempt to repair or tamper with equipment that is not functioning properly unless they are authorized to do so. Employees are to report malfunctions to their foreman immediately and follow up with a written report by completing our Employee Safety Information Report form.
- XXII. Prior to beginning work at a job site, employees are to receive training from our foremen on emergency procedures and the location of emergency equipment applicable to the job site.
- XXIII. Employees are to always maintain good housekeeping keeping waste, debris and rubbish cleaned up.
- XXIV. Employees are not to smoke in areas marked “No Smoking” or near flammable or combustible materials or their storage areas.
- XXV. Employees must receive hazardous materials training prior to beginning work at a job site. All hazardous materials must be properly handled, stored, and disposed of according to government regulations and company policies. Employees should not use chemicals without understanding their toxic properties. See the section in this Safety Program on our Hazard Communication Program.
- XXVI. No pets are allowed at job sites or within the company’s offices, yards, parking lots or vehicles.

PETE KING CORP SAFETY PROGRAM

SAFETY TRAINING AND REMINDERS

Employees are required to attend weekly toolbox meetings that will be conducted by foremen. Any employee who is not receiving training at weekly toolbox meetings or who feels they have not received proper and sufficient safety and hazardous materials training should immediately notify Ryan Wagner or Jared Noa , Managers of the company and Chairman of the General Safety Committee or our Safety Director.

Ryan Wagner
Chairman
801-662-0310

Jared Noa
Chairman
702-657-1102

Greg Mortensen
Safety Director
702-657-1102

Employees should follow up with a written report by completing our Employee Safety Information Report and submitting it directly to the office. Employees are not to begin a job until they have received the proper training and have been authorized to perform the job. Employees should not undertake a job that appears to be unsafe.

Shown below are safety reminders which should be adopted by all employees to help make safety a routine part of their work:

- | | |
|--------------------------|---|
| WORK SAFELY | Safety is everyone's business. Teach new employees safe work methods. Accidents can be prevented. |
| LIFTING | Hold your back straight, bend your knees, get a firm grip on the object, hold the object close to your body, space your feet for good balance; then lift exerting the lifting force with your strong leg muscles not the weaker back muscles. |
| MATERIAL HANDLING | Do not throw objects; always carry or pass them. Use hand trucks or other equipment when possible. Get help with heavy or awkward objects. |
| TRASH DISPOSAL | Keep sharp objects and dangerous substances out of the trash can. Dispose of them in approved containers. |
| CLEAN UP | Remove refuse promptly to prevent slips and tripping. |
| PREVENT FALLS | Keep aisles, workplaces and stairways clean, clear and well-lighted. Report slippery or faulty floor surfaces. |
| WALK, DON'T RUN | Watch your step. Wear hard-sole shoes. |

PETE KING CORP SAFETY PROGRAM

SAFETY TRAINING AND REMINDERS

TOOLS	Handle and store knives and other tools with sharp or cutting edges carefully. Do not use burred, defective or greasy tools. Use the right tool for the job. Wear the proper PPE for the job.
FALLING OBJECTS	Handle objects and tools carefully. Store them where they won't fall.
PERSONAL PROTECTIVE	Wear it when it is required. Maintain it to do the job it should. Replace it when it can no longer protect you as intended.
EQUIPMENT	All equipment must be inspected prior to use. Damaged equipment must be tagged out of service.
LADDERS	Use the right ladder not a box, chair, paint bucket or any makeshift item. Place ladders securely. Always use three points of contact at all times. Lean extension ladders at a 4:1 ratio.
MACHINE GUARDS	Keep guards in place at all times. Don't clean machinery while it is running. Lock all disconnect switches while doing repairs or cleaning.
ELECTRICAL HAZARDS	Do not stand on wet floor while using any electrical apparatus. Keep extension cords in good repair. Do not use worn or frayed electrical cords or cables. Do not make unauthorized connections or repairs. Do not overload outlets. Always make sure grounding pin is intact on cords and tools unless equipment is double insulated.
GAS FIRED APPARATUS	Be sure fire box is clear of gas before lighting. Use paper or cloth on a long wire or stick to light burner. Stand to the side to avoid flashbacks.
COMPRESSED AIR	Use the correct pressure. Compressed air should not be used for cleaning.
PREVENT INFECTION	All punctures, cuts and scratches are potentially dangerous. Get first aid at once.
IF INJURED	Report all injuries immediately to your supervisor and Safety Director no matter how minor they appear to be.
HORSEPLAY	Scuffling, practical jokes, tricks and the practice of sports are not allowed in the workplace.

PETE KING CORP SAFETY PROGRAM

SAFETY TRAINING AND REMINDERS

WORKPLACE VIOLENCE

Workplace violence will not be tolerated on any job site or on Pete King Corp property.

EMERGENCIES

Know what procedures have been planned. Know where fire extinguishers are located and how to use them. Know where first aid supplies are located.

PETE KING CORP SAFETY PROGRAM

HAZARD COMMUNICATION PROGRAM

PURPOSE

The purpose of this plan is to establish a program and procedures for the safe use of hazardous chemical substances Pete King Corp employees will be working with and around and the procedures that need to be followed for everyone's safety and protection.

The Occupational Safety and Health Administration (OSHA) Hazard Communication Standard (HCS) 29 CFR 1910.1200 (General Industry) and 29 CFR 1926.59 (Construction Industry) call for the development of a hazard communication program when employees may be exposed to any chemical in the workplace under normal conditions of use or in a foreseeable emergency. In 2012, OSHA revised the HCS to align with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). As a result, this program has been revised to comply with the requirements of the OSHA HCS 2012. This written hazard communication program will include and address the following criteria:

- List of all hazardous chemicals known to be present in the workplace or individual work area
- Methods used to ensure that all containers, including pipes and holding tanks, are labeled, tagged, or marked properly
- Methods used to obtain and maintain safety data sheets (SDS)
- Methods used to provide employees with information and training on hazardous chemicals in their work areas including hard copies and/or electronic copies.
- Methods used to inform employees of the hazards of no routine work practices
- Methods used to provide the employees of other employers (e.g., consultants, construction contractors and temporary employees) on-site access to SDS for each hazardous chemical that the other employer's employees may be exposed to while working in the workplace
- Methods used to inform the employees of other employers of precautionary measures that need to be taken to protect themselves during the workplace's normal operating conditions and in foreseeable emergencies
- Methods used to inform the employees of other employers of the labeling system used in the workplace

The hazard communication program will identify the following:

PETE KING CORP SAFETY PROGRAM

HAZARD COMMUNICATION PROGRAM

- Key personnel responsible for the program
- Location of chemical inventory list and SDS
- Workplace labeling system
- Good work practices and procedures to minimize exposures
- How training will be performed
- Procedures to maintain the program and update the required information
- How records will be maintained

RESPONSIBILITIES

Our Safety Director, Purchasing Agent and Project Managers are responsible for administering the hazard communication program.

Responsibilities:

- Reviewing the potential hazards and safe use of chemicals
- Maintaining a list of all hazardous chemicals and a master file of SDS
- Ensuring that all containers are labeled, tagged, or marked properly
- Providing new-hire and annual training for employees
- Maintaining training records
- Monitoring the air concentrations of hazardous chemicals in the work environment
- Properly selecting and caring for personal protective equipment
- Directing the cleanup and disposal operations of the spill control team
- Identifying hazardous chemicals used in non-routine tasks and assessing their risks
- Informing outside contractors who are performing work near or around our work area about potential hazards
- Reviewing the effectiveness of the hazard communication program and making sure that the program satisfies the requirements of all applicable federal, state, or local hazard communication requirements
- Project Manager will review all SDS submittals prior to project start.

The purchasing agent is responsible for:

- Contacting chemical manufacturers and/or distributors to obtain SDS and secondary labels for hazardous chemicals used or stored in the workplace
- Reviewing incoming hazardous chemicals to verify correct labeling

PETE KING CORP SAFETY PROGRAM

HAZARD COMMUNICATION PROGRAM

- Holding hazardous chemicals in the receiving area until receipt of the SDS for the product

Employees are responsible for the following aspects of the hazard communication program:

- Identifying hazards before starting a job
- Reading container labels and SDS
- Notifying the supervisor of torn, damaged, or illegible labels or of unlabeled containers
- Using controls and/or personal protective equipment provided by the company to minimize exposure
- Contacting our purchasing agent or Safety Director if employees are unable to locate an SDS on a particular product
- Following company instructions and warnings pertaining to chemical handling and usage
- Properly caring for personal protective equipment, including proper use, routine care and cleaning, storage, and replacement
- Knowing and understanding the consequences associated with not following company policy concerning the safe handling and use of chemicals
- Participating in training

It is critically important that all employees understand the training received under our Hazard Communication Program. Employees who wish to receive more information or training regarding hazardous materials should contact our Safety Director, their foreman, our general superintendent. If any employee feels they are not receiving the proper and sufficient training, they should notify Ryan Wagner or Jared Noa , Managers of the company and Chairman of the General Safety Committee or our Safety Director and follow up with a written report by completing our Employee Safety information Report and submitting it directly to the office

Ryan Wagner President 801-662-0310

Jared Noa VP 702-657-1102

Greg Mortensen, Safety Director 702-657-1102

Every employee will receive comprehensive hazardous materials training as part of our annual safety training sessions. These training sessions are mandatory, and attendance is a condition of employment.

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CHEMICAL INVENTORY LIST

Attached is a general list of known hazardous substances used by employees of our Company, Specific information on each category of hazard substances can be obtained by reviewing the SDS.

Abrasives	Paint	Sheetrock
Adhesives	Powder	Steel
Corner bead	Sealants	Welding Rod
Joint Compound	Texture, Ceiling	
Lacquer Thinner	Texture, Walls	

This list will contain the product identifier that is referenced on the appropriate SDS, the location or work area where the chemical is used, and the personal protective equipment and precautions for each chemical product. This list will be updated annually and whenever a new chemical is introduced to the workplace.

LABELS AND OTHER FORMS OF WARNING

Each container of hazardous chemicals received from the chemical manufacturer, importer or distributor will be labeled with the following information:

- Product identifier
- Signal word
- Hazard statement(s)
- Pictogram(s)
- Precautionary statement(s)
- Name, address and telephone number of the chemical manufacturer, importer, or other responsible party

Pete King Corp will use the GHS labeling system for secondary containers. When a chemical is transferred from the original container to a portable or secondary container, the container will be labeled, tagged, or marked with a GHS label containing the following information:

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- Product identifier
- Signal word
- Hazard statement(s)
- Pictogram(s)
- Precautionary statement(s)

Portable containers into which hazardous chemicals are transferred from labeled containers and that are intended for the immediate use of the employee who performs the transfer does not require a label. If the portable container will be used by more than one employee or used over the course of more than one shift, the container must be labeled. Food and beverage containers should never be used for chemical storage.

Signs, placards, process sheets, batch tickets, operating procedures or other such written materials may be used in lieu of affixing labels to individual, stationary process containers as long as the alternative method identifies the containers to which it is applicable and conveys the information required for workplace labeling.

Where an area may have a hazardous chemical in the atmosphere (e.g., where extensive welding occurs), the entire area will be labeled with a warning placard. Pipes that contain hazardous chemicals should be labeled in accordance with ANSI/ASME A13.1 and indicate the direction of flow. (Please note that this not a requirement of the OSHA HCS but a best practice or requirement of local jurisdiction.)

Workplace labels or other forms of warning will be legible, in English and prominently displayed on the container or readily available in the work area throughout each work shift. If employees speak languages other than English, the information in the other language(s) may be added to the material presented as long as the information is presented in English as well.

Note: After Dec. 1, 2015, distributors may not ship containers labeled by the chemical manufacturer or importer unless the label on the container meets GHS labeling requirements.

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SAFETY DATA SHEETS (SDS formally MSDS)

An SDS will be obtained and maintained for each hazardous chemical in the workplace. SDS for each hazardous chemical will be readily accessible during each work shift to employees when they are in their work areas. All SDS submittals will be reviewed by Project Manager, Safety Director and Purchasing Agent prior to project start.

SDS will be obtained from the chemical manufacturer, importer, or distributor. The name on the SDS will be the same as that listed on the chemical inventory list. SDS for chemicals or process streams produced by the company will be developed and provided by the Safety Director.

The Safety Director will maintain the master file of all original SDS. Hard copies of the master file will be located at: All jobsites where employees are working, Safety Director's office and Purchasing Department's office. Employees have direct access to SDS information if they want or need to review them at any location.

SDS for new products or updated SDS for existing products will be obtained by the purchasing agent and forwarded to the Safety Director. The Safety Director will then update the master file with new and/or updated SDS.

If problems arise in obtaining an SDS from the chemical manufacturer, importer or distributor, a phone call will be made to request an SDS and to verify that the SDS has been sent. The phone call will be logged, and a letter will be sent the same day. The company will maintain a written record of all efforts to obtain SDS. If these efforts fail to produce an SDS, the local OSHA office will be contacted for assistance.

EMPLOYEE INFORMATION AND TRAINING

Employees included in the hazard communication program will receive the following information and training prior to exposure to hazardous chemicals and when new chemical hazards are introduced to their work area:

- Requirements of the OSHA Hazard Communication Standard 29 CFR 1910.1200 (General Industry) or 29 CFR 1926.59 (Construction Industry)

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- Operations in the work area where hazardous chemicals are present
- Location and availability of the hazard communication program, chemical inventory list and SDS
- Methods and observations used to detect the presence or release of a hazardous chemical in the work area, such as monitoring devices, visual appearance or odor of hazardous chemicals when being released
- Physical, health, simple asphyxiation, combustible dust and pyrophoric gas hazards, as well as hazards not otherwise classified of the chemicals in the work area
- Measures employees can take to protect themselves from hazards, such as appropriate controls, work practices, emergency and spill cleanup procedures, and personal protective equipment to be used
- Explanation of the labels received on shipped containers
- Explanation of the workplace labeling system
- Explanation of the SDS, including order of information and how employees can obtain and use the appropriate hazard information

Note: To facilitate understanding of the new GHS system, the OSHA HCS requires that employees be trained regarding the new label elements and SDS format by Dec. 1, 2013. Employers are required to update the hazard communication program and to provide any additional training for newly identified physical or health hazards no later than June 1, 2016.

NONROUTINE TASKS

The Safety Director and the immediate supervisor of an employee performing a non-routine task, such as cleaning machinery and other process equipment, is responsible for ensuring that adequate training has been provided to the employee on any hazards associated with the non-routine task. Employees share in this responsibility by ensuring that their immediate supervisor knows that the non-routine task will be performed.

Special work permits are required for the performance of certain non-routine tasks, such as entry to confined spaces, breaking and opening piping systems, and welding and burning. For some special tasks, employees are required to follow special lockout/tag out procedures to ensure that all machinery motion has stopped, and energy sources are isolated prior to and during the performance of such tasks.

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INFORMING CONTRACTORS

Prior to beginning work, The General Contractor or builder will inform subcontractors with employees working on the job site of any hazardous chemicals that the subcontractors' employees may be exposed to while performing their work. The General Contractor or builder will also inform subcontractors of the location of SDS sheets and engineering or work practice control measures to be employed by the subcontractor, personal protective equipment to be worn by the subcontractors' employees, and any other precautionary measures that need to be taken to protect their employees during the workplace's normal operating conditions and in foreseeable emergencies.

To ensure that other contractors work safely on job sites our SDS sheets will be delivered to every job site. This will advise other contractors the appropriate controls that will be established to ensure that other company employees are not exposed to safety and health hazards from work being performed by Pete King Corp.

The Safety Director and or supervisor will inform contractors of the workplace labeling system and the availability and location of SDS for any chemical to which contractors' employees may be exposed while performing their work.

RECORDKEEPING

Records pertaining to the hazard communication program will be maintained by the Safety Director. The Safety Director will keep the following records:

- Chemical inventory list
- Hazardous material reviews
- Copies of phone call logs and letters requesting SDS
- Employee training records
- Warnings issued to employees for not following the hazard communication program

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Chemical exposure may cause or contribute to many serious health problems such as heart ailments, kidney and lung damage, sterility, cancer, burns and rashes. Some chemicals may also be safety hazards and have the potential to cause fires, explosions and other serious accidents.

If properly used for the purpose they are intended nearly all chemicals can be used safely; however, chemicals can have serious effects if they are abused or misused.

Some chemicals are relatively safe when used alone but become unstable or poisonous when combined with another substance. Drain cleaners contain powerful chemicals but can be used safely if the manufacturer's instructions are followed; however, if some drain formulas are poured in standing water containing bleach deadly fumes are created.

Flammable substances such as paints can be used safely; however, if used near an open flame or stored in high temperatures they may become hazardous. Other substances are stable under normal conditions but become dangerous when heat, pressure or other factors are applied.

HEALTH HAZARDS

Chemicals have three major hazards: health, fire and reactivity. The first one is the health hazard. Chemicals labeled as health hazards are chemicals that have shown through studies may cause short-term (acute) or long-term (chronic) health effects to people who are exposed to them. The concentration and length of exposure are important factors. Sometimes a long period of exposure is required, and effects don't show up for many years.

Dose is often the factor which determines whether a substance is harmful. Tranquilizers for example taken as prescribed by a doctor can help a person; however, an overdose of tranquilizers or nearly any drug can be fatal. Another example is salt. The average American can consume about one pound of salt over the course of a year with few ill effects; however, the same amount eaten in an hour would endanger anyone's health.

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Chemicals vary in toxicity. Even the briefest exposure or the smallest dose of a highly toxic chemical can result in severe illness, injury or death. All chemicals should be handled as instructed and with respect. A carcinogen, a substance which studies have shown may cause cancer, is an example of a health hazard. Benzene, asbestos and cigarettes are among substances identified as a carcinogen. In many cases both high and frequent exposure are required before cancer is likely to occur.

Other classes of chemicals which may cause health hazards are corrosives which actively attack metal or tissue such as acids or alkalis, highly toxic chemicals which are poisonous even in small doses such as hydrogen cyanide, toxic chemicals which at a high dose can be poisonous including alcohol, a sensitizer which may cause an allergic reaction following repeated exposure including some kinds of dusts and pollen, irritant chemicals that can cause inflammation to skin, eyes and membranes such as gasoline and reproductive toxins which can cause chromosome damage, sterility or have effects on fetuses. Other chemicals can cause damage to the nervous system, liver, blood, skin, lungs, and eyes.

For a chemical to be harmful it must enter the body. There are three routes in which a chemical can enter the body. They can pass through the skin, which is absorption, through the respiratory system which is inhalation and by swallowing which is ingestion.

The degree of toxicity of a chemical can be determined by the threshold limit value (TLV) or by the permissible exposure limit (PEL). The TLV is established by the American Conference of Governmental Industrial Hygienists and the PEL is determined by OSHA.

The TLV and the PEL are the established amount of a chemical the average worker can be exposed to eight hours a day, five days a week without suffering any adverse effects. The average is stressed because some workers may be more tolerant or more sensitive to certain chemicals.

The toxicity of a chemical is expressed in parts per million (PPM) for vapors and milligrams per cubic meter (MG/M3) for dusts and mists.

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PHYSICAL HAZARDS

The remaining two hazards of a chemical, fire, and reactivity, are considered physical hazards. Classified as a physical hazard are those chemicals which because of their chemical makeup may pose a serious and immediate danger under certain conditions. A substance which is highly flammable for example is a physical hazard if it is used near an open flame or stored at high temperatures. Combustible liquids, explosive compounds, compressed gases, oxidizers, organic peroxides, pyrophoric and unstable or water reactive substances can also present a physical hazard.

HAZARD COMMUNICATION SAFETY DATA SHEETS (SDS)

The Hazard Communications Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDS) formerly known as Material Safety Data Sheets (MSDS) to communicate the hazards of hazardous chemical products. As of June 1, 2015, the HCS will require new SDS to be in a uniform format and include the section numbers, the headings and associated information under the headings below.

Section 1, Identification includes product identifier, manufacturer or distributor name, address, phone number, emergency phone number, recommended use, restrictions on use.

Section 2, Hazard(s) identification includes all hazards regarding the chemical, required label elements.

Section 3, Composition/information on ingredients includes information on chemical ingredients, trade secret claims.

Section 4, First-aid measures includes important symptoms/effects acute and/or delayed; required treatment.

Section 5, Fire-fighting measures lists suitable extinguishing techniques, equipment, chemical hazards from fire.

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Section 6, Accidental release measures lists emergency procedures, protective equipment and proper methods of containment and cleanup.

Section 7, Handling and storage lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure controls/personal protection lists OSHA's permissible exposure limits (PEL); threshold limit values (TLV); appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties list the chemical's characteristics.

Section 10, Stability, and reactivity lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information *

Section 13, Disposal considerations *

Section 14, Transport information *

Section 15, Regulatory information *

Section 16, Other information includes the date of preparation or last revision.

*Note: Since other agencies regulate this information, OSHA will not be enforcing Sections 12 through 15 (29 CFR 1910.1200(g)(2)).

Employers must ensure that SDS(s) are readily accessible to employees. See Appendix D of 1910.1200 for a detailed description of SDS contents.

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Reactivity
 4 = Highly Reactive
 3 = Strongly Reactive
 2 = Moderately Reactive
 1 = Slightly Reactive
 0 = Non-Reactive

Alcohol



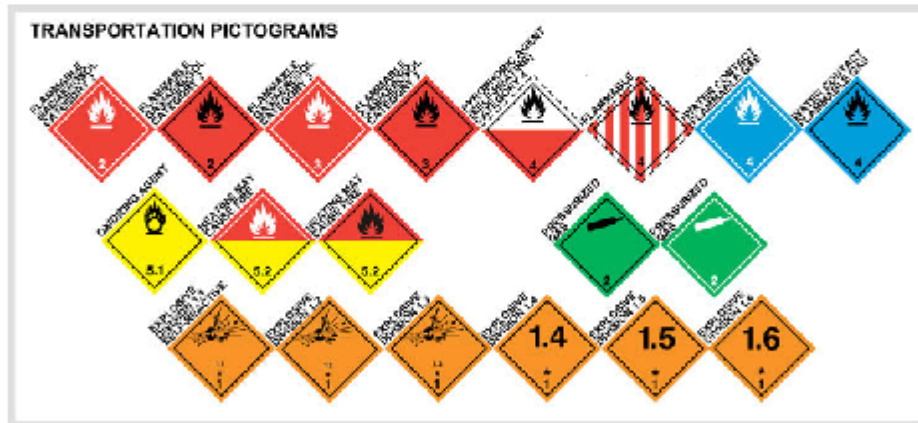
Health
 4 = Deadly
 3 = Fatal or Toxic
 2 = Harmful
 1 = Slightly Harmful
 0 = Not Harmful

Reactivity
 4 = Highly Reactive
 3 = Strongly Reactive
 2 = Moderately Reactive
 1 = Slightly Reactive
 0 = Non-Reactive

PIR
 (Personal Protective Equipment)
 A = Goggles
 B = Goggles, Gloves
 C = Goggles, Gloves, Mask
 D = Goggles, Gloves, Mask, Suit
 E = Full Body (or Chemical Clothing)
 F = Full Body, Mask, Gloves
 Mask = Not PPE required



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LABELING

Hazard labels will be used to identify potential problems with chemicals. The label consists of four diamonds within a large diamond. The left diamond is blue and represents health hazard. The number within this diamond ranges between 0 and 4.

- 0 No significant hazard.
- 1 Irritating, use with caution.
- 2 Hazardous, avoid inhalation.
- 3 Severe hazards, use protective equipment.
- 4 Extreme hazards do not breathe vapor or contact liquid.

The top diamond is red and represents fire hazard. The number within the top diamond ranges from 0 to 4.

- 0 Will not burn.
- 1 Must be preheated above 200 degrees Fahrenheit.
- 2 Has a flashpoint between 73-200 degrees Fahrenheit.
- 3 Flashpoint is below 73 degrees but has a boiling point above 100 degrees Fahrenheit.
- 4 The flashpoint is below 73 degrees and has a boiling point below 100 degrees Fahrenheit.

The right diamond is yellow and represents reactivity hazard. The number within the right diamond ranges from 0 to 4.

- 0 Normally stable.
- 1 Unstable if heated, possibly water reactive.
- 2 Violent chemical change possible.
- 3 Serious explosion hazards.
- 4 Extreme explosion hazards. Vacate area if material is exposed to fire.

The bottom diamond is white. This diamond is used to designate ACIDS, BASES, OXIDIZERS, SOLVENTS and NEUTRAL chemicals. These chemicals must be stored separately.

The SDS is used to determine which hazard codes apply to each chemical.

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SUMMARY

Some things to remember when working with a chemical are:

Never work alone. Employees engaged in hazardous activities should be within sight and hearing of another employee. These activities include chemical mixing which involves toxic or reactive chemicals, certain laboratory activities and any processes where hazardous decomposition may occur.

Contact lenses should not be worn while working with chemicals because vapors can become trapped or adhere to the lens of your eye.

Employees should never eat or drink at workstations where chemicals or open containers are being used. After working with chemicals or before eating always wash your hands.

If you detect any unusual odors in your work area, contact your foreman or superintendent. The presence of a chemical odor is not always a reliable detector. The odor of many chemicals can be sensed well below the safe level while the odor of other chemicals cannot be sensed until well above the safe level.

Before disposing of any chemical, check with your foreman or superintendent for proper procedures.

Do not mix chemicals with which you are not familiar. Two common chemicals that are lethal when mixed are bleach and ammonia. You may not be able to predict how some chemicals may react when mixed.

It is our company's responsibility to provide you with information and guidelines to follow when using chemicals; however, it is your responsibility as an employee to adhere to these guidelines. Your good health can never be replaced. Protect it in the workplace as well as at home.

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COMMONLY USED TERMS IN MATERIAL SAFETY DATA SHEETS

The following are some terms commonly found on Safety Data Sheets (SDS) provided by manufacturers:

Vapor pressure: The pressure exerted by the vapor above a liquid surface usually expressed in millimeters of mercury. Molecules of a liquid are always in motion. The amount of motion depends upon the temperature of the liquid to the space above. The motion of the escaping molecules is confined to the space above if the liquid is in a closed container.

Specific gravity: The relative weight of a given volume of liquid compared to the weight of an equal volume of water. Most flammable liquids are lighter than water and most non-flammable liquids are heavier than water. For example, five gallons of isopropyl alcohol (a flammable liquid) weigh 32.85 pounds, five gallons of water weigh 41.55 pounds and five gallons of trichloroethane (a non-flammable liquid) weigh 59.85 pounds.

Flashpoint: The lowest temperature at which a liquid gives off enough vapor to form a flammable mixture with oxygen present in the air at the surface of the liquid or within a container. For example, the flashpoint of gasoline vapor is -40 degrees Fahrenheit. This means that at a temperature of -40 degrees Fahrenheit or above gasoline emits enough vapor to catch fire from a source of flame or spark.

Explosive range: The range of concentration of the flammable vapor in air in which a flash or fire can occur if the vapor is ignited. The upper and lower limits of the range are usually expressed in percent by volume. Any concentration below the lower limit is too lean to burn. Any concentration above the higher limit is too rich to burn. For example, the range for gasoline is 1.4% to 7.6%. The vapors will only burn between these limits.

Evaporation rate: The ratio of time required to evaporate a measured volume of a liquid to the time required to evaporate the same volume of a reference liquid (usually ethyl ether) under ideal test conditions. The higher the ratio of time required to evaporate a liquid versus a reference liquid, the slower the evaporation rate.

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Water solubility: The percentage of a substance that will dissolve in water. This is important in determining spill clean-up methods and extinguishing agents.

Percent volatile: The percentage of a liquid that will evaporate at room temperature. Gasoline is 100% volatile which means over a period of time it will completely evaporate.

pH: A means of expressing the degree of acidity or alkalinity of a solution. The pH range is from 0 to 14. Water is neutral and has a pH of 7. A pH above 7 indicates an alkaline base; the higher the number the stronger the alkaline base. A pH below 7 indicates an acid; the lower the number the stronger the acid.

Threshold limit value (TLV): The time weighted average concentration for a normal 8-hour day and 40-hour week to which nearly all workers can be repeatedly exposed day after day without suffering any adverse effects. Because of wide variation in individual susceptibility a small percentage of employees may experience discomfort from some substances at concentrations at or below the threshold limit; a smaller percentage may be affected more seriously by aggravation of a pre-existing condition or by development of an occupational illness. These limits are not fine lines between safe and dangerous concentrations.

Short-term exposure limits (STEL): A 15-minute time weighted average exposure which should not be exceeded at any time during a workday even if the eight-hour time weighted average is within the TLV. Exposures at the STEL should not be longer than 15 minutes and should not be repeated more than 4 times a day. There should be at least 60 minutes between successive exposures at the STEL.

Ceiling limit: The concentration that should not be exceeded during any part of the working exposure.

PETE KING CORP SAFETY PROGRAM

EMERGENCY RESPONSE INVOLVING HAZARDOUS MATERIALS INCIDENT

The following policies and procedures have been established to ensure the safety of employees and others in the event of a spill or leak of a hazardous material.

- A spill is an unexpected release of any hazardous material from a container.
- A leak is a release of any hazardous material from a container via a puncture or weak spot in the container.

All spills or leaks involving hazardous materials must be reported to our Safety Director and purchasing agent immediately.

Purchasing Agent
702-657-1102

Greg Mortensen, Safety Director
702-657-1102

Our purchasing agent and/or Safety Director will coordinate all activity necessary to ensure the incident is handled in a safe and proper manner from initial response through testing, reporting, clean up and documentation including the following as deemed necessary:

- I. Identification of the spilled or leaked material and review of the Safety Data Sheet (SDS) for pertinent information that will be needed to handle the situation.
- II. Protective actions, if necessary, to preserve the health and safety of emergency responders and the public during an incident involving release of hazardous materials that have created a danger to health or the environment.
- III. Isolation of hazard area by denying access to the area by anyone not directly involved in emergency response operations, field work testing conducted due to the spill or leak or the clean-up of the hazardous material and contaminated area.
 - A. Anyone with access to the contaminated area must be required to wear appropriate personal protective equipment as advised on the SDS for the hazardous material involved in the incident.
- IV. Evacuation of people from a threatened area to a safer place if there is danger to an area surrounding the site of the spill or leak.
- V. Take appropriate measures to correct the condition and return the situation to a safe condition. Assure all clean up and decontamination procedures are performed consistent with procedures and information available including data on SDS and in compliance with local agencies and EPA standards.
- VI. Notification of proper authorities and agencies as required by the situation.

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EMERGENCY RESPONSE INVOLVING HAZARDOUS MATERIALS INCIDENT

Every hazardous materials incident is different. Each will have special problems and concerns which is why it is important for employees to let the purchasing agent and/or Safety Director determine what actions are needed and coordinate the process as deemed necessary.

The following addresses and phone numbers are to be used to notify the proper authorities in case of an emergency involving a spill or leak of hazardous materials if an employee is unable to contact the purchasing agent or our Safety Director and an immediate danger exists:

Clark County Government Center
500 South Grand Central Parkway
Las Vegas, NV 89115
Phone: 702-455-0000

Salt Lake Health Department
9340 South 700 East
Sandy, UT
Phone: 385-468-4335

Department of Air Quality
4701 West Russell Road, Suite 200
Las Vegas, NV 89118
Phone: 702-455-5942

Utah Department of Air Quality
195 North 1950 West
Salt Lake City, UT
Phone: 800-458-0145

Fire Department Station 51
2626 East Carey
North Las Vegas, NV 89030
Phone: 702-649-4222

Fire Department Station 5
780 East 12300 South
Draper, UT 84020
Phone: 801-619-7951

In An Emergency Dial 911

PETE KING CORP SAFETY PROGRAM

BLOOD BORNE PATHOGENS EXPOSURE CONTROL PROGRAM

In compliance with Federal Register 1910.1030(c)(1)(I) we have designed our Blood Borne Pathogens Control Program to eliminate or minimize employee exposure to blood borne pathogens. All foremen are to have a copy of Federal Register 1910.1030 in their procedure manuals for training and reference.

- I. Employees will receive instructions on how to access our Blood Borne Pathogens Exposure Control Program at time of hire in our Safety Program either by going online or at the office website:
 - A. Employees will receive blood borne pathogens awareness training from our foremen at an orientation toolbox meeting prior to beginning work at a job site.
 - B. Employees will receive extensive blood borne pathogen training at annual safety training sessions scheduled each year. Employees will be notified of date, time, and place of training by payroll check attachment. Attendance is mandatory.
- II. Employees who work at job sites that have the following conditions have the potential for exposure to blood borne pathogens:
 - A. Effluent drained on ground when plumbers hook up to sewer systems.
 - B. Contaminants in restrooms when plumbers complete hook ups.
 - C. Exposure to contaminants in portable toilets.
- III. All foremen are to have a first aid kit in their vehicle. Only foremen are authorized to render first aid and they are limited to treatment of minor cuts and abrasions only. Medically trained personnel are not provided by the company.
- IV. “Good Samaritan” acts such as assisting another worker with an injury are considered an occupational exposure.
- V. Through our Blood Borne Pathogens Exposure Control Program we provide awareness training of blood borne pathogen hazards to all employees. We do not provide protective equipment or supplies.
 - A. Universal precautions should be observed to prevent contact with blood or potentially infectious materials. Where it is difficult to differentiate between body fluid types all such body fluids shall be considered potentially infectious materials.

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BLOOD BORNE PATHOGENS EXPOSURE CONTROL PROGRAM

- B. The following practices should be observed to minimize exposure.
 - 1. Wash or use antiseptic soap immediately after contamination.
 - 2. Perform all procedures involving blood or potentially infectious materials in such a manner as to minimize splashing, spraying or generation of droplets of these substances.

- VI. If there has been an exposure incident you are entitled to a confidential medical evaluation and a follow up evaluation; however, you must report such an incident to your foreman immediately, complete a Report of Significant Work Exposure to Bodily Fluids form and submit it to the office.
 - A. Your Report of Significant Work Exposure to Bodily Fluids form must be filed with our office immediately but in no case later than ten calendar days after your exposure to bodily fluids.
 - B. You must have blood drawn no later than ten calendar days after exposure.
 - C. You must have blood tested for HIV by antibody testing no later than thirty calendar days after exposure and test results must be negative.
 - D. You must be tested or diagnosed as HIV positive no later than eighteen months after exposure.
 - E. You must file a worker's compensation claim with Pete King Corp no later than one year from the date of diagnosis or positive blood test if you wish to receive benefits under the worker's compensation system.

- VII. Foremen are to complete our Foreman's Report of Injury and Investigation form when a blood borne pathogens exposure incident is reported to them and submit the report to our Safety Director who will present the report to our General Safety Committee at the next meeting for their review.

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INFECTION CONTROL PROGRAM

It is our policy that medical care will be provided for employees who have been exposed to a communicable disease on the job. We will ensure job placement does not compromise the health and safety of employees. We will maintain confidentiality of all records.

- I. Employees will receive our Infection Control Program and training as follows:
 - A. At time of hire by accessing our Safety Program either online or at the office website:
 - B. At an orientation toolbox meeting conducted by foremen prior to beginning work at a job site.
 - C. At annual safety meetings. Employees will be notified of date, time, and place of annual training meetings as they are scheduled. Attendance is mandatory.
- II. The following are types of communicable diseases.
 - A. HIV - Human Immunodeficiency Virus.
 - B. MRSA - Methicillin Resistant Staphylococcus Aureus.
 - C. TB - Tuberculosis.
 - D. Hepatitis B Virus.
- III. There is a potential for exposure to communicable diseases through the following conditions.
 - A. Punctures.
 - B. Lacerations.
 - C. Mucous membrane exposure (splash in eye or nose).
 - D. Contamination of open wound.
- IV. MRSA is an infection caused by bacterium “staphylococcus aureus” or “staph” also known as a “super bug” which has become resistant to many of the commonly used antibiotics. There are two strains that exist and are based on the origin of exposure - HA-MRSA (hospital acquired) and CA-MRSA (community acquired). Please note the following information regarding MRSA.
 - A. Anyone can get MRSA. Persons most susceptible have significant exposure to bodily fluids or skin contact or in the regular course of employment have involvement handling or exposure to MRSA.

PETE KING CORP SAFETY PROGRAM

INFECTION CONTROL PROGRAM

- B. Avoid contact with others that have uncovered wounds.
- C. Do not share personal items that come in contact with your skin, nose, mouth or other areas with exposed bodily fluids. These items include but are not limited to respirators, clothing, uniforms and towels that may have come in contact with the infected wounds.
- D. MRSA is transmitted primarily by person to person contact with secretions from skin lesions, nasal discharge or by hand.
- E. MRSA begins as a pimple that has popped, begins to drain and/or has pus. It appears like a spider bite, a boil or infected mosquito bite that progresses to a painful swollen red area with drainage.
- F. The following facilitate transmission of MRSA.
 - 1. Contact - avoid skin to skin contact with people.
 - 2. Contaminated surfaces - equipment, shared items.
 - 3. Compromised skin - cuts, abrasions.
 - 4. Crowding - assembly areas.
 - 5. Lack of cleanliness - absence of proper hygiene or housekeeping.
- G. MRSA prevention is based on awareness, cleanliness and education.
 - 1. Disinfect areas most likely to be contaminated with one-part bleach and ten-parts water.
 - 2. Wash hands regularly with soap and water or use a 60% or more alcohol base sanitizer.
 - 3. Keep cuts and wounds clean and covered by bandages until healed.
 - 4. Develop a written cleaning schedule listing items and surfaces to be disinfected using bleach or alcohol where applicable.
 - 5. Bandages should be discarded in a separate plastic bag. Remove bandages while wearing plastic gloves and discard with bandage.
- V. Immediately following exposure to communicable diseases, the following steps should be taken.
 - A. Lacerations and punctures should be cleansed with topical antiseptic solution and 60% or higher alcohol.
 - B. Mucous membrane exposure (eye, mouth, nose or ear) should be flushed with water.

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INFECTION CONTROL PROGRAM

- C. Employee should report the exposure to foreman immediately and complete worker compensation injury report notifying our office of exposure. Foreman and employee are to call Medcor's triage line at 1-800-496-7183 for evaluation and treatment instructions. Call 911 if it is a potentially life-threatening situation.
 - D. Tetanus vaccine should be administered if not previously done within the last ten years.
- VI. Employee cooperation is required for infection control.
- A. Employee will be required to participate in medical follow up.
 - B. If employee refuses to be tested for HIV, AIDS, virus, MRSA, etc. employee must sign a release form.
 - C. Workers compensation will be notified of the incident and all action taken to date.
 - D. Physical exams and lab tests will be completed based upon the most current Center for Disease Control (CDC) protocol.
 - E. Employee will sign a consent form for testing.
 - F. Employee shall be evaluated clinically and serologically for evidence of infection as soon as possible after exposure.
 - G. If employee does not want to continue follow up after initial testing demonstrates negative antibody response the employee must sign a release slip.

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PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT, SELECTION AND TRAINING

If hazards necessitating the use of personal protective equipment are present or likely to be present responsibilities of our foremen will include the following prior to beginning work at a job site:

- I. Foremen are to assess hazards requiring personal protective equipment at the job site utilizing our Task Hazard Analysis (THA) form. The THA form will need to be filled out documenting the analysis was completed and training that is determined will be required.
 - A. **SURVEY:** Conduct a walk-through of the areas in question. The purpose of the survey is to identify sources of hazards to workers and co-workers. Consideration should be given to the following basic hazard categories:
 1. Impact
 2. Penetration
 3. Compression (roll over)
 4. Chemical
 5. Heat
 6. Harmful dust
 7. Light (optical) radiation
 8. Other
 - B. **SOURCES:** During the walk-through survey foreman should observe:
 1. Sources of motion (i.e., machinery or processes where any movement of tools, machine elements or particles could exist or movement of personnel that could result in collision with stationary objects).
 2. Sources of high temperatures that could result in burns, eye injury or ignition of protective equipment, etc.
 3. Types of chemical exposures.
 4. Sources of harmful dust.
 5. Sources of light radiation (i.e., welding, brazing, cutting, furnaces, heat treating, high intensity lights, etc.).
 6. Sources of falling objects or potential for dropping objects.
 7. Sources of sharp objects which might pierce the feet or cut the hands.
 8. Sources of rolling or pinching objects which could crush the feet.
 9. Layout of workplace and location of co-workers.
 10. Electrical hazards.
 11. Sources of sound which could be a hazard.
 12. Location of emergency equipment.
 13. Hazard warning signs (or lack of).
 14. Injury/accident data should be reviewed with our Safety Director to help identify problem areas.

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PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT, SELECTION AND TRAINING

- II. After gathering information for the job site assessment by the walk-through survey, foremen need to organize and analyze data.
- A. **ORGANIZE DATA:** Organize the data and information for use in the assessment of hazards. The objective is to prepare an analysis of the hazards in the environment to enable proper selection of protective equipment.
 - B. **ANALYZE DATA:** Having gathered and organized data on a work place an estimate of the potential for injuries should be made. Each of the basic hazard categories (shown under “Survey”) should be reviewed and a determination made as to the type, level of risk and seriousness of potential injury from each of the hazards found in the area. The possibility of exposure to several hazards simultaneously should be considered. Use our Assessment of Hazards Necessitating the Use of Personal Protective Equipment Checklist as a guide.
 - C. **REASSESSMENT OF HAZARDS:** It is the responsibility of foremen to reassess the workplace hazard situation as necessary by identifying and evaluating new equipment and processes, reviewing accident records with our Safety Director, and reevaluating the suitability of previously selected personal protective equipment.
- III. Foremen are to select and have each affected employee use the types of personal protective equipment that will protect the affected employee from hazards identified in the hazard assessment.
- A. Become familiar with potential hazards, the type of protective equipment that is available and what it can do (i.e., splash protection, impact protection, etc.).
 - B. Compare the hazards associated with the environment (i.e., impact velocities, masses, projectile shape, radiation intensities) with the capabilities of the available protective equipment.
 - C. Select the protective equipment which ensures a level of protection greater than the minimum required to protect employees from the hazards.
- IV. Foremen are to communicate selection decisions to each affected employee, fit the user with the protective device and give instructions on care and use of the personal protective equipment. It is very important that users be made aware of all warning labels for and limitations of their personal protective equipment.
- V. Foremen are to select personal protective equipment that properly fits each affected employee.
- A. **FITTING THE DEVICE:** Careful consideration must be given to comfort and fit. Personal protective equipment that fits poorly will not afford the necessary protection.

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PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT, SELECTION AND TRAINING

Continued wearing of the device is more likely if it fits the wearer comfortably. Protective devices are generally available in a variety of sizes. Care should be taken to ensure the right size is selected.

- B. DEVICES WITH ADJUSTABLE FEATURES:** Adjustments should be made on an individual basis for a comfortable fit that will maintain the protective device in the proper position. Particular care should be taken in fitting devices for eye protection against dust and chemical splash to ensure devices are sealed to the face. In addition, proper fitting of hard hats is important to ensure they will not fall off during work operations. In some cases, a chin strap may be necessary to keep a hard hat on an employee's head. (Chin straps should break at a reasonably low force, however, to prevent a strangulation hazard.) Manufacturer's instructions should be followed carefully.

- VI.** Foremen are to use the following guidelines in selecting specific types of personal protective equipment and training employees on potential hazards and the proper use, maintenance, and limitations of personal protective equipment.

A. SELECTION GUIDELINES FOR EYE AND FACE PROTECTION:

1. Each affected employee shall use appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.
2. Each affected employee shall use eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors (i.e., clip-on or slide-on side shields) meeting the pertinent requirements of this section are acceptable.
3. Each affected employee who wears prescription lenses while engaged in operations that involve eye hazards shall wear eye protection that incorporates the prescription in its design or shall wear eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.
4. Eye and face personal protective equipment shall be distinctly marked to facilitate identification of the manufacturer.
5. Each affected employee shall use equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation.
6. Foremen are to refer to the Federal Register 29 CFR Part 1910 Subpart I and the Occupational Safety and Health Standards for the Construction Industry, CFR 29, Part 1926 Subpart E for tables and guidance in the proper selection of eye and face protection to protect against specific hazard sources.

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PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT, SELECTION AND TRAINING

- B. SELECTION GUIDELINES FOR HEAD PROTECTION:** All head protection is designed to provide protection from impact and penetration hazards caused by falling objects. Head protection is also available which provides protection from electric shock and burn. When selecting head protection knowledge of potential electrical hazards is important. Foremen are to refer to Federal Register 29 CFR Part 1910 Subpart I for guidelines on different classes of hard hat protection. Where falling object hazards are present hard hats must be worn. Examples of falling object hazards are as follows:
1. Working below other workers who are using tools and materials which could fall.
 2. Working around or under conveyor belts which are carrying parts or materials.
 3. Working below machinery or processes which might cause material or objects to fall.
- C. SELECTION GUIDELINES FOR FOOT PROTECTION:** Safety shoes and boots which meet the ANSI Z-41-1991 Standard provide both impact and compression protection. Where necessary safety shoes can be obtained which provide puncture protection. In some work situations metatarsal protection should be provided and in other special situations, electrically conductive or insulating safety shoes would be appropriate.
1. Safety shoes or boots with impact protection would be required for carrying or handling materials such as packages, objects, parts, or heavy tools which could be dropped as well as for other activities where objects might fall onto the feet.
 2. Safety shoes or boots with compression protection would be required for work activities involving skid trucks (manual material handling carts), around bulk rolls and around heavy pipes all of which could potentially roll over an employee's foot.
 3. Safety shoes or boots with puncture protection would be required where sharp objects such as nails, wire, tacks, screws, large staples, scrap metal, etc. could be stepped on by an employee causing a foot injury.
- D. SELECTION GUIDELINES FOR HAND PROTECTION:** Gloves are often relied upon to prevent cuts, abrasions, burns, and skin contact with chemicals that are capable of causing local or systemic effects following dermal exposure. OSHA is unaware of any gloves that provide protection against all potential hand hazards and commonly available glove materials provide only limited protection against many chemicals; therefore, it is important to select the most appropriate glove for a particular application and to determine how long it can be worn and whether it can be reused.

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It is also important to know the performance characteristics of gloves relative to the specific hazard anticipated (i.e., chemical hazards, cut hazards, flame hazards, etc.). These performance characteristics should be assessed by using standard test procedures. Before purchasing gloves, our purchasing agent will request documentation from the manufacturer showing the gloves meet appropriate test standard(s) for the hazard(s) anticipated.

Other factors to be considered for the glove selection in general include:

1. If the performance characteristics are acceptable, in certain circumstances it may be more cost effective to regularly change cheaper gloves than to reuse more expensive types.
2. The work activities of the employee should be studied to determine the degree of dexterity required, the duration, frequency and degree of exposure to the hazard and the physical stresses that will be applied.
3. In selecting gloves for protection against chemical hazards the toxic properties of the chemical(s) must be determined; in particular, the ability of the chemical to cause local effects on the skin and/or to pass through the skin and cause systemic effects.
 - a. Generally, any “chemical resistant” glove can be used for dry powders.
 - b. For mixtures and formulated products (unless specific test data is available) a glove should be selected on the basis of the chemical component with the shortest breakthrough time since it is possible for solvents to carry active ingredients through polymeric materials.
 - c. Employees must be able to remove gloves in such a manner as to prevent skin contamination.

E. **SELECTION GUIDELINES FOR HEARING PROTECTION:** Wherever it is not feasible to reduce the noise levels or duration of exposures to those specified in Table D-2 Permissible Noise Exposures, Occupational Safety and Health Standards for the Construction Industry (29 CFR Part 1926.52) ear protective devices shall be provided and used.

1. Ear protective devices inserted in the ear shall be fitted or determined individually by competent persons.
2. Plain cotton is not an acceptable protective device.

F. **SELECTION GUIDELINES FOR RESPIRATORY PROTECTION:** See section in this Safety Program on our Respiratory Protection Program.

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PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT, SELECTION AND TRAINING

- G. **CLEANING AND MAINTENANCE:** It is important that all personal protective equipment be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision.
1. Personal protective equipment should be inspected, cleaned and maintained at regular intervals so that the personal protective equipment provides the requisite protection.
 2. Contaminated personal protective equipment which cannot be decontaminated should be disposed of in a manner that protects employees from exposure to hazards.
- H. **TRAINING:** The following guidelines specify training employees are to receive after a foreman has completed an assessment of a job site, determined hazards necessitating the use of personal protective equipment and has selected the appropriate personal protective equipment. Foremen are to use our Personal Protective Equipment Training Checklist as a guide.
1. When personal protective equipment is necessary.
 2. What personal protective equipment is necessary.
 3. How to properly put on, adjust and wear personal protective equipment selected.
 4. Limitations of personal protective equipment selected.
 5. Proper care, maintenance, useful life and disposal of personal protective equipment selected.

PETE KING CORP SAFETY PROGRAM

SUBSTANCE ABUSE POLICY

Pete King Corp endeavors to maintain a safe, healthy work environment. Our written Substance Abuse Policy/Random Drug and Alcohol Testing Policy is an important part of our Safety Program. It prohibits the unlawful use of controlled substances under Federal law (The Controlled Substance Act), Nevada (Rev: NV AB 132) and Utah criminal statutes or alcohol within company property, vehicles and job sites. It also prohibits the unlawful use of controlled substances such as prescription drugs including medical marijuana or alcohol away from work in a manner that impairs an employee's abilities while at work or could adversely affect the safety of others. **All employees need to read, understand and abide by this policy.**

- I. Do not bring alcohol or drugs, including medical marijuana, to the workplace. The possession or sale of alcohol and/or drugs, including medical marijuana, within the company's offices, vehicles, job sites or supporting areas (yards, parking lots, etc.) will be grounds for immediate termination. Use of illegal drugs, prescription drugs including medical marijuana, and alcohol that may impair an employee's performance at work is strictly prohibited in maintaining the highest standards of worker safety. Prescription drugs that do not impair an employee's performance and over-the-counter drugs are not covered by this paragraph.
- II. The use of alcohol or drugs at any time such that it could adversely affect the safe performance of your job or could adversely affect the safety of others will be grounds for immediate termination. The company will not tolerate any employee being impaired at work from use of alcohol or drugs, legal or illegal.
 - A. If you are taking a prescription or over-the-counter drug you are personally responsible for confirming with your physician that you may safely perform your normal job duties while taking it.
 - B. If you are taking a drug including medical marijuana that could impair your performance, you must advise your foreman and Safety Director. If duties which are not hazardous are available your foreman or Safety Director will reassign you; otherwise, you will not be allowed to work. Employees should not report to work impaired.
 - C. The company expects every employee to report to work without alcohol or drugs in their system and to remain that way while at work. Employees are warned that some drugs, especially marijuana, remain in the system for extended periods. Usage of such drugs even away from the workplace may lead to violation of this policy in that they may impair an employee's abilities and safe performance of their job duties or could adversely affect the safety of others.
 - D. Substance abuse of any kind while driving a company vehicle will be grounds for immediate termination.

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SUBSTANCE ABUSE POLICY

- III. Urine, saliva and any other tests deemed appropriate to determine whether there are drugs, including medical marijuana, or alcohol in your system may be required at the discretion of our Safety Director, general superintendent or management. Generally testing will also be required under the following conditions:
- A. Reports have been made to us of any reasonable suspicion of on-the-job use or impairment as a result of Marijuana or any illegal drug or alcohol by worker. Testing will be used in conjunction with documentation and witness statements.
 - B. You receive an injury requiring medical attention. **Employees who require medical attention after a workplace related injury are required to submit to an alcohol impairment test and a drug test for the use of any controlled substance within two hours after we have been notified of the injury.** Employees are reminded that all injuries must be reported to their foreman and Safety Director immediately and our Employee's Report of Injury form completed and submitted to the office as soon as possible.
 - C. You are or have been working with or around another worker who receives an injury which requires medical attention.
 - D. You are or have been working in the vicinity of a non-injury, property accident with an estimated loss greater than \$500.
 - E. You are scheduled to work at a job site where the general contractor or owner requires drug testing prior to allowing employees on the job site or requires random drug testing.
 - F. Employees who have a CDL driver's license and a CDL medical card and who are working in the capacity as a CDL driver for Pete King Corp will be subject to a monthly drug/alcohol test. The time and location of the test will be determined by the CDL driver's supervisor.
- IV. Any employee who refuses to be tested is subject to termination. All testing must occur within two hours after the directive requiring it. Approved clinics in Nevada & Utah will be utilized for alcohol impairment, post injury or random drug testing. Employees are reminded that all injuries must be reported to their foreman and the Safety Director immediately and our Employee's Report of Injury form completed and submitted to the office as soon as possible.
- A. Upon written request employees have the right to obtain a copy of their written test results.
 - B. Test results for employees will be maintained in confidential files separate from other personnel documents.

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- V. Any employee who tests positive for drugs, including medical marijuana or alcohol will receive a Pre-Adverse Action Disclosure notice along with a copy of the test results and a copy of Summary of Your Rights Under the Fair Credit Reporting Act. An employee who feels the information shown on the test results is not accurate should notify us immediately and may request a retest of the original specimen at their own expense.
- A. If the retest is positive or an uncontested original test is positive the employee will receive an Adverse Action Notice and will be immediately terminated and will not be allowed to return to work until a negative test result is obtained and only then at the discretion of management.
 - B. If management determines an employee may return to work after a negative test is obtained at a later date, the employee will be subject to frequent random testing.
 - C. Upon written request employees have the right to explain in a confidential setting a positive test result. An exception will be made for individuals who test positive for off-duty marijuana use but have a valid prescription for medical marijuana consistent with Nevada or Utah statutes; however, it should be noted employees will not be allowed to work “impaired” or “under the influence” of marijuana. Use of illegal drugs, medical marijuana and alcohol at work is strictly prohibited in maintaining the highest standards of worker safety. Any employee found to be under the influence of these substances or impaired at work will be terminated immediately.
- VI. The company’s management and its agents have the right to search its offices, vehicles, job sites and supporting areas (yards, parking lots, etc.) for alcohol and drugs, including medical marijuana.

If you have questions concerning our Substance Abuse Policy/Drug and Alcohol Testing Policy, please discuss them with your foreman or our Safety Director. It is the responsibility of every employee to understand and abide by this policy.

Any employee who has a problem with drug or alcohol is encouraged to come forward. An employee voluntarily admitting they have an alcohol or substance abuse problem will not be terminated or disciplined but they will be required to abide by frequent random alcohol and drug testing and must receive negative test results in order to continue working.

In order to provide a safe, healthy working environment for all employees, we must keep drugs, alcohol and impaired individuals out of our work environments.

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AERIAL PLATFORM EQUIPMENT PROGRAM

The ANSI/SIA A92.6-1999 standard for self-propelled elevating work platforms became effective January 2, 2000. Only certified, trained employees may use or operate aerial platform equipment. The manufacturer's operation and safety manuals are considered an important part of the aerial platform equipment and our Safety Program. They are to be kept on the aerial platform in a storage compartment and are to be utilized by users and operators of this equipment.

The purpose of our Safety Program guidelines is to provide policies, procedures and common-sense reminders for the use and maintenance of aerial platform equipment. It is our intent to promote a safe working environment for all employees.

I. BASIC JOB SITE SAFETY

- A. Prior to starting work at any job site our Task Hazard Analysis (THA) needs to be utilized to determine what if any personal protective equipment will be required by the job conditions. See the "Personal Protective Equipment Assessment, Selection and Training", "Fall Protection Program" and "Respiratory Protection Program" sections of our Safety Program for more detailed information. General items to review include the following:
 - 1. Hard hats
 - 2. Safety shoes
 - 3. Safety glasses, goggles or face shield
 - 4. Work gloves
 - 5. Hearing protection
 - 6. Fall protection requirements
 - 7. Respirator or filter mask

- B. Know emergency procedures for the job site location where you will be working.
 - 1. Find out where fire extinguishers and emergency equipment are located.
 - 2. Find out where emergency help can be obtained in a hurry.
 - 3. Find out where the closest emergency medical facilities are located.

II. SAFETY GUIDELINES PRIOR TO USE OF AERIAL PLATFORM EQUIPMENT

- A. Know how to operate the aerial platform you are using.
 - 1. Purpose of all controls, gauges and dials.
 - 2. Rated workload, speed range, braking and steering characteristics, turning radius and operating clearances.
 - 3. Read, understand and follow the "DANGER", "WARNING", "CAUTION" and other signs on the aerial platform equipment.

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AERIAL PLATFORM EQUIPMENT PROGRAM

4. Read and understand the manufacturer's operator's manual before using the aerial platform equipment. Notify the purchasing agent if the manual is not located on the equipment.
5. If there is something in the manufacturer's manual you don't understand, discuss it with our Safety Director or your foreman before using the aerial platform equipment.

III. PROTECTIVE AND SAFETY DEVICES

- A. All protective and safety devices are to be kept in place and in proper working order. Make certain all guards, railings, covers and safety signs are installed on the aerial platform equipment as required by the manufacturer and OSHA regulations. These may include the following:
 1. Gate, chain and/or bar closures
 2. Safety bars (mechanical locks)
 3. Stabilizers or outriggers
 4. Extending axles
 5. Turntable lock
 6. Emergency controls
 7. Interlock devices
 8. Continuously activated control
 9. Ground controls
 10. Control lever locks
 11. Audible and/or visual alarms
- B. Know which devices are required on the aerial platform equipment you are using.
- C. Never remove or modify protective or safety devices.

IV. SAFETY INSPECTION PRIOR TO USE OF AERIAL PLATFORM EQUIPMENT

- A. Before using an aerial platform, it must be inspected.
 1. Check for missing, damaged or unreadable safety signs.
 2. Check for broken, missing, damaged or loose parts.
 3. Check pivot pins for damaged or missing retaining devices.
 4. Check the tires for cuts, bulges and pressure as specified by the manufacturer.
 5. Perform all maintenance procedures outlined by the manufacturer of the aerial platform.
 6. Check for cracked welds and other evidence of structural damage.
 7. Check hydraulic system for leaks and damage.
 8. Check outriggers, stabilizers and extending axles if the aerial platform is so equipped.

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AERIAL PLATFORM EQUIPMENT PROGRAM

9. Check upper and lower control stations including auxiliary/emergency controls.
10. Check platform guardrails and gates.

- B. Aerial platform equipment that does not pass inspection needs to be removed from service until the deficiencies are corrected.

V. AERIAL PLATFORM EQUIPMENT PREPARATIONS

- A. As part the maintenance of aerial platform equipment and as part of our Safety Program the equipment needs to be kept clean and safe.

1. Before attempting to clean aerial platform equipment, be sure to lower the platform to the stowed position and turn off the engine.
2. Clean steps, railings, ladders and the platform floor. Remove grease and/or oil. Brush away dust or mud.
3. Replace slip-resistant tape or paint as required. Slippery surfaces can be hazardous.
4. Keep work surfaces and elevating mechanisms clean and clear of debris.
5. Do not leave tools, equipment or materials lying on platform floor. Loose items on the floor can cause an accident.

- B. Aerial platforms must be lowered to the stowed position and all power turned off before fueling.

- C. Charge batteries only in a well-ventilated area.

VI. GROUND OR FLOOR LEVEL WORK AREA SAFETY

- A. Inspect the surface over which you will travel and work.

1. Look for holes, debris, obstacles, drop-offs, or rough spots.
2. Look for weak spots or covers on ramps or floors.
3. Look for oil spills, wet spots, slippery surfaces, soft soil or standing water.

- B. Watch for anything that might make you lose control or cause the aerial platform to tip over.

1. Clean away debris and trash.
2. Pick up anything that might puncture a tire.
3. Make sure aisles, ramps, doorways and passages are clear.

- C. Make sure you know how you will approach the overhead work area and where you will place the aerial platform for proper lift clearance and be able to maintain the proper distance from electrical lines and apparatus.

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AERIAL PLATFORM EQUIPMENT PROGRAM

VII. AERIAL PLATFORM EQUIPMENT STARTING AND TESTING SAFETY

- A. Walk completely around the aerial platform making sure no one is under it, on it or close to it before starting the equipment. Let other workers and bystanders know you are starting the equipment and wait until everyone is clear.
- B. Use precautions while getting on or off an aerial platform.
 - 1. Use handrails, ladders or steps (as provided) when mounting the platform.
 - 2. Never use control levers as a hand hold when climbing on or off equipment.
 - 3. Never step on foot controls when climbing on or off.
 - 4. Never attempt to get on or off moving equipment.
 - 5. Never walk or climb the elevating assembly to gain access or to leave an elevated platform. Enter and exit the platform from the ground only.
- C. Make certain that all handrails, toe boards, gates and entry chains are in place and secured before raising the platform.
- D. Follow the starting procedures recommended by the manufacturer of the aerial platform. Check all instruments, gauges and indicator lights.
 - 1. After starting the equipment, recheck all gauges and lights. Check the audible and/or visual alarms (if provided).
 - 2. Make sure everything is functioning correctly. Check all control functions including emergency stop mechanism from the upper control station and the lower control station (if provided). If any deficiencies are found report them and remove the aerial platform from service until it has been repaired.

VIII. AERIAL PLATFORM OPERATION

- A. Make sure the aerial platform is ready for the job you want it to do. Know the rated workload of the equipment and do not exceed it.
- B. Before raising the platform disperse the load evenly making sure that nothing is interfering with any of the controls.
- C. Do not carry materials on railings unless approved for that purpose.
- D. Do not at any time add a load that exceeds the rated capacity of the equipment.
- E. Do not carry overhanging loads unless approved by the manufacturer.

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- F. Check the work area for hazards that might cause the aerial platform to tip over. An aerial platform must be on a firm, flat, smooth and level surface any time the platform is raised (unless otherwise specified by the manufacturer).
- G. Maintain specified distances from electric power lines and apparatus (refer to manufacturer's manual).

IX. AERIAL PLATFORM OPERATING PRACTICES

- A. Operate controls smoothly.
 - 1. Never jam an operating control from one travel direction to the other. Return to neutral, stop and then proceed in the other direction.
 - 2. Avoid sudden stops, starts, turns or changes in direction.
 - 3. Never attempt to work the controls except from the operator's control station.
- B. Never leave the work platform without first lowering it to the ground.
- C. If the aerial platform needs to be left unattended lower the platform, shut off the engine, engage the parking brake and take necessary steps to prevent unauthorized use in accordance with the manufacturer's instruction manual.
- D. Never override any hydraulic, mechanical or electrical safety device.
- E. When driving the equipment or positioning the platform keep all parts of your body inside the platform railings.
- F. Stay alert as to the condition of the aerial platform. If something on it breaks, loosens or malfunctions stop using the equipment immediately.
 - 1. Stop work, shut off the engine and report the problem immediately.
 - 2. Do not operate the equipment again until the condition has been corrected by authorized personnel.
 - 3. If it is not possible to lower the platform in a normal manner request rescue.
- G. Never allow unqualified, untrained or unauthorized persons to operate aerial platform equipment.
- H. Keep everyone clear of a working aerial platform.
 - 1. Never allow ground personnel near the aerial platform.
 - 2. Never permit anyone to stand or pass under a raised platform.
 - 3. Make certain everyone is clear of the equipment before you begin lowering the platform.

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4. Never drive an aerial platform up to someone standing in front of a fixed object.
5. Never move or position any part of an aerial platform over anyone.

X. AERIAL PLATFORM TRAVEL SAFETY

- A. Before traveling on equipment, be sure you are wearing your personal fall-protection device (if required by OSHA) and it is properly attached to the appropriate lanyard attachment point.
- B. Whenever possible travel only in the full-down, stowed position for maximum stability.
- C. Limit travel speed to ground conditions and operate controls slowly and smoothly. When traveling at a high speed avoid sharp turns and sudden stops. Allow sufficient distance for a safe stop.
- D. Before moving your aerial platform, know and understand the manufacturer's restrictions regarding travel of the equipment including as applicable:
 1. Position of stabilizers and/or outriggers.
 2. Position of extendible axles.
 3. Platform position (including extensions).
 4. Traversing or elevating on grades or slopes.
- E. Always keep your attention in the direction of travel and be sure to check clearance above, below and on all sides. Use a lookout when your view is obstructed.
- F. Do not use "high" speed in confined areas.
- G. When traveling with the platform in a raised position (only as approved by the manufacturer) use extreme caution and very slow speed. Pay particular attention to overhead hazards and your travel path.
- H. Do not tow an aerial platform without referring to your manufacturer's manual for specific towing instructions.
- I. On a boom-type aerial platform do not "drive" the equipment to maneuver in close to an obstacle. Place the equipment and then use the swing and boom functions to get in close.
- J. Never drive the base or platform into a stationary object.
- K. Never use the boom to push the aerial platform along the ground or attempt to free the equipment by lifting the wheels off the ground with the boom.

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- L. Never use the equipment to push or pull another object and never push or pull the equipment by another vehicle except as approved by the manufacturer.

XI. RAISE AND LOWER AERIAL PLATFORMS SAFELY

- A. Make sure the aerial platform equipment is on firm level ground before raising the platform.
- B. If so equipped make sure extendible axles, outriggers or stabilizers are fully deployed.
 - 1. Outriggers or stabilizers may require blocking to provide a stable load bearing surface.
 - 2. Always check clearance on both sides of the equipment before extending outriggers, stabilizers or axles.
- C. If platform or any part of the aerial platform equipment becomes entangled with an adjacent structure do not attempt to free the equipment by operating platform controls. Call for assistance from appropriate qualified personnel to free the equipment.
- D. Never attach wire, cable or similar items to the platform. Should they tangle or catch on a fixed object the aerial platform could tip over.
- E. Never alter, remove or substitute any item which would reduce the overall weight or base stability of the aerial platform equipment such as counterweights, foam filled tires, batteries, etc.
- F. When lowering the platform to the ground from the lower control station (if provided) the operator must remain clear of the descending platform and other movable parts of the aerial platform.
- G. When the platform has been raised into the working position be extremely cautious to prevent any object from striking or interfering with the operating controls.

XII. GENERAL AERIAL PLATFORM SAFETY GUIDELINES

- A. Secure all tools or other materials placed on the platform to keep them from shifting or falling. Keep ropes, electrical cords and hoses coiled and stowed away when not in use.
- B. Keep the platform floor clear of debris and loose objects which might cause you to slip.
- C. Never use ladders, planks, steps or other devices to provide additional reach or gain greater height.

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- D. Do not lean over or sit or climb on the platform railing. Always keep both feet on the platform floor.
- E. Never belt off to an adjacent structure when working from an aerial platform.
 - 1. OSHA has determined that when working from an elevated scissors lift (ANSI A92.6 series) a worker need only be protected from falling by a properly designed and maintained guardrail system.
- F. Never allow anyone to tamper with, service or operate an aerial platform from the lower control station while personnel are in the platform except in an emergency.

XIII. AERIAL PLATFORM TRANSPORT SAFETY

- A. When transporting the aerial platform on a truck or trailer know the overall height to avoid contacting overhead obstructions such as bridges, power lines, etc.
- B. Refer to the manufacturer's manual when preparing an aerial platform for transport. Make sure all tie downs and blocks are in place and the platform is completely lowered and secured in the stowed position.
- C. If the aerial platform equipment is to be hauled refer to the manufacturer's manual for loading procedures. Check truck and ramp capacities and grade of incline.
- D. Never raise, swing or rotate the boom or platform while the aerial platform equipment is loaded on a truck for transporting.
- E. Do not tow aerial platform equipment without referring to the manufacturer's manual for specific towing instructions.

XIV. AERIAL PLATFORM PARKING SAFETY

- A. Park your equipment in a designated area or in an out-of-traffic area and only on level ground.

XV. AERIAL PLATFORM SHUTDOWN SAFETY

- A. Travel to a suitable parking area.
 - 1. Place platform in stowed position.
 - 2. Come to a full stop
 - 3. Place controls in neutral.
 - 4. Idle engine for gradual cooling.
 - 5. Shut off engine or electrical power.

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6. Take necessary steps to prevent unauthorized use.
 - B. Refer to the manufacturer's instruction manual for specific requirements of each type of aerial platform equipment regarding the shutdown procedure.

XVI. AERIAL PLATFORM DISMOUNTING SAFETY

- A. Observe proper shutdown practices before dismounting.
- B. Never dismount from moving equipment.
- C. Dismount carefully keeping your feet and hands away from the controls.
- D. Never jump off an aerial platform.

XVII. AERIAL PLATFORM TIRE AND WHEEL SAFETY

- A. Check tires.
 1. Correct pressure.
 2. Cuts or bulges.
 3. Nails or spikes.
 4. Uneven or excessive wear.
 5. Missing valve caps.
- B. Check wheels.
 1. Damaged rims.
 2. Missing or loose wheel nuts, bolts or bearing caps.
 3. Proper torque specifications (refer to manufacturer's manual).
 4. Obvious misalignment.
- C. Have cuts or punctures repaired by authorized personnel before adding air. If pneumatic refer to manufacturer's manuals for inflation procedures.
- D. Tires are to be repaired only by an authorized person using the proper procedures and safety equipment.

Do not operate an aerial platform unless you have been properly trained, the equipment has been inspected, is in good operating condition and has all safety devices in place.

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SCAFFOLDING PROGRAM

If it is determined scaffolding is to be used at a job site it must comply with Subpart L Scaffolding of the Occupational Safety and Health Standards for the Construction Industry CFR 29 Part 1926.450.

- I. The key requirements of Subpart L are that the scaffolding must be of sound design, it must be the proper one for the job and there must be a competent person to oversee all aspects of scaffolding work: erection, inspection, movement, alteration and disassembly. Properly erected and maintained scaffolding provides employees with safe access and a stable, level platform on which to work and store materials and tools temporarily.
 - A. Prior to starting work at a job site, foremen are to consult with our Safety Director regarding scaffolding requirements. Our Safety Director will determine what type of scaffolding will be needed and whether we will use our own scaffolding or make arrangements with a scaffolding vendor to provide and erect all or part of the scaffolding at the job site.
 - B. Our Safety Director will be responsible for making sure only trained workers are allowed to erect scaffolding.
 - C. Foremen are responsible for training employees at weekly toolbox meetings in the proper safety and use of scaffolding prior to assigning its use.
 - D. Foremen are responsible for continual inspection of scaffolding to see that safety features are not removed or by-passed by employees and are to prohibit anyone not authorized from using our scaffolding.
 - E. Without a written, signed scaffolding agreement generated through Ryan Wagner President or Jared Noa VP, Manager, and a certificate of insurance on file in our office, no one other than trained authorized employees are allowed to use our scaffolding. Foremen are to refer all scaffolding use requests from other trades directly to Bruce in the office.
 - F. If there is any doubt whether scaffolding is erected correctly and in compliance with Subpart L, foremen are to call OSHA for a courtesy inspection of the scaffolding prior to allowing anyone to use it.
 - G. Periodically special comprehensive scaffolding and fall protection training sessions will be presented by a representative from our insurance carrier or a scaffolding vendor. When these training sessions are scheduled, attendance is mandatory by all employees involved in the use of scaffolding.
 - H. Foremen are to refer to Subpart L for complete scaffolding standards. The following information is not complete and is supplied only as a training aid.

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1. PRIOR TO ERECTION OF ALL SCAFFOLDING ASSEMBLIES:

- a. The job site should be inspected by foremen to determine ground conditions or strength of supporting structure and for proximity of electric power lines, overhead obstructions, wind conditions, the need for overhead protection or weather protection coverings. These conditions must be evaluated and discussed with our Safety Director so they will be adequately provided for in scaffolding decisions.
- b. Stationary scaffolds over 125 feet in height and rolling scaffolds over 60 feet in height must be designed by a professional engineer.
- c. Wood planks should be inspected to see that they are graded for scaffold use, are sound and in good condition, straight grained, free from saw cuts, splits and holes.

2. ERECTION OF FIXED SCAFFOLD:

- a. Scaffold must be erected, moved or disassembled only under the supervision of qualified persons. Hard hats must be worn by all persons erecting, moving, dismantling or using scaffolding.
- b. Base plates or screw jacks with base plates must be in firm contact with both the sills and the legs of the scaffolding. Compensate for uneven ground by using screw jacks with base plates. Do not use unstable objects such as blocks, loose bricks, etc.
- c. Federal OSHA requires that scaffolding must always be secured when the height of the scaffold exceeds four times the minimum base width.
- d. The bottom tie must be placed no higher than four times the minimum base width and every 26 feet vertically thereafter. Ties should be placed as close to the top of the scaffold as possible.
- e. Ties should be installed as the erection progresses and should not be removed until scaffold is dismantled to that height.
- f. Side brackets, cantilevered platforms, pulleys or hoist arms and wind conditions introduce overturning and uplift forces that must be considered and compensated for in the scaffold design. These assemblies may require additional bracing, tying or guying.
- g. Circular scaffolds erected completely around or within a structure may be restrained from tipping using “standoff” bracing members.

3. ERECTION OF ROLLING SCAFFOLDS:

- a. Height of the tower must not exceed four times the minimum base dimension. Outrigger frames or outrigger units on both sides of the tower may be used to increase base width dimension when necessary.

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- b. All casters must be secured to frame legs or screw jacks with a nut and bolt or other secure means. Total weight of tower should not exceed the capacity of the casters.
- c. All frames must be fully cross braced.
- d. Casters must be always locked when the scaffolding is not being moved.
- e. Toe-boards are required whenever people are required to work or pass under or around the platform.
- f. Access must be provided to all work platforms. If it is not available from the structure access ladders, frames with built-in ladders or stairways must be provided.
- g. Side and end brackets are designed to support people only. Materials should never be placed on cantilevered platforms unless the assembly has been designed to support material loads by a qualified person.
- h. All frames should be fastened together and counterweights or adequate ties used to compensate for overturning and uplift forces caused by these types of platforms.

4. GENERAL SCAFFOLD GUIDELINES:

- a. Each scaffold must be inspected and approved by trained supervisory personnel prior to initial use and following alteration or movement of the scaffold. Our Safety Director is responsible for the selection of scaffolding. Foremen are responsible for inspection and approval of scaffolding and training employees at weekly toolbox meetings in the proper safety and use of scaffolding prior to assigning its use.
- b. There is no such thing as temporary scaffold. All scaffolding must be erected and maintained to conform to established standards.
- c. Guardrails, mid-rails, and toe-boards must be installed on all open sides of scaffolds that are more than ten feet in height or on any scaffold less than 45 inches wide.
- d. Guardrails, mid-rails, and toe-boards should be constructed from components furnished by the manufacturer. Where this is not possible, use 2 x 4-inch lumber for the guardrails and 1 x 4-inch lumber for the mid-rails and toe-boards.
- e. Scaffold planks must be at least 2 x 10-inch full thickness lumber, scaffold grade or equivalent.
- f. Scaffold planks must be cleated and must extend over the end supports at least six inches but not more than twelve inches.
- g. All scaffolds must be fully planked. Employees are not to work from a single plank.
- h. Scaffold planks must be visually inspected before each use. Damaged scaffold planks must be destroyed immediately.

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- i. Access ladders must be provided for each scaffold. Climbing off the end frames is prohibited unless their design incorporates an approved ladder.
- j. Adequate mud sills or other rigid footing capable of withstanding the maximum intended load must be provided. Tubular metal scaffolding requires metal base plates which must be secured to 2 x 10-inch wooden blocks or mud sills when used on surfaces other than concrete.
- k. Scaffolds must be tied off to the building or structure at intervals which do not exceed 30 feet horizontally and 26 feet vertically.
- l. Do not overload scaffolds. Materials should be brought up as needed. Remove excess materials and scrap from scaffold when work is completed.
- m. Scaffolds should be designed to support four times the anticipated weight of workers and materials when they will be in use.

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On July 6, 1995, Occupational Safety and Health Standards for the Construction Industry, CFR 29, Part 1926, Subpart M Fall Protection went into effect. OSHA has consolidated construction related fall protection requirements in one place under Subpart M. The new Subpart M standard consists of the following:

- 1926.500: Scope, application and definitions applicable to Subpart M.
- 1926.501: Duty to have fall protection.
- 1926.502: Fall protection systems criteria and practices.
- 1926.503: Training requirements.
- Appendix A: Determining roof widths.
- Appendix B: Guardrail systems.
- Appendix C: Personal fall arrest systems.
- Appendix D: Positioning device systems.
- Appendix E: Sample fall protection plans.

Our foremen will have a copy of the complete Subpart M standard in their Procedure Manual for training and reference. Copies are also available in the office.

The new Subpart M for fall protection includes harnesses, lifelines, lanyards, safety nets, covers, guardrails and the safety monitoring and warning line systems. Other construction related standards have unique fall protection requirements. Their requirements are exceptions to the new Subpart M and supersede it as follows:

- Subpart L Scaffolding
- Subpart N Helicopters, Hoists, Elevators and Conveyors
- Subpart R Steel Erection
- Subpart S Underground Construction, Caissons, Cofferdams, and Compressed Air
- Subpart V Power Transmission and Distribution
- Subpart X Stairways and Ladders

The requirements of the new Subpart M do not apply when inspecting, investigation or assessment of a job site prior to construction work commencing or after the project has been completed. Anytime during construction, however, all employees exposed to fall hazards regardless of job function must be protected from falls by at least one of the OSHA required methods.

Prior to beginning work at any job site, a Task Hazard Analysis (THA) will be completed of the job site and our work procedures to identify fall hazards and determine what elements of this standard are applicable. Our Safety Director, general superintendent, foremen and purchasing agent will be responsible for determining when we will be able to utilize conventional fall protection systems and when it may be necessary to use alternative systems.

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If it is determined that it will be infeasible or will create a greater safety hazard to use a conventional fall protection system during some leading-edge work and/or during residential construction activities our company may develop and implement a written fall protection plan specifically for that job site. If an alternative fall protection system is used the written fall protection plan developed must meet the specific requirements identified in Subpart M.

In determining whether conventional fall protection systems are acceptable or if an alternative fall protection method will be needed it must first be determined what the hazards are, if the hazards can be avoided or removed from the site and if there is another way to do the job without having employees exposed to the fall hazard.

- I. Locate all fall hazards: walking/working surfaces, leading edges, holes, excavations, dangerous equipment, low-slope roofs, residential construction, unprotected sides and edges, hoist areas, form work, ramps, runways, other walkways, steep roofs, wall openings and other walking/working surfaces not otherwise addressed. For each fall hazard located determine the following:
 - A. Can the hazard be removed or eliminated?
 - B. Can a conventional fall protection system be used in a safe manner? If it can be demonstrated that using conventional fall protection systems during some leading-edge work and/or during residential construction activities would create a greater safety hazard a written fall protection plan can be developed for an alternative fall protection system.
 - C. Can scaffolds, ladders or lifts be utilized?
 - D. Can employees be protected through an alternative fall protection system? If it is determined that an alternative fall protection system is the best protection from fall hazards for employees at a job site, the following guidelines must be followed:
 1. An alternative fall protection system will require a written fall protection program complying with Subpart M that OSHA will accept.
 2. The fall protection program must be written by someone qualified through extensive knowledge, training and experience and who will be able to identify fall hazards to which employees will be exposed.
 3. The fall protection program must be site specific and must be maintained up to date.
 4. Changes to the fall protection program must be approved by a qualified person.
 5. The fall protection program must be kept on site during the performance of all activities which it covers.
 6. The usage of the fall protection program must be under the supervision of a competent person.

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7. The fall protection program must include specifics as to why a conventional fall protection system will not be used on the job site. The alternatives must be detailed. Reasons why scaffolds and ladders (which are covered under Subpart L and Subpart X) cannot be used must also be shown.
 8. If an employee ever falls, there is a serious accident or a near-miss, an investigation of the cause must be done immediately to determine if any changes must be made in the fall protection program to prevent future incidents.
 9. Employees will need to be trained under the fall protection program written for the job site.
 10. Alternative work practices under the fall protection program written for alternative fall protection will need to be enforced.
- E. Alternative fall protection systems may include controlled access zones and safety monitoring systems. Prior to determining if either of these are to be incorporated into a fall protection program, these systems will be thoroughly researched by the qualified person who is writing the fall protection program to be used in place of a conventional fall protection system.

WHEN AN ALTERNATIVE FALL PROTECTION SYSTEM IS TO BE USED AND A WRITTEN FALL PROTECTION PROGRAM IS DEVELOPED FOR A SPECIFIC JOB SITE IT WILL SUPERSEDE THE FALL PROTECTION PROGRAM IN OUR SAFETY PROGRAM. AT ALL OTHER JOB SITES OUR FALL PROTECTION PROGRAM USING CONVENTIONAL FALL PROTECTION SYSTEMS IN COMPLIANCE WITH SUBPART M WILL BE ENFORCED AS FOLLOWS:

- II. Excluding the exceptions noted earlier fall protection must be provided for all employees working 6 feet or higher above a lower level. Conventional fall protection systems are made up of equipment which must meet certain OSHA requirements for design and/or strength as follows:
 - A. **GUARDRAIL SYSTEMS:** Whenever there is a wall opening such as a doorway or window, a floor hole, a stairway opening or any other unprotected side or edge, workers must be protected from a fall of six feet or more. See Subpart M for complete guardrail system requirements. A typical guardrail system includes:
 1. Top-rail or edge approximately 42 inches above the walking/working surface. On window openings where there is a bottom sill less than 39 inches high there will still need to be a top-rail installed at 42 inches. When employees are using stilts, the top edge height of the top-rail or equivalent member shall be increased an amount equal to the height of the stilt's platform.

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2. Mid-rails must be placed midway between the top-rail and the walking/working surface usually at about 21 inches.
3. Screens, mesh, or the equivalent may be used in place of a mid-rail. These must be installed between the top-rail and the walking/working surface and must cover the entire opening.
4. Balusters, additional mid-rails, and architectural panels may also be necessary. When they are used there must not be openings of more than 19 inches.
5. Guardrail systems must meet certain load requirements. All guardrail systems used must comply with the Subpart M standard including:
 - a. All surfaces must be kept smooth to prevent splinters, punctures, lacerations and snagging of clothing.
 - b. Rails must be kept from extending past their posts so that employees and equipment do not hit them.
 - c. Steel or plastic banding is too sharp for top-rails or mid-rails and cannot be used.
 - d. Guardrail systems should go all the way around any holes they are protecting.
 - e. Ramps and runways should also have a guardrail system around all unprotected edges.
 - f. Where holes are used as a point of access a gate or removable guardrail should be placed to protect against fall hazards.
 - g. Plastic or synthetic rope systems can be used but must be checked for tightness and must continue to meet the strength test.

- B. PERSONAL FALL ARREST SYSTEMS:** Employees may also be protected against fall hazards by the use of personal fall arrest systems. A personal fall arrest system is made up of a combination of several components: anchorage points, connectors, body harnesses, lifelines, lanyards, and deceleration devices. **Body belts and non-locking hooks are no longer allowed to be used as part of a personal fall arrest system. Instead, body harnesses and locking snap hooks must now be used.**

Personal fall arrest systems shall when stopping a fall: limit maximum arresting forces to 1,800 pounds when a harness is used; limit free fall distance to 6 feet; limit maximum deceleration distance to 3.5 feet. Anchorages used for attachment of personal fall arrest equipment shall be independent and be capable of supporting 5,000 pounds per employee attached or maintain a safety factor of at least 2.

A competent person should inspect all personal fall arrest system equipment prior to its use. If a personal fall arrest system and its components are subjected to the force of a fall each component must be removed from service and inspected by a competent person for damage before being used again. Harnesses, rip-stitch type lanyards and some other components are only design loaded to handle one fall. Any component

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designed for only one fall must be replaced after having sustained the force of a fall. Manufacturer's instructions must be followed when using a personal fall arrest system.

Employees are encouraged to be involved in the decision of which type of personal fall arrest equipment they are going to use. This should be discussed with our Safety Director, general superintendent, your foremen or our purchasing agent. Listed below are the various components of a personal fall arrest system.

1. **Lifelines:** Flexible lines are used in personal fall arrest systems by attaching one end to an anchorage point and letting it hang vertically or stretching it horizontally between two anchorage points. The lifeline is a point of connection for other components of a personal fall arrest system.
 - a. Lifelines are to be installed under the supervision of a qualified person.
 - b. Horizontal lifelines and anchorages' strength must be increased for each additional employee tied off to a single line.
 - c. If a vertical type of lifeline is used only one person can be attached to each lifeline. Vertical lifelines must have a minimum breaking strength of 5,000 pounds.
 - d. Lifelines should be made of a durable synthetic fiber or wire rope and should be protected from being cut or scraped during use.
2. **Lanyards:** Ropes or straps made of a strong synthetic fiber or wire rope which connects to a body harness at one end and a lifeline, deceleration device or an anchorage point at the other. Shock absorbing lanyards are the kind that will absorb some of the load of a fall so that the body doesn't take a full shock. A lanyard needs to be attached to the anchorage point in a way that does not reduce its required strength. There are two ways to limit free fall using a lanyard:
 - a. Use a shorter lanyard between the lifeline and your harness.
 - b. Reduce the amount of slack in your lanyard by raising your tie-off point to the lifeline. Your tie-off to the lifeline or anchor always must be level with or higher than the connection to your belt or harness.
3. **Deceleration devices:** Equipment designed to absorb much of the energy of a fall by slowing the rate of the fall. Common deceleration devices are rope grabs, rip-stitch lanyards, shock absorbers and some automatic self-retracting lines. If the device limits the free fall distance to 2 feet it must be able to withstand 3,000 pounds of force. Rope grabs are commonly used on a lifeline. A lanyard is attached to the device on one end and to the harness on the other. Self-retracting devices can be attached directly to the harness.
4. **Body harnesses:** An apparatus worn to protect the employee by spreading the shock of the fall throughout the body rather than focusing it on the mid-section as a body belt does. A full body harness is made of straps secured around the thighs, pelvis, waist, chest and shoulders. The attachment point for a body harness must be located in the center of the wearer's back either at shoulder level or above their head. Before using harnesses inspect them carefully for any damage due to wear and tear. Make sure the clips are fastened securely and are firmly attached.

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5. **Anchor points:** Components of a personal fall arrest system to which lifelines, lanyards or deceleration devices are attached. The anchor point is attached to the walking/working surface and must be secured according to the manufacturer's instructions. The anchor points should be installed under the supervision of a qualified person. Anchor points should only be used as fall protection for employees and not for equipment or materials.
 - a. Make sure the anchorage is strong enough to withstand the fall arrest force.
 - b. Inspect the anchorage for damage before hooking up.
 - c. Use an anchor that has no obstacles under it into which you could fall.
 - d. An anchorage must be able to support a weight of at least 5,000 pounds for each worker attached.
 - e. An anchorage must be independent from supporting or suspending a worker.
 - f. Check the manufacturer's labels regarding equipment stretch and deceleration distance.
 - g. The farther your attachment to the lifeline is from the line's anchor the more the line can stretch.
 6. **Using tie-offs:** Tying off is connecting your harness directly or indirectly to a secure anchor.
 - a. Tie off before you get into a position from which you could fall.
 - b. Follow the manufacturer's instructions on the best tie-off methods for your equipment.
 - c. Tie-offs that use knots are weaker than other methods of attachment. They can reduce the lifeline or lanyard strength by 50 percent or more. A stronger lifeline or lanyard should be used to compensate for the weakening effect.
 - d. Tying off around H-beams or I-beams can weaken the line because of the cutting action of the beam's edge. You can prevent this by using webbing lanyard or a wire-core lifeline.
 - e. Tie-offs where the line passes over or around rough or sharp surfaces reduces its strength drastically.
 - f. The location of the tie-off should avoid the hazard of obstructions in the potential fall path of the worker.
- C. **POSITIONING DEVICE SYSTEMS:** Designed to allow an employee to work on an elevated vertical surface with both hands free to do the work. If a positioning device system is to be used refer to the section in Subpart M that details the requirements for this system. These systems are not normally used in residential construction.

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D. **SAFETY NET SYSTEMS:** Safety net systems are used to catch employees who have fallen. OSHA requires the installation of safety nets as close as possible under the walking/working surface where employees need to be protected, but in no case more than 30 feet below. If a safety net system is to be used refer to the section in Subpart M that details the requirements of the system. Safety net systems are not usually practical on a residential construction site.

E. **COVERS:** Covers for holes in floors, roofs and other walking/working surfaces must meet the following requirements:

1. Covers must be capable of supporting without failure at least twice the weight of employees, equipment and materials that may be imposed on the cover at any one time.
2. All covers must be secured when installed to prevent accidental displacement by the wind, equipment or employees.
3. All covers must be color-coded or marked with the word “hole” or “cover” to provide warning of the hazard.
4. Covers located in roadways and vehicular aisles must be capable of supporting without failure at least twice the maximum axle load of the largest vehicle expected to cross over the cover.

III. **PROTECTION FROM FALLING OBJECTS:** The fall protection regulation is designed not only to protect employees from falls but also from having objects fall on them. Good housekeeping can make a job site safer from falling objects. Materials and debris should be properly cleaned up and tools put in proper storage areas to reduce the hazard of falling objects.

D. When an employee is exposed to falling objects, a hard hat is to be worn.

E. Foremen will assess job sites to determine if the following measures are needed to protect employees from falling objects:

1. Toe-boards, screens or a guardrail system to prevent objects falling from higher levels.
2. Keep potential fall objects far enough from the edge of the higher level so that they would not go over the edge if accidentally displaced.
3. Barricade the area to which objects could fall and prohibit employees from entering barricaded areas.

IV. **TRAINING:** Prior to beginning work at a job site where it has been determined there will be fall hazards employees are to be trained to recognize fall hazards and the procedures to be used to minimize these hazards including:

A. Nature of fall hazards at the job site.

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- B. Correct procedures for erecting, maintaining, disassembling and inspecting the fall protection systems to be used.
 - C. Use and operation of guardrail systems, personal fall arrest systems, safety net systems, warning line systems, safety monitoring systems, controlled access zones or any other protection which will be utilized.
 - D. Correct procedures for the handling and storage of equipment and materials.
 - E. Retraining will be required when there are changes made in the workplace or changes are made in the types of fall protection systems or equipment to be used which makes previous training obsolete. Retraining will also be required when there is reason to believe an employee who has already been trained does not have the understanding and skill required to abide by fall protection procedures established.
- V. **CERTIFICATION:** Documentation will be maintained showing names of employees who receive fall protection training, date of training and who conducted the training.

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LADDER PROGRAM

OSHA has separate regulations for portable wooden, portable metal and fixed ladders. Regulations are specific about ladder design, inspection and use. The purpose of our ladder safety program is to provide information regarding ladders that will combine knowledge and common sense to help make a safe work environment for all employees.

When you need to climb - **use a ladder**. Do not use a chair, box, paint bucket or other substitute. Three things that lead to accidents with ladders are selecting the wrong ladder for the job, not inspecting the ladder before using it and carelessness.

VI. **Ladder Selection:** Select the right ladder for the job.

- A. Ladders are rated by how much weight they can safely hold. The weight limits include you and any equipment you are carrying.
 - 1. "I-A" holds 300 pounds (heavy duty).
 - 2. "I" holds 250 pounds (heavy duty).
 - 3. "II" holds 225 pounds (medium duty).
 - 4. "III" holds just 200 pounds (light duty).

- B. There are also limits on ladder length.
 - 1. A stepladder should be no more than 20 feet high.
 - 2. A one-section ladder should be no more than 30 feet.
 - 3. An extension ladder can go to 60 feet, but the sections must overlap.

II. **Identifying Ladder Hazards:** Always inspect a ladder before you use it. If a ladder has anything missing or broken don't use it. Tag it as defective and remove it from service. Listed below are things to inspect on a ladder before using it.

- A. Steps and rungs are in place, intact, free from grease or oil, have slip resistant surfaces and are firmly attached.
- B. Support braces, bolts and screws are all in place and tight.
- C. Metal parts are lubricated.
- D. Rope is not worn or frayed.
- E. Spreaders or other locking devices are in place.
- F. Splinters or sharp edges are removed.
- G. Safety feet are in place.

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H. Metal ladders are not dented or bent.

III. **Ladder Setup:** Setting up the ladder correctly will help prevent accidents.

A. Place ladder on level surface. Use wide boards under it if you are on soft ground.

B. Set the feet so they are parallel with the surface the ladder rests against.

C. Extend the ladder so there is at least three feet above the top support.

D. Anchor the top and either tie the bottom or have someone hold it.

E. Do not rest the ladder on a window or window sash or place it in front of a door unless it is locked or blocked.

F. Position the ladder so the distance from the ladder base to the wall is one-fourth the length of the ladder.

G. Position an extension ladder before you extend it.

IV. **Ladder Safety Procedures:** Following ladder safety procedures will help prevent accidents.

A. Have only one person on a ladder at a time.

B. Wear shoes with clean, nonskid soles—not leather.

C. Face the ladder while climbing up or down and hold the side rails with both hands.

D. Carry tools up or down on a belt or with a rope or hoist not in your hands.

E. Work with one hand on the ladder keeping your tools in a hanger or holder. Lock a leg around a rung if you need to work with both hands.

F. Don't step on the top two stepladder steps or top four ladder rungs.

G. Keep your body centered on the ladder.

H. Don't move a ladder while you are on it.

I. Keep your movements on a ladder slow and cautious.

Overreaching and leaning too far are common causes of falls from ladders. If you cannot reach the work comfortably raise the extension, use a longer ladder or move the ladder closer to the work to be done.

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FLEET SAFETY PROGRAM

MANAGEMENT STATEMENT ON VEHICLE SAFETY

Prevention of losses is a major management responsibility that leads to increased productivity and profitability throughout the entire company. An effective loss control program is an essential tool in this effort.

As Manager, I strongly support this program. I have assigned Greg Mortensen who is our Safety Director, general superintendents, and foremen the responsibility of carrying out our Fleet Safety Program and have given them complete authority to do so.

The activities spelled out in this program are guidelines for controlling injury or damage to personnel, cargo, property, and the public.

Employees are not to operate a company vehicle until after they have been approved as a driver. Approval is based on a review of the employee's motor vehicle record for the previous 39-month period.

Every employee must help make this program effective. The results of your efforts will be revealed in the company's overall performance.

Ryan Wagner President , Jared Noa VP

Ryan Wagner President , Jared Noa VP

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- I. **DRIVER APPROVAL PROCESS:** Employees who do not meet the criteria shown below will not be allowed to drive any company vehicle or their own vehicle on the company's behalf. They will not be given use of a company gas credit card, be reimbursed for gas expenses, receive a gas allowance and will not be allowed to receive gas from company gas pumps.
- A. Only approved drivers are authorized to drive a company vehicle or drive their own vehicle on behalf of the company.
 - B. Prior to obtaining approved driver status an employee needs to complete and sign our form "Authorization Form/Department of Motor Vehicle Records" authorizing us to request a motor vehicle record (MVR) for our review process.
 - C. Our general criteria for approved drivers is an employee's MVR:
 - 1. Must show LESS than four moving citations within the last 39 months.
 - 2. Must NOT show a DUI citation within the last 39 months.
 - 3. Must NOT show a reckless driving citation within the last 39 months.
 - D. We reserve the right to make a decision on an individual basis at our discretion.
 - E. MVRs are run prior to approval as a company driver and annually on all approved drivers.
 - F. All approved drivers need to maintain a current valid driver's license.
 - G. All approved drivers need to review our entire Fleet Safety Program.
 - H. An employee driving their own vehicle on our behalf must also provide proof of insurance on the vehicle they are driving.
- II. **SAFETY DIRECTOR, GENERAL SUPERINTENDENT AND FOREMEN RESPONSIBILITIES:** By action of the Manager our Safety Director, general superintendent and foremen have been given the responsibility of implementing and enforcing our Fleet Safety Program. Their responsibilities include:
- A. Supervising the selection of employees with good driving records.
 - B. Not allowing an employee to drive a company vehicle until they have been accepted as an approved driver.
 - C. Reviewing and/or investigating all accidents and/or incidents involving a company vehicle and completing our Superintendent's Follow-Up Report of Vehicle Accident form.

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- D. Submitting completed Safety Director's Follow-Up Report of Vehicle Accident and/or Incident form to the General Safety Committee for review and discussion.
 - E. Participating in General Safety Committee meetings when selected as a member of the committee.
 - F. Conducting safety meetings with foremen not on the General Safety Committee and communicating information as applicable from the General Safety Committee meetings.
 - G. Following through on the status of recommendations submitted by insurance carrier loss control agents and outside regulatory agencies including OSHA.
 - H. Establishing and monitoring preventative maintenance and vehicle inspection programs including procedures for follow-up corrective actions on deficiencies noted in vehicle inspection reports.
 - I. Implementing regulatory requirements for hiring drivers including but not necessarily limited to:
 - 1. Employment application.
 - 2. Personal interview.
 - 3. Motor vehicle report.
 - J. Looking at motor vehicle reports on existing approved drivers on an annual basis to determine if they still qualify as an approved driver.
- III. **SHOP MAINTENANCE SUPERINTENDENT RESPONSIBILITIES:** The shop maintenance superintendent responsibilities shall include:
- A. Establishing a preventative maintenance program for all vehicles including procedures for follow-up corrective actions on deficiencies noted in vehicle inspection reports.
 - B. Keeping necessary records for each individual vehicle.
 - C. Making sure all vehicles are in safe condition prior to returning them to service including working seat belts and back up horns as applicable.
- IV. **COMPANY DRIVER RESPONSIBILITIES:** Employees driving for the company have responsibilities which include:
- A. Maintaining a valid driver's license.
 - B. Attending all weekly toolbox meetings.

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- C. Properly maintaining and caring for assigned company vehicle. Regularly servicing assigned vehicle and recording maintenance and repairs on our Vehicle Maintenance Log. This log is to be kept in the glove compartment of the vehicle. Routine servicing shall include:
 - 1. Oil, oil filter and air filter changed every 3,000 miles.
 - 2. Fluid levels checked regularly.
 - 3. Tire air pressure checked regularly.
 - 4. Caring for assigned vehicle includes keeping interior free of unnecessary debris, clutter and trash.

- D. Reporting all accidents involving yourself or the company vehicle you are assigned. Accidents must be reported immediately to your foreman and the Safety Director. As soon as possible follow up in writing by completing our Employee Report of Vehicle Accident Involving Company Vehicle form and submitting it to the office. **POLICE NEED TO BE CALLED FOR ALL ACCIDENTS.**

- E. Reporting any problems, breakdowns or defects in vehicles or equipment promptly to the shop maintenance superintendent.

- F. Obeying the company yard and job site speed limit (5 MPH).

- G. Adhering to the company policy forbidding all types of firearms within company properties, vehicles and equipment including job sites.

- H. Working and driving in a safe manner at all times.

- I. Using seat belts at all times. Wearing seat belts is not just company policy - it is the law.

- J. Making sure the company vehicle you are assigned has the following:
 - 1. Current license plates/tags.
 - 2. Proper registration for vehicle (and trailer, if applicable).
 - 3. Current certificate of insurance in glove compartment of vehicle.
 - 4. Blank Employee Report of Vehicle Accident Involving Company Vehicle form in glove compartment of vehicle.
 - 5. Vehicle Maintenance Log form in glove compartment of vehicle.

- V. **VEHICLE SAFETY EQUIPMENT:** Safety equipment is both a company requirement and a Department of Transportation regulation.
 - A. Reflectors or flares must be in company vehicles at all times.

 - B. Seat belts must be operable and must be worn in all company vehicles.

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- C. All foremen are to have fire extinguishers in their company vehicles.
- D. All foremen are to have first aid kits in their company vehicles.
- E. If you are towing equipment double safety chains must be used.

Employees assigned a company vehicle should verify it is properly equipped prior to driving it. If you are missing any safety equipment or have defective safety equipment, notify the shop maintenance superintendent immediately. If you are missing the certificate of insurance, report forms or current registration/tags notify the office.

VI. LIMITATIONS UPON USE OF COMPANY VEHICLE: The company vehicle assigned to you is provided to be personally driven by you as an employee of the company in the furtherance of the company's business. Your authority to use the vehicle and to permit its use by others is subject to the following guidelines:

- A. Employees are not allowed to use company vehicles for personal purposes. If an employee has been authorized use of a company vehicle for commuting to and from work personal use is limited strictly to commuting to and from work.
- B. The company vehicle assigned to you may not be used or operated by anyone other than yourself. It may not be driven for personal use by yourself, your spouse, any blood relatives or adopted children.
- C. The company vehicle assigned to you may be loaned to another employee temporarily with the prior approval of your foreman or superintendent only. The foreman or superintendent approving use of the company vehicle by another employee must verify the temporary driver has been approved as a driver.
- D. It may be necessary for you to carry business associates or other employees in the company vehicle assigned to you from time to time. It is your responsibility as the driver of the company vehicle to ensure seat belts are worn by your passengers as well as by yourself.
- E. You are prohibited from picking up hitchhikers or giving rides to strangers.
- F. If you have been given permission to use the company vehicle assigned to you for commuting to and from work, it is your responsibility to park the vehicle in a safe area at your place of residence. No reimbursement will be made for home storage of the company vehicle.

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VII. **VEHICLE INSURANCE AND ACCIDENTS:** The company vehicle you have been assigned is insured under a fleet policy. This insurance policy protects the company, you and any other legally qualified person who has been approved as a driver for the company and who operates the vehicle with permission of the company.

A. As a driver of a company vehicle, it is your responsibility to report all accidents immediately to the police, your foreman and the Safety Director. As soon as possible you must also complete our Employee Report of Vehicle Accident Involving Company Vehicle form and submit it to the office. Listed below are events which are considered reportable accidents:

1. The company vehicle you are driving is involved in a collision with another person's property whether it is a car, house, lawn or other type of property.
2. The company vehicle you are driving injures another person whether the person is a pedestrian or riding in another vehicle.
3. Another person is riding in the company vehicle you are driving and something happens which might give the person occasion to file suit for damages against you, the company or the legal owner of the vehicle.
4. You are injured while driving a company vehicle.
5. The company vehicle you are assigned is damaged whether or not another person, car or property is involved and whether or not the vehicle is damaged while being used or is parked.

B. At the time of an accident involving a company vehicle you have been assigned you should take the following actions:

1. If anyone is injured see that they receive proper medical attention. Do not move an injured person unless it is absolutely necessary as further injury may result. First aid training is not provided to employees that would qualify them to treat serious injuries. Foremen may treat minor cuts and abrasions only. Other employees need to leave all treatment for authorized persons to handle. Make the injured person comfortable until trained personnel arrive.
2. All accidents are to be reported to the police.
3. Write the names, addresses and telephone numbers of all witnesses on witness cards.
4. Obtain name of other driver's insurance carrier.
5. Note license plate numbers of all vehicles involved. Also, note the license plate numbers of any vehicles which may have been carrying witnesses even if these people do not identify themselves. They can be traced if necessary.
6. Only discuss the accident with someone from our company, a representative for our company and the police.
7. Report the accident within 24 hours to your foreman and the office.

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8. Complete our Employee Report of Vehicle Accident Involving Company Vehicle. Make a sketch on the back of the form showing street names, position of vehicles and the direction of travel at the time of the accident. Submit the completed form to the office as soon as possible.
 9. If the company vehicle you have been assigned is stolen report the theft immediately to the police and to your foreman. Complete our Report of Theft form. Make a note as to whether the vehicle was locked or unlocked and where it was parked. Report any tools, equipment and materials which were stolen with the vehicle.
- C. In the event of an accident injuries receive priority. See that proper medical attention is obtained.
 - D. Do not argue or accuse anyone.
 - E. Do not voluntarily assume liability or agree to settle any claim made against you.
 - F. While it is proper procedure for you (and the other driver) to identify yourself and produce your driver's license and vehicle registration, you do not have to divulge any details of your insurance coverage other than the carrier's name and the policy number.
 - G. All claims resulting from accidents involving a company vehicle will be handled entirely by our insurance carrier's claims department. An employee should never assume any portion of the cost for repairs resulting from an accident. All settlements should be made through our insurance carrier.
- VIII. REVOCATION OF COMPANY VEHICLE PRIVILEGES:** No employee is allowed to drive a company vehicle either on roadways or job sites until a Motor Vehicle Report (MVR) has been run. An employee's driving record will be reviewed for the prior 39-month period before they can be approved as a driver for our company.
- A. At time of hire, all employees will receive instructions on how to access our Fleet Safety Program within our Safety Program. When an employee is approved as a driver, they should review our Fleet Safety Program and make sure they understand their responsibilities as a driver of a company vehicle.
 - B. Our company reserves the right to revoke the use of a company vehicle at any time at its discretion. Disciplinary action up to and including termination will result if it is established an employee has:
 1. Knowingly been involved in the manufacture, transportation, possession, sale or use of narcotic drugs while operating a company vehicle.
 2. Operated a company vehicle while under the influence of alcohol.

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3. Operated a company vehicle while under the influence of drugs which impair their ability to function as a driver whether or not the drugs are prescribed by a doctor.
4. Left the scene of an accident.
5. Lost their driver's license because of suspension, revocation, withdrawal or denial of an operator's license.
6. Caused a serious accident due to gross negligence or incompetence.

IX. PLEASE NOTE - DRIVING A COMPANY VEHICLE IS A PRIVILEGE, NOT A RIGHT: All company vehicles are to be operated in a safe, legal, courteous and prudent manner. Safe driving will result in fewer accidents.

- A. No employee has the authority to direct another employee to knowingly break the law.
- B. Discourteous and/or reckless operation of vehicles will not be tolerated. The operation of a company vehicle is a reflection of the company.

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FORKLIFT PROGRAM

In December of 1998, OSHA issued new regulations covering the type of training required for all forklift operators under CRF29 1910.178 and 1926.602. Only certified, trained employees may use or operate forklifts.

The purpose of our Safety Program guidelines is to provide policies, procedures and common-sense reminders for the use and maintenance of forklifts. It is our intent to promote a safe working environment for all employees.

I. BASIC FORKLIFT INFORMATION

- A. Forklifts are specialized, multi-user vehicles which can do many tasks that require heavy lifting, moving or stacking.
- B. Forklifts allow us to load and unload materials of various sizes, shapes and weights that would otherwise be difficult to handle.
- C. Forklifts can be dangerous if they are not operated by people who are carefully trained in the safety rules that such equipment demands.
- D. A forklift even unloaded is heavier than many cars and not as well-balanced.

II. SAFETY GUIDELINES PRIOR TO USE OF A FORKLIFT

- A. To drive a forklift safely you need to understand the possible hazards and know what to do to avoid them. Forklift hazards to be aware of include the following:
 - 1. Tipping over.
 - 2. Colliding with a vehicle, equipment or person.
 - 3. Dropping a load.
- B. Know how to operate the forklift you are using. Use the manufacturer's manuals for specifics regarding each forklift.
 - 1. Purpose of all controls and instrumentation.
 - 2. Engine or motor operation.
 - 3. Steering and maneuvering.
 - 4. Visibility.
 - 5. Fork and/or attachment adaptation, operation and limitations of their use.
 - 6. Forklift capacity and stability.
 - 7. Forklift inspection and maintenance.
- C. Forklift operators need to avoid situations that could cause the forklift or the load to drop. When identifying the potential hazards of a specific job consider the following:

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1. The forklift's capacity.
2. The characteristics of the load.
3. The route to be covered including floor surfaces and conditions.
4. Any limitations in the areas where the load is to be picked up and dropped.
5. Other activities going on in the work area including pedestrian traffic.
6. The condition of the forklift itself.
7. Load balancing.

III. PROTECTIVE AND SAFETY DEVICES

- A. Trained operators must understand and use the manual provided by the forklift manufacturer as well as the safety rules required by OSHA and the company.
- B. Some of the protective and safety devices a forklift may have are as follows:
 1. A label or nameplate that tells how many pounds the forklift can carry safely.
 2. An overhead guard that protects the operator from falling objects and from being crushed if the vehicle tilts over.
 3. A load backrest extension on certain forklifts that helps keep the load from falling backward.
 4. Mast tilt controls so you can move the load forward and backward while you're getting it into position. Mast tilt controls are not to be used while you are moving.
 5. A parking brake.
 6. Lights and horn to warn others you are coming.
 7. If seatbelts are provided, they must be worn.

IV. WORK AREA AND GENERAL FORKLIFT SAFETY

- A. Prior to using a forklift, inspect the area where you will be operating it for potential hazards.
 1. Make sure there is adequate lighting or extra lighting on the forklift.
 2. Make sure there is sufficient headroom under overhead installations, lights, pipes, sprinklers systems, etc.
 3. Make sure you are aware of other traffic in the area.
- B. Stunt driving and horseplay are never permitted.
- C. Never drive a forklift up to a person who is standing in front of any fixed object.
- D. Never permit a person to stand or pass under a forklift's elevated portion even if it's empty.

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- E. Never allow an unauthorized person to ride on a forklift.
- F. Keep your arms, hands and legs inside the body of the forklift.
- G. If you're working in an area that has traffic including other forklifts, vehicles or pedestrians, always make sure you are alert as to their location.

V. FORKLIFT TRAVEL SAFETY

- A. Slow down, stop and sound the horn at places where you can't see what might be approaching from another direction.
- B. Keep a clear view of your path of travel. If your load blocks your forward view, travel with the load trailing.
- C. Slow down on wet or slippery surfaces.
- D. Slow down before making a turn; avoid sharp turns that could tip the forklift.
- E. Avoid driving over loose objects.
- F. Drive slowly and carefully over dock-boards or bridge-plates; don't exceed their rated capacity.
- G. If you're going up or down a grade of more than 10% drive with the load upgrade and raise it only enough to clear the surface.
- H. Keep a safe distance from the edge of elevated ramps or platforms.
- I. Slow down and take extra precautions when driving over uneven terrain or loose dirt.

VI. LOADING AND UNLOADING FORKLIFT SAFETY

- A. Before loading make sure the load is within the forklift's rated capacity, is stable and can be centered. If a load is loose or uneven stack and/or tie the pieces.
- B. To pick up the load set the forks high and wide enough to go under it. Then drive into the loading position, put the load squarely on the forks and drive under the load until it touches the carriage slightly. Next, tilt the mast back and lift the load. Before you start to travel tilt it back a little more.
- C. As you carry the load keep it tilted back and low with the forks six to eight inches above the ground.

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1. Don't raise or lower the load while you are moving.
 2. Don't carry anything on the overhead guard.
- D. When you unload turn the forklift slowly into position and go straight at the location where items are to be unloaded.
- E. When you unload onto a stake bed or flatbed be sure the forklift's rear wheels are chocked with brakes locked on. Check to make sure the dock plate is secure, then position the load, tilt it forward and release it.
- F. To unload onto a rack or stack check how high you can safely stack materials. Raise and position the load to the correct height, move it slowly into position, tilt the load forward and lower it onto the rack or stack. Finally, pull the forks back slowly, then back out slowly looking over your shoulder.

VII. FORKLIFT PARKING SAFETY

- A. Parking areas should be designated on flat surfaces in a space that doesn't block traffic flow.
- B. OSHA has specific procedures to follow when you leave a forklift unattended or are for any reason 25 or more feet away from it.
1. Fully lower the load-engaging means.
 2. Neutralize the controls.
 3. Shut off the power.
 4. Set the brakes.
 5. Remove the key.
 6. If you are parking on an incline block the wheels.

VIII. FORKLIFT REFUELING OR RECHARGING SAFETY

- A. Refueling or recharging must be performed with the forklift engine turned off and in assigned, ventilated areas away from anything that could cause a fire or explosion.
- B. Smoking is prohibited.
- C. Fire extinguishers as well as spill and cleanup equipment should be nearby.

IX. FORKLIFT MAINTENANCE

- A. Forklifts need to be inspected regularly and must be carefully maintained.
1. Check the forklift daily before use to make sure everything is working properly and is in good shape. Follow procedures from the manufacturer's manual.

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2. Make sure there are no leaks and that forks aren't bent or damaged.

B. Never use a forklift that has a defect or that sparks or smokes, needs a repair or is any way unsafe. Leave repairs to authorized personnel.

X. FORKLIFT OPERATOR TRAINING

A. Training can only be done by knowledgeable and experienced trainers.

B. Training must consist of a combination of formal instruction and practical demonstrations and exercises.

C. Training must encompass a wide range of subjects and skills specified in OSHA regulations.

D. Refresher training must be given as required by OSHA.

E. Operators must be evaluated at least once every three years.

F. Training is to be certified in writing.

Do not operate a forklift unless you have been properly trained, the forklift has been inspected, is in good operating condition and has all safety devices in place.

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RESPIRATORY PROTECTION PROGRAM

The complete standard for the use of respirators in the construction industry is in the State of Nevada Occupational Safety and Health Standards for the Construction Industry, CFR 29, Part 1926.103. Please reference standard CFR 1910.134 for additional information.

The purpose of our Respiratory Protection Program is to ensure the protection of all employees from hazards through proper use of respirators. In emergencies or when environmental controls either fail or are inadequate to prevent harmful exposure to employees' appropriate respiratory protective devices shall be provided by the company and their use will be enforced.

Procedures outlined in this program will be used in the selection and use of respirators.

- I. Respirators will be selected on the basis of hazards to which the employee will be exposed. Our foremen will be assessing job site hazards requiring personal protective equipment including respiratory protective equipment prior to work beginning on a job site. See the section in this Safety Program on our Personal Protective Equipment Assessment, Selection and Training Program. Foremen will need to:
 - A. Determine what the hazard is by utilizing our Task Hazard Analysis (THA) form.
 - B. Choose equipment that will perform the function intended and is certified for this function.
 - C. Make the proper selection of respirator according to the guidance of ANSI Publication, Practices for Respiratory Protection, ANSI Z88.2-1969.
 - D. Consider the chemical and physical properties of the contaminant, the toxicity and concentration of the hazardous material and the amount of oxygen present in selecting the proper respirator.
 - E. Consider the nature and extent of the hazard, work rate, area to be covered, mobility, work requirements and conditions, and the limitations and correct characteristics of the available respirators in selecting the proper respirator.
- II. The user will be instructed and trained in the proper use and maintenance of respirators and their limitations. A representative from our vendor supplying us with respiratory protection equipment or other qualified persons will conduct training sessions. These training sessions will include the use, limitations and maintenance of the respirators they are supplying our company. They will also give employees a qualitative fit test in accordance with OSHA 1910.134 Appendix A.
- III. Where practical respirators will be assigned to individual employees for their exclusive use.
- IV. Employees will be responsible for proper cleaning of respirators they use.

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- A. Respirators will be thoroughly cleaned and disinfected at the end of each day's work.
 - B. Respirators used by more than one employee will be thoroughly cleaned and disinfected after each use.
- V. Employees will be responsible for storing respirators in a convenient, clean and sanitary location.
- A. Respirators are to be protected from dust, sunlight, heat, extreme cold, excessive moisture or damaging chemicals.
 - B. Protection against any mechanical damage should also be provided. Respirators should be stored so that face pieces and exhalation valves rest in a normal position to prevent the rubber or plastic from reforming into an abnormal shape.
 - C. Manufacturer's suggested storage instructions are to be followed.
- VI. Employees will be responsible for inspection of the respirators they are using.
- A. Respirators used routinely are to be inspected during cleaning. Worn or deteriorated parts are to be replaced.
 - B. Respirators are to be inspected for wear and deterioration of their components before and after each use. Special attention should be given to rubber or plastic parts which can deteriorate. The face piece, especially the face and seal surface, headband, valves, connecting tube, fittings and canister must be in good condition. A respirator check must include a check of the tightness of the connections.
 - C. All defects need to be reported to a foreman, our Safety Director or purchasing agent. A respirator in need of repair will not be used until the repair is completed. Repairs must be made only by experienced persons using parts specifically designed for the respirator. The manufacturer's instructions should be consulted for any repair and no attempt should be made to repair or replace components or make adjustments or repairs beyond the manufacturer's recommendations.
- VII. Foremen will be responsible for appropriate surveillance of work area conditions and degrees of employee exposure or stress.
- A. Job site conditions will need to be reassessed as work progresses. Changes in operating procedures, temperature, air movement, humidity and work practices may influence the concentration of a substance in the work area atmosphere.
 - B. Conditions or situations that need to be called to the attention of our Safety Director and/or the General Safety Committee are to be documented by completion of our Employee Safety Information Report form.

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- VIII. Our Safety Director and general superintendent will be responsible for inspection and evaluation of our Respiratory Protection Program to determine the continued effectiveness of the program. They are to inspect job sites randomly for individual employee and foreman compliance with our Respiratory Protection Program using our Respirator Protection Program Inspection Checklist as a guide.
- IX. Employees will not be assigned to tasks requiring the use of respirators until they have seen a physician or have been evaluated to determine if they are physically able to perform the work and use the necessary respiratory protection equipment per OSHA guidelines. Employees are required to fill out an OSHA Respirator Medical Evaluation Questionnaire (Mandatory) outlined in OSHA 1910.134 Appendix C if they have been selected to use a respirator.
- X. Respirators must be MSHA/NIOSH certified. Only approved respirators are to be used.
- XI. **SUMMARY OF FOREMEN RESPONSIBILITIES PRIOR TO BEGINNING WORK AT A JOB SITE:**
- A. Determine if there are or will be respiratory hazards on the job site.
 - B. Identify the kind of respiratory hazard.
 - C. Select the appropriate respirator for the hazard.
 - D. Ensure that each employee who will be exposed to a respiratory hazard receives the proper equipment and training in accordance with OSHA 1910.134 Respiratory Protection Standard, including:
 - 1. Nature of respiratory hazard and what may happen if the respiratory protective equipment is not used properly.
 - 2. Engineering and administrative controls being used and the need for the respirator as added protection.
 - 3. Reasons for the selection of a particular type of respirator.
 - 4. Methods of putting on the respirator and checking its fit and operation.
 - 5. Proper wear of the respirator. Respirators should not be worn when conditions prevent a good face seal. Such conditions may be a growth of beard, sideburns, a skull cap that projects under the face piece or temple pieces on glasses.
 - 6. Respirator maintenance and storage.
 - 7. Proper method for handling emergency situations.
 - 8. Information that improper respirator use or maintenance may cause overexposure and that combined use of poorly fitted and maintained respirators can cause chronic disease or death from overexposure to air contaminants.

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- E. Assess job site conditions, employee exposure and stress. Take immediate steps to correct any hazardous situation and complete our Employee Safety Information Report form if unsafe conditions or practices are observed.

XII. SUMMARY OF EMPLOYEE RESPONSIBILITIES: Each employee who is required to wear respiratory protection equipment has the responsibility to:

- A. Always use respiratory equipment as instructed.
- B. Guard against damaging the respiratory protection equipment.
- C. Go immediately to an area of “clean air” if their respiratory protection equipment malfunctions.
- D. Report any malfunctioning of respiratory protective equipment to our foremen including:
 - 1. Discomfort.
 - 2. Resistance in breathing.
 - 3. Fatigue due to respirator usage.
 - 4. Interference with vision or communications.
 - 5. Restriction of movement.
- E. Properly clean and disinfect respiratory protective equipment in a manner that prevents damage to the respirator and does not cause harm to the user in accordance with OSHA 1910.134 Appendix B.
- F. Store respiratory protective equipment in clean and sanitary location protected from dust, sunlight, heat, extreme cold, excessive moisture or damaging chemicals.
- G. Inspect respiratory protective equipment before and after each use.
- H. Follow the manufacturers’ suggested instructions regarding respiratory protective equipment.

XIII. Types of respiratory hazards are as follows:

- A. **CHEMICAL HAZARDS:** Toxic materials can enter the body in three ways: (1) through the gastrointestinal tract (when swallowed); (2) through the skin; (3) through the lungs. Of these three modes of entry the respiratory system presents the quickest and most direct avenue of entry because of its close association with the circulatory system and the constant need for oxygen.
- B. **RESPIRATORY HAZARDS:** There are four basic types of inhalation hazards: (1) oxygen deficient; (2) particulates; (3) gases and vapors; (4) a combination of

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particulates, gases and vapors. When the oxygen content is below 19.5% (such as high altitude or other conditions under pressure) air-supplied not air-purifying respirators must be worn. In assessing exposure conditions keep in mind a painter could end up in an oxygen deficient environment when painting in a confined space where paint vapors could displace the oxygen in the air.

- C. **BIOLOGICAL EFFECTS:** Particles of airborne solids or liquids (such as paint spray mist) can irritate the upper respiratory tract and produce allergies, fibrosis, fever or even cancer. When fine particles collect in the lungs, they impair health simply by occupying the space normally used for oxygen transfer. Some particles such as lead can be absorbed directly into the bloodstream and damage other organs in the body. Usually you cannot see harmful gases and vapors and you cannot always smell them either. They are essentially part of the air. These invisible agents can also irritate the respiratory tract, lead to pneumonia, cause loss of feeling, systemic poisoning, unconsciousness and death.

XIV. **BASIC CLASSIFICATIONS OF RESPIRATORS:** There are two basic classifications of respirators:

- A. **AIR PURIFYING:** Use filters or a sorbent to remove harmful substances from the air. They range from simple disposable to sophisticated powered air purifying respirators.
1. Air purifying respirators do not supply oxygen and may not be used in an oxygen deficient atmosphere or an atmosphere that is immediately dangerous to life or health (IDLH).
 2. **Chemical Cartridge Air Purifying Respirators:** When painting your half-mask air purifying respirator should be used with a black cartridge approved for not more than one-tenth percent organic vapors. A pre-filter should be placed outside the cartridge usually in a snap on cover. With a pre-filter your respirator is approved for use in dust, mists and organic vapors from solvent or reducer in the paint mixture.
- B. **ATMOSPHERE SUPPLYING:** Designed to provide breathable air from a clean air source other than the surrounding contaminated work atmosphere. They range from supplied air respirators to self-contained breathing apparatus.

XV. The time needed to perform a given task including the time necessary to enter and leave a contaminated area is one factor that determines the type of respiratory protection needed.

XVI. The air supply rate is another factor to consider when using respirators. The wearer's work rate determines the volume of air breathed per minute. The volume of air supplied to meet the breathing requirements is of great significance when using atmosphere supplying respirators such as self-contained and air-line respirators that use cylinders because this volume determines their operating life.

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XVII. FIT TESTING

- A. Qualitative fit testing outlined in OSHA 1910.134 B (3) involves the introduction of a harmless odorous or irritating substance into the breathing zone around the respirator being worn. If no odor or irritation is detected a proper fit is indicated.

- B. Although respirators are designed for maximum efficiency, they cannot provide protection without a tight seal between the face piece and wearer. Consequently, beards and other facial hair can seriously affect the fit of a face piece. To assure proper respirator protection a face piece must be checked each time the respirator is worn.

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RESPIRATORY PROTECTION PROGRAM

January, 1999

REVISIONS AND CLARIFICATIONS

REVISIONS IN OSHA 29 CFR 1910.134 and 29 CFR 1926.103

REVISIONS 1926.1153 RESPIRABLE CRYSTALLINE SILICA IN CONSTRUCTION

It is the policy of Pete King Corp to provide its employees with a safe and healthful work environment. The guidelines in this program are designed to help reduce employee exposure to occupational dusts, fumes, mists, radionuclides, gases and vapors. The primary objective is to prevent excessive exposure to these contaminants. This is accomplished when feasible by accepted engineering and work practice control measures. When effective engineering controls are not feasible or while they are being implemented or evaluated respiratory protection may be required to achieve this goal.

The purpose of our Respiratory Protection Program is to ensure the protection of employees which are assigned work tasks requiring respirator use. Respirators are to be utilized in accordance with the procedures outlined in this program and have been selected for use in work areas in which known respiratory hazards exist. Compliance with the requirements of this program is a condition of employment and will be strictly enforced. Our program has been developed in accordance with requirements established by OSHA 29 CFR 1910.134 and 29 CFR 1926.103 and may be updated and revised as operations and/or regulatory requirements change.

I. RESPONSIBILITIES:

- A. **MANAGEMENT:** Pete King Corp will maintain records of employee training, fit testing and physical/medical examinations in accordance with OSHA regulations for respiratory protection as shown in 29 CFR 1910.134 and 29 CFR 1926.103. Our Safety Director is designated to oversee our respiratory protection program and conduct evaluations of program effectiveness.

- B. **SAFETY DIRECTOR:** Our Safety Director will oversee the Respiratory Protection Program by:
 - 1. Reviewing with foremen respirator requirements for each new job site.
 - 2. Selecting and designating employees for assignment to job tasks which require respiratory protection.
 - 3. Providing medical evaluation to ensure that designated employees are physically qualified to utilize the respirators which are necessary in their work.
 - 4. Providing employees with approved and properly selected respiratory protective equipment and parts, a change schedule for canisters and filters, cleaning, disinfecting, storing, inspecting and repairing respirators and procedures for proper use of respirators in routine and foreseeable emergency situations.
 - 5. Providing employees with annual fit testing and ensuring employees are properly trained to utilize and maintain the equipment assigned.
 - 6. Maintaining employee fit testing and training documentation.
 - 7. Providing a formal annual evaluation of the Respiratory Protection Program.

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C. FOREMEN:

1. Foremen will maintain appropriate evaluation of employee exposure or stress. If conditions change such that respirator effectiveness may be affected our Safety Director will reevaluate the respirator selection.
2. Upon assignment to a new job site, foremen will review respirator requirements for the new job site with our Safety Director.
3. Foremen will instruct all employees assigned to each new job site requiring respirators as to the need, use, limitations and care of their respirator according to training procedures established by our Safety Director.
4. Foremen will periodically spot check respirators for fit, usage and condition.

D. EMPLOYEES: Employees shall be responsible for:

1. Inspecting, cleaning, disinfecting, storing and repairing respiratory protective equipment in accordance with instructions and training received.
2. Wearing only the types of respirators for which they have been fitted and assigned.
3. Proper utilization of respirators including putting the respirator on correctly and performing negative and positive pressure test to ensure an adequate face seal.
4. Ensuring an adequate face seal by not having beards or other facial hair that prevents direct contact between the face and the edge of the respirator.
5. Reporting any malfunction of respirator equipment to their foreman or our Safety Director immediately.
6. Participating in medical evaluation and training relative to our Respiratory Protection Program.

II. MEDICAL EVALUATION: Our Safety Director will conduct medical evaluation to ensure that employees are not assigned to tasks requiring the use of respirators unless they have been found physically capable of performing such work.

- A. An employee who is or will be a respirator user will complete a Respirator Medical Evaluation Questionnaire. This form is available from our Safety Director. A copy of the completed questionnaire will be presented to the physician prior to medical examination for respirator qualification.
- B. The physician will review the employee's medical history questionnaire, determine the physical conditions relevant to respirator use and determine, if necessary, an appropriate medical examination for an employee's eligibility for assignment to work tasks which require respirator use. After review and/or examination the physician will certify in writing that the employee is able to wear a respirator.
- C. Employees will be reexamined at intervals determined necessary by the physician and as required by OSHA 1910.134 Respiratory Protection Standard.

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III. SELECTION AND USE OF RESPIRATORS

- A. Respirators have been determined to be necessary in spray paint areas during the pressurized spray application of paint products. This type of operation is likely to involve the emission of vapors and dusts into the employee's breathing zone. The safety data sheets for the majority of these products recommend that employees utilize negative pressure, half mask, cartridge type respirators with organic vapor cartridges with filters. Some of these products require employees to utilize airline respirators due to their extremely hazardous nature and poor warning properties.
1. During spray painting applications in paint spray booths, the utilization of air supplied respirator equipment in these areas will ensure the employee is adequately protected from air contaminants emitted during these painting operations.
 2. A check of the breathable air supply will be made periodically using a Draeger pump and tubes for carbon monoxide to ensure carbon monoxide levels in the supplied air is less than 10 parts per million.
- B. Negative pressure half mask and/or full-face respirators with the appropriate vapor cartridges with prefilters have been selected for employee use during paint spray applications. Vapor cartridges and filters are changed prior to the end of service life. Date cartridges and filters once opened. Maximum use time is six months or earlier if smell, taste or irritation from contaminants is detected. Intervals the cartridges and filters are to be changed in some cases are determined by air monitoring data and identification and evaluation of the respiratory hazards in the workplace.
- C. Employees performing the work tasks described above are required to utilize the respirator equipment which has been provided. Failure to do so will result in immediate disciplinary action.
- D. **EXCEPTION:** You are not required to participate in our Respiratory Protection Program if the respirator use is voluntary and if you are utilizing an N95/APF 10 Respirator (Dust Mask) in accordance with Appendix D 1910.134. See Safety Director if you fall under this exception.
- E. Employees using a respirator will be allowed to leave the work area for any of the reasons shown below. If an employee leaves the work area for any of these reasons they are not to reenter until the specific problem has been identified and corrected. This may require repair or replacement of the respirator.
1. To wash face and face piece as necessary to prevent skin or eye irritation.
 2. Detection of vapor or gas breakthrough, changes in breathing resistance or face piece leakage.
 3. To replace the respirator or filter, cartridge or canister.

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4. Upon malfunction of the respirator.
5. If severe discomfort in wearing the respirator is detected.
6. Illness of the respirator wearer including sensation of dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever or chills.

IV. **RESPIRATORY FIT TESTING PROCEDURES:** Following fit test procedures in accordance with 1910.134(f) qualitative fit testing will be conducted according to OSHA accepted protocols. Fit testing will be conducted prior to initial use, whenever a different face piece is used, if there are changes in the employee's physical condition, and annual training. Instruction will be given to ensure the employee is capable of properly putting on and taking off the respirator, performing both negative and positive face seal tests and obtaining a proper face piece to face seal prior to fit testing. A written record of the test results will be maintained by our Safety Director.

V. **EMPLOYEE TRAINING:** Training shall be provided annually to all employees who are required to use respirators in the performance of their work and whenever deemed necessary by our Safety Director to reestablish employee proficiency. Employees using respirators will be provided appropriate medical evaluation to ensure their qualification. Training will include the following:

- A. Nature of the respiratory hazards which may be encountered during routine situations and emergencies including warnings concerning improper use.
- B. An explanation of the engineering controls provided in their work area to minimize exposure to respiratory hazards.
- C. Reasons for selection of the particular type of respirator which has been provided for their use.
- D. Capability and limitations of the selected respirator.
- E. Methods of putting on and removing the respirator and checking its fit and operation.
- F. Proper use of the respirator.
- G. Procedures and schedules for cleaning, disinfecting, storing, inspecting and repairing respirators.
- H. Recognition of medical signs and symptoms that may limit or prevent the effective use of respirators.
- I. An employee must be given an opportunity during training to wear the respirator in a safe air environment for a period of time to become familiar with it and to practice adjustments.

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RESPIRATORY PROTECTION PROGRAM

VI. RESPIRATOR INSPECTION, MAINTENANCE AND STORAGE

- A. **INSPECTION:** All respirators shall be inspected by the wearer immediately before and after each use and during cleaning. Inspection shall include the following:
 - 1. Checking the condition of respirator for wear, distortion and missing parts that might compromise respirator function and effectiveness.
 - 2. Checking for dirt, paint or contaminant residue that could compromise the respirator.
- B. **REPAIRS:** All replacement of parts or repairs shall be done in conjunction with our Safety Director and/or Purchasing Agent. All respirators or parts found unusable will be discarded immediately. An adequate and properly selected supply of respirators and parts will be maintained and is available for employee use.
- C. **CLEANING AND DISINFECTING:** Respirators which are intended for further use will be maintained in a clean and sanitary condition. Employees will clean their mask with a respirator cleaning wipe provided and dry the respirators prior to storage in accordance with Appendix B-2 1910.134 (Mandatory).
- D. **STORAGE:** Respirators will be placed in zip-lock bags and stored in a manner to protect the respirator from environmental damage and distortion.
- E. **CHANGE SCHEDULE:** Our Safety Director will identify and evaluate the respiratory hazard(s) in the workplace and implement a change schedule for cartridges and filters or that cartridges are changed before the end of the service life.

VII. RESPIRATOR PROGRAM EVALUATION: The following procedures will be utilized in continual evaluation of the respirator program. A formal evaluation will be conducted annually by our Safety Director to determine continued program effectiveness.

- A. **WEARER ACCEPTANCE:** The effectiveness of a respirator program is largely determined by the degree of worker acceptance. Observe wearers during normal activities and by soliciting their comments.
- B. **EXAMINATION OF RESPIRATORS IN USE:** Respiratory protection is no better than the respirator in use even when worn conscientiously. Periodic equipment inspections are to be conducted by our Safety Director.

PETE KING CORP SAFETY PROGRAM

COMMUNICATION AND TRAINING METHODS

The initial training of new employees and the on-going training of all employees are vital parts of our Safety Program. It is only by ensuring every employee is aware of their responsibilities and the role they play in our Safety Program that we can work together to create a safe work environment for all employees. As part of our Safety Program, we have established the following methods of communicating safety information, company policies and training programs to employees.

- I. **WRITTEN SAFETY PROGRAM:** All employees receive instructions on how to access our Safety Program either on-line or at the office. It is a condition of employment that employees read, understand and abide by policies and procedures outlined in our Safety Program. Employees sign and return a tear-out acknowledgment form from their Safety Program documenting they understand this. See the section in this Safety Program on Employee Responsibilities.
- II. **WEEKLY TOOLBOX MEETINGS:** Foremen are responsible for conducting weekly toolbox meetings at job sites and documenting the meetings by completing Tool Box Meeting forms. Problems, suggestions, and recommendations resulting from toolbox meetings should be recorded on the Toolbox Meeting form for review by the General Safety Committee. See the section in this Safety Program on Foreman Responsibilities. Topics to be covered during toolbox meetings are as follows:
 - A. New hire orientation topics
 - B. New job site topics
 - C. Suggested on-going training topics
 - D. Special topics
 - E. Site specific emergency action plan
- III. **ANNUAL SAFETY TRAINING SESSION:** Annually a comprehensive safety training session will be conducted. Attendance is mandatory for all employees. Fall protection, scaffold safety, hazardous materials, blood borne pathogen awareness and MRSA awareness are some of the topics discussed. Documentation is maintained showing names of employees who attended and date training was received.
- IV. **FALL PROTECTION:** Prior to beginning work at any job site a careful evaluation will be made of the job site and our work procedures to determine what fall protection systems will be utilized and employees will be trained to recognize fall hazards and the procedures to be used to minimize these hazards. See the section of this Safety Program on our Fall Protection Program.

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COMMUNICATION AND TRAINING METHODS

- V. **SPECIAL TRAINING SEMINARS:** Periodically training seminars are conducted by representatives from our insurance carrier or vendors regarding topics such as fall protection, scaffolding, equipment and other areas of safety concerns. Training seminars are documented with date, time, place, topic of discussion, and employees attending seminar.
- VI. **RESPIRATOR TRAINING SESSIONS:** Employees working with hazardous materials requiring respirators will attend respirator training sessions prior to using these materials in the workplace. See the section in this Safety Program on our Respirator Protection Program.
- VII. **LOW VELOCITY GUN TRAINING SESSIONS:** Metal framers who will be using low velocity guns will be sent to a training session where they will be certified and licensed to operate this equipment.
- VIII. **SAFETY POLICY POSTERS:** Company safety posters are posted at job site trailers and company bulletin boards as a reminder of our commitment to a safe workplace.
- IX. **QUARTERLY SPECIAL TOOLBOX MEETING AGENDAS:** Quarterly we produce Special Toolbox Meeting Agendas. Our Safety Director reviews the topics on the agenda with all foremen and the foremen then use the special agendas at the next weekly toolbox meeting they conduct. The quarterly agendas are a comprehensive list of topics that need to be covered on a regular basis to ensure our policies and procedures are understood and followed by all employees.
- X. **SAFETY INCENTIVES:** The General Safety Committee will offer safety incentives at various times to encourage employee participation in our goal to provide a safe, healthy, accident-free work environment.
- XI. **EMPLOYEE SAFETY REPORTS OR SUGGESTIONS:** Employees are encouraged to make safety suggestions or to report unsafe workplace conditions or practices by completing our Employee Safety Information Report form. Employees are advised on the form, "...the use of this form or other reports of unsafe conditions or practices is protected by law. It is illegal for an employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety." An employee may submit our Employee Safety Information Report form anonymously.

Knowing how important communication is in enforcement of safety we have indicated several places in our Safety Program employees are to contact Ryan Wagner President or Jared Noa VP, Manager's and Chairman of our General Safety Committee or our Safety Director if they feel there is an unsafe work practice or condition, if they are not receiving adequate or proper training in weekly tool box meetings or if there is any safety problem they have not been able to solve directly with their foreman:

Ryan Wagner President 801-662-0310 Jared Noa VP, 702-657-1102
Safety Director Greg Mortensen
702-657-1102

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TOOL BOX MEETINGS **TRAINING GUIDELINES FOR FOREMEN**

Foremen are required to conduct weekly toolbox meetings at job sites. Toolbox meetings are to be used to train new and existing employees in general safety guidelines, accident and injury prevention, hazardous materials, blood borne pathogens and MRSA awareness, proper use and types of equipment needed for specific situations including personal protective equipment and emergency procedures.

Foremen should have the following documentation in their possession for reference, training and reporting of information.

- I. **STATE OF NEVADA OCCUPATIONAL SAFETY AND HEALTH STANDARDS FOR THE CONSTRUCTION INDUSTRY (29 CFR Part 1926)**
- II. **SAFETY PROGRAM NOTEBOOK**
 - A. Safety Program
 - B. Supply of Report Forms
- III. **PROCEDURE MANUAL**
 - A. Written Hazard Communication Program aligning with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS)
 - B. OSHA Hazard Communication Standard
 - C. Federal Register Standard Part 1910.1030 Blood Borne Pathogens
 - D. Safety Data Sheets (SDS)--separate if too bulky for Procedure Manual
 - E. Current List of Designated Medical Facilities
 - F. Emergency Numbers Applicable to Job Sites

All weekly toolbox meetings are to be documented by completion of our Toolbox Meeting form. Our Toolbox Meeting form has a list of suggested topics to be covered at toolbox meetings in addition to the new hire orientation and new job site topics. A properly completed Toolbox Meeting form will document when and where meeting was held, who attended and what topics were discussed. Toolbox Meeting forms should also be used to document problems or suggestions discussed during the meetings.

Toolbox meetings are to be used by foremen to pass along information from management or special training seminars foremen have attended.

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TOOL BOX MEETINGS **TRAINING GUIDELINES FOR FOREMEN**

INDICATORS WHICH MAY SHOW A NEED FOR TRAINING OR RETRAINING

Every employee's attitude should be one of determination that accidents can be prevented. It is the responsibility of our foremen to be sure there is a concerted effort under way at all times to follow all safe work procedures and health practices which are a part of our Safety Program. Foremen are not to silently condone unsafe or unhealthy actions at job sites.

Listed below are specific indicators foremen should use as a guideline for determining if additional training is needed by individual employees or crews:

- I. Excess waste or scrap.
- II. High labor turnover.
- III. Increase in the number of "near misses" which could have resulted in injuries or illnesses.
- IV. Recent upswing in actual accident experience.
- V. High injury or illness incidence.
- VI. Change in products or processes used.
- VII. New equipment.
- VIII. Repeated questioning by employees seeking answers which may seem obvious to you.

Foremen are to give particular attention to new employees. Considerable losses can be avoided over a period of time by foremen making the effort to train new employees during their first few hours and days to do things the right way. At the same time attention must be paid to regular crew members even employees who have been with our company for a long period of time. An employee who continues to repeat an unsafe procedure is not working safely even if an accident has not resulted from the situation.

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OCCUPATIONAL SAFETY AND HEALTH STANDARDS FOR THE CONSTRUCTION INDUSTRY, CFR 29, PART 1926

Occupational Safety and Health Standards for the Construction Industry, CFR 29, Part 1926 will be readily accessible to all employees. All foremen will have a copy and copies will be available at the office. This should be used for training and as a reference book. Outlined below are the major sections and topics covered by the OSHA Standards for Construction and some of our policies and procedures and how they relate to it. All employees and in particular our foremen should become familiar and comfortable using the OSHA standards.

Any safety problem or hazard which an employee feels is not being properly handled should be brought to the immediate attention of Ryan Wagner President or Jared Noa VP, as Chairman of our General Safety Committee or our Safety Director.

Ryan Wagner President 801-662-0310 Jared Noa VP, 702-657-1102
Safety Director Greg Mortensen
702-657-1102

Employees are encouraged to submit our Employee Safety Information Report form to report any unsafe condition or practice. Employees may also use this form to submit a suggestion for improving safety. The use of this form or other reports of unsafe conditions or practices is protected by law. It is illegal for an employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety. Employees may submit an Employee Safety Information Report without filling in their name on the report if they want to remain anonymous.

- I. **SUBPART A, GENERAL:** This section is a general introduction to the Standards for Construction. It establishes the relationship of the Occupational Safety and Health Act (OSHA), to previous legislation covering safety and health in the industry.
- II. **SUBPART B, GENERAL INTERPRETATIONS:** This section contains the “general duty” obligation of construction employers and defines the responsibilities of prime contractors and subcontractors. It establishes the employer’s duty to provide a work environment that meets legislative standards for the safety and health of all employees. Employers cannot require employees to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous to their health and safety.
 - A. It is the responsibility of our foremen to be on the lookout for hazards that could cause injury to employees.
 1. When hazards are identified they should be reported immediately to our Safety Director and corrective action should be taken which will either remove the hazard or give employees the protection or training deemed necessary.
 2. Foremen are to follow up with a written report of the hazards identified by completing our Near Miss/Potential Accident Report form including corrective action that was taken or is pending. The report is to be submitted to our Safety Director for review at the next General Safety Committee meeting.

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OCCUPATIONAL SAFETY AND HEALTH STANDARDS FOR THE CONSTRUCTION INDUSTRY, CFR 29, PART 1926

- B. Our Safety Director and general superintendent are to make safety inspections a routine part of their visits to job sites.
 - 1. When hazards are identified corrective action is to be taken immediately to either remove the hazard or give employees the protection or training deemed necessary.
 - 2. The hazard identified should be discussed with our foremen at the job site to determine why they had not already identified the hazard and taken corrective action.
 - 3. A Near Miss/Potential Accident Report form should be completed and submitted at the next General Safety Committee. Any corrective action taken or pending should be shown in the report.
- C. It is the responsibility of our employees to report all safety and health hazards to their foremen immediately.
- D. It is the responsibility of our employees to follow all safety and health rules and practices and to protect themselves against on-the-job hazards.

III. **SUBPART C, GENERAL SAFETY AND HEALTH PROVISIONS:** This section establishes the basic safety and health mandates for compliance with OSHA standards and creating a safe and healthful construction workplace.

- A. By implementing our Safety Program our company has initiated and is maintaining an accident-prevention program and is educating employees in the recognition, avoidance and prevention of unsafe conditions in the workplace. An important part of our Safety Program is the training of our employees since neither specific hazards nor the ways to avoid accidents is necessarily obvious to the untrained employee.

IV. **SUBPART D, OCCUPATIONAL HEALTH AND ENVIRONMENTAL CONTROLS:** In addition to following up on the general sanitation, noise protection and illumination provisions contained in Subpart C, this contains regulations for controlling the major environmental hazards of radiation, airborne contaminants and specifically methylenedianiline and lead. It also contains the standards on hazard communication and emergency response. See the sections in this Safety Program on our Hazard Communication Program and our Emergency Response Involving Hazardous Materials Incident Program.

- A. **First aid and medical attention:** After blood borne pathogens and MRSA awareness training foremen are to have first aid kits in their vehicles. First aid kits are to be checked weekly to ensure expended items are replaced.

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OCCUPATIONAL SAFETY AND HEALTH STANDARDS **FOR THE CONSTRUCTION INDUSTRY, CFR 29, PART 1926**

1. Only minor cuts and abrasions may be treated and only after blood borne pathogens and MRSA awareness training has been completed.
 2. For injuries that are not life-threatening requiring medical attention foremen are to maintain a current list of designated medical facilities in their Procedure Manual. The injured employee should be directed or taken to the closest designated facility.
 3. For life-threatening injuries, the closest medical attention should be obtained. Do not move a seriously injured person unless absolutely necessary as further injury may result.
 4. Foremen are to familiarize themselves with the general contractor/builder's emergency procedures established for the job site and keep appropriate emergency numbers including the number of the nearest medical facility in their Procedure Manual.
 5. Emergency procedures, first aid procedures and limitations as well as designated medical facilities and emergency medical facilities should be discussed at the first toolbox meeting prior to beginning work at a job site.
- B. Ionizing radiation:** Any activity which involves the use of radioactive materials or x-rays whether or not under license from the Atomic Energy Commission/Nuclear Regulatory Commission shall be performed by competent persons specially trained in the proper and safe operation of such equipment. In the case of materials used under Commission license only persons actually licensed or competent persons under the direction and supervision of the licensee shall perform such work.
- C. Non-ionizing radiation:** Only qualified and trained employees shall be assigned to install, adjust and operate laser equipment.
1. Proof of qualification of laser equipment operator is to be available and in possession of the operator at all times.
 2. Employees when working in areas in which a potential exposure to direct or reflected laser light greater than 0.005 watts (5 milliwatt) exists shall use anti-laser protection devices as specified in Subpart E, Personal Protective and Life Saving Equipment.
 3. Areas in which lasers are used are to be posted with standard laser warning placards.
 4. Beam shutters or caps are to be utilized or the laser turned off when laser transmission is not actually required. When the laser is left unattended for a substantial period of time such as during lunch hour or overnight the laser is to be turned off.
 5. Only mechanical or electronic means shall be used as a detector for guiding the internal alignment of the laser.
 6. The laser beam shall not be directed at a person.

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7. When it is raining or when there is dust or fog in the air the operation of laser systems will be prohibited where practicable; in any event, employees shall be kept out of range of the area of source and target during such conditions.
8. Laser equipment is to bear a label to indicate maximum output.
9. Employees are not to be exposed to light intensities above:
 - a. Direct staring: 1 micro-watt per square centimeter.
 - b. Incidental observing: 1 milliwatt per square centimeter.
 - c. Diffused reflected light: 2-1/2 watts per square centimeter.
10. A laser unit in operation should be set up above the heads of employees when possible.
11. Employees are not to be exposed to microwave power densities in excess of 10 milliwatt per square centimeter.

D. Gas, Vapors, Fumes, Dusts and Mists: Administrative, environmental and/or engineering controls must first be implemented whenever feasible to limit employee exposure to gas, vapors, fumes, dusts and mists. When such controls are not feasible or do not completely eliminate the hazard protective equipment or other protective measures must be used to keep exposure of employees to air contaminants within the limits prescribed in Subpart D. Whenever respirators are used their use shall comply with Subpart E. See the section in this Safety Program on our Respiratory Protection Program.

V. SUBPART E, PERSONAL PROTECTIVE AND LIFE SAVING EQUIPMENT: This section covers equipment for foot, head, hearing, eye, face, and respiratory protection. It is very specific about the types of equipment required or recommended for various hazards and about how they should be used. See the sections in this Safety Program on our Personal Protective Equipment Assessment, Selection and Training Program and our Respiratory Protection Program.

VI. SUBPART F, FIRE PROTECTION AND PREVENTION: This section covers standards relating to fire protection and prevention. Most fires start small but can rage out of control quickly. Stopping them before they start requires that everyone work together to detect possible fire hazards and report them promptly.

- A. Prior to beginning work at a job site our foremen are to familiarize themselves with the general contractor/builder's emergency procedures for the job site including procedures for fire. Emergency procedures, telephone numbers and the location of all fire-fighting equipment should be noted in each foreman's Procedure Manual.
- B. All foremen are to have a fire extinguisher in their vehicle that meets with OSHA's fire protection standard for the products to which they are exposed. Fires involving different substances create different conditions which make them extremely difficult to extinguish if the wrong type of fire extinguisher is used.

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- C. Emergency procedures and training regarding fires including the location of all job site fire-fighting equipment and the foreman's fire extinguisher should be included in the first job site toolbox meeting.
 - 1. If employees have access to portable fire extinguishers, they must be trained with the general principles of fire extinguisher use and the hazards involved with incipient stage firefighting.
 - 2. Foremen are to receive training from our purchasing agent or Safety Director at the time they are given a fire extinguisher for their vehicle. Training is to be refreshed annually and fire extinguishers are to be returned to our purchasing agent annually for a maintenance check.
- D. When a fire breaks out your first reaction should be to call the fire department. When the fire is small take fast action with the right extinguisher to put it out or keep it contained. Fire extinguishers are effective only when fires are in their first stages. It is essential fire extinguishers be kept immediately accessible and are promptly used.
- E. Employees should never join in firefighting unless their help is specifically requested by their foreman or the fire fighters and they have been trained in firefighting.
- F. The following areas of fire prevention and protection should be discussed at weekly toolbox meetings:
 - 1. Good job site housekeeping.
 - 2. Care, use and storage of flammable liquids.
 - 3. Observance of "no smoking" rule in all designated areas.
 - 4. Responsibility of employees for preventing fires.

VII. **SUBPART G, SIGNS, SIGNALS AND BARRICADES:** This section provides the standard colors and shapes for accident-prevention signs and tags. Caution signs, traffic-control devices, accident prevention signs and tags and crane and hoist signals must all conform to uniform standards. For maximum impact they must be easily visible and instantly recognizable. Once tags and signs no longer apply, they should be removed.

VIII. **SUBPART H, MATERIALS HANDLING, STORAGE, USE AND DISPOSAL:** This section prescribes methods for stacking, moving, handling, storing and discarding the most common materials on construction sites. These regulations are designed to control the risks of slipping, falling materials, fire or explosion when supplies are not stored or handled properly.

- A. Problems with materials handling have their origins in inadequate planning, storage, housekeeping, training and equipment selection and usage. Our foremen will be responsible for the proper training of employees to eliminate injuries associated with

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materials handling. Indicators to watch for which will help detect potential problems at a job site are:

1. Occurrences of sprains and strains, especially backs and struck-by incidents.
2. Crowded, cluttered work areas.
3. Manual handling of materials over 50 pounds.
4. Repetitive handling of materials.
5. Excessive temporary storage of materials.
6. High rate of damage to materials or equipment.

IX. SUBPART I, TOOLS--HAND AND POWER: This section focuses on hand tools, power-operated hand tools (electric, pneumatic, fuel-powered, hydraulic and powder-actuated), abrasive wheels and tools, woodworking tools, jacks of all sorts, air receivers and mechanical power-transmission apparatus. Because many of the tools covered in this section are familiar the tendency to overlook safe practices presents a real risk of serious injury. Tools must be in compliance with this standard and be properly maintained and used whether they are supplied by our company or belong to our employees.

A. Powder-actuated tools: Only employees who have been trained will be allowed to operate a powder-actuated tool.

1. Powder-actuated tools used by employees are to meet all applicable requirements of ANSI A10.3-1970 Safety Requirements for Explosive-Actuated Fastening Tools.
2. All authorized instructors will have read and be familiar with OSHA standards regarding powder-actuated tools and be capable of training and testing operators prior to issuing a Qualified Operator's card.
 - a. Prior to being assigned their use employees who will be using low velocity guns will be trained by authorized instructors provided by the vendor selling low velocity guns to us.
 - b. After being trained our employees will be certified and licensed to operate low velocity guns and will receive a Qualified Operator's card.

X. SUBPART J, WELDING AND CUTTING: This section covers welding, cutting and heating operations including gas welding and cutting, arc welding and cutting, fire prevention and toxic material protection. Use of cylinders, provision of mechanical ventilation, confined space work and safeguarding against contact with toxic metals and preservative coatings are particularly specified. Even workers who are not "welders" must be aware of the hazards in handling fuel cylinders and in being near a welding or cutting work area.

XI. SUBPART K, ELECTRICAL: This section covers the electrical safety requirements necessary to safeguard construction employees including installation safety requirements, safety-related work practices, safety-related maintenance and environmental considerations

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and safety requirements for special equipment. It is the responsibility of our foremen to train employees in weekly toolbox meetings with basic information regarding this standard including:

- A. Electrical hazards on the job site.
- B. Restricted activities or areas on the job site.
- C. Personal protective equipment required if applicable.
- D. Safe work practices if working on or near electrical equipment.
- E. Lockout/tag-out procedures.
- F. Extension cord sets and flexible cords.
- G. Use and care of electrical tools and equipment.

XII. SUBPART L, SCAFFOLDING: This section covers the general requirements for all types of scaffolds and specific requirements for 24 types of scaffolding. The key requirements of Subpart L are that the scaffolding must be of sound design, it must be the proper one for the job and there must be a competent person to oversee all aspects of scaffolding work--erection, inspection, movement, alteration and disassembly. Properly erected and maintained scaffolding provides employees with safe access and a stable, level platform on which to work and store materials and tools temporarily.

XIII. SUBPART M, FALL PROTECTION: Fall protection is covered in many parts of the construction standards. Requirements for specific operations are covered in Subpart L--Scaffolding; Subpart N--Helicopters, Hoists, Elevators, and Conveyors; Subpart R--Steel Erection; Subpart S--Underground Construction, Caissons, Cofferdams and Compressed Air; Subpart V--Power Transmission and Distribution and Subpart X--Stairways and Ladders.

Subpart M provides the basic standards for all fall protection systems and for mandatory employee training in fall hazards. In construction work two factors complicate the risks of either falling or being hit by falling materials: first the "edges" are constantly changing and second the work force is often scattered and highly mobile. These factors mean that any opening or edge that presents a hazard must be guarded in such a way that even a casual passerby is protected. Achieving this protection calls for basic training for employees, constant vigilance from our foremen and the use of fall protection systems. See the section in this Safety Program on our Fall Protection Program.

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- XIV. **SUBPART N, HELICOPTERS, HOISTS, ELEVATORS AND CONVEYORS:** This section provides the standards and operating requirements for the various kinds of helicopters, material hoists, personnel hoists, elevators and conveyors.

Subpart N is concerned with the kinds of equipment designed to hoist construction material or to transport construction personnel to elevations. Because of the potential for severe accidents in cases of equipment failure, OSHA places great emphasis on conformance to specified equipment design and operational safety.

- XV. **SUBPART O, MOTOR VEHICLES AND MECHANIZED EQUIPMENT:** This section covers requirements for equipment and motor vehicles that are operating at an off-highway site not open to public traffic. The regulations concentrate on safe practices and procedures for all vehicles and heavy equipment engaged in ground transportation and the manipulation of materials.

- a. Our Safety Director or purchasing agent is responsible for deciding which motor vehicles or equipment will be used for transporting and moving materials in the yard and at job sites.
- b. Our shop maintenance superintendent is responsible for inspection and maintenance of vehicles and equipment used for transporting and moving materials in the yard and at job sites.
- c. Our foremen are responsible for making sure only trained employees operate vehicles and equipment used for transporting and moving materials at job sites. They are also responsible for ensuring vehicles and equipment are used in a safe manner.
- d. Employees should not operate vehicles or equipment to transport or move materials until they have received training in safe operating procedures.
- e. Employees are not to remove, displace, damage, destroy or carry off any safety device furnished and provided for their use or the use of another person. Employees are not to interfere with the use of any method or process adopted for the protection of themselves or another person. Any employee who by-passes or ignores safety features on vehicles or equipment will be subject to immediate discipline up to and including termination.
- f. Employees are to report any breakdowns or defects in vehicles or equipment promptly to the shop maintenance superintendent and follow up with a written report by completing and submitting our Employee Safety Information Report form. Continued use of an unsafe structure, equipment or vehicle is prohibited pending correction of the unsafe condition. See the section in this Safety Program on our Fleet Safety Program.

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- 2) **SUBPART P, EXCAVATIONS:** This section covers the safe work practices workers and supervisors need to follow for excavation and trenching operations.
- 3) **SUBPART Q, CONCRETE AND MASONRY CONSTRUCTION:** This section covers the general requirements for concrete and masonry construction and the equipment and tools associated with it. It also details the practices to be used for cast-in place concrete work, precast concrete work, masonry construction and lift-slab construction.
- 4) **SUBPART R, STEEL ERECTION:** This section covers the requirements for flooring, structural steel assembly and the processes of bolting, riveting, fitting-up and plumbing-up in steel erection. Fall protection that will eliminate serious injuries and fatalities is the primary concern in steel erection. This section also covers some of the basic safeguards required for handling materials and tools and in personal protection.
- 5) **SUBPART S, UNDERGROUND CONSTRUCTION, CAISSONS, COFFERDAMS AND COMPRESSED AIR:** This section applies to construction of underground tunnels, shafts, chambers, passageways and under certain conditions cut-and-cover excavations.
- 6) **SUBPART T, DEMOLITION:** This section covers the general requirements for all types of demolition work including preparation, safe materials disposal, fall protection and proper use of equipment. It also details procedures to use for removal of floors, walls, masonry, chimneys and steel construction.
- 7) **SUBPART U, BLASTING AND THE USE OF EXPLOSIVES:** This section has very thorough coverage of all aspects of blasting processes.
- 8) **SUBPART V, POWER TRANSMISSION AND DISTRIBUTION:** This section applies to the erection of new electric transmission and distribution lines and the alteration, conversion and improvement of existing power transmission and distribution lines.
- 9) **SUBPART W, ROLLOVER PROTECTIVE STRUCTURES (ROPS); OVERHEAD PROTECTION:** This section provides the design, performance, testing and installation requirements for rollover and overhead protection for material handling equipment.
- 10) **SUBPART X, STAIRWAYS AND LADDERS:** This section contains very detailed standards for all types of ladders, temporary stairways, landings, handrails and stair rail systems. See the section in this Safety Program on our Ladder Program.
 - A. The hazards associated with stairways and ladders include collapse from excess weight or disrepair, slipping of either the employee or the ladder, injuries from rough surfaces or falls resulting from a variety of poor work practices. This section is primarily concerned with the design, construction, use and care of ladders and stairways to prevent such accidents.

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- B. Safe access must be provided where there are breaks in elevations of 19" or more. Stairway and ladder protective systems must be installed or supplied before beginning any work that calls for employee access to high elevations.
- C. While conducting job site assessments for hazards our foremen are responsible for seeing that any system to be used by our employees whether provided by our company or another is in compliance with this standard.
- D. Physical requirements for ladders are very detailed. Our Safety Director and our purchasing agent will be responsible for ensuring that equipment used meets OSHA specifications.
- E. Employees who will be using ladders must receive training in the proper kind, use and care of ladders.

XVI. **SUBPART CC, CRANES AND DERRICKS IN CONSTRUCTION:** This section applies to power-operated equipment, when used in construction that can hoist, lower and horizontally move a suspended load.

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DEFINITIONS

ANSI: American National Standards Institute

Authorized person: a person approved or assigned by the employer to perform a specific type of duty or duties or to be at a specific location or locations at the job site.

Competent person: a person who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous or dangerous to employees and who has authorization to take prompt corrective measures to eliminate them.

Designated person: a person who is an “authorized person” as defined above.

Hazardous substance: a substance which by reason of being explosive, flammable, poisonous, corrosive, oxidizing, irritating or otherwise harmful is likely to cause death or injury.

Qualified person: a person who by possession of a recognized degree, certificate or professional standing or who by extensive knowledge, training and experience has successfully demonstrated their ability to solve or resolve problems relating to the subject matter, the work or the project.

PETE KING CORP - SAFETY PROGRAM

ACKNOWLEDGMENT OF SAFETY PROGRAM

- I hereby acknowledge I have been instructed I can access Pete King Corp's written Safety Program on-line or at the office.
website:
- I understand it is a condition of employment with Pete King Corp that I read, understand, and abide by the policies and procedures established by the company in its written Safety Program.
- I understand my responsibilities as an employee in helping to achieve the company's goal of eliminating all occupational accidents and incidents and creating a work environment that is both safe and healthy.
- I understand if I have questions regarding the company's written Safety Program, I should discuss them with my foreman, superintendent, or the Safety Director.
- I understand if I feel I am not receiving proper or sufficient training I should contact Ryan Wagner President 801-662-0310 or Jared Noa VP 702-657-1102 as Chairman of the General Safety Committee or the Safety Director at 702-657-1102.
- I understand if I have an unsafe condition or practice to report or if I have a safety suggestion, I would like to recommend I should complete an Employee Safety Information Report and submit it directly to the office. I know this form may be completed and submitted anonymously if desired.
- I understand it is illegal for an employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.
- **I UNDERSTAND THE CONTENTS OF THIS SAFETY PROGRAM DO NOT CONSTITUTE THE TERMS OF A CONTRACT OF EMPLOYMENT.** Except where a collective bargaining agreement or other written contract otherwise provides, employment with Pete King Corp is on an "at-will" basis. Our employment relationship may be terminated at any time by either the employee or the company for any reason not prohibited by law.

EMPLOYEE'S COPY OF ACKNOWLEDGMENT FORM.