

OCIP SAFETY AND LOSS PREVENTION MANUAL



PRESENTED BY

**BROWARD COUNTY BOARD OF COUNTY
COMMISSIONERS**

and

Aon Risk Services

Table of Contents

| | |
|--|----|
| PROJECT SAFETY POLICY | 5 |
| INTRODUCTION..... | 6 |
| <u>General Information</u> | 6 |
| <u>Contractor’s Safety and Loss Prevention Program</u> | 7 |
| <u>Broward County OCIP Safety Team</u> | 7 |
| <u>Drug Free Work Environment</u> | 7 |
| <u>Definitions</u> | 9 |
| <u>Acronyms</u> | 11 |
| RESPONSIBILITIES | 12 |
| <u>Contractor</u> | 12 |
| <u>Subcontractor</u> | 14 |
| <u>Broward County OCIP Safety Team</u> | 14 |
| SAFETY AND HEALTH PROCEDURES..... | 15 |
| <u>Motor Vehicles and Construction Equipment</u> | 15 |
| <u>Excavations/Trenching</u> | 15 |
| <u>Material Handling and Storage - Flammable and Toxic Materials</u> | 15 |
| <u>Personal Protective Equipment</u> | 16 |
| <u>Fall Protection</u> | 18 |
| <u>Scaffolding</u> | 19 |
| <u>Welding and Cutting</u> | 20 |
| <u>Electrical</u> | 20 |
| <u>Lock-Out Procedures</u> | 20 |

| | |
|---|-----------|
| <u>Powder Actuated Tools</u> | 23 |
| <u>Steel Erection</u> | 23 |
| <u>Work Platforms Suspended From Cranes</u> | 23 |
| <u>Crane operations</u> | 24 |
| <u>Fire Prevention and Protection</u> | 24 |
| <u>Job Safety Analysis</u> | 25 |
| ORIENTATION..... | 26 |
| <u>Scope</u> | 26 |
| <u>Documentation</u> | 26 |
| <u>Facility</u> | 26 |
| SAFETY TRAINING..... | 27 |
| <u>Required Safety Training</u> | 27 |
| <u>Other Safety Training Available</u> | 27 |
| RECORD KEEPING REQUIREMENTS..... | 28 |
| <u>Introduction</u> | 28 |
| <u>Posters</u> | 28 |
| <u>Signs</u> | 28 |
| <u>Instructions for Completion and Filing of Records</u> | 28 |
| ADMINISTRATIVE POLICIES..... | 30 |
| <u>OSHA Inspections</u> | 30 |
| <u>Accident and Incident Investigations</u> | 30 |
| HAZARDOUS CHEMICALS..... | 32 |
| <u>Hazardous Materials and Hazardous Waste</u> | 32 |
| <u>Material Safety Data Sheets (MSDS)</u> | 32 |
| EMERGENCY PROCEDURES..... | 33 |

| | |
|---|-----------|
| <u>Emergency Management Plan</u> | 33 |
| <u>Emergency Notification</u> | 34 |
| <u>Emergency Medical Transportation</u> | 34 |
| <u>Severe Weather</u> | 34 |
| SECURITY | 38 |
| <u>Scope and Purpose</u> | 38 |
| <u>Objective</u> | 38 |
| <u>Security - Parking, Badging, Company Vehicles, Deliveries</u> | 38 |
| <u>Security - General Project Rules and Regulations</u> | 40 |
| <u>Contractor Security Responsibilities</u> | 40 |
| <u>Contractors' Employee Responsibility</u> | 41 |
| <u>Enforcement</u> | 41 |
| <u>Project Rules and Regulations</u> | 41 |
| <u>Delivery and Removal of Material</u> | 42 |
| Emergency Site Map | A |
| Appendix..... | B |

PROJECT SAFETY POLICY

Each contractor has agreed to supervise and direct the work, using their best management skills and technical expertise. The contractor will be solely responsible for all construction means, methods, techniques, sequences, and procedures. This includes all safety precautions and programs in connection with the work as well as for coordinating all portions of the work. Each subcontractor, of any tier, likewise has agreed to be responsible for all safety precautions and programs in connection with the work under the prime agreement.

Each contractor and subcontractor, of any tier, will present a written safety program to The OCIP Safety Team for review. This safety program will meet or exceed all applicable federal, state, county and city laws, statutes, regulations, codes, ordinances, and orders of those governing bodies having jurisdiction over the work and which will meet or exceed the guidelines set forth in Broward County OCIP Safety and Loss Prevention Program. This may also include Federal Aviation Administration, Transportation Security Administration Department of Homeland Security and Customs and Border Protection.

This document serves to provide certain guidelines for the contractor and subcontractor, of any tier, to establish a safe and drug-free work environment. The guidelines outlined in this manual do not limit or prescribe the necessary safety or drug testing procedures the contractor or subcontractor, of any tier, must follow under Florida law.

INTRODUCTION

We, at Broward County have developed this manual to ensure pro-active safety processes are used on this project. You, as a contractor or subcontractor on this project have, a goal, to prevent injuries to all employees and the down time associated with incidents and accidents. The requirements of OSHA, the State of Florida, Broward County Risk Management and this manual establish the standards that your safety and loss prevention programs must meet or exceed.

In addition to setting minimum standards, this manual promotes safety by facilitating on-site employee safety orientations designed to promote a safe work environment.

With the state of affairs in the United States the safety and security of our citizens are of most importance. This includes our workers while performing work activities at projects covered under the Broward County OCIP. In addition to the above mentioned agencies, all contractors and employees will be held to regulations contained in the Federal Aviation Administration, the Transportation Security Administration for working on airports, Department of Homeland Security, Customs and Border Protection for all Broward County OCIP work. In addition to this information the most current Homeland security level will dictate how safety and health will be enforced. The most current FAA regulations will take precedence over any OCIP requirements, rules or requirements for any Broward County Aviation Department project.

The information in this manual is not intended to alter the provisions of the Agreement with Broward County. In the event of a conflict or inconsistency, the Agreement will govern.

A. General Information

The OCIP Safety Team's objective is to emphasize that protecting people and property are of paramount importance to the success of this project. To accomplish this objective we are utilizing a pro-active safety process.

The pro-active safety process is a practical approach to the prevention of accidents. The emphasis is on discovering what causes accidents and identifying where in the work processes those causes are likely to occur. Only by breaking the cycle of accident evolution can accidents be controlled.

Accident prevention is a continuing process, not a fixed program. The OCIP Safety Team recognizes that contractors/subcontractors, of any tier, may have their own specific safety requirements. It is the responsibility of the contractor/subcontractor, of any tier, to identify to the OCIP Safety Team how their program may deviate from the guidelines set forth in this manual prior to any deviation.

While it is the responsibility of each individual to work safely, it is ultimately the contractors'/subcontractors' responsibility to see that all rules (safety and health) and practices are followed and enforced. Active participation by contractors and subcontractors in construction safety and loss prevention programs is mandatory. Contractors and subcontractors, of any tier, must demonstrate to their employees complete support and continuing involvement in all safety and loss prevention efforts.

Safety is not to be sacrificed for production. Safety must be considered an integral part of the planning process. The goal of the OCIP Safety Team, along with the contractors/subcontractors of

any tier, is to eliminate accidents. The contractor and subcontractor are charged with the responsibility for developing, adhering to, and enforcing the safety and loss prevention program.

B. Contractor's Safety and Loss Prevention Program

The contractor's/subcontractor's bid will include costs to establish and maintain a safety and loss prevention program that meets or exceeds the requirements contained in this manual. A written safety program must be submitted with the bid for review by the OCIP Safety Team

Contractors/Subcontractors, of any tier, are solely responsible for carrying out their safety and loss prevention program. Therefore, the OCIP Safety Team requires that the contractors and subcontractors designate a competent on-site employee to carry out this responsibility. This employee is directly responsible for ensuring that their program and employee actions comply with the minimum safety standards required by federal, state and local codes and regulations, and the safety guidelines set forth in this manual. These programs may also be required to include any regulations required by the Federal Aviation Administration, Transportation Security Administration, Department of Homeland Security and Customs and Border Protection.

C. Broward County OCIP Safety Team

Aon Risk Services will monitor the project safety plan.

The Aon Risk Services On-Site Safety Representative is a technical advisor to Broward County OCIP project management and is a resource to the contractors/subcontractors on site. Also, the On-Site Safety Representative is responsible for monitoring compliance with all policies and procedures established for the project.

D. Drug Free Work Environment

This project is a drug-free work environment. Contractors and subcontractors, of any tier, will maintain a drug-free environment in accordance with Florida law. Contractors/Subcontractors, of any tier, are responsible for testing any and all of their employees who work on the project for the presence of drugs or alcohol.

Contractors and subcontractors, of any tier, will test their employees, as appropriate, throughout the construction process including testing at the time of any accident and to the extent necessary to implement drug-free work standards in accordance with Chapter 440, FLA. Stat. The OCIP Safety Team has the right to audit the records, at any time, in order to confirm that each employee who works on the project has been drug tested. In addition, contractors are responsible for ensuring that all of their subcontractors, of any tier, drug test their employees who report to work on the project in order to maintain a drug-free work environment.

Contractors and subcontractors, of any tier, are to include the cost of drug testing in their bid.

All confidential records regarding employee drug testing will need to be maintained by the contractors and subcontractors in a manner consistent with Florida law.

It is the responsibility of contractors and subcontractors, of any tier, to direct their employees and new hires to report to a medical laboratory for the appropriate testing at times convenient to the contractors, subcontractors, their employees and new hires in accordance to Florida law. The medical laboratory will report the test results directly to the contractors and subcontractors. The

contractors and subcontractors, of any tier, will certify to the OCIP Safety Team that employees who report to work on the site have been tested prior to Project Security issuing the site access clearance and the security badges.

All Contractors will provide Broward County written notice that their employee has tested positive for any drug or alcohol and that they will no longer be permitted on any OCIP Project. This notice shall be given within 24 hours of receipt of any positive blood/urine test result or the following work day, whichever time is earlier.

DEFINITIONS

The following acronyms and titles may not reflect the actual titles and acronyms in use by all entities on this project and do not have any force or effect beyond their use in the Safety Standards. Due to such differences in nomenclature among Owners and Contractors, the following are used throughout the OCIP Safety Standards to establish the functional framework for the OCIP Safety Program.

Aon Risk Services (ARS). The party responsible for brokering and administering the OCIP Insurance Program and developing and monitoring compliance with the Safety Standards.

Authorized Person. (In reference to an employee's assignment) Selected by the employer for that purpose.

Broward County OCIP Team. This is the management team that represents the safety and health interests of the OCIP in the prevention of insurance losses on all Broward County OCIP projects. The team includes Broward County project management, Broward County risk management, Aon safety representatives and representatives from the insurance carrier.

Competent Person. 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.

Contractor. The entity with which the Owner enters into this contract.

Employee. Person employed by an Employer as defined by this section.

Employer. Firm or entity that has Employees working on site and is enrolled in the OCIP program. The term Employer includes the Contractor and Subcontractors of all tiers.

OCIP Safety Team. Aon, Insurance Carrier, or Broward County Risk Management representative(s) responsible for monitoring, evaluating and coordinating the Contractor's safety, health, and environmental compliance.

OSHA. OSHA as used in the context of these Safety Standards refers to Federal agency with jurisdiction over workplace occupational safety and health at the project site.

Owner Controlled Insurance Program (OCIP). Owner's wrap-up insurance program which provides insurance coverage for eligible and enrolled owner's representatives, Contractors, and Subcontractors of any tier, working on any of the Broward County OCIP project sites. The Owner identifies program participants.

Qualified Person, Attendant or Operator. A person designated by the employer who by possession of a recognized degree, certificate, or professional standing, or who, by extensive knowledge, training and experience, has successfully demonstrated his/her ability to solve or resolve problems relating to the subject matter, the work, or the project.

Site-Specific Safety Program (SSSP). The Employer's Site-Specific Safety Program prepared in accordance with the requirements of this document and the Contract.

Subcontractor. Firm or other entity awarded work by a Contractor on a particular construction project. Subcontractor as used herein shall apply to all tiers of Subcontractors, as well as vendors and service providers performing work for the benefit of the Contractor. For the purposes of the Safety Standards, vendors, suppliers, and service providers on the project for the furtherance of the project are covered by this definition and are subject to the provisions of the Safety Standards even though they may not be enrolled in the OCIP.

ACRONYMS

Following is a list of acronyms used in this document.

| | |
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| ABC | Associated Building Contractors |
| AGC | Associated General Contractors of America |
| ANSI | American National Standards Institute |
| ARM | Associate in Risk Management |
| ARS | Aon Risk Services |
| ASP | Associate Safety Professional |
| ASSE | American Society of Safety Engineers |
| DHS | Department of Homeland Security |
| CBP | Customs and Border Protection |
| CDL | Commercial Drivers License |
| CHST | Certified Safety and Health Technician |
| CPR | Cardio Pulmonary Resuscitation |
| CSP | Certified Safety Professional |
| EPA | Environmental Protection Agency |
| FAA | Federal Aviation Administration |
| GVW | Gross Vehicle Weight |
| HEPA | High Efficiency Particulate Air |
| JSA | Job Safety Analysis |
| LEL | Lower Explosive Limit |
| MSDS | Material Safety Data Sheet |
| MUTCD | Manual on Uniform Traffic Control Devices |
| NEC | National Electrical Code |
| NFPA | National Fire Protection Association |
| NSC | National Safety Counsel |
| OCIP | Owner Controlled Insurance Program |
| OSHA | Federal Occupational Safety and Health Administration |
| PPE | Personal Protective Equipment |
| PSP | Pro-Active Safety Process |
| RIMS | Risk and Insurance Management Society |
| RPM | Revolutions per Minute |
| SMS | Safety Management Systems |
| SSSP | Site-Specific Safety Program |
| TSA | Transportation Security Administration |
| UL | Underwriters' Laboratories |
| USDOT | United States Department of Transportation |

RESPONSIBILITIES

A. Contractor

1. Expectations

Contractors and subcontractors, of any tier, have the explicit responsibility to perform work in accordance with federal law (including both 29CFR1910 and 29CFR1926 statutes) and the State of Florida or Broward County requirements that may also include any regulations required by the Federal Aviation Administration, Transportation Safety Administration, Homeland Security or United States Customs.

This is in addition to compliance with their own company requirements. Additionally, contractors and subcontractors are accountable for fulfilling the responsibilities listed in this section.

If the prime contractor and his/her subcontractors of any tier have **75** or more combined total employees on site, either the prime contractor or his/her subcontractors must have a dedicated safety representative assigned to the site full time to carry out the duties described below. If the prime contractor and his/her subcontractors have fewer than **75** combined total employees on site, the prime contractor or his/her subcontractors can delegate these duties to an on-site supervisor (who we refer to as a safety designee).

In situations where it is agreed upon that safety policies and requirements overlap, causing potential conflicts, the stricter requirement(s) will apply.

2. On-Site Safety Representative or Designee

The qualifications of the dedicated safety representative or safety designee must be submitted to the OCIP Safety Team for approval prior to assignment to the site. Approval will depend upon:

- Construction experience
- Knowledge of safety officer responsibilities
- Safety training as outlined on page twenty of this manual

Specific responsibilities of the safety designee or dedicated safety representative include, but are not limited to the following:

a) Employee Safety Orientation and Training

- Conduct orientation sessions for employees new to the site, prior to their beginning work.
- Participate in weekly tool box safety meetings; assist field supervisors, as requested, with meetings.
- Conduct weekly supervisor safety meetings.
- Instruct supervisors on safety rules and regulations.
- Instruct employees in the proper use and care of personal protective equipment.
- Instruct employees concerning special procedures (e.g. lock-out, excavation, confined space entry, FAA, TSA, DHS and CBP, etc.) as required by OSHA or this manual.
- Conduct hazard communication training.

- Conduct respiratory training as required.
- Conduct emergency evacuation training.

b) Record Keeping

- Complete OSHA, state, federal, company and project specific reports.
- Complete accident investigation reports.
- Complete inspection reports.
- Maintain training documentation.
- Complete and process Broward County OCIP safety and health reporting requirements, this includes but is not limited to inspections, incident/ accident reports and training logs.

c) Safety Standards, Rules and Regulations Enforcement

- Authority to stop work.
- Authority to take immediate corrective action.
- Implement, maintain, and update, as required, conditions and project site specific safety policies and procedures.
- Interpret and implement site specific safety policies and procedures.
- Demonstrate, by example, proper safety behavior.

d) First Aid/Medical Treatment

- Ensure first aid supplies are adequate.
- Investigate accidents and complete or obtain accident reports.
- Coordinate transportation of employees with minor injuries to contractor's first aid station or designated medical facility.

e) General Responsibilities

- Keep the OCIP Safety Team apprised of any safety related problems that have or may develop.
- Conduct work area safety inspections and forward results to the OCIP Safety Team.
- Conduct investigations of all accidents and incidents and forward reports to the OCIP Safety Team.
- Compile OSHA statistical information and copy the OCIP Safety Team.

3. Field Supervisors or Fore-persons

The field supervisors have the responsibility for overall training, control, and conduct of personnel on their crew. As first line supervisors, their role in the safety and health program is crucial because they set standards by which their employees work.

The field supervisors' safety responsibilities include, but are not limited to:

- Task specific safety training
- Safety inspection
- Tool box safety meetings
- Accident investigation

B. Subcontractor

Subcontractors, of any tier, are responsible for complying with the safety requirements outlined by both Broward County OCIP and the contractor, even though the requirements may be above and beyond the subcontractor's own safety policies and federal and state OSHA requirements.

C. Broward County OCIP Safety Team

The OCIP Safety Team is responsible for generating and maintaining a high level of commitment for safe operations among all personnel assigned to the project site.

Responsibilities and duties of The OCIP Safety Team include, but are not limited to, the following:

1. Compile, follow-up, and maintain safety performance statistics for the project. Communicate above information to the project's senior management to ensure they are informed and involved in the safety program.
2. Keep apprised of new regulations and developments to keep the safety policies and procedures current and effective.
3. Conduct safety surveys of contractors' and subcontractors' activities to observe safety performance and make appropriate recommendations.
4. Review and communicate methods and procedures to foster the highest level of accident prevention performance possible. Provide such information to the safety representative or designee.
5. Provide special consulting, training, etc., to the contractors and subcontractors regarding problems and challenges that may arise on the project.
6. Assist with the prime contractors' employees' project orientation.
7. Conduct accident investigations if required.
8. Administer the project Safety Incentive Program if one is implemented.
9. Review all accident investigation reports to ensure thorough investigations were conducted to control future accidents.
10. Disseminate safety bulletins.
11. Distribute written information to the safety representative or designee regarding new pro-active requirements, regulations or developments in safety.
12. Review and evaluate contractors' safety meeting minutes to ensure that quality safety meetings are held.
13. Provide this safety manual, other written safety information, posters, etc., as needed.
14. Provide coordination with public and regulatory agencies.
15. Participate in organizations such as ABC, AGC, ASSE, and National Safety Council to remain apprised of new developments in safety or any other professional electronic briefings as necessary.
16. Offer free OSHA 10 and 30 hour construction safety and health courses; training will be conducted exclusively at the discretion of the OCIP Safety Team and only at the County's project sites by a Federal Department of Labor Authorized Trainer.

SAFETY AND HEALTH PROCEDURES

The safety procedures established for this project are based on current work activities. Future work activities may require the development of additional safety procedures or clarification of existing policies and procedures.

It is the responsibility of each employee to work in a safe manner. However, it is ultimately the contractor's and subcontractor's responsibility to see that all safety and health rules and practices are followed.

Safety is never to be sacrificed for production. The safety goal for this project is to prevent accidents.

A. Motor Vehicles and Construction Equipment

When requested, prior to operating a motor vehicle on the project sites, the employer shall provide documentation of the operator's qualifications to operate the specific vehicle to the OCIP Safety Team.

Anyone who will operate a motor vehicle on the Ft. Lauderdale-Hollywood International Airport must complete and pass the training and orientation required by the Broward County Aviation Department in accordance with the FAA, TSA, DHS and any other agency's requirements for operation of vehicles.

Anyone who will operate construction equipment on airport property will be required to attend and pass the Broward County Aviation Departments training for operating equipment on and near airports in accordance with the FAA, TSA, DHS and any other agency's requirements.

All employees will operate vehicles and construction equipment in accordance with any and all Federal OSHA regulations. This also includes inspections, lighting, markings and operation in accordance with the regulation covering the specific project site, which could include FAA, TSA, DHS or any other local, state, or Federal agency.

Each employer will provide to the OCIP Safety Team any and all training records and copies of licenses for all employees working on or operating construction equipment on Broward County OCIP projects.

B. Excavations and Trenching

When requested, prior to beginning any excavation, digging, trenching or drilling operation, contractors or subcontractors, of any tier, must ensure that all underground utilities have been located and verified by the responsible parties. Contractors or subcontractors, of any tier, must also give the OCIP Safety Team forty-eight (48) hours notice prior to excavating deeper than five feet. All OSHA and State of Florida Trench Act requirements concerning safe trenching practices must be met.

C. Material Handling and Storage - Flammable and Toxic Materials

Flammable, toxic or other hazardous materials need to be stored in properly designated, well-ventilated areas. Be sure to coordinate such areas with Broward County project management.

D. Personal Protective Equipment

All employees and visitors to the project site must use the protective equipment prescribed by local, state, federal, and project rules and regulations. It is the intent of Broward County OCIP to control or minimize exposures that will or could lead to illness or injury. Therefore, anyone who refuses to use the prescribed protective equipment or who willfully damages such equipment shall be subject to removal from the project.

All personnel on the construction site must adhere to the following policies:

1. Eye Protection

a) Basic Eye Protection

- ANSI Z87.1 safety glasses with side shields shall be worn at all times while in the work area.

b) Contact Lenses

- Wearers of contact lenses must also wear appropriate eye and face protection devices in a hazardous environment. It should be recognized that dusty and/or chemical environments may represent an additional hazard to contact lens wearers. Hazardous environments may include, but are not limited to those in which a respirator may be required or where welding is being performed.

- Where appropriate, contact lenses may be worn if approved by both the contractor and the employee's physician. These approvals are to be documented and kept in the contractor's file on site. Employees will adhere to the project's basic eye protection policy.

c) Goggles

- If the task requires an employee to wear goggles, basic eye protection should not be worn since a good seal cannot be obtained.

d) Face Shield

- When contractors' or subcontractors' employees are exposed to flying particles, splashes, mists, etc., they must wear an approved face shield as well as basic eye protection (since a face shield provides only protection to the face and eyes from direct impact objects).

e) Welding Hood

- When welding, a welding hood as well as both basic eye protection and a hard hat must be worn. This is to protect employees from popping hot slag when the hood is raised and from overhead work exposures.

2. Head Protection

- a) All project work areas are considered "hard hat areas".

- b) Everyone, including delivery personnel, vendors and visitors must wear approved hard hats while on the project. Hard hats are not required in construction parking lots, enclosed vehicles and office trailers.
- c) Contractor's and subcontractor's company names are to be on all hard hats that are issued to their employees.
- d) All hard hats must be of class "B" type and in good condition.

3. Hearing Protection

- a) The safety representative or designee will monitor work areas to recognize and post high noise areas as required by 29CFR1926.52.
- b) Once an area is posted, notify Broward County OCIP.

4. Foot Protection

- a) All trades must wear leather shoes or boots with good heavy soles. Any work tasks requiring special foot wear requires a SPA to determine the proper size and protection. All electricians must have carbon inserts in shoes.
- b) No one is permitted to wear sneakers (including ANSI approved sneakers), tennis shoes or athletic shoes of any type, sandals, high heels or flip flop thongs on this project.

5. Clothing

Employees are to report to work properly attired. This project's requirements include:

- a) Clothing in good repair. (Frayed or tattered clothing can be hazardous to employees).
- b) No tank tops or sleeveless shirts. (Shirts must have at least 3" sleeves and be tucked in at all times).
- c) Long pants only. No short pants, cutoffs, sweat pants, etc.
- d) If working around moving machinery, no neckties, gauntlet type gloves and baggy, loose or ragged clothing.
- e) No loose, dangling jewelry. Since jewelry such as rings, watchbands, necklaces, earrings and the like can cause or contribute to accidents; employees must take the proper precautions.
- f) All employees working with electrical energy must be protected by clothing covered by NEC 70 E.
- g) Shoulder length or longer hair must be tied back and put under the hard hat or worn in a hair net. (This will keep it from impeding vision, becoming entangled in machinery or preventing the use of personal protective equipment).
- h) Reflective vests, shirts or jackets shall be worn by all personnel working in areas that require reflective outer wear. The reflective PPE must meet the requirements for the respective project sites. (I.e. road work, airport, seaport respectively).

6. Fall Protection

Contractors and subcontractors, of any tier, must provide to their employees appropriate protection against falls of six feet or more 100% of the time when employees are exposed. Fully evaluate the work conditions and environmental factors (including seasonal weather changes) before selecting the appropriate fall protection system (active, passive or a combination of measures, as appropriate). Such evaluation is to be recorded on the Safe Plan of Action form.

Types of Fall Protection Systems

- 1) *Personal fall arrest system* is a means used to arrest an employee in a fall from a work level. It consists of an anchorage, connectors, a body harness and may include a lanyard, deceleration device, lifeline, or a combination of these.
- 2) *Positioning device system* allows an employee to be safely supported on an elevated vertical surface (such as a wall) and work with both hands free.
- 3) *Warning line system* is a barrier erected to warn employees that they are approaching an unprotected edge. It also designates an area in which work may not take place without the use of a guardrail, personal fall arrest system or a safety net to protect employees.
- 4) *Guardrail system* is a barrier erected to prevent employees from falling to lower levels. All guardrails must meet the requirements of 29CFR1926.502.
- 5) *Safety net system* can be used when workplaces are more than 25 feet above the ground, water surface or other surfaces where the use of ladders, scaffolds, catch platforms, temporary floors, safety lines or a safety harness is impractical.

b. Safety Harness

- 1) The only permissible personal fall arrest system on this project is an industry approved safety harness. Employees can use positioning belts with two "D" ring attachment points as long as they are used in conjunction with a safety harness.
- 2) Safety harnesses must be secured to an overhead object of substantial capacity capable of supporting five thousand pounds (e.g. pipe, structure, cable, or rope lifeline). In order to accomplish this and ensure 100% protection, the employee may need to use two lanyards. The primary lanyard is never unhooked until the secondary lanyard is secure.

c. Lanyards and Lifelines

- 1) Lanyard and lifeline selection is determined by the type of work as well as the environmental conditions. If lanyards, connectors or lifelines may be damaged by welding, chemical cleaning, sandblasting, etc., either protect the components or use a more appropriate type of securing system.
- 2) Lanyards and lifelines must incorporate or be used with an appropriate deceleration device. Deceleration devices include rope grabs, rip-stitch lanyards, specially woven lanyards, tearing or deforming lanyards, automatic self-retracting lifelines and lanyard, etc., which dissipate or otherwise limit the energy imposed on an employee during fall arrest.

- 3) Once in use, the system's effectiveness is to be monitored. In some cases, a program for cleaning and maintaining the system may be necessary.
- 4) Lanyards and lifelines must only use locking snap hooks.
- 5) Under no circumstances must two lanyard snap hooks be connected together.

E. Scaffolding

All scaffolds and platforms must meet the following requirements:

a) General Requirements

- 1) Scaffolds twenty-five (25) feet or more above the ground or floor are to be erected, moved, altered and dismantled only by experienced personnel and under the direct supervision of a competent person experienced in scaffold erection and maintenance. Competent person as defined by CFR 29 1926.
- 2) Scaffolds six (6) feet or more above the ground or floor are to be completely decked and have handrails, midrails and toeboards installed. If for some reason, a platform or scaffold cannot be equipped with standard handrails or completely decked, safety harnesses must be worn and properly tied off.
- 3) Chain guardrails on scaffolding are not allowed.
- 4) Overhead protection for employees on a scaffold is required if they are exposed to overhead hazards.
- 5) Barricade the area beneath the scaffold and post "working overhead" signs in all approach directions.
- 6) Scaffolds that will be higher than thirty (30) feet and a working load exceeding fifty pounds per square foot, requires a licensed professional engineer to complete sealed and signed design drawings, including load calculations. Examples are scaffolds erected for plasterers, masons or any other trades who routinely store material on the platform.
- 7) Contact the OCIP Safety Team if any special scaffolding issues arise.

b) Rolling Scaffolds

- 1) No one is to ride on a rolling scaffold while it is being moved.
- 2) All materials and tools must be secured prior to moving a rolling scaffold.
- 3) No rolling scaffolds will be utilized to support other scaffolds.

c) Scaffold Planking

- 1) Paint or stamp scaffold planks within 12" on each end or edge to denote use for scaffold decking only.
- 2) Use only 2" X 10" or 2" X 12" scaffold grade material for scaffold planking.

d) Tagging

The most effective means of communication between the scaffold builder and the scaffold user is a scaffold tag. The tagging procedures are as follows:

- 1) The crew that erects the scaffold must complete and attach the appropriate scaffold tag.
- 2) The scaffold tag must be placed at eye level on or near the access ladder so it is easy to locate and plainly visible.
- 3) A competent person needs to ensure that the scaffold is erected properly and the tag attached is proper and completely filled out.
- 4) If the scaffold needs to be altered in any way, the person who signed the tag must be contacted to authorize the change and re-tag if necessary.
- 5) An untagged scaffold must not be used.
- 6) If a scaffold is to be used for three days or more, a competent person must inspect it prior to each shift.
- 7) Tagging System procedure:
 - A green tag is completed and attached by the erecting crew to scaffolds that have complete handrails, midrails, toeboards and decking.
 - A yellow tag is completed and attached to scaffolds that cannot be erected with all the components complete. The yellow tag allows the erecting crew to note what portion of the scaffold is incomplete and cautions the user. A yellow tag also informs the user fall protection may be required.
 - A red tag means the scaffold is being dismantled not yet completely erected or for some reason not safe and shall not be used.

F. Welding and Cutting

All welding and cutting operations are required to have a hot work permit issued by the prime contractor.

G. Electrical

Only qualified electricians may perform electrical work.

Lock-Out Procedures

Due to the scope of this job, the procedures used for energy isolation, be it electrical, mechanical, hydraulic, pneumatic or other types need to be both uniform and coordinated. Therefore, the Broward County OCIP has adopted the following procedures which must be communicated to contractors, subcontractors, and employees. Make sure they are aware of, understand, and follow these lock-out procedures and cooperate with other contractors who require a lock-out that involves your work.

Note that the Broward County OCIP requires the use of lock-out energy isolation devices (that is, using padlocks) throughout this project. Tag-outs (simply tagging the switch, valve, etc.) will not be used on this project.

a) Individual Lock-out Procedures

This procedure is used in the event power is either interrupted or restored unexpectedly. If interrupting or restoring power unexpectedly will endanger an employee of any other contractor, including your own subcontractors, use the steps in "2" *Complex Lock-out Procedures*, that follow.

Only an authorized employee shall perform all of the following steps:

- 1) Notify all of affected employees of the lock-out and the reason for it.
- 2) Shutdown the affected equipment in a manner consistent with good operating practices.
- 3) Verify that the equipment or system is inoperative by trying to operate it, etc.
- 4) Shutdown the power at the switch, valve, etc., that will be locked. Be absolutely certain the correct device or devices to shutdown and lock were located.
- 5) Safely dissipate any stored energy in pressure lines, flywheels, capacitors, etc., consistent with good operating practices.
- 6) Lock the switch, valve, etc., using a padlock with only one key. Make sure the company's name is on the lock.
- 7) Complete and place on the lock a standard lock-out warning tag indicating what power source was shutdown, the date of the shutdown, authorized employee's name, and the company's name.
- 8) Verify that the equipment or system is inoperative by trying to start it. (Do not forget to turn all controls back to their off or neutral position).
- 9) Complete and file on site a Lock-Out form (see Appendix M for a copy of this form).
- 10) When power is ready to be restored, replace all missing guards. Ensure that no one will be endangered by power restoration prior to removing the lock.
- 11) After removing the lock, remove and properly destroy the warning tag. (Tags and their attachment devices are not to be reused unless designed for reuse).

b) Complex Lock-out Procedures

This procedure must be used when one or more employees of another contractor or subcontractor may be exposed to danger in the event power is either interrupted or restored unexpectedly.

Only an authorized employee shall perform all of the following steps as the originator of a complex lock-out. Every affected contractor (including affected subcontractors) is to have an authorized employee to coordinate the lock-out for their company.

- 1) Hold a coordination meeting with all affected contractors and subcontractors, of any tier, at least 24 hours in advance of the lock-out. Also, inform the OCIP Safety Team 24 hours in advance. A member of the OCIP Safety Team may wish to attend the meeting or monitor the actual lock-out operations.
- 2) Notify all affected employees of the lock-out and the reason for it.
- 3) Shutdown the affected equipment in a manner consistent with good operating practices and have each affected contractor and subcontractor do likewise.
- 4) Verify that the equipment or system is inoperative by trying to operate it and have each affected contractor and subcontractor do likewise.
- 5) Shutdown the power at the switch, valve, etc., that will be locked. Be absolutely certain the correct device or devices to shutdown and lock were located.
- 6) Safely dissipate any stored energy in pressure lines, flywheels, capacitors, etc., consistent with good operating practices and, as necessary, have each affected contractor and subcontractor do likewise.
- 7) Place a chain or lock-out device on the switch, valve, etc., that will be locked.
- 8) Place a chain or lock-out device using a padlock with only one key. Make sure the company's name is on the lock.
- 9) Once all the valves and switches are locked out, place all the keys for all the locks in the group lock-out box.
- 10) The authorized employee then places a group lock-out device (Christmas tree) on the hasp and places his lock on the group lock-out device. Each employee must place his/her personal lock, with his or her name on the lock, on the group lock device.
- 11) Complete and place on the lock a standard lock-out warning tag indicating what power source was shutdown, the date of the shutdown, authorized employee's name, and the company's name.
- 12) Verify that the equipment or system is inoperative by trying to start it and have each affected contractor and subcontractor do likewise. (Do not forget to turn all controls back to their *off* or *neutral* position).
- 13) Complete and file on site a Lock-Out form (see Appendix M for a copy of form).
- 14) When power is ready to be restored, replace all missing guards. Each affected employee must remove their lock when their work is completed. The authorized employee then removes his or her lock and removes the keys from the lock box and begins to restore the equipment to working condition. As the originator of the lock-out, the authorized employee will always remove their lock last. This is only after it has been determined that no one will be endangered by power restoration.

15) Restore power.

16) After removing the lock, remove and properly destroy the warning tag. (Tags and their attachment devices are not to be reused unless designed for reuse).

c) General Information

1) Padlocks, hasps, tags, and other lock-out devices must be durable enough to withstand the environment to which they will be exposed.

2) Locked-out switches, valves, etc., must not be operated regardless of the circumstances.

3) Only the employee, who placed the lock on the switch, valve, hasp, etc., can remove it. Anyone who removes or defeats another's lock-out is subject to removal from the project site.

4) Locked-out switches, valves, etc. must be inspected at the beginning of each shift to insure that the locks and tags are still in place.

H. Powder Actuated Tools

Contractors/Subcontractors, of any tier, shall ensure that employees using powder actuated tools be certified by the manufacturer's representative prior to use. Certification cards must be available for immediate inspection if requested.

Contractors/Subcontractors using powder actuated tools shall ensure that all cartridges, whether used, not used or misfired, have been picked up and removed from the work area.

I. Steel Erection

Steel erection requires compliance with the following:

Employees of contractors and subcontractors, of any tier, must comply with the fall protection requirements covered earlier in this section.

Conduct and document appropriate pre-task planning and a job safety analysis for all steel erection. Keep this documentation on site for review by the OCIP Safety Team.

J. Work Platforms Suspended From Cranes

The use of a crane or derrick to hoist employees on a personnel platform is prohibited, except when the erection, use, and dismantling of conventional means of reaching the worksite, such as a personnel hoist, ladder, stairway, aerial lift, elevating work platform or scaffold, would be more hazardous or is not possible because of structural design or worksite conditions.

The safety representative or designee must give the OCIP Safety Team reasonable notice prior to any operation requiring the use of personnel platforms suspended from a crane.

Prior to the use of a work platform suspended from a crane, the contractor's and/or subcontractor's General Superintendent will prepare a written record for each such operation

and will maintain a file documenting its operation. Each record is good only for lifts made from a single crane set-up location. Traveling, repairs or modifications of the crane will require a new record.

Each record is to:

- a) Be initiated by the supervisor of the employee who will be working from the platform
- b) Describe the work to be performed and its exact location
- c) List all required inspections, certifications, tests, and pre-lift meetings
- d) Be signed by the crane operator, rigger, and initiating supervisor
- e) Note the name of the person who will flag or signal the crane operator
- f) Remain with the crane while the personnel hoist is in progress
- g) Be available to the OCIP Safety Team for review.

K. Crane Operations

1. Crane operator must be certified to operate the type of crane assigned by an accredited third party testing facility.
2. A Critical Lift Plan is required to be approved in writing by the general contractor and submitted for review by the OCIP Safety Team if:
 - a. The lift exceeds 75% of chart
 - b. More than one crane is used in a lift
3. A third party inspector must oversee the erection and jacking of all tower cranes.
4. Cranes assembled onsite must be inspected and certified by a third party inspector.
5. Other requirements may be implemented as conditions change.

L. Fire Prevention and Protection

- a) It is the responsibility of contractors and subcontractors, of any tier, to have the appropriate fire suppression equipment readily available and manned by employees trained in its proper operation.
- b) In order to summon fire fighting assistance, call 911. Immediately report all fires (even those that have been extinguished) to the OCIP Safety Team.
- c) Replace or recharge temporary fire fighting and fire protection equipment immediately after use. Also report to the OCIP Safety Team (within eight hours) any discharge of fire fighting equipment.

M. Job Safety Analysis

Contractors or subcontractors, of any tier, are to conduct a Job Safety Analysis (also known as a JSA) on any non-routine task. In certain circumstances the OCIP Safety Team may require the contractor/subcontractor to do a JSA on specific routine tasks as well.

N. Positive Safety Attitude

Every project manager, supervisor, and employee on the project must exhibit a positive attitude toward the safety and welfare of their fellow workers. Those who fail to comply with OSHA or project regulations, or fail to comply with instructions from authorized safety representatives may be removed from the project.

ORIENTATION

One of the requirements of all contractors and their safety representatives or designees is to conduct a complete basic safety orientation of all of their employees new to the site. The orientation is required before an employee can receive a project ID and enter the field. The purpose of the orientation is to provide employees an awareness of what they can expect and what is expected of them on this site.

A. Scope

At a **minimum**, the orientation will include:

- Employee safety requirements and policies
- Site specific safety and health rules (found on pages nine through eighteen of this manual)
- Permitting procedures (if applicable), including work permits, excavation, confined space entry, lock-out, etc.)
- Hazard communication training
- Emergency alarms and evacuation procedures
- Other topics as circumstances require

B. Documentation

All employees will complete an Orientation Acknowledgment form at the end of the orientation. A copy of this form will be kept by the OCIP Safety Team.

C. Facility

The Broward County OCIP has an appropriately equipped conference room on site for use in conducting the orientation sessions.

SAFETY TRAINING

A. Required Safety Training

1. Field Supervisors

First line field supervisors will be required to complete the OSHA 30-hour Construction Safety and Health course if:

- a contractor's or subcontractor's contract award is in excess of \$250,000 dollars for construction or installation services on the site

or

- a contractor or subcontractor, of any tier, has more than 10 employees on site

If supervisors have not attended this course within the past 24 months, the field supervisors will be required to attend within 60 days of assignment to the project. The OCIP Safety Team will offer this course throughout the duration of the project.

The OCIP Safety Team may also require supervisors to attend this training if safety observations indicate a supervisor would benefit from this course.

2. On-Site Safety Representatives

Certain contractors or subcontractors are required to have a full time On-Site Safety Representative as stated on page twelve of this manual. The individual is required to:

- hold a current CSP (Certified Safety Professional) designation *or*
- hold a current CSHT (Certified Safety and Health Technician) *or*
- Have completed the OSHA 500 course within the past 48 months. Or obtain within 60 days of assignment to the project.

3. Safety Designees

Certain contractors or subcontractors are required to have a Safety designee. This individual is required to have completed the OSHA 30-hour course within the past 24 months.

B. Other Safety Training Available

Additional safety training is available through the OCIP Safety Team at no cost. To request training assistance contact the OCIP Safety team.

RECORD KEEPING REQUIREMENTS

A. Introduction

The Broward County OCIP believes that proper documentation and record keeping of safety related functions are essential. All required documentation needs to be maintained on site, available to the OCIP Safety Team upon request. The contractor's or subcontractor's Project Manager is responsible for ensuring that record keeping and related requirements, as outlined in this section, are accurate and up-to-date.

There are several forms provided by the Broward County OCIP that are to be used. If a contractor and/or subcontractor prefer to use their own forms, they should be submitted to the OCIP Safety Team for review and approval. As long as they meet or exceed the forms developed by the Broward County OCIP they will probably be acceptable (see the *Appendix* for project forms).

B. Posters

Post in a conspicuous place the Project Safety Alerts and Bulletins issued by the Broward County OCIP as well as the posters required by federal and state regulation. Required workers' compensation insurance posters are available from the Broward County OCIP.

C. Signs

Contractors and subcontractors, of any tier, will need to furnish appropriate signage in accordance with the contract, depending on the nature of their work and work area, such as (but not limited to):

- *Hard Hats, Required Beyond This Point* (posted at all entrances to the project site and work areas).
- *Danger - Construction Area - Authorized Personnel Only* (posted at all entrances to the project site).
- *Drugs, Alcohol, Firearms and Related Paraphernalia are Prohibited on the Project* (posted at all entrances to the project site).

D. Instructions for Completion and Filing of Records

A copy of the following forms and reports can be found in the Appendix to this manual. Copies may be made for use on this project.

1. Incident Investigation Report

Complete an incident investigation report for each near-miss that does not result in injury or damage to equipment. Provide a copy to the OCIP Safety Team within twenty-four hours of the incident.

2. Accident Investigation Report

Complete an accident investigation report for each accident resulting in injury or damage to materials or equipment. This includes the contractor's accident report form and Broward

County's accident form. The General contractor will give a copy to the OCIP Safety Team within twenty-four hours of the accident.

3. Weekly Tool Box Safety Meeting Report

Complete the Weekly Tool Box Safety Meeting form at the end of each week's meeting. Forward a copy to the OCIP Safety Team.

4. Contractor Safety Audit

This Safety Audit is to be completed monthly by the contractor's safety representative or designee. The information will include, but is not limited to, total work hours for the month and additional safety requirements implemented since the last report. Send a copy to the OCIP Safety Team.

5. Contractor Weekly Review of Work Site

Each contractor's and subcontractor's field supervisors are to complete this weekly review and forward to the contractor's safety representative or designee who will compile the information and include it in his or her monthly safety audit.

6. Safety Observations

The Aon Safety Team will complete written Safety Observations of work activities that are not in compliance with the project's safety policies and procedures. If a contractor or subcontractor receives a Safety Observation, immediately correct the hazard noted on the notice, document the corrective action, or reason for delayed abatement and return the report to the OCIP Safety Team within 24 hours.

7. Contractor Monthly Report of Work Injury and Illness Statistics

The Aon Safety Team will track injury and illness statistics by contractor. In order to do this, The Aon Safety Team needs each contractor to report the correct number of work hours worked on the project for the reporting month. This report will include the work hours for the contractor's and subcontractor's employees. Send this report to the OCIP Safety Team by the 8th of the following month.

8. Job Safety Analysis (JSA)

The Job Safety Analysis is a tool used to identify jobs posing the greatest accident risk and to assist in non-routine task planning. The contractor's or subcontractor's field supervisor is required, when appropriate, to complete a JSA for non-routine tasks and review the findings with their work crew.

9. Safe Plan of Action (SPA)

Contractors and subcontractors, of any tier, shall maintain in their files a Safe Plan of Action which will be used to ensure that every job assignment receives proper safety planning prior to the start of work. The SPA is to be completed by the first line field supervisor and acknowledged by each member of the crew.

ADMINISTRATIVE POLICIES

A. OSHA Inspections

Inspections by OSHA compliance officers may be initiated for many reasons, including employee complaints, serious or fatal accidents, special emphasis programs or planned audits. When a contractor or subcontractor receives notification of an impending inspection, contact the OCIP Safety Team so a representative of the OCIP Safety Team can be present during the actual inspection. It is the OCIP Safety Teams policy to fully cooperate with OSHA compliance officers.

B. Accident and Incident Investigations

1. Accidents

All accidents which result in first aid treatment must be investigated by the contractor's or subcontractor's safety representative or designee and documented on a project Accident Investigation report. The report must be completed and submitted to the OCIP Safety Team within twenty-four hours of the accident.

2. Incidents

All incidents, whether they involve injury or not ("near-miss") must be investigated by contractors or subcontractor's safety representative or designee and documented on a Project Incident report. The report must be completed and submitted to the OCIP Safety Team within twenty-four hours of the incident. However, if the incident was serious (e.g., potentially life threatening), notify the OCIP Safety Team immediately.

3. Major Accidents

Immediately notify the OCIP Safety Team of all major accidents.

- a) All accidents resulting in a lost-time injury, fatality, or damage to property or equipment must be investigated by the contractor's or subcontractor's field supervisor or safety representative. A representative of the OCIP Safety Team may join in the investigation.
- b) A thorough in-depth accident investigation includes, but is not limited to, the following:
 - An analysis of the accident
 - A documented signed witness statement
 - Accident scene photographs, sketches, and drawings
 - Recommendations to prevent re-occurrence
- c) Forms to be utilized in accident investigation reporting may include:
 - Project Accident Investigation Report
 - First Report of Injury
 - Report of Disabling Injury or Fatality

- d) The OCIP insurance carrier personnel may join the contractor's or subcontractor's safety representative in the investigation of job site accidents.

4. Special Investigations

- a) Special investigations fall into areas such as potential third party litigation, non-project personnel injury, equipment or material failure, etc., which relate to the project.
- b) All special investigations will be coordinated by the OCIP Safety Team.

HAZARDOUS CHEMICALS

A. Hazardous Materials and Hazardous Waste

1. All contractors and subcontractors, of any tier, will need to provide to the OCIP Safety Team a list of hazardous materials that will be used on the project site. Send Broward County's OCIP Team an amended list, as necessary. A copy of all MSDS's shall be kept by the general contractor on all Broward County OCIP's projects sites.
2. An EPA ID number will need to be obtained for the hazardous wastes produced by the contractors and/or subcontractors.
3. All hazardous wastes produced by the contractors and/or subcontractors must be removed from the project site by a licensed hazardous waste hauler. Such loads will need to be manifested and a copy of the manifest sent to the OCIP SAFETY TEAM.
4. All hazardous materials must be properly labeled and stored until removed from the project (by a licensed hazardous waste hauler).
5. Hazardous materials or hazardous wastes stored in 30 or 55 gallon drums are to be placed on spill containment pads.
6. Report all accidental releases of a hazardous material or hazardous waste promptly to the OCIP Safety Team. If the release is of a reportable quantity, the responsible contractor or subcontractor, of any tier, will notify the appropriate regulatory agency.
7. Proper clean-up of accidental releases of hazardous materials waste will be done by the responsible contractor or subcontractor. Clean-up is to be done by properly trained personnel. Hazardous waste from the clean-up must be hauled away by a licensed hauler. The OCIP Safety Team must be given a copy of the hauler's manifest.

Depending on the hazardous materials spilled, Broward County's OCIP Team may require the responsible contractor or subcontractor to hire a certified laboratory to take an appropriate number of soil samples to test at their laboratory. A copy of the results is to be given to the OCIP Safety Team.

8. Contractors or subcontractors, of any tier, must inspect their hazardous material and waste storage areas at least weekly to ensure they are properly maintained.
9. The OCIP Safety Team will randomly audit the labeling and storage of hazardous material and waste and the disposal of hazardous waste to verify that all contractors and subcontractors, of any tier, are fulfilling their roles as responsible parties.

B. Material Safety Data Sheets (MSDS)

In addition to the hazardous chemical list required above, the OCIP Safety Team or another contractor may request copies of the most current MSDS on a chemicals being used by other contractors/subcontractors.

EMERGENCY PROCEDURES

A. Emergency Management Plan

1. Introduction

The following Emergency Management Plan (or EMP) has been developed to establish steps to be followed should an emergency or crisis situation occur on the project site. Examples of emergency situations include, but are not limited to, the following:

- Any accident that results in life threatening or fatal injuries to any person on the project
- Collapse of a structure such as a crane, scaffold or building
- Fires requiring Fire Department involvement to extinguish
- Accidental release of a hazardous material on or in the area surrounding the project site
- Any damage to any third party property including Broward County's property at any of the project sites covered under the OCIP.
- It is imperative that all possible steps be taken to prevent an emergency situation such as those mentioned above. Should such an emergency occur, the Project EMP will be used to effectively and properly manage the emergency.

2. Responsibilities and Duties

- a) The EMP establishes an Emergency Response Team made up of management personnel from contractors, subcontractors, Broward County Project Management and the OCIP Safety Team. This team is established to handle the many tasks that may be created by an emergency situation at the project site. The emergency response team will consist of the following:
- Contractor's/Subcontractor's supervisors
 - Broward County Project Manager
 - The OCIP Safety Team
 - The Broward County Public Relations Department
 - Broward County Risk Management Department
- b) Under no circumstances are contractors and subcontractors, of any tier, to make comments, statements or engage in interviews to the media. Such statements will be issued only through the Broward County Public Relations Department.

B. Emergency Notification

1. Medical

For first aid response, notify the contractor's or subcontractor's safety representative. The need for additional emergency response assistance will be made by the General Contractor's safety representative or designee by calling **911**.

2. Fire

Immediately notify the Prime Contractor's safety representative of any fire. The safety representative will notify the Fire Department, Project Security, the OCIP Safety Team and any involved contractor's safety representative or designee.

3. Property Damage

Notify the OCIP Safety Team of any damage to the project.

4. Bomb Threat

Immediately notify Project Security BCAD Comm. Center (954.359.1201) number is on the back of your FLL ID Badge. Project Security will coordinate notification to appropriate authorities.

5. Catastrophic Incidents

Notify the General Contractor's safety representative, OCIP Safety Team and Project Security BCAD Comm. Center (954.359.1201). Project Security, Airport Security Director (954.599.2459), Port Security Director (954-468-0115) or the public authorities at the scene will determine the need for and summon the appropriate emergency response assistance.

C. Emergency Medical Transportation

It is the contractor's/subcontractor's responsibility to arrange for emergency transportation of any injured employee who is not able to drive himself or herself to the emergency medical clinic or to the hospital.

A map of the project site, including the location of the project's designated clinic and the closest trauma hospital is included on page 45 of this manual.

D. Severe Weather

Severe weather procedures are utilized for impending threat of hurricane, high winds, tornadoes or lightning storms.

1. General Procedures

- a) Contractors/Subcontractors, of any tier, will need to develop and submit a copy of their site specific severe weather plan. This plan will include a complete list of management personnel, in order of authority, to contact in the event of an emergency on this site. The list needs to be kept current and include the after-hours telephone numbers of the individuals to be contacted.

- b) Develop a “Call-In” team for post storm activities.
- c) Firmly anchor field trailers, temporary buildings and materials.
- d) Lower crawler and mobile cranes at the end of each shift if possible. Cranes not capable of lowering booms are to be secured in accordance with the manufacturer’s recommendations.
- e) Special: **ALL** operations cease upon **39 mph** sustained winds, 4 hour shut down notice, at the Ft. Lauderdale-Hollywood International Airport.

2. Hurricane Preparedness

a) Hurricane Tips

- Hurricane season generally lasts from June 1st to November 30th.
- The most dangerous hurricanes form off the coast of Africa and approach Florida from the East during the months of August and September.
- Obtain a hurricane tracking and information guide at a local supermarket and take the precautions that it recommends.
- According to experts, forecasters only have a 10% chance of accurately predicting where a storm will hit 72 hours in advance. They have a 74% chance within 24 hours.
- In the event of an approaching hurricane all contractors and/or subcontractors, of any tier, must prepare the project for heavy rains and high winds and close the job sufficiently in advance so that they may make personal preparations at home.

b) During the Hurricane Season

- The OCIP Safety Team will develop a call-in team, including contractor’s/ subcontractor’s safety personnel, in the event preparations need to be made.
- All contractors/subcontractors, of any tier, shall keep the project free from an accumulation of debris and scrap material that can become windblown hazards. This will reduce the amount of time necessary to secure the project site in the event of a hurricane emergency. As part of standard operating procedures, ensure that standby diesel dewatering pumps, portable pumps, and generators are in operational condition at all times and that an adequate supply of pump and bail equipment, duct tape, banding strap, banding tools, fuel, oil and grease, and tarps to cover the dumpsters are on hand.
- Project Security will monitor local radio and television weather updates and report information to the OCIP Safety Team.
- The OCIP Safety Team will be alert to job conditions that require advance attention so as to reduce emergency preparation time.

c) When a hurricane approaches

The OCIP Safety Team will decide when to prepare the project for a hurricane or tropical storm.

All contractors and subcontractors on site shall:

- Ensure that all loose scrap material is gathered up and disposed of in the dumpsters.
- Ensure that the dumpsters are emptied. If the waste hauler is unable to pull the dumpsters, they should be securely covered with tarps to prevent the debris in them from becoming windblown hazards.
- Ensure that all loose forming materials are neatly stacked. If time permits, band strap all stacks. If time is short, heavy objects can be used to secure materials.
- Ensure that all materials, tools, tool sheds, gang boxes and small equipment that can be damaged by rising water is removed from all excavations.
- Ensure that the beams of all excavations are continuous and in good repair.
- Secure essential barricades, with anchors, tie-downs or sand bags.
- Lay flat on the ground any non-essential barricades.
- Ensure that all equipment, including track cranes and excavators, are relocated out of excavations and set upon high ground. Lay crane booms on the ground if possible.
- Top off fuel tanks on all equipment.
- Ensure standby diesel powered dewatering equipment is ready to operate. Operate this equipment as conditions warrant.
- Ensure that incomplete underground process piping and storm drain systems are protected against the infiltration of sand and silt.
- Turn off the power and water to the office trailers.
- Ensure that critical project documents are put into fireproof files and that the safes are securely closed and locked.
- Disconnect all computers and office equipment from the electrical outlets.

d) After the storm

1) The contractor's/subcontractor's call-in team:

- Will evaluate the damage and initiate corrective action to ensure a safe site before employees are called back to work.
- Move cautiously about the project, being on the alert for unsafe conditions left by the storm.
- Survey the project for damage.

2) All personnel shall:

- Stay tuned to local radio to find out when it is advisable to venture back out onto the public roadways.
- If phones are working, call the job site for information on when they are to return to work.
- Do not touch loose or dangling wires, but report them to a supervisor or Project Security BCAD Comm. Center (954.359.1201).

SECURITY

A. Scope and Purpose

To establish and implement a project security procedure applicable to contractor's and subcontractor's employees.

B. Objective

1. Achieve a goal to eliminate thefts and vandalism.
2. Coordinate specific security activities with overall site security.
3. Provide positive identification of authorized personnel and vehicles for access to construction areas.
4. Designate specific entrance gates, access roads and parking areas for authorized contractor vehicles and equipment, delivery vehicles, and personally owned vehicles.
5. Establish procedures for visitor access to the project site.
6. Provide additional specific security instructions.

C. Security - Parking, Badging Procedures, Company Vehicles, Deliveries

1. Personnel

- a) All construction project access will be through the entrances designated by Project Security.
- b) Employees must park in the designated construction parking areas. No parking will be permitted along or on paved or gravel access roads. Violation of this policy may result in the vehicle being towed at the vehicle owner's expense.
- c) All visitors shall check in and sign in with Project Security prior to entering the construction site.
- d) Overtime and weekend work shall be scheduled in advance with the OCIP Safety Team. It is the contractor's or subcontractor's responsibility to notify the OCIP Safety Team by noon on any day that work will be proceeding for one-half hour or more past normal quitting time.
- e) All new hires are to report to the appropriate contractor's hiring trailer. Following sign up and drug testing, and required training and testing for work at the Ft. Lauderdale-Hollywood International Airport or Port Everglades they will report to their contractor's/ subcontractor's designated location or the Broward County OCIP Orientation Trailer to attend a project safety orientation. Following orientation, and all back ground checks that might be required Security will provide a project ID. Following issuance of the ID, the new hire will then proceed to his/her work location on the construction site.

Port Everglades:

The Department of Port Everglades requires persons to present, at Port entry, a valid driver's license and valid reason for wishing to be granted port access in order to obtain a temporary/ visitors ID badge. For persons who will visit the Port more than five times in a ninety day period, a permanent identification badge must be obtained and paid for by that person or their employer. A restricted access badge application process includes fingerprints and a comprehensive background check. Badges must be renewed annually and the fee paid pursuant to the Broward County Administrative code, Section 42.6.

Ft. Lauderdale/ Hollywood Airport:

The Broward County Aviation Department requires persons wishing to enter the Ft. Lauderdale-Hollywood International Airport who will work in secured areas and on the air side of the airport submit to a FBI background check, Security Threat Assessment, attend and pass all required TSA training classes. This must be accomplished prior to a permanent ID Badge being issued by The Broward County Aviation Department.

- Employees will visibly display project ID Badges above the waist at all times while on the Ft. Lauderdale-Hollywood International Airport and the Port Everglades project sites.
 - Employees losing their (FLL) project ID Badge must report the loss to BCAD Comm. Center 954.359.1201 immediately, so that airport access can be removed.
 - Employees losing their project ID Badge must report to the next orientation to have a replacement made. A separate log will be generated to record all re-issued ID Badges. The log will be submitted to the OCIP Safety Team who has the authority to charge the employees' contractor \$100.00 for each required replacement project ID badge. All Fee's will be re-paid to Broward County for the reissuance of lost or stolen ID Badges.
- f) Contractors/Subcontractors, of any tier, will escort off the project site any employee terminated prior to normal quitting time and collect the employee's project ID Badge or Badges.

2. Contractor Vehicles

- a) Contractors/Subcontractors will normally be permitted to park a limited number of their company vehicles at their project trailer.
- b) All personal vehicles must be registered by Project Security prior to access through the project construction gates. Routes approved for personal vehicles will be limited and appropriately marked. All personnel will have to be transported from the designated parking site to the job site by a vehicle supplied by the contractor/subcontractor, if the job site is beyond normal walking distance. No motorcycles or bicycles are allowed on the project site.
- c) All company vehicles other than construction equipment (e.g. dump trucks, cranes, air compressors, etc.) are to be designated on contractor vehicle authorization forms. Company vehicles and equipment must be registered and display decals issued by Project Security. Note that no vehicle insurance is provided under the OCIP. Contractors/Subcontractors are required to provide their own vehicle insurance and provide the Broward County OCIP proof of that insurance.

- d) Job site vehicles such as golf carts, Kawasaki Mule buggies, John Deere Gators, or vehicles of such type must have roll over protection (ROPS) that has been designed by the manufacturer, an orange flag for visibility, a horn, back-up alarm and seat belt installed before the vehicle is allowed on site.

D. Security - General Project Rules and Regulations

1. Construction Site Security

Broward County will provide security service for this project. This service in no way relieves the contractors/subcontractors from contractual duties, obligations and responsibilities to ensure that their trailers, vans, vehicles, equipment, tools, gang boxes, storage areas, etc., are properly secured at the end of each working day. Project Security will maintain project ID information on each employee.

2. Vehicle Search

All vehicles will be subject to search upon entering and exiting the construction site. Any unauthorized vehicle parked on the project site (other than in designated parking areas) may be physically removed at the expense of the vehicle owner.

3. Visitors

All visitors to the project must report to Project Security prior to entering the construction site.

4. Loitering On Job Site

Loitering on the job site before or after the assigned shift is prohibited. If contractor's/subcontractor's employees violate this rule they may be barred from the project site.

5. Security Checks

Regular and random security checks will be conducted. Contractors' or subcontractors' employees will be required to open all packages such as lunch kits, coolers, etc., upon request. Vehicles entering or leaving the project site will be subject to inspection.

E. Contractor Security Responsibilities

Contractors/Subcontractors, of any tier, are responsible for administration of the site security procedures, including:

1. Providing vehicle insurance certificates and proofs of ownership
2. Providing a list of supervisory personnel including addresses and off duty phone numbers
3. Adequately identifying tools and equipment
4. Securing all tools and equipment at the end of the shift to prevent vandalism, theft or unauthorized use

F. Contractors' Employee Responsibility

Everyone on the project site will comply with the following:

1. Operate vehicles in a safe manner while on site
2. Display proper and acceptable identification while on site
3. Secure personal tools and equipment
4. Cooperate with Broward County OCIP personnel

G. Enforcement

The Broward County OCIP reserves the right to enforce all security and safety regulations. The Broward County OCIP neither implies nor assumes responsibility for damage, fire or theft of employees and contractors'/subcontractors' tools, vehicles and materials. This could also include FAA, TSA, DHS, CBP, FBI and Local Law Enforcement.

H. Project Rules and Regulations

Good conduct is essential to the common good of all employees and the speedy progress of the job. Undesirable conduct including, but not limited to the following will not be tolerated:

1. Unauthorized possession of any project property or material
2. Possession of or use of intoxicants on premises, regardless of source
3. Engaging in disorderly conduct
4. Gambling, including sale of chances
5. Fighting on project premises
6. Unauthorized sleeping on the job during working hours
7. Failure to wear or use required safety equipment
8. Failure to observe safety, sanitary or medical rules and practices
9. Illegal possession or use of narcotics or non-prescribed tranquilizers or pep pills on premises, or attempting to bring them on job site
10. Possession or use of firearms, weapons, or explosives is expressly prohibited on the project premises
11. Willful defacing or damaging of equipment, tools, material or other property of the project or contractors
12. Distributing or posting literature, photographs or other printed matter, soliciting or attempting to solicit or collect funds without prior permission from Broward County Project management.

13. Use of project telephones without prior permission
14. Sale of food or beverages on project property
15. Unauthorized entry into Broward County OCIP facility buildings and restricted areas
16. Improper or unauthorized use of any of the Broward County OCIP facilities, including but not limited to rest rooms, vending machines, and lunchrooms

I. Delivery and Removal of Material

1. When a delivery is made, a standard bill of lading or invoice must be furnished to the guard at the on-site vehicle gate. This must include the following information:
 - a) Company to whom the material, goods or equipment is being delivered
 - b) Description of materials, goods or equipment
 - c) Quantity of cargo (pieces, feet, tons, drums, etc.)
 - d) Project or building destination of the material
 - e) If leased equipment, serial number and means of identification
2. No material, equipment, tools, fixtures, etc., shall be removed from the construction site without an authorized Property Loan/Disposal form.
 - a) Upon leaving, Broward County Project Management has the right to check the description of the items listed on the form against the actual material itself. Broward County Project Management may also verify that the form is properly completed and bears the signature of the person authorized to sign.
 - b) A copy of the Property Loan/Disposal form will be given to the guard at the gate who will perform the inventory. Any property, either personal, company, or scrap that is found and not included in this form will be held until the appropriate authorization form has been received.

Emergency Site Map

APPENDIX

| | |
|---|----------|
| <i>FIRST REPORT OF INJURY</i> | B |
| <i>CONTRACTOR'S DRUG TESTING CERTIFICATION</i> | D |
| <i>HAZARD ASSESSMENT FORM FOR PPE</i> | E |
| <i>INCIDENT/ ACCIDENT REPORT</i> | I |
| <i>JOB SAFETY ANALYSIS WORKSHEET (JSA)</i> | K |
| <i>LOCK-OUT DOCUMENTATION</i> | M |
| <i>ORIENTATION ACKNOWLEDGEMENT FORM</i> | N |
| <i>SAFE PLAN OF ACTION (SPA)</i> | P |
| <i>SAFETY OBSERVATION</i> | Q |
| <i>TOOL BOX SAFETY MEETING</i> | R |
| <i>CONTRACTOR MONTHLY REPORT OF WORK</i> | S |

FIRST REPORT OF INJURY OR ILLNESS
FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

For assistance call 1-800-342-1741 or contact your local EAO Office. Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

| | | |
|---------------------|------------------|---------------------|
| RECEIVED BY CARRIER | SENT TO DIVISION | DIVISION REC'D DATE |
| | | |

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

| | | | |
|----------------------------|--|-----------------------------|-----------------------|
| Name (First, Middle, Last) | Social Security | Date of Accident | Time of |
| Home Address | Employee's Description of Accident (Include Cause of injury) | | |
| Street/Apt #: | | | |
| City: | State: | | |
| Zip: | Telephone: | | |
| OCCUPATION | Cause of Injury: | | |
| DATE OF BIRTH | SEX | INJURY/ILLNESS THAT OCCURED | PART OF BODY AFFECTED |

EMPLOYER INFORMATION

| | | |
|--|------------------------------------|--|
| Company D.B.A.: Contact: | FEDERAL ID NUMBER (FEIN) | DATE FIRST REPORTED |
| Street: City: State : FL Zip: | NATURE OF BUSINESS | POLICY/MEMBER NUMBER |
| Telephone Number: | DATE EMPLOYED | PAID FOR DATE OF INJURY |
| Employer's Location Address (if different) | LAST DATE EMPLOYEE WORKED | WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? |
| Street: | RETURNED TO WORK | LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP |
| City: | IF YES, GIVE DATE | RATE OF PAY PER |
| State: FL Zip: Location # : | | Hour Week Day Month |
| Place of Accident (street, city, Zip) | DATE OF DEATH (if applicable) | Number of hours per day |
| Street: | AGREE WITH DESCRIPTION OF ACCIDENT | Number of hours per week |
| City: State: Zip: | | Number of days per week |

| | |
|--|---|
| County of Accident: | NAME, ADDRESS AND TELEPHONE OF OF PHYSICIAN OR HOSPITAL |
| Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement. | Physician: |
| | Hospital: |
| Employee Signature _____ Date _____ | AUTHORIZED BY EMPLOYER |
| Employee Signature _____ Date _____ | Yes No |

CLAIMS-HANDLING ENTITY INFORMATION

| | |
|---|--|
| <input type="checkbox"/> 1(a) Denied Case - DWC-12, Notice of Denial Attached | <input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3) |
| <input type="checkbox"/> 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached | Employee's 8TH Day of Disability _____ / _____ / _____ |
| | Entity's Knowledge of 8TH Day of Disability _____ / _____ / _____ |
| <input type="checkbox"/> 3. Lost Time Case - 1st day of disability _____ / _____ / _____ | Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date _____ / _____ / _____ |
| Date First Payment Mailed _____ / _____ / _____ | AWW _____ Comp Rate _____ |
| <input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY | |
| Penalty Amount Paid in 1st Payment \$ _____ | Interest Amount Paid in 1st Payment \$ _____ |

| | |
|-------------------------------|---|
| REMARKS: | INSURER NAME |
| INSURER Code | EMPLOYEE'S RISK CLASS CODE |
| Service Co/TPA Code # | EMPLOYER'S NAICS CODE |
| CLAIMS-HANDLING ENTITY FILE # | Broward County Risk Management 115 S. Andrews Avenue, Suite 210 Ft. Lauderdale FL 33301 (954) 357-7200 |

Form DFS-F2-DWC-1 (08/2004)

FIRST REPORT OF INJURY OR ILLNESS
FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

For assistance call 1-800-342-1741 or contact your local EAO Office. Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

| | | |
|---------------------|------------------|---------------------|
| RECEIVED BY CARRIER | SENT TO DIVISION | DIVISION REC'D DATE |
| | | |

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

| | | | |
|----------------------------|--|-----------------------------|-----------------------|
| Name (First, Middle, Last) | Social Security | Date of Accident | Time of |
| Home Address | Employee's Description of Accident (Include Cause of injury) | | |
| Street/Apt #: | | | |
| City: State: | | | |
| Zip: Telephone: | | | |
| OCCUPATION | Cause of Injury: | | |
| DATE OF BIRTH | SEX | INJURY/ILLNESS THAT OCCURED | PART OF BODY AFFECTED |

EMPLOYER INFORMATION

| | | | |
|--|--|--|-------|
| Company D.B.A. Contact: | FEDERAL ID NUMBER (FEIN) | DATE FIRST REPORTED | |
| Street: City: State : FL Zip: | NATURE OF BUSINESS | POLICY/MEMBER NUMBER | |
| Telephone Number: | DATE EMPLOYED | PAID FOR DATE OF INJURY | |
| Employer's Location Address (if different) | LAST DATE EMPLOYEE WORKED | WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? | |
| Street: City: State: FL Zip: Location # : | RETURNED TO WORK | LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP | |
| Place of Accident (street, city, Zip) | IF YES, GIVE DATE | RATE OF PAY PER | |
| | DATE OF DEATH (If applicable) | Hour | Week |
| | | Day | Month |
| Street: City: State: Zip: | AGREE WITH DESCRIPTION OF ACCIDENT | Number of hours per day Number of hours per week Number of days per week | |
| County of Accident: | NAME, ADDRESS AND TELEPHONE OF OF PHYSICIAN OR HOSPITAL | | |
| Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement. | Physician: | | |
| | Hospital: | | |
| | Employee Signature _____ Date _____ Employee Signature _____ Date _____ | AUTHORIZED BY EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> | |

CLAIMS-HANDLING ENTITY INFORMATION

| | |
|--|---|
| <input type="checkbox"/> 1(a) Denied Case - DWC-12, Notice of Denial Attached | <input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3) |
| <input type="checkbox"/> 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached | Employee's 8TH Day of Disability _____/_____/_____ Entity's Knowledge of 8TH Day of Disability _____/_____/_____ Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date _____/_____/_____ Date First Payment Mailed _____/_____/_____ AWW _____ Comp Rate _____ <input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY Penalty Amount Paid in 1st Payment \$ _____ Interest Amount Paid in 1st Payment \$ _____ |
| REMARKS: | INSURER NAME |
| INSURER Code | EMPLOYEE'S RISK CLASS CODE |
| EMPLOYER'S NAICS CODE | Broward County Risk Management 115 S. Andrews Avenue, Suite 210 Ft. Lauderdale FL 33301 (954) 357-7200 |
| Service Co/TPA Code # | CLAIMS-HANDLING ENTITY FILE # |

CONTRACTOR'S DRUG TESTING CERTIFICATION

I, _____(Principal Officer of Employing Company), as an authorized representative of _____(Company Name), hereby certify that all employees reporting for work on the _____ work sites have been tested for the presence of drugs or alcohol.

Company Name

By _____

Title _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____
by _____ who is personally known / or who produced identification
_____ (type of identification produced).

Notary Public

My commission expires: _____

No. _____

HAZARD ASSESSMENT FORM FOR PPE

Note: It is the responsibility of the contractor/subcontractor to assess the workplace to determine if hazards are present, or likely to be present, which necessitate the use of Personal Protective Equipment (PPE).

PPE devices alone should not be relied on to provide protection against hazards, but should be used in conjunction with guards, engineering controls, and sound (work) practices.

Instructions:

Use this form to identify the proper Personal Protective Equipment required for the work location and task assigned. Keep this form on file at the job site.

I. ASSESSMENT GUIDELINES

1. *Controlling hazards.* PPE devices alone should not be relied on to provide protection against hazards, but should be used in conjunction with guards, engineering controls, and sound manufacturing practices.
2. *Assessment and selection.* It is necessary to consider certain general guidelines for assessing the foot, head, eye and face, and hand hazard situations that exist in an occupational or educational operation or process, and to match the protective devices to the particular hazard. It should be the responsibility of the safety representative to exercise common sense and appropriate expertise to accomplish these tasks.
3. *Assessment guidelines.* In order to assess the need for PPE the following steps should be taken:
 - a. Survey. Conduct a walk-through survey 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 basic hazard categories:
 1. Impact
 2. Penetration
 3. Compression (roll-over)
 4. Chemical
 5. Heat
 6. Harmful dust
 7. Light (optical) radiation
 - b. Sources. During the walk-through survey, the safety representative 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, cutting, brazing, 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 that could crush the feet
 9. Layout of workplace and location of co-workers
 10. Any electrical hazards

In addition, injury/accident data should be reviewed to help identify problem areas.

- c. Organize data. Following the walk-through survey, it is necessary to organize the data and information for use in the assessment of hazards. The objective is to prepare for an analysis of the hazards in the environment to enable proper selection of protective equipment.
 - d. Analyze data. Having gathered and organized data on a workplace, an estimate of the potential for injuries should be made. Each of the basic hazards (paragraph 3.a) 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.
4. *Selection guidelines.* After completion of the procedures in Section 3, the general procedure for selection of protective equipment is to:
 - a) become familiar with the potential hazards and the types of protective equipment that are available, and what they 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, etc. 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
 - d) Fit the user with the protective device and give instructions on care and use of the PPE. It is very important that end users be made aware of all warning labels for and limitations of their PPE.
 5. *Fitting the device.* Careful consideration must be given to comfort and fit. PPE that fits poorly will not afford the necessary protection. 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 that the right size is selected.
 6. *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 splashes to ensure that the devices are sealed to the face. In addition, proper fitting of helmets is important to ensure that it will not fall off during work operations. In some cases a chin strap may be necessary to keep the helmet on the employee's head. (Chin straps should break at a reasonably low force, however, so as to prevent a strangulation hazard). Where manufacturer's instructions are available, they should be followed carefully.
 7. *Reassessment of hazards.* It is the responsibility of the safety representative to reassess the workplace hazard situation as necessary, by identifying and evaluating new equipment and processes, reviewing accident records, and reevaluating the suitability of previously selected PPE.
 8. *Selection chart guidelines for eye and face protection.* Some occupations (not a complete list) for which eye protection should be routinely considered are: carpenters, electricians, machinists, mechanics and repairers, millwrights, plumbers and pipe fitters, sheet metal workers and tinsmiths, assemblers, sanders, grinding machine operators, lathe and milling machine operators, sawyers, welders, laborers, chemical process operators and handlers, and timber cutting and logging workers. (Refer to the chart in CFR 29 Section 1926.102)

THE SURVEY

Location: _____

1. The job or situation is:

2. List of apparent hazards as it relates to number one (1):
 - a. Impact _____
 - b. Penetration _____
 - c. Compression _____
 - d. Chemical _____
 - e. Heat _____
 - f. Harmful Dust _____
 - g. Light (optical)
Radiation _____
 - h. Noise Levels _____
 - i. Respiratory _____

4. PPE currently provided:

5. Additional PPE required:

6. PPE selections:

7. Employee PPE training review:

8. PPE maintenance requirements:

Hazard Assessment Form completed by:

Signature and Title

Date

INCIDENT/ ACCIDENT INVESTIGATION FORM

Report # _____

Contractor Name: _____ Contract Number: _____

Employee: _____ Job Title: _____
Social Security # _____

_____ Date of Injury: _____ Time: _____ am
_____ Time & Date Reported _____ am
Location of Incident: _____ to on site Medical: _____ pm

Employee Supervisor: _____ Type of Injury: _____

Body Part(s) Affected: _____

Disposition: _____

Employee Not Sent To Dr. Yes No Employee Refused Treatment?

Sent To: Yes No Project Safety Notified?
Time: _____ Person Notified: _____

Emergency Room Yes No Project Security Notified?
Time: _____ Person Notified: _____

Personal Physician Yes No Project Security Notified?
Time: _____ Person Notified: _____

Onsite First Aid Station Yes No Project Security Notified?
Time: _____ Person Notified: _____

Other _____ Lost Time Projected Time Out: _____

_____ Lost Time - Restricted Duty Projected Time Out: _____

_____ Medical Recordable

Name & Address of medical provider: _____

Attending Nurse: _____

Describe In Detail What Employee Was Doing at the Time of Accident _____

Witnesses: _____

Circle Numbers Identifying Contributing Factors:

- | | |
|--|--------------------------------------|
| 1. Absent/Improper Guarding | 14. Operating Without Authority |
| 2. Defective Equipment | 15. Improper Use of Equipment |
| 3. Weather/Temperature | 16. Inadequate Procedures |
| 4. Inappropriate Personal Protective Equipment | 17. Use of Defective Equipment/Tools |
| 5. Inadequate Housekeeping | 18. PPE Not Used |
| 6. Slippery/Uneven Walking Surface | 19. Inadequate Training |
| 7. Improper Storage or Placement of Materials | 20. Improper Position or Posture |
| 8. Inadequate Ventilation | 21. Horseplay |
| 9. Inadequate Lighting or Noise Control | 22. Altercation |
| 10. Improper Layout of Area | 23. No Unsafe Act Identified |
| 11. Insect/Animals in Work Area | 24. Other: _____ |
| 12. No Unsafe Condition Identified | 25. Other: _____ |
| 13. Other: _____ | 26. Other: _____ |

Describe Contributing Factors: _____

What actions are being taken to prevent recurrence? (Use additional paper if necessary) _____

Was SPA developed for task performed at time of accident? Yes No (If yes, attach copy to this form.)

Yes No did you speak with the employee regarding this incident?

Yes No Has employee returned to work? If not, Last Day Worked: _____ Terminated or laid off? _____

Yes No Were statements taken? Yes No Was employee aware of impending layoff/termination?

Investigation team members: _____

_____ Supervisor _____ Date of Investigation _____

Reviewed by: _____

_____ Contractor Safety Representative/Date _____ Project Safety Manager/Date _____

JOB SAFETY ANALYSIS (JSA)

STEP 1

Identify jobs posing the greatest accident risk.

STEP 2

Prioritize selected jobs into four (4) main areas:

1. Jobs with high accident frequency
2. Jobs with lower frequency but higher severity
3. Jobs with serious injury potential
4. New jobs with no accident history

STEP 3

Conduct job analysis:

1. Use either the direct observation method or the discussion method.
2. For best results observe and discuss job using an experienced employee in that job.

STEP 4

You need an understanding of the types of accidents possible in your workplace and you must review the records of the past accidents.

There are six (6) categories of accidents:

1. Struck (by or against)
2. Contact (abrasion, electric shock, etc.)
3. Caught (in, on, between, under)
4. Fall (from elevation or same level)
5. Over exertion (stress or strain)
6. Exposure (exposed to gases, fumes, mists, etc.)

STEP 5

Develop recommended safe work procedures. Use complete JSA to conduct initial training of new employees, or to review safe procedures with existing employees. JSA are also useful for accident investigation as a resource.

LOCK-OUT DOCUMENTATION

Contractor Number: _____ Location: _____

Contractor's Authorized Employee: _____ Date: _____

Machine/Equipment Utilized: _____

Employees/Contractors Included In Lock-out Procedure: _____

Energy Source(s) Identified: _____

Precautions Taken: _____

Authorized Employee: _____ Date: _____

Signature

Shift Change Lock-out Status:

| | | | |
|---|------------|------|-------------------|
| <input type="radio"/> Adequate <input type="radio"/> NI* | Correction | Date | Authorized Person |
| <input type="radio"/> Adequate <input type="radio"/> NI* | Correction | Date | Authorized Person |
| <input type="radio"/> Adequate <input type="radio"/> NI* | Correction | Date | Authorized Person |
| <input type="radio"/> Adequate <input type="radio"/> NI* | Correction | Date | Authorized Person |
| <input type="radio"/> Adequate <input type="radio"/> NI* | Correction | Date | Authorized Person |
| <input type="radio"/> Adequate <input type="radio"/> NI* | Correction | Date | Authorized Person |

*** Needs Improvement-- Stop work, contact the controlling contractor for safety re-evaluation and corrective action.**

ORIENTATION ACKNOWLEDGMENT FORM

My signature below acknowledges my completion of the project safety orientation and review of _____ Project and Security rules and regulations. I agree to adhere to these, as well as all other specific project rules and regulations.

Check as covered:

- Clothing Requirements
- Eye Protection
- Head Protection
- Fall Protection
- Welding & Burn Permits
- Work Permits
- Fire Protection
- Scaffolds
- Drug, Alcohol and Weapons
- Security
- Employee's Guide to Florida WC Managed Care Program

Identification Card Data Sheet

Please print clearly.

Last Name: _____ First Name: _____

SSN: ____-____-____ Contractor: _____

Subcontractor: _____ Trade: _____

Home Telephone Number: (____) ____-_____

I have received and understand the Employee's Guide to Florida WC Managed Care Program.

Signature _____ Date _____

A photo ID will be required at the time the project identification card is issued.

Contractor Safety Representative Conducting Orientation

(Signature)

(Please print name)

SAFE PLAN OF ACTION (SPA)

Date: _____

1. Write the name of the work area and the job task in the blanks where indicated.
2. Conduct a walk-through survey of the work area. Plan and review the job task with all of the employees involved. On the left side of the form, write down each hazard possible in conducting the task. Consider ways to control/eliminate the hazards beyond the use of PPE.
3. On the right side of the form, put down what can be done to control/eliminate the hazard.
4. Use PPE checklist on the back of this form to review required protective equipment.
5. When completing the hazard assessment, include any hazards specific to location of work, whether created by work activity or previously existing.

Work Area _____

Job Task _____

| HAZARDS ASSESSMENT | SAFE PLAN |
|--------------------|-----------|
| | |

CREW/TEAM MEMBER SIGNATURES

SAFETY OBSERVATION

To General Contractor:

Date:

Subcontractor (if applicable): _____ Contract #: _____

The contractor/subcontractor has been verbally notified that the following work conditions do not conform to safety requirements established for the project: _____

Resolved? Yes/No (If not resolved formal SO issued)

Contractor Safety Representative Initial _____
SO-

Broward County is formally notifying the contractor/subcontractor that the following condition(s) are in non-compliance with the safety requirements established for the project: _____

Originator:

Contractor's Corrective Action:

Date: _____

Corrective Action Completed _____

Contractor Safety Representative Signature/Date

Corrective Action Verified: _____

Originator Signature/Date

Complete

Not Complete

2nd Notice Sent _____
Date

Complete Sign Off _____
Originator Signature/Date

CONTRACTOR MONTHLY REPORT OF WORK
INJURY AND ILLNESS STATISTICS

Month _____ 20__

Name of Contractor: _____

Name of Subcontractor: _____

Location: _____ Date of Report ____/____/____

Prepared by: _____
 (Name, Title and Company)

- Single Contractor Report
- Contractor's composite report; list names of subcontractors in Remarks and attach a copy of each subcontractor's single monthly report.

| | <u>Total for Month</u> | <u>Cumulative Total YTD</u> |
|---------------------------|------------------------|-----------------------------|
| First Aid Cases | _____ | _____ |
| * OSHA Recordable Cases | _____ | _____ |
| * OSHA Lost Workday Cases | _____ | _____ |
| * Lost Workdays | _____ | _____ |
| Fatalities | _____ | _____ |
| Total Work Hours | _____ | _____ |

Remarks: _____ (Check if continued on back of form)

Notes: If you are a subcontractor, please identify your General Contractor.

* As defined by Federal OSHA