

# **CONSTRUCTION SAFETY MANAGEMENT MANUAL**

**IGC**

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**INDEPENDENT GENERAL CONTRACTING**  
**CONSTRUCTION SAFETY MANUAL**  
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## **CORPORATE MANAGEMENT POLICY STATEMENT**

### **1.0 CORPORATE MANAGEMENT POLICY STATEMENT**

The personal safety and health of each employee of our organization is of primary importance. We believe that our employees are our most important assets and that their safety at the worksite is our greatest responsibility. The prevention of occupationally induced injuries and illnesses is of such consequence that it will be given precedence over operating productivity whenever necessary. Management will provide all mechanical and physical facilities required for the personal safety and health of each of its employees.

To be successful, such a program must embody the proper attitude toward injury and illness prevention on the part of corporate management, supervisors, and employees. It also requires cooperation in all safety and health matters, not only between corporate management, supervisor and employees, but also between each employee and their fellow workers.

Our concern for safety and health of all human beings is daily, even hourly. We expect every person who conducts the affairs of our company, no matter in what capacity they function, to accept this concern and its responsibility. Employees are expected to use the safety equipment provided. Rules of conduct and rules of safety and health must be observed. Safety equipment cannot be abused or destroyed.

Cooperation between our employees and management in the observance of this policy will ensure safe-working conditions, will help result in accident-free performance and will work to our mutual advantage. It will also assist in reducing workers' compensation costs (direct costs) and reduce jobsite down time, material loss and regulatory agency fines (indirect costs).

Management has the authority to procure the necessary resources to execute the objectives of our company's safety and health program. We will hold managers, supervisors and employees accountable for meeting their responsibilities so that essential tasks will be performed.

1.1 CORPORATE MANAGEMENT SAFETY RESPONSIBILITIES

1. Eliminate potential hazards by providing appropriate safeguards, personal protective equipment and safe work tasks.
2. Provide necessary personal protective equipment and enforce its use and care.
3. Provide effective training, which is required by the "standards", as a minimum for the employees.
4. Become familiar and comply with applicable OSHA standards (29 CFR 1910, General Industry, and 1926, Construction) and make copies of medical records as well as all safety and health programs available for employees to review.
5. Review, consider for approval, and execute appropriate action on safety policies developed by safety committees or safety director.
6. Ensure a high level of productivity and safety performance and hold project management staff accountable.
7. Assign an individual(s) [competent person] the authority for the implementation of the safety program at each worksite.

## 1.2 SAFETY DIRECTOR RESPONSIBILITIES

1. Monitor supervisory management and employee activity to ensure that the corporate programs are carried out in a timely manner.
2. Shall coordinate safety information between projects/shops to assure that all projects will benefit from each other's efforts.
3. Coordinate all safety activities including jobsite inspections, and distribution of safety materials. Perform jobsite inspections periodically and follow up corrective actions.
4. Maintain all accident records and complete all required OSHA forms.
5. Analyze accident records and show trends.
6. Promote safety education on all levels.
7. Periodically review safety rules and standards with employees to confirm that the company is meeting its goals and objectives.
8. Review with supervisors how to handle emergency procedures at each jobsite location.
9. Confirm that all required signs are posted, and bulletin boards are maintained in clear and legible condition.
10. Confirm employer is enforcing compliance with all applicable federal, state, and local regulations.
11. Provide a regular report to upper management on the results of the safety program.

### 1.3 SUPERINTENDENT/FOREMAN RESPONSIBILITIES

1. Know safety rules and work practices that apply to the work you supervise. Take action to confirm that all employees in your charge understand the safety rules that apply to them. Always take immediate action to correct safety rule violations. Unsafe acts or procedures cannot be tolerated.
2. Prevent bad work habits from developing. You are responsible to make daily observations of employees to ensure that they perform their work safely, and continue this observation regularly once safe working habits are established.
3. Take action to correct or control hazardous conditions within your work areas. If it is beyond your control, remove the employee until the condition is safe. Eliminate unsafe conditions and prevent an accident.
4. Encourage workers to report unsafe conditions or procedures. Listen to your workers and don't take their safety complaints lightly. No job should proceed when a question of safety remains unanswered. Seek advice from your project manager when necessary.
5. Set a good example. Demonstrate safety in your own work habits and personal conduct. Always wear personal protective equipment in areas where personal protective equipment is required.
6. Train your employees on the proper safety procedures to follow, including the use of additional safeguards such as machine guards and personal protective equipment.
7. Investigate and analyze every accident, however slight, that occurs to any of your employees. Control the causes of minor incidents to help avoid future crippling accidents.
8. Complete and file a report on each and every incident and accident that occurs at your jobsite. If you have question or require reporting forms, contact your project manager.
9. Conduct monthly safety toolbox meetings.
10. Make safety suggestions.
11. Serve on safety committee, if requested.
12. Take an active part and participate in safety meetings.
13. Non-compliance of these rules as well as other federal and/or state laws or regulations may be legal violations subject to civil and/or criminal penalties.



#### 1.4 EMPLOYEE RESPONSIBILITIES

1. Whenever you are involved in an accident that results in personal injury or property damage, no matter how slight, the accident must be reported to your supervisor or other management personnel prior to the end of the work shift. Get first aid promptly.
2. Report any condition or practice you think might cause injury and/or damage to equipment immediately to your supervisor.
3. Do not operate any equipment, which, in your opinion, is not in a safe condition. Report immediately the condition that you believe is unsafe to your foreman.
4. All prescribed safety equipment and personal protective equipment must be used when required and must be maintained in good working condition. It is your personal responsibility to use such equipment. The use of required personal protective equipment is a non-negotiable item.
5. Obey all safety rules, government regulations, signs, markings, and instructions. Be particularly familiar with the rules and regulations that apply directly to you in the area in which you work. If you don't know, ask your foreman.
6. When lifting, use the approved lifting technique, i.e. bend your knees, grasp load firmly, keep load close to you, and then raise the load keeping your back as straight as possible. Always get help with heavy or awkward loads.
7. Do not engage in horseplay; avoid distracting others; be courteous to fellow workers.
8. Always use the right tools and equipment for the job. Use them safely and only when authorized. If you are not familiar with the safe way to use a particular tool or piece of equipment, ask your supervisor. When using your own tools on the job site, make sure all guards, ground pins, etc., are in place.
9. Good housekeeping must always be practiced. Return all tools, equipment, materials, etc., to their proper places when you are finished with them. Keep floors clean and passageways clear. Poor housekeeping wastes time, energy, and material, and often results in injury.
10. The use of drugs and/or intoxicating beverages on the jobsite is forbidden. Being under the influence of alcohol or drugs when on the jobsite is inexcusable. *Immediate discharge for being under the influence and/or using drugs or alcohol may be instituted.*

11. Additional appropriate disciplinary action will be taken for the following offenses:
  - a. Fighting - no matter what the cause.
  - b. Insubordinate conduct or refusal to follow directions.
  - c. False statement, such as injury claims.
  - d. Other inappropriate behavior including, but not limited to, failure to obey safety rules.
12. Loose clothing and jewelry cannot be worn when operating machinery and equipment.
13. Proper work shoes shall be worn at all jobsites. Open toed shoes and sneakers will not be permitted to be worn at any jobsite. If you are observed wearing open toed shoes or sneakers, you will not be permitted to work until you return with proper footwear.
14. Do not handle chemicals unless you have been trained in the safe handling procedure.
15. Hardhats and eye protection shall be worn at all times.
16. Read, understand and follow the guidelines set forth in the material safety data sheets (MSDS) pertaining to your work.
17. Compliance with safety and health rules and regulations is a condition of employment.

I have read the above policies and understand that cooperation between employees and management will ensure safe-working conditions, will help result in injury free performance and will work to our mutual advantage.

**Corporate Management**

as of:

by:

---

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**Safety Director**

as of:

by:

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**Superintendent/Foreman**

as of:

by:

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---

**Employee**

as of:

by:

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## 2.0 DISCIPLINARY POLICY PROCEDURES

All employees are expected to comply with jobsite rules and regulations, and to follow established operating procedures set forth by this company. Violations will not be tolerated and superintendent/foreman will be held accountable for the conduct of their employees.

Superintendents and foremen are required to take action when a violation is observed. Immediate action to control or eliminate a hazard is required.

In the event a violation is observed, the following procedures have been established to place an employee on notice.

<u>Notice*</u>	<u>Action</u>
First Offense	A written warning addressed to the employee and a copy placed in the employee's file referencing the violation and warning, including date and time.
Second Offense	A written warning addressed to the employee with reference to the violation including date and time of the occurrence. A copy of this warning will be given to the employee, the union shop steward, and another copy will be placed in the employee's file.
Third Offense	A written warning similar to the second notice will be prepared and distributed in the same manner. This warning will be followed by a meeting with the employee, union shop steward, foreman and/or project manager and senior management to determine whether the employee will be suspended without pay or terminated depending upon the nature of the violation.
Fourth Offense	Termination.

\* Within any consecutive 12 month period.

\* This policy is in effect unless there is a policy in our labor/management agreement.

The above procedure has been prepared so that there is no question about how violations of rules, regulations, and procedures will be handled by management and so that employees will know what to expect if they do not comply with the established rules, regulations, and procedures. Management knowledge of unsafe behavior and lack of appropriate documented discipline may be a violation of federal, state laws and regulations.

## Employee Disciplinary Action Form

Project: \_\_\_\_\_ Shop: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Day: \_\_\_\_\_

Foreman: \_\_\_\_\_ Time: \_\_\_\_\_

### 1st Violation

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

### 2nd Violation

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

### 3rd Violation

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

### 4th Violation: TERMINATION!

WITHIN A 12 MONTH PERIOD

INDEPENDENT GENERAL CONTRACTING

### 3.0. NEW EMPLOYEE TRAINING

All new employees will be trained by a member of the management staff prior to starting work. The "New Employee Safety Orientation Checklist" shall be used by trainers (managers, superintendents, foremen, safety directors) as a reminder of the items that must be reviewed with the employee. All items must be initialed or identified as not applicable. The checklist must be signed by the employee and the management representative after the orientation is complete.

This form will be given to the project manager or home office and kept in the employee's personnel file.

### New Employee Safety Orientation Checklist

Instructions to Management: Initial each item as you discuss it with the employees. This checklist must be completed before the employee starts work.

<u>Item</u>	<u>Completed</u>
1. Employee received Company Safety Program	_____
2. Review:	
• Safety and Health Policy	_____
• Employee General Safety and Health Rules	_____
• Disciplinary Policy and Procedures	_____
3. Instruct:	
• How to report unsafe conditions	_____
• What to do in the event of an injury on the job	_____
• State when and where safety tool box meetings are	_____
• Hardhats, work boots, safety glasses/goggles mandatory (Personal protective equipment is not negotiable)	_____
• Explain Fire Evacuation/Emergency Plan	_____
• Proper lifting techniques and importance of back fitness	_____
• Review OSHA Hazard Communication Policy and provide training	_____
4. Other (Please List)	
_____	
_____	

I acknowledge that information on the above subjects was furnished to me during my orientation and that I understand this information

Employee Signature

Management Signature

\_\_\_\_\_

\_\_\_\_\_

Date

Date

\_\_\_\_\_

\_\_\_\_\_

#### 4.0 COMPETENT PERSON DESIGNATION

It is the responsibility of top management to appoint an individual as a competent 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.

There is the possibility that more than one competent person may be necessary, depending on the range of hazards on the project, the size of the project, and the distance between operations on a project.



## **Competent Person List**

1926.20	General safety and health provisions
1926.32	Definitions
1926.53	Ionizing radiation
1926.62	Lead
1926.101	Hearing protection
1926.103	Respiratory protection
1926.251	Rigging equipment for material handling
1926.354	Welding, cutting, and heating in way of preservative
1926.404	Wiring design and protection
1926.451	Scaffolding
1926.502	Definitions applicable to fall protection
1926.550	Cranes and derricks
1926.650	Scope, application, and definitions applicable to excavations
1926.651	General requirements
1926.652	Requirements for protective systems
1926 Subpart P App A	Soil classification
1926 Subpart P App B	Sloping and benching
1926.705	Requirements for lift-slab operations
1926.752	Bolting, riveting, fitting-up, and plumbing-up
1926.800	Underground construction
1926.803	Compressed air
1926.850	Preparatory operations - demolition
1926.859	Mechanical demolition
1926.900	Blasting and use of explosives
1926.1053	Ladders
1926.1060	Training requirements - stairways & ladders
1926.1101	Asbestos
1926.1127	Cadmium

## Competent Person Memorandum

TO:

FROM:

DATE:

SUBJECT: Competent Safety Person

Via this memo, we appoint \_\_\_\_\_ as our  
"Competent Safety Person" according to the provisions of 29 CFR 1926 in the area(s) of:

\_\_\_\_\_.

He/she has the authority to correct all hazards or to remove workers from the hazardous exposure if the hazards cannot be immediately corrected.

\_\_\_\_\_  
Signature of Owner/Manager

## OSHA COMPETENT PERSON

Project:

Date:

Trade:

Company Name:

Address:

Telephone #   Office:  
                            Cell:

Onsite Site Safety Representative / Competent Person; the following person has been designated as the on site safety representative for the above named company. The named individual hereby declares that they possess the education and experience necessary to enable him / her to recognize safety hazards and has the authority to take prompt corrective measures for their scope of work on this project.

Name:

Signature:

INDEPENDENT GENERAL CONTRACTING

## 5.0 SAFETY COMMITTEE

The development and implementation of a safety committee is an excellent technique in the monitoring of your safety program. It will create accountability throughout the organization.

**Membership:** It is most appropriate to appoint members from top management, the personnel director, one or more project managers, superintendents, foreman, and shop steward or key employee.

**Meetings/Minutes:** The safety committee should meet on a pre-scheduled monthly basis, at a regular time and place. Minutes from these meetings should be kept on file for review by management, and insurance representatives. The agenda for the safety committee meetings will include items that relate to the safety and health of your employees. Safety committee minutes will be distributed to company management, jobsite management and safety staff.

**Committee Goals:** Our committee is expected to provide solutions to worksite safety and health problems. To do so, the committee must be aware of problems, serve as a channel of information from employees to management, and make positive recommendations for corrective action.

## **Safety Committee Meeting Agenda**

Topics for discussion and action at safety meetings will include:

1. Review accident investigation reports and determine if appropriate corrective action was taken to prevent similar occurrences in the future. If not, recommendations will be submitted to management for their consideration and subsequent action.
2. Prepare and review company safety and health rules and procedures for the purpose of keeping the safety and health program up to date and effective.
3. Review potential hazards that are reported and recommend to management ways and means to control or eliminate hazards that could lead to accidents or property damage.
4. Promote safety and health activities.
5. Review the need for employee training and education and make recommendations to management.
6. Make periodic over-sight jobsite inspections to ensure that hazards are not being overlooked by the superintendent or foreman, and to ensure that corrective action is adequate and taken in a timely manner.
7. Review accident statistics for the purpose of identifying high accident jobsites, problem foremen, trends, etc. Based on findings, make recommendations to management.

## Appointment to Our Safety Committee

To: \_\_\_\_\_

Date: \_\_\_\_\_

Our safety committee can be a valuable asset to help us provide a safe and healthful place to work. Its effectiveness depends on the knowledge, experience, cooperation and level of commitment of each safety committee member. We have made the following appointments to this committee and request that the Chairman call its first meeting within thirty days in accordance with the enclosed listing of responsibilities of the committee.

\_\_\_\_\_ Chairman

\_\_\_\_\_ Secretary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above appointments take effect immediately, and will remain in effect until changed in writing.

\_\_\_\_\_  
Name:

Title:

## Safety Committee Minutes

Members Present: \_\_\_\_\_ Meeting Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Minutes Prepared by: \_\_\_\_\_  
Members Excused: \_\_\_\_\_  
\_\_\_\_\_ Next Mtg. Date: \_\_\_\_\_  
Members Absent: \_\_\_\_\_  
\_\_\_\_\_ Location: \_\_\_\_\_  
\_\_\_\_\_

<u>Topic</u>	<u>Summary of Discussion</u>	<u>Action Required/ Assigned To</u>	<u>Due Date</u>
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cc:

To be returned to Chairperson when "Action" is completed.

## 6.0 ACCIDENT INVESTIGATION

Each superintendent and foreman will make a documented report of every incident, even those without injury, within twenty-four (24) hours of the occurrence. Reports are to be completed as soon as possible to avoid changes in physical conditions and witness reports. Note: Any accident that causes a fatality or three or more employees to be hospitalized must be reported to OSHA within eight hours of the incident.

Accident reports highlight problem areas. Through the use of good reports, accident patterns can be detected and resources directed toward prevention. Accident reports make excellent training tools. The cause and effect of accidents can be reviewed at safety meetings.

Superintendents and foremen will be trained in accident investigation techniques.

- Accident investigation is a management function that must be executed at the superintendent/foreman level.
- All accidents/incidents must be investigated regardless of the extent of the injury or damage.
- Employees will never be allowed to fill out their own accident investigation report.
- Focus must be fact finding *not* fault finding.
- Superintendents and foremen must identify the unsafe act or unsafe condition.
- Superintendents and foremen should provide recommendations for *corrective action*, bring it to top management's attention and assure that it is acted upon.
- Superintendent/foreman will be provided with an accident investigation kit, which must remain on site.

The forms at the end of this document will assist with incident investigations.



## 7.0 RECORDKEEPING

Records must be maintained and kept up to date by the superintendent at each jobsite and/or home office. If there is no superintendent, then this responsibility lies with the foreman. These records must be available for review at all times. The following records must be maintained.

1. Supervisor's Investigation and Record of Incident
2. OSHA LOG (form 300) <http://www.osha.gov/recordkeeping/RKforms.html>
3. Self Inspections
4. Log of Tool Box Talks (include names and signatures of employees present)
5. Equipment Preventive Maintenance
6. Hazard Communication Compliance Plan
7. Material Safety Data Sheets
8. Chemical Inventory List
9. Minutes of Safety Committee Meetings
10. OSHA Training Requirements Records
11. OSHA Poster Explaining Employee Rights  
<http://www.osha.gov/Publications/poster.html>
12. Accident Forms - Medical Records
13. Corporate Safety Program
14. Emergency Phone Number List

## VIII. SUBCONTRACTOR COMPLIANCE

OSHA has clarified their position with respect to multi-employer work sites by identifying four different types of employers.

***Exposing employers*** - those whose employees are exposed to hazards.

***Creating employers*** - those who actually create hazards

***Controlling employers*** - those who have the authority to ensure that hazards are corrected

***Correcting employers*** - those who are specifically responsible for correcting hazards

In order to issue a citation for a worksite hazard to one of these types of employers, OSHA must prove that the employer had knowledge of the hazardous condition, or could have had such knowledge with the exercise of reasonable diligence.

As always, prevention is the first step in avoiding OSHA sanctions. It is imperative that **INDEPENDENT GENERAL CONTRACTING** understand the rules and potential liabilities related to OSHA's multi-employer worksite clause. We require subcontractors to comply with OSHA standards.

Contractual agreements with subcontractors will state that they must provide the following:

1. Certificate of Insurance
2. Hazard Communication Plan
  - Chemical Inventory List
  - Specific material safety data sheets
3. Safety Program

The following forms will assist in monitoring subcontractor compliance with safety policies and procedures.

## Safety Memorandum

Contractor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Violation Description:

GENERAL CONTRACTOR Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SUBCONTRACTOR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice:

Controlling Employer -----  
Exposing Employer -----  
Creating Employer -----  
Correcting Employer -----

## **Sample Letter to Subcontractors**

**Re: Jobsite Safety**

**Gentlemen/Ladies:**

The personal safety and health of each employee and worker on our projects is of primary importance. The prevention of occupationally induced injuries and illnesses is of such consequence that it should be given precedence over operating productivity whenever possible. To the greatest degree possible, Company Management should provide all mechanical and physical facilities required for personal safety and health.

Therefore, if your Company does not comply with our Field Management concerning safety, the following will occur:

**First Violation:**      **Written Notice**

**Second Violation:**    **We will withhold your monthly payments until infraction is corrected.**

**Third Violation:**      **Your Company will jeopardize possible future subcontracts with our Company.**

**If you have any questions and/or comments please contact the undersigned.**

**Very truly yours,**

**Safety Director**

## **Policies and Procedures for Contractor Coordination**

1. It is our policy that all persons on our jobsite are entitled to information regarding the chemicals to which they are exposed in their work areas and that our employees are entitled to information regarding the chemicals to which they may be exposed as the result of the work processes of other contractors.
2. The Hazard Communication Coordinator or his/her jobsite designee is responsible for the coordination of information between our organization and any other contractors concerning all aspects of this Hazard Communication Program.
3. When the Hazard Communication Coordinator or jobsite designee is informed that contractors will be on our site, he/she will advise them in person of: any chemical hazards that may be encountered in the normal course of their work on the site; our labeling system; the protective measures required, the safe handling system; the protective measures required, the safe handling procedures necessary and our emergency alarm system(s). In addition, the Hazard Communication Coordinator or designee will notify these individuals of the location and availability of our material safety data sheets.
4. Each contractor bringing chemicals on site, must provide our Hazard Communication Coordinator with the appropriate hazard information on these substances, including labels used and the precautionary measures to be taken in working with those chemicals. The contractors must also inform the Hazard Communication Coordinator or jobsite designee as to where on our jobsite the contractor will maintain a chemical inventory list and appropriate MSDS file.
5. The Hazard Communication Coordinator is also responsible for providing information to any relevant parties about any potentially hazardous substances we may bring into any jobsite at which we may work as contractors.
6. The Hazard Communication Coordinator or jobsite designee will use the checklist, which follows to implement the above policy.

## COMPLIANCE ACTION SHEET

Project-----

Date -----

CORRECTED THE HAZARDS-----

REMOVED EMPLOYEES FROM THE HAZARDS-----

WRITTEN NOTICE SENT -----

**Multi-Employer Site  
Pre-Job Hazcom Checklist**

Date: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Main Office Contact (Name): \_\_\_\_\_

On Site Contact (Name): \_\_\_\_\_

Answer ALL Questions:

Where will Contractor's work be performed? \_\_\_\_\_

How will contractor's workers enter and leave premises? \_\_\_\_\_

We have discussed with the contractor our:

_____ HazCom Plan	_____ Labeling System
_____ HazCom Plan Location	_____ Signs
_____ MSDS File	_____ Alarm System
----- Lockout/ Tagout	----- Confine space entry program

Has the contractor worked at this facility before: \_\_\_\_\_ Yes \_\_\_\_\_ No

What hazards will contractor employees be exposed to?

What personal protective equipment will contractor need?

_____ gloves (type) _____	
_____ respirators with cartridges for _____	
_____ air-line respirators for _____	
_____ hard hats _____ safety glasses _____ splash goggles	
_____ face shields _____ aprons _____ dust suits _____ escape packs	
_____ ear plugs _____ ear muffs _____ other _____	

List special equipment contractor will need:

\_\_\_\_\_ ventilation \_\_\_\_\_ special disposal methods

\_\_\_\_\_ other \_\_\_\_\_

What hazardous materials will the contractor bring onto the worksite? (Indicate type and quantity)

\_\_\_\_\_  
\_\_\_\_\_

Where on site are contractor's MSDSs available? \_\_\_\_\_

Does the contractor have a HazCom Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where is it located? \_\_\_\_\_

If yes, is a chemical inventory list included \_\_\_\_\_ Yes \_\_\_\_\_ No

Do any of the hazardous materials the contractor will bring onsite present a danger to our employees or facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what protective measures will be taken to prevent an unwanted incident?

Explain: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Hazard Communication Coordinator

Signature of Contractor: \_\_\_\_\_



## 9.0 TOOL BOX MEETINGS

Tool box talks of 5 to 10 minutes must be held by superintendents and/or foreman each week. Employees never receive too much training, and therefore our company relies upon jobsite management to provide ongoing and continuous employee training.

The subject to each training talk should be chosen to relate to the type of work that is being performed.

Some examples include:

- The use of safety glasses when using circular saws, grinders, table saws, radial arm saws, jack hammers, power actuated tools, etc.
- The proper set up and use of ladders.
- Hard hats and why they are necessary.
- A discussion of a recent accident and its cause(s).
- A discussion of an old accident.
- A discussion of disciplinary procedures for failure to comply with safety policies

A log of Tool Box Talks must be kept in accordance with the form that follows. One copy should be kept by jobsite management and the other kept on the file in the home office by jobsite location.

## Jobsite Safety Meeting Report

Job Location: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Number of Employees Present \_\_\_\_\_

Names of Subcontractors Present: \_\_\_\_\_  
\_\_\_\_\_

Others Present: \_\_\_\_\_

Topics Discussed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remember - An employee will better understand and retain a safety message if you both show and tell the person. Lead by Example.

_____ Signature	_____ Position	_____ Date
--------------------	-------------------	---------------

In attendance at this meeting were:

_____	_____
_____	_____
_____	_____
_____	_____

cc: Main Office - Original  
Field

## **X. FIRST AID - BLOODBORNE PATHOGENS**

The following are highlights of a Bloodborne Pathogens Program. Please refer to Corporate Safety & Health Consultants' *Bloodborne Pathogens Manual* for details on implementing a complete program.

Our company will provide first aid supplies at each work location and all personnel are to know procedures to follow in case of an emergency.

1. Report all injuries immediately, no matter how minor, to your foreman and/or jobsite office.
2. Emergency phone numbers for fire, police and ambulance will be posted.
3. Please note that if any employee renders first aid or uses a first aid kit to assist a co-worker (although such action is not required by anyone's duties) we would view this activity as a "Good Samaritan" act. Note: First aid kits are to be approved by a licensed medical doctor.
4. If there is a potential for death or serious physical harm (i.e.: stoppage of breathing and/or severe bleeding) and appropriate medical attention is not available within 3-4 minutes, then an employer is required to have a trained first aider on each shift.

The attached draft policy statement is to be used by those who do not expect an employee to assist co-workers and who meet the 3-4 minute medical response requirement.

To: All Employees

From:

Subject: Assisting Co-Workers in Medical Emergencies

The policy of this organization is that we do not expect, as part of any employee's duties, to assist a co-worker in a medical emergency. Since appropriate medical assistance is available within a reasonable time by calling the phone number posted at the job-site, employees are not required to assist co-workers.

The use of the First Aid Kits that may be available within our organization are for self-help. That is, an employee who is injured may use the materials in the first aid kit for self-administration.

Please note that if an employee uses a first aid kit to assist a co-worker (although such action is not required by anyone's duties) we would view this activity as a "Good Samaritan" act.

**Checklist For Reviewing Bloodborne Pathogens Programs  
For Protection of Collateral Duty First Aiders**

- \_\_\_\_\_ Has the Hepatitis B Vaccination series (HBV) been offered?
- \_\_\_\_\_ If the company wishes to offer the HBV on a post first aid incident basis, do they meet all requirements?
- \_\_\_\_\_ Have the requirements of Paragraph (d) of the standard been met? (This includes among other things: PPE, Waste Disposal and Cleanup).
- \_\_\_\_\_ Was an exposure determination performed?
- \_\_\_\_\_ Do they have complete training and medical records?
- \_\_\_\_\_ Does the facility have a written exposure control plan?
- \_\_\_\_\_ Have the proper follow up procedures been established for exposure incidents?

## **XI. SUPERINTENDENT/FOREMEN SELF-INSPECTION**

It is our policy to reduce and eliminate hazard exposures that can lead to employee injury or property damage. Self-inspection is one way to provide a safe workplace for our employees.

Superintendents and foremen are required to make daily visual inspections of their work areas and to test all equipment safety devices prior to the start of the work shift. Corrective action must be provided immediately if any hazards exist rear if any safety devices are not functioning properly. If the equipment can not be repaired before being used so that it is safe to use, then it must be removed from service.

Superintendents (or other assigned management representatives) are required to complete a weekly inspection of the work site using the "General Inspection Form" furnished by our company. All work areas including office areas will be inspected using this form. If any hazardous conditions are noted, corrective action must be taken. If the corrective action is beyond our authority and/or capability, keep all employees away from the hazardous condition until it is corrected or controlled. Notify the project manager in writing to request corrective action. Superintendents are expected to follow up on reported hazards to make sure they have been eliminated or controlled.

All completed forms, signed and dated by the superintendent where indicated must be turned into the home office on or before the last work day of each week.

Lack of appropriate inspections as well as falsification of inspection forms is a violation of company procedure and may be a civil and/or criminal violation of federal and/or state laws and/or regulations.

## DAILY JOBSITE SAFETY CHECKLIST

Job Location: \_\_\_\_\_ Job #: \_\_\_\_\_  
Signed By: \_\_\_\_\_  
Date: \_\_\_\_\_ Performed by: \_\_\_\_\_

A = Acceptable  
U = Unacceptable  
NA = Not Applicable

I understand that falsification of this document may be a violation of federal, state and local laws.

The completed form should be turned into the home office by the end of each week.

### Description

### Status Date Abated

#### ADMINISTRATIVE

1. Jobsite Safety & Health Poster Displayed
2. OSHA Log Maintained
3. Emergency Phone List Posted

#### EMPLOYEE TRAINING

1. All Employees Received Hazard Identification Training
2. All Employees Trained In HazCom
3. All Employees Trained In Appropriate Fire Fighting Response
4. All Employees Trained in Evacuation Procedures
5. Lockout/Tagout Procedures For Appropriate Employees
6. Confined Space Training For Appropriate Employees
7. Stairway And Ladder Training
8. Fall Protection Training
9. Equipment Operator Training
10. Hazard Specific Training (LEAD, ASBESTOS, ETC.)

#### SAFETY MEETINGS

1. Held Weekly
2. Signed By All In Attendance
3. Cover Topics Pertaining To Your Job

Description	Status Date Abated
<b>HAZARD COMMUNICATION</b>	
<ol style="list-style-type: none"> <li>1. Written Program On Site</li> <li>2. Chemical Inventory List Posted</li> <li>3. MSDS Sheets On File</li> <li>4. All Drums &amp; Containers Labeled</li> <li>5. Employees Trained</li> </ol>	
<b>ELECTRICAL</b>	
<ol style="list-style-type: none"> <li>1. GFCI In Place</li> <li>2. Electric Cords Inspected - No Splices In Cord</li> <li>3. Electric Power Tools Inspected</li> </ol>	
<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<ol style="list-style-type: none"> <li>1. Hard Hats</li> <li>2. Work Area Protection, Signage, and Reflective Vests Working Near Traffic</li> <li>3. Eye Protection - Chipping, Burning, Conc. Etc.</li> <li>4. Ear Protection</li> <li>5. Personal Flotation Devices &amp; Life Rings Working Near Water</li> <li>6. Gloves Used</li> <li>7. Proper Work Shoes (No Sneakers or Open Toe Shoes)</li> </ol>	
<b>TOOLS</b>	
<ol style="list-style-type: none"> <li>1. Tool Casings in Safe Condition</li> <li>2. Wiring for All Power Tools in Safe Condition</li> <li>3. Electric Tools Grounded (Unless Double Insulated)</li> <li>4. Extension Cords Grounded and In Safe Condition</li> <li>5. Hands Tools in Safe Condition</li> <li>6. Tools Stored In Designated Location</li> <li>7. Ladders Free Of Cracks &amp; Damage</li> </ol>	



**Description****Status Date Abated****CONFINED SPACE**

1. Air Monitoring
2. Power Ventilation
3. Stand By/Rescue Trained Person
4. Equipment & Electrical Lockout/Tagout

**TRENCHING & EXCAVATION**

1. Sheet piling Or Proper Sloping Over 5 Feet
2. Ladder Every 25 Feet
3. Utility Company Notified If Necessary
4. Air Monitored In Trench
5. Excavated Material Stored Min. 2 Feet From Trench

**SCAFFOLDING OVER 10 FEET**

1. Top, Midrail & Toe boards
2. Mudsills
3. Supported On Solid Base
4. Cross Bracing Properly Installed
5. Fully Planked & Proper Overlay

**LADDERS**

1. Extended 36 Inches Above Landing
2. Secured - Tied Off
3. Solid Rungs - No Cracks In Rungs
4. Proper Angle - 1/4 Working Length Of Ladder
5. Provided At Breaks In Elevations 19" Or More

**CRANES**

1. Fire Extinguisher In Cab
2. Boom Angle Indicators Working Properly
3. Load Capacity Charts In Cab
4. Instructions & Warnings Posted
5. Annual Inspections On Site
6. Hand Signal Chart In Visible View Of Rigger
7. 2 Feet Radius Barricade Around Swing Radius Of Crane

Description	Status Date Abated
<b>MACHINERY</b>	
<ol style="list-style-type: none"> <li>1. Point Of Operation Guards In Place</li> <li>2. Pulley Belt Assemblies Guarded</li> <li>3. Gear Assemblies Guarded</li> <li>4. Shafts Guarded</li> <li>5. Are There Any Oil Leaks</li> <li>6. Two Hand Controls Working Properly</li> <li>7. Is Electric Wiring In Safe Condition</li> <li>8. Lockout Policy &amp; Tag Procedures Used</li> </ol>	
<b>WELDING EQUIPMENT AND OPERATIONS</b>	
<ol style="list-style-type: none"> <li>1. Oxygen &amp; Acetylene Welding Equipment Equipped With Flash Arrestors</li> <li>2. Compressed Gas Cylinders Secured Upright &amp; Capped When In Storage</li> <li>3. Cylinders Mounted On A Card Or Secured In An Upright Position</li> <li>4. Is Oxygen Separated From Flammables And Combustibles By At Least 20' Or A 5' High Non-Combustible Wall When Stored</li> <li>5. Gas Hoses And Gauges In Safe Condition</li> <li>6. Proper Eye Protection Available And Used</li> </ol>	
<b>FIRE PROTECTION</b>	
<ol style="list-style-type: none"> <li>1. Extinguishers Charged And Accessible</li> <li>2. If Available, Standpipes, Hoses, Sprinkler Heads And Valves In Safe Condition And Accessible</li> <li>3. Stairs Clear And In Safe Condition</li> <li>4. Hollow Pan Stairways Filled</li> <li>5. Exits And Exit Paths Clearly Marked</li> <li>6. Flammables Properly Stored (Gasoline, Paint Solvents, Acetylene, Propane Tanks, Etc.)</li> <li>7. Evacuation Plan As Required By OSHA Available</li> </ol>	

**Description****Status Date Abated****HOUSEKEEPING**

1. Aisles, Stairs & Floor Free Of Obstructions
2. Materials Supplies Stored And Piled In Designated Areas
3. Regular Removal Of Trash & Debris
4. Are All Work Areas Lighted
5. Work Areas Neat & Orderly

**FALL PROTECTION**

1. Perimeter Protection
2. Top, Midrail & Toe board, Nets &/Or Static Lines
3. Full Arrest Systems (Harness) On All Employees Exposed To Falls
4. Floor Openings Properly Protected

**MATERIAL HANDLING EQUIPMENT**

1. Carts In Safe Condition
2. Cart Wheels Free & Rolling Smoothly
3. Hoist Opening Equipped With Removable Railing
4. Hoist Cables & Hooks Inspected
5. Materials Secured Stacked
6. Employees Trained &/Or Certified To Operate Equipment

**RESPIRATORY PROTECTION**

1. Respirators selected on the basis of hazards (specific substance and concentration) to which the worker is exposed.
2. Exposure assessment performed to ensure maximum use concentration of a respirator is not exceeded.
3. Employees instructed and trained in proper use of respirators.
4. Respirators regularly cleaned and disinfected.
5. Respirators stored in a clean and sanitary location.
6. Respirators inspected during cleaning for worn or deteriorated parts.
7. Determine if employees are physically able to perform the work and use the respiratory equipment. Determined by a physician.

It is very important to understand that you are responsible for all "items" and sections of 29 CFR 1926.

INDEPENDENT GENERAL CONTRACTING

## MANAGEMENT AUDIT CHECKLIST

Yes No

### A. Management Commitment and Leadership

- |    |   |       |       |
|----|---|-------|-------|
| 1. | Policy statement: goals established, issued and communicated to employees | _____ | _____ |
| 2. | Program reviewed annually   | _____ | _____ |
| 3. | Participation in safety meetings, inspections, agenda items in meetings   | _____ | _____ |
| 4. | Commitment of resources is adequate                                       | _____ | _____ |
| 5. | Safety rules and procedures incorporated into the site operations         | _____ | _____ |
| 6. | Management observes safety rules  | _____ | _____ |

### B. Assignment of Responsibilities

- |    |   |       |       |
|----|---|-------|-------|
| 1. | Safety designee on site, knowledgeable and accountable                        | _____ | _____ |
| 2. | Supervisors (including foremen) safety and health responsibilities understood | _____ | _____ |
| 3. | Employees adhere to safety rules  | _____ | _____ |

### C. Identification and Control of Hazards

- |    |   |       |       |
|----|---|-------|-------|
| 1. | Periodic site safety inspection program involves supervisors                    | _____ | _____ |
| 2. | Prevention controls in place (PPE, maintenance, and engineering controls, etc.) | _____ | _____ |
| 3. | Action taken to address hazards   | _____ | _____ |
| 4. | Safety committee where appropriate  | _____ | _____ |
| 5. | Technical references available  | _____ | _____ |
| 6. | Enforcement procedures by management  | _____ | _____ |

### D. Training and Education

- |    |   |       |       |
|----|---|-------|-------|
| 1. | Supervisors provided with basic training                      | _____ | _____ |
| 2. | Specialized training provided when needed                     | _____ | _____ |
| 3. | Employee training program exists, is ongoing and is effective | _____ | _____ |

### E. Recordkeeping and Hazard Analysis

- |    |  |       |       |
|----|--|-------|-------|
| 1. | Records maintained of employee illnesses, injuries, and posted   | _____ | _____ |
| 2. | Accident investigations performed, determine causes and proposed corrective action                           | _____ | _____ |
| 3. | Injuries, near misses and illnesses are evaluated for trends, similar causes and corrective action initiated | _____ | _____ |

**F. First Aid and medical Assistance**

Yes No

1. First aid supplies and medical services available
2. Employees informed of medical results
3. Emergency procedures and training where necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To determine the effectiveness of our company's safety and health program, our safety director will complete the self-evaluation recommended by OSHA. This information will be rated by the home office and kept on file. Superintendent/foremen will be provided with a copy and are expected to correct any deficiencies.

Remember, the OSHA inspection can result in a review of deficiencies, and where conditions warrant, a citation for one or more of the above standards. Annual completion of the self-evaluation is required by our company.

### **XIII. PROJECT SITE SPECIFIC SAFETY PROGRAM**

The owner, construction manager or general contractor will conduct a pre-bid meeting to discuss and explain the project site safety program. This program should include at minimum the following:

#### **A. Purpose Of The Plan**

The purpose of this Construction Safety and Health Plan is to establish practices and procedures to protect construction personnel and others during construction on the site.

#### **B. Applicability**

The provisions of the plan are mandatory for contractors and subcontractors engaged in any on-site construction activities.

#### **C. Site Description**

1. Proposed Project
2. Site Description and History
3. Risk Evaluation

#### **D. Emergency Information**

1. Emergency Contacts
  - Police
  - Fire
  - Ambulance

#### **E. Site Safety Work Plan**

1. Designation of Site Safety Coordinator
2. Recordkeeping Responsibilities
3. First Aid/Bloodborne Pathogens
4. Excavation/Trenching
5. Demolition
6. Responsibility for Fall Protection
  - Guard Rails (top rail, mid rail, toe boards)
  - Scaffolds
  - Ladders
  - Safety Nets

7. Responsibility for Lead Determination and Abatement
  8. Personal Protective Equipment
    - Hard Hats
    - Gloves
    - Safety Glasses/Goggles
    - Work Boots
    - Safety Belts and Lanyards
  9. Fire Protection and Prevention
    - Fire Extinguishers
    - Storage and Use of Flammable and Combustible Liquids
  10. Material Handling, Storage Use and Disposal
  11. Tools - Hand Power
  12. Welding and Cutting
    - Storage and Use of Oxygen and Acetylene Tanks
  13. Electrical
    - Ground Fault Circuit Interrupters
  14. Heavy Equipment/Fork Lifts
  15. Respiratory Protection Program
- F. **Safety Committee Meetings (Monthly)**
- Evaluation of Program
  - Address Safety Recommendations/Hazards
  - Review and Discuss Upcoming Construction

#### **XIV. DRUG AND ALCOHOL PROGRAM**

##### **Policy Statement**

Any employee caught possessing or using drugs or coming to work under the influence of drugs will be discharged with prejudice or severely disciplined.

Any employee who uses drugs on the job or works under the influence of drugs endangers himself/herself and other workers. This company will not tolerate drug use on the job.

Drug use is the direct cause of thousands of deaths every year. Drug use causes permanent brain damage and birth defects and usually leads to addiction. Intravenous drug use transmits AIDS, which is incurable and invariably fatal, as well as other serious diseases.

Possession of drugs, no matter how small an amount, is a crime, punishable by incarceration. Sales of drugs or possession of a significant quantity of drugs is a felony.



## XV. HAZARD SPECIFIC POLICIES

To further ensure the safety of our employees and ensure compliance with specific requirements that may be mandated under local, state or federal regulations, INDEPENDENT GENERAL CONTRACTING has attached the following safety and health plans, designed to address specific hazards in the workplace. These plans will be updated periodically as indicated by law and changes in the operation:

ADD NEW (UPDATE LOVELL HAZARD SPECIFIC POLICIES)

- FALL PROTECTION
- RESIDENTIAL FALL PROTECTION
- LADDERS / STAIRWAYS
- TRENCHING / EXCAVATION
- ELECTRICAL SAFETY
- CRANES AND RIGGING
- SCAFFOLDS
- WELDING
- RESPIRATORY PROTECTION
- POWER TOOLS
- PPE
- HAZARD COMMUNICATION
- MATERIAL HANDLING
- OCCUPATIONAL HEALTH

## ATTACHMENTS

- LOVELL SAFETY TOOL BOX SAFETY TALKS

## SUPERVISOR'S INVESTIGATION & REPORT OF INCIDENT

NAME OF INJURED (Last Name, First Name)		S.S.#:	D.O.B.:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ADDRESS:		CITY/ZIP CODE	HOME PHONE #:	
DEPT.:		JOB TITLE:	WORK LOCATION:	
<b>WHEN</b>	Date and Time of Incident:     /     / <input type="checkbox"/> AM <input type="checkbox"/> PM			
	Date reported to supervisor:     /     /     If delayed, Why? _____			
<b>DESCRIPTION OF INCIDENT</b>	Detail what employee was doing (i.e. - at risk behavior) and/or what physical objects (machines, equipment), material (chemical vapor, inhalant) (i.e. - unsafe conditions) were involved: _____ _____			
	Was employee doing something other than required duties: <input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, explain: _____			
<b>WHAT</b>	State body parts injured: _____			
	Was treatment beyond first aid required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain: _____			
	Fatality: <input type="checkbox"/> YES <input type="checkbox"/> NO    When: _____    Lost Time <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>WHERE</b>	Exact location where incident occurred: _____			
	Was ambulance transport necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	To what facility? _____			
<b>WITNESSES</b>	(Last Name, First Name / Title/TEL. #:) _____ _____			
<b>WHY</b>	Comment on the causes of this incident: _____ _____ _____			
<b>PREVENTION</b>	What should be done and by whom to prevent recurrence of this type of incident? _____ _____			
	What action are you taking to see that this is done? _____ _____			
	SUPERVISOR/MANAGER'S Signature/Dept. _____			
	Phone # _____ Date of this report: _____			
	Employee Signature _____ Date ____ / ____ / ____			
	Comments: _____ _____			
<b>SUPERVISOR - DO NOT WRITE BELOW THIS LINE</b> Date Report Received by Safety Manager _____ Date forwarded to HR _____ C-2 Completed _____ Lovell Notified _____ Lovell Safety Management Co., LLC; 125 Maiden Lane, NYC 10038			# of Days Lost: _____ OSHA LOG # _____ OSHA notified? (fatality, 3 hospitalizations): _____  <input type="checkbox"/> CHECK HERE IF CONTINUED ON ADDITIONAL PAGES	

INDEPENDENT GENERAL CONTRACTING

**ACCIDENT REPORT**  
**To Be Completed at Accident Scene**

Driver's Name \_\_\_\_\_  
Plate Number \_\_\_\_\_

**GENERAL INSTRUCTIONS**

1. STOP at the scene as quickly as possible.
2. Protect the scene. Use warning devices. Get help from bystanders. Turn off all engines. No smoking. Guard against fire. Check for fuel or cargo leaks.
3. Assist injured persons. Don't move them unless absolutely necessary. Summon ambulance if needed.
4. Get help. Use near by phone or send reliable passerby. Notify terminal, police and insurance company as instructed. Give location and nature of accident accurately.
5. Identify yourself and company. Show license, registration and insurance card on request.
6. BE COURTEOUS. Make no statement about accident except to police or company and insurance company representative.
7. Fill out and check all applicable information on this form BEFORE YOU LEAVE THE SCENE.

**A. DATE, TIME, PLACE**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
In \_\_\_\_\_ (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
On \_\_\_\_\_ (Street or Highway)  
At \_\_\_\_\_ (Street Address or Intersection)

Distance and Direction from:

- ☐ Open Country ☐ Business-Shopping  
☐ Residential ☐ Manufacturing-Industrial  
☐ Open (Describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

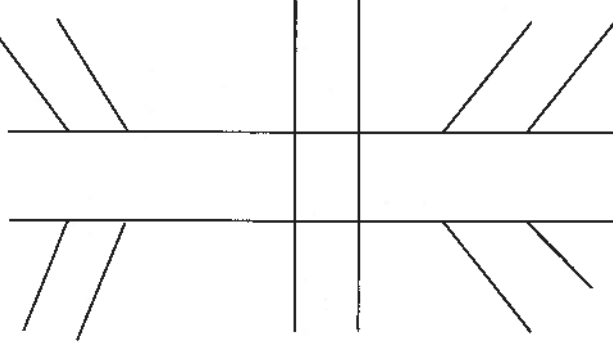
INDEPENDENT GENERAL CONTRACTING

**B. ACCIDENT SCENE**

**Instructions for Accident Diagram**

Fill dotted lines to correspond with road at accident site.  
Show position of all vehicles, pedestrians etc. as follows:

Your vehicle 1  
Other vehicle(s) 2 numbered  
successively.  
Pedestrian \_\_\_\_\_  
Traffic Sign [ ] Traffic Signal  
(indicate type)



Your Veh. (#1) \_\_\_\_\_ Direction of Travel: \_\_\_\_\_  
Other (#2) \_\_\_\_\_  
☐ Not at Intersection ☐ Bridge-Overpass  
☐ Street Intersection ☐ Underpass  
☐ Drive or Alley ☐ Private property  
☐ Crosswalk ☐ Other off-street  
☐ Traffic Control ☐ Other: \_\_\_\_\_  
☐ Stop Sign  
☐ Light  
☐ Yield

**C. OTHER VEHICLES**

Driver Veh. #2 \_\_\_\_\_  
Address \_\_\_\_\_  
Driver's License No. \_\_\_\_\_  
OTHER OCCUPANTS:  
A. Name \_\_\_\_\_ Address \_\_\_\_\_  
B. Name \_\_\_\_\_ Address \_\_\_\_\_  
OWNER (IF NOT THE DRIVER):  
A. Name \_\_\_\_\_  
Address \_\_\_\_\_  
VEHICLE:  
Make & Model \_\_\_\_\_  
Tag # and State \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
INJURIES:  
Name & Injury \_\_\_\_\_  
Where taken \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Driver Veh. #3 \_\_\_\_\_  
Address \_\_\_\_\_  
Driver's License No. \_\_\_\_\_  
OTHER OCCUPANTS:  
A. Name \_\_\_\_\_ Address \_\_\_\_\_  
B. Name \_\_\_\_\_ Address \_\_\_\_\_  
OWNER (IF NOT THE DRIVER):  
A. Name \_\_\_\_\_  
Address \_\_\_\_\_  
VEHICLE:  
Make & Model \_\_\_\_\_  
Tag # and State \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
INJURIES:  
Name & Injury \_\_\_\_\_  
Where taken \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

D. PEDESTRIAN ACTION

DESCRIBE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Injured? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. WITNESS

Persons seeing the accident will be of service to our driver by giving their names and addresses.

NAME \_\_\_\_\_ Phone \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ Phone \_\_\_\_\_

License number and descriptions of first vehicles at scene.

\_\_\_\_\_  
\_\_\_\_\_

Investigating Officer(s) Name \_\_\_\_\_

Badge \_\_\_\_\_ Dept. \_\_\_\_\_

Police Report# \_\_\_\_\_

Name \_\_\_\_\_

Badge \_\_\_\_\_ Dept. \_\_\_\_\_

Citation: You \_\_\_\_\_ Other \_\_\_\_\_

Citation: You \_\_\_\_\_ Other \_\_\_\_\_

F. ROADWAY CONDITIONS AND CONTROLS

☐ Not Divided ☐ Divided ☐ Limited Access  
No. of Lanes 2 3 4 5 6 \_\_\_\_\_ (Specify)

Weather \_\_\_\_\_ Condition of road \_\_\_\_\_

Time \_\_\_\_\_  
☐ Dry ☐ Ice ☐ Muddy  
☐ Wet ☐ Snow ☐ Oily  
☐ Traffic Smooth ☐ Other

INDEPENDENT GENERAL CONTRACTING

G. PROPERTY DAMAGE

Describe damage to other vehicle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe damage to your vehicle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cargo Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Property Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. WHAT HAPPENED

At what distance did you first see danger? \_\_\_\_\_ Ft. How fast were you going? \_\_\_\_\_ MPH

What was your speed impact? \_\_\_\_\_ MPH How far did your at vehicle go after impact? \_\_\_\_\_ Ft.

Describe in your own words the circumstances of the accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: This report should be handwritten at scene. Turned into Branch, signed and sent to Fleet Management within 24 hours.

Driver \_\_\_\_\_ Signature \_\_\_\_\_