

Professional Safety Plan Docket



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These documents and ANY updates should be stored in a dedicated binder by section. When employees are terminated their paperwork can be added to their terminated employee file. All safety training documentation for active and current employees should be included in the dedicated binder.

Safety Program Docket



This **Copperfield Professional Safety Plan Docket** is a foundational resource designed to help you create a comprehensive OSHA-compliant safety plan tailored to your company. It includes standard operating procedures (SOPs), checklists, and tools based on OSHA guidelines, federal regulations, industry standards, and insights from experienced professionals.

This Docket provides a general overview of key safety topics and is intended to serve as a customizable template. While parts of this document may be adopted without modification, it is not meant to function as a standalone safety plan. Customization to align with your company's operations and regional requirements will be required. Company methods, workflow, and procedures may vary based on company individual professional preferences and limitations.

Investing time and effort as a business owner is critical to fully utilizing this resource. After reviewing and customizing the content, consult federal, state, and local laws, as well as your workers' compensation carrier, to ensure compliance with area-specific regulations. Consultation with your workers' compensation carrier is highly recommended prior to final implementation.

Additional resources for education and compliance (not all-inclusive):

- OSHA Safety Compliance Assistance Specialists (offered at no cost)
- Workers' Compensation Carrier Employer Services
- State Labor Boards
- Copperfield Academy or other training providers

Developing a strong safety plan not only fulfills your duty as an employer but also promotes cost containment, operational efficiency, and employee well-being. Sole proprietors may not be required to have a formal plan, but it is highly recommended. Once you hire employees, maintaining a detailed safety plan becomes a legal obligation and an essential component of your business operations.

This document is not meant to be a standalone safety plan. Prerequisite education, experience, and training are required to create and adhere to an OSHA compliant safety plan that will protect you in the event of an incident. If this plan is in place and not adhered to it could actually become a detriment. Once implemented it must be kept up and regular training must be completed.

This document should be referenced and updated regularly as new hazards are identified, new equipment is purchased, or new services offered. This Docket is a guide and template, not a final authority. Let it serve as a roadmap toward creating a safer more efficient workplace.

***It is recommended you add the following heading and reference, modified as you will, to your employee handbook (if you have one).

Safety Program

A separate safety program has been formed and is documented separate from this employee handbook. Please reference the safety program for further details.

Formal Declaration of a Company-wide Safety Policy



Formal Declaration of a Company-wide Safety Policy

This document only needs to be enacted and signed by the company Executive. After a company-wide safety policy has been formally declared and adopted a copy of this document should be shared with all new employees during the safety portion of new hire orientation and training.

It is the policy of _____ that the safety of its employees and the public is of chief importance. The prevention of accidents and injuries takes precedence over expedience. In the conduct of our business, every attempt will be made to prevent accidents from occurring. We require that our employees, as a condition of employment, comply with all applicable safety regulations as listed in the organization's policy manual.

The designated safety officer — _____ — is the primary contact for safety-related matters. All employees will receive an orientation to the safety policy and rules upon initial employment and are encouraged to bring to the attention of their immediate supervisor any unsafe conditions or practices immediately. Supervisors will communicate these concerns to the safety officer, who will respond to these concerns within 24-48 hours depending on the level of concern. If an injured employee needs immediate medical attention, he/she will be driven or sent to the nearest hospital or clinic immediately.

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety officer, other members of our management team, and I will participate with you in ongoing safety and health program activities.

Employer Responsibilities:

- Provide a safe workplace
- Provide safety and health education and training
- Annually review and update workplace safety rules

Employee Responsibilities:

- Report all unsafe conditions
- Immediately report all work-related injuries
- Wear the required personal protective equipment
- Abide by the organization's safety rules at all times

The goal each year is to have zero safety incidents that require more than minor first aid.

The plan to achieve the goal will include _____ safety training related to topics that apply first to any previous claims or incidents. Following training on those topics other topics identified in reviewing job requirements will be addressed.

Executive Printed Name and Title

Signature

Date

Formal Designation of a Safety Officer



Formal Designation of a Safety Officer

This document only needs to be enacted and signed by the company Executive and the appointed Safety Officer. After a safety officer has been formally appointed a copy of this document should be shared with all new employees during the safety portion of new hire orientation and training.

_____ is the designated safety officer for _____ and is the primary contact for safety-related matters. All employees are encouraged to bring any unsafe conditions or practices to the attention of their supervisor. Supervisors will communicate these concerns to the safety officer, who will respond to these concerns within 24-48 hours depending on the level of concern. If an injured employee requires immediate medical attention, he/she will be driven or sent to the nearest hospital or clinic immediately.

The Primary Responsibilities of the Safety Officer Are to:

- Oversee implementation of the organization's safety program.
- Lead by example.
- Coordinate the new-employee orientation and safety training programs.
- Integrate safety into the day-to-day activities of all employees.
- Annually review the organization's safety policy and safety rules and update as necessary.
- Maintain accurate records and routinely report the results of workplace accident and injury trend analyses.
- Recommend actions to reduce the frequency and severity of accidents and illnesses.
- Assist the organization in complying with government standards concerning safety and health.
- Assist supervisors with accident investigations, including hazard identification and corrective actions.
- Conduct periodic safety inspections and discussions as a part of regular staff meetings to identify unsafe conditions and practices and determine remedies.
- Make recommendations to management on matters pertaining to safety.

Executive Printed Name and Title

Executive Signature

Date

Safety Officer Printed Name and Position

Safety Officer Signature

Date

Safety Inspection Checklists

The checklists in the following pages should be used and updated regularly. Inspection checklists should go in job folders, be photographed for inclusion in job albums where applicable, and otherwise stored for future reference should an event occur.

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***Job Hazard Analysis (JHA) sheets are included later on in this document.



Office Safety Inspection Checklist EXAMPLE

If you have hired employees, OSHA standards may apply even if you work out of a home or a residential address as OSHA considers those environments as part of your duty to ensure a safe and healthful workplace.

Instructions: This checklist addresses responsibilities and possible safety hazards which may be present in an administrative work location. This form is to be completed by employees who have been trained to perform safety inspections. To complete the checklist, employee interviews and some records review will occur. Upon completion, the form is provided to all managers and supervisors at the work location and one copy is provided to the safety coordinator. For any items checked “Unsatisfactory”, an explanation must be provided on an attached sheet. Feel free to edit this form to suit your workplace.

General Maintenance	Satisfactory	Needs Attention	N/A
Floor and aisles are free of litter and spilled liquids (water, pens, paper, etc.)			
Aisles are free of cords, boxes, chairs and other tripping hazards			
Desks or file drawers are closed when not in use and only one drawer is used at a time			
Restrooms clearly marked and properly supplied			
Job safety and health poster posted			
Communications and emergency numbers posted			
Adequate provisions for first aid and/or medical attention			
Does the facility have a complete list of SDSs available			
Are chemicals properly labeled			
Records of recent inspections and safety meetings available			
Ergonomics	Satisfactory	Needs Attention	N/A
All office equipment is being used correctly			
Employees are properly positioned at their desk and maintain good neutral posture			
Employees are using their workstation efficiently and avoiding stretching or reaching for objects placed far away			
Electrical	Satisfactory	Needs Attention	N/A
Electrical devices have manager approval			
All extension cords are in good condition and are not frayed			
Extension cords are not being used as permanent wiring			

Office Safety Inspection Checklist

Evacuation/Fire	<i>Satisfactory</i>	<i>Needs Attention</i>	<i>N/A</i>
All aisles are at least 36 inches wide			
Doors are labeled as exits, where required			
Exit signs are installed and lit from an internal or external source, where required			
Doors are not locked to prevent exit from the building			
Fire doors are not propped open			
An evacuation plan is posted			
Fire extinguishers and pull stations (where present) are in the locations noted on the evacuation plan			
Fire extinguishers are identified with signs and not blocked			
Fire extinguishers are tagged within the last 12 months			
Other Inspection Items	<i>Satisfactory</i>	<i>Needs Attention</i>	<i>N/A</i>
All areas are well lit and lights are functioning properly			
Office equipment is kept at least 18 inches from electrical cabinets			
There are no observable drips or water damage			
Flooring is in good condition and the carpets are not ripped and tiles are not broken or uneven			
Employees are refraining from unsafe behaviors (standing on chairs, etc.)			
Warning signs are posted near hazards (wet floors, repair work, etc.)			

Office Safety Inspection Checklist

Comments:

Inspector Name(s)

Date

Warehouse/Shop/Storage Safety Inspection Checklist EXAMPLE

***For smaller shops please note that this checklist may include items only applicable to larger more industrialized companies. Please customize this form and remove or add items that do not apply to your operation prior to adoption.

1. General Safety

- ☐ Shop work and storage area clean and orderly.
- ☐ Exits are identified, where required.
- ☐ Trip hazards have been eliminated (cords, hoses, etc.)
- ☐ Stationary machines anchored to the floor.
- ☐ Working areas for machines clear of obstructions.
- ☐ Storage below 18" of sprinklers, where present.
- ☐ Floor clean from spills and absorbent
- ☐ Exits/corridors are clear, no obstruction or trip hazards.
- ☐ Evacuation plan available and practiced at least annually.

2. Emergency/Safety Equipment

- ☐ Adequate provisions for first aid and/or medical attention
- ☐ Showers/Eyewash inspected weekly, where present. Is there clear access?
- ☐ Spill kit/absorbent available
- ☐ Fire extinguishers and pull stations (where present) are in the locations noted on the evacuation plan
- ☐ Fire extinguishers are identified with signs and not blocked
- ☐ Fire extinguishers are tagged within the last 12 months
- ☐ All emergency equipment distinctly labeled/ marked
- ☐ Is an (AED) automated external defibrillator available, where required
- ☐ Is there trained personnel available for the use and to inspect AED's
- ☐ Other _____

3. Personal Protective Equipment

(For shops fabricating or manufacturing parts or products for use or resale additional PPE will be required. Be aware fabrication activities may alter your classification under applicable OSHA guidelines.)

- ☐ Proper safety glasses/goggles/face shields available
- ☐ Proper gloves available. (nitrile, leather)
- ☐ Hearing protection available.
- ☐ Hard hats available.
- ☐ Are approved respirators provided for regular or emergency use
- ☐ Is appropriate foot protection required where there is risk of foot injuries
- ☐ PPE is stored properly, cleaned and inspected before each use
- ☐ Fall protection harnesses and lanyards are serviceable/inspected prior to use?
- ☐ Other _____

4. Electrical Safety

- ☐ All breaker panels and emergency shut-offs labeled
- ☐ 36" clearance around circuit breaker panels
- ☐ Electrical panels are covered
- ☐ Exposed wiring and frayed/deteriorated cords repaired/replaced promptly, free of splices and taps
- ☐ All cord connected electrically operated tools and equipment effectively grounded
- ☐ No extension cords used in place of permanent wiring
- ☐ Electrical cords across walk ways protected/covered
- ☐ GFCI's used in wet areas (showers, sinks)
- ☐ Are employees prohibited to work alone on energized lines over 600V
- ☐ Other _____

Warehouse/Shop/Storage Safety Inspection Checklist

5. Shop Equipment Safety

- ☐ Employees following equipment manufacturer instructions
- ☐ Employees, where required, are certified
- ☐ Barrier guards present on moving machinery parts
- ☐ Point-of-operation and pinch points guarded
- ☐ Belts/ Pulley enclosed
- ☐ Bench grinders (1/8" tool rest, 1/4" tongue guard)
- ☐ Broken or fractured handles on hand tools replaced promptly
- ☐ Guards in place over belts, pulleys, chains, sprockets, and similar equipment
- ☐ Lower portion of blades guarded
- ☐ Safety zones present around shop equipment
- ☐ Weekly and/or monthly inspections are conducted
- ☐ Is Waste disposed of properly
- ☐ Is Training provided to employees
- ☐ Other _____

6. Forklifts and Pallet Tools

- ☐ Employees, where required, are certified
- ☐ Equipment is properly maintained and operated

7. Lockout/Tagout (LOTO)

- ☐ Is machinery or equipment capable of movement, required to be de-energized, disengaged and locked out when ever required
- ☐ Ladders are serviceable and appropriate for the type of work
- ☐ Gas cylinders stored upright/secure
- ☐ Gas cylinders segregated (Flammables, oxidizers) while in storage. (5 ft fire wall or 20ft distance)
- ☐ Fan blades guarded(1/2" opening)
- ☐ Anti-kickback protection on wood working machinery
- ☐ Anti-restart on woodworking machines
- ☐ On/ off switch accessible w/o reaching across point of operation
- ☐ Other _____

8. Chemical Management

- ☐ Current inventory available
- ☐ Chemicals properly segregated
- ☐ Chemicals properly stored
- ☐ Flammables stored in NFPA approved cabinets.
- ☐ Chemicals properly labeled
- ☐ SDS access available
- ☐ No smoking signs posted and observed, where required
- ☐ Are employees provided training on local policies and procedures
- ☐ Are all equipment control valve handles provided with means for LOTO
- ☐ Are individually keyed safety locks provided to employees, where required
- ☐ Does the lock-procedure require the that stored energy be released or blocked before equipment is locked out for repair
- ☐ Are there a sufficient amount of signs, tags and safety padlocks available
- ☐ Other _____

9. Assigned Vehicles

- ☐ Vehicles are not idled inside
- ☐ Vehicles inside shop spaces do not create a hazard

10. Safety Meetings

- ☐ Monthly shop safety meetings completed
- ☐ Other _____

11. Hazardous Waste Disposal, when applicable

- ☐ Refer to SDS sheets when disposing of hazardous materials, if any

Vehicle Safety Inspection Checklist EXAMPLE

Last 6 of VIN

License Plate

Odometer Reading

Make and Model

Driver Name

Vehicle Inspection:

X = Satisfactory O = Requires Attention

	Dates					Comments
PRE-START UP						
Check all fluids (oil, washer, transmission)						
INTERIOR (Start Engine)						
Gauges						
Horn						
Steering Wheel (Feel)						
Foot Brake/Parking Brake						
Registration / Insurance Cards						
Heat/Defrost/AC						
Interior Lights						
Upholstery, Loose Objects						
Seatbelts						
First Aid Kit/Body Fluids Kit						
Fire Extinguisher						
Emergency (chains, flares, flashlight, blankets, as required)						
WINDOWS/MIRRORS						
Wipers/Washers						
Mirrors/Glass Clean/Clear View						

Vehicle Safety Inspection Checklist

	<i>Dates</i>					<i>Comments</i>
EXTERIOR						
Head Lights (High/Low)						
Turn Signals (Front/Rear)						
Emergency Flashers						
Tires (Wear, PSI with gauge)						
Spare Tire (Pressure)						
Tail Lights/Back-Up Lights						
UNDER CARRIAGE						
Obvious Leaking fluids						
Loose/Hanging Objects						
DRIVER'S INITIALS						

Other Vehicle Items	<i>Satisfactory</i>	<i>Needs Attention</i>	<i>N/A</i>
Accessories and payload properly secured			

Trailer Inspection	<i>Satisfactory</i>	<i>Needs Attention</i>	<i>N/A</i>
Accessories and payload properly secured			
Lights properly wired and working			
Proper connection and retention protocols followed			
Trailer door latches working properly			

Trailer Pre-Use Safety Inspection Checklist EXAMPLE

***Regular inspections may be required for trailers but weekly or monthly inspections at a minimum are recommended.
Consult local authorities (DOT, etc...) for requirements in your area.

1. Hitching Apparatus

- ☐ The receiver is properly mounted to the tow vehicle.
- ☐ The receiver, draw bar, hitch ball, coupler, sway control device, spring bars, safety chains, and power connection wiring are all functional and compatible with the tow vehicle and trailer.
- ☐ The power and brake control connections between the trailer and tow vehicle are compatible, provide enough slack for turning and are in good working order.
- ☐ The landing gear (trailer jack) is functional.
- ☐ The hitch ball and coupler are the same size. When attached, the ball is firmly seated in the coupler, and the latching mechanism is locked.
- ☐ The safety chains are securely attached to both the tow vehicle and trailer, crossing under the trailer tongue in an "X" pattern.
- ☐ The safety chains connect the trailer and tow vehicle, while providing enough slack for turning.
- ☐ The eyelets holding the safety chains all have their open-ended hooks facing the outside of the hitch connection.
- ☐ If using a fifth-wheel trailer hitch, the following equipment is in good working order: fifth-wheel plate, plate jaw and handle, hitch plate, pin and pin box, and side rails.

2. Trailer

- ☐ The trailer frame is free of cracks, fractures, bends and other signs of weakness.
- ☐ All lights (tail lights, clearance lights, brake lights, directional signals, hazard lights, reflectors) are in proper working order.

- ☐ The trailer tires are properly inflated and balanced, and do not show excessive wear or damage.
- ☐ The trailer wheel fasteners (lug nuts) are present, tight, and free of rust.
- ☐ Trailer wheel rims are free from damage.
- ☐ Loaded trailer is level when attached to the tow vehicle.
- ☐ Running boards (if present) are in good condition.
- ☐ Winch (if present) is in working order.
- ☐ Door latches working properly
- ☐ When using an open trailer or a dump trailer verify that where required tarps or covers and suitable securement are available

3. Load Distribution

- ☐ The trailer load has a center of gravity that is as low as possible, and there is no risk of loose items falling off the trailer.
- ☐ The trailer load has a center towards the front of the trailer and is not centered over the wheels or rear of the trailer
- ☐ Taken separately, the towing vehicle and trailer have even weight distributions (front to rear, left to right). This has been verified by visual inspection and/or scale measurements.

4. Load Securement

- ☐ Load is properly secured to prevent movement or shifting
- ☐ Accessories (ladders, etc...) properly secured

Monthly Ladder Maintenance/Safety Inspection Checklist EXAMPLE

Department	Supervisor	Date
Inspected By	Ladder Type (select) <input type="checkbox"/> Step <input type="checkbox"/> Extension <input type="checkbox"/> Platform <input type="checkbox"/> Fixed	Ladder ID

	Pass	Fail	Comments
GENERAL SAFETY			
Loose steps/rungs			
Loose nails, screws, bolts or other metal parts			
Cracked, split/broken uprights, braces, steps/rungs			
Slivers or splinters on uprights, steps/rungs			
Damaged, worn or missing nonslip bases			
Oil, grease, other slippery material on steps/rungs			
Dents or bends in ladder rails or steps/rungs			
STEPLADDERS			
Ladder wobbles (side strain)			
Loose or bent hinge spreaders			
Broken stop on hinge spreaders			
Loose hinges			
EXTENSION LADDERS			
Loose, broken or missing dogs/pawls (extension locks)			
Dogs/pawls (extension locks) do not seat properly			
Halyard (rope) is deteriorated			
PLATFORM LADDER			
Worn or missing tires			
Wheels that bind			
Wheel brackets broken, loose or missing			
Platform clean of oil, grease of other slippery material			

Monthly Ladder Maintenance/Safety Inspection Checklist

	<i>Pass</i>	<i>Fail</i>	<i>Comments</i>
FIXED LADDER			
Loose steps/rungs			
Rust or corrosion of rungs, rails or cage			
Splinters, sharp edges, burrs or projections on steps, rungs or rails			
Oil, grease or other slippery material present on steps, rungs or rails			
If cage is present - inside must be clear of projections			

Job-Site Fall Protection Construction Inspection Checklist EXAMPLE

(Refer to 29 CFR 1926.500-503 for specific requirements)

Pre-Job			
1.	Does this project involve a low-slope roof (4:12 or less)?	Y	N
2.	Does this project involve a steep-slope roof (greater than 4:12)?	Y	N
3.	Is the distance from the roof to the ground or a lower level 6 feet or greater?	Y	N
4.	Is the roof a residential roof (dwelling) and constructed using residential-type methods (e.g., wood framing or trusses and sheathing)?	Y	N
5.	If a residential roof, is conventional fall protection infeasible or does its use create a greater hazard?	Y	N
6.	Is the roof area in proximity to dangerous equipment, machinery, open tanks or electrical equipment?	Y	N
7.	Will the project involve use of a debris chute?	Y	N
8.	Will the project involve a hoist?	Y	N
9.	Is material and equipment storage located at least 6 feet from the roof edge?	Y	N
10.	Are there skylights or other dangerous structural openings on the roof (HVAC openings, scuttle holes, atriiums etc.)?	Y	N
11.	Are there any holes 2 inches wide or more?	Y	N
12.	Are there any permanent anchorages on the roof capable of supporting a 5,000 lb. load for lifeline attachment?	Y	N
13.	Will mechanical equipment (such as roof cutters, power washers, power sweepers etc.) be used on the roof?	Y	N
14.	Does the roof have different levels?	Y	N
15.	Is the roof more than 50 feet wide?	Y	N
16.	Does the roof have a parapet at least 39 inches high?	Y	N
17.	Have all employees on the project been trained in fall protection?	Y	N
18.	Have all employees on the project been trained in the use of the fall-protection system to be used on the project?	Y	N
19.	Do superintendents, foremen and workers know who the competent persons on the project are?	Y	N
20.	Has the roof deck been inspected for structural integrity to determine if it can support the load of workers, material and equipment?	Y	N

Job-Site Fall Protection Construction Inspection Checklist

Job-in-progress			
The following questions apply to the use of the warning line system with a safety monitor . A 'no' to any question reflects a violation of OSHA standards as to the practice or method employed.			
21.	Are warning lines erected around the entire work area?	Y	N
22.	If no mechanical equipment is being used, are the warning lines at least 6 feet from the roof edge?	Y	N
23.	If mechanical equipment is being used, are the warning lines at least 10 feet from the roof edge perpendicular to the direction of equipment travel and 6 feet from the roof edge parallel to equipment travel?	Y	N
24.	Are the lines flagged at 6-foot intervals?	Y	N
25.	Are the lines at least 34 inches from the roof surface but not more than 39 inches?	Y	N
26.	Do the lines have a minimum tensile strength of 500 pounds?	Y	N
27.	Can the stanchions resist a tipping force of 16 pounds?	Y	N
28.	Is mechanical equipment used or stored only in areas inside the warning lines?	Y	N
29.	Are workers in the area between the warning line and the roof edge protected by a guardrail system, safety monitor or personal fall arrest (PFA) system?	Y	N
30.	If a safety monitor is used, is he on the same roof level?	Y	N
31.	Is the safety monitor able to communicate by voice with the workers he is monitoring?	Y	N
32.	Is the safety monitor free from other job responsibilities that could distract him?	Y	N
33.	If no warning lines are in place but a safety monitor is being used, is the roof 50 feet or less in width?	Y	N
The following questions apply to the use of personal fall arrest systems . A 'no' to any question reflects a violation of OSHA standards as to the practice or method employed.			
34.	Are all anchorages capable of supporting a 5,000-pound load per worker attached?	Y	N
35.	Has all PFA equipment been inspected prior to use for wear and damage, including tears, burns, ripped stitching, and buckle or connector damage?	Y	N
36.	Do lifelines, lanyards, snap hooks, and D-rings have a minimum strength of 5,000 pounds?	Y	N
37.	Has the system been rigged to prevent contact with the ground or a lower level after a fall?	Y	N
38.	Has a rescue plan been designed and implemented for the particular fall protection system being used on the project?	Y	N
39.	Have employees been trained in rescue equipment and techniques?	Y	N

Job-Site Fall Protection Construction Inspection Checklist

The following questions apply to the use of **a guardrail system**. A “no” to any question reflects a violation of OSHA standards as to the practice or method employed.

40.	Is the top rail of the guardrail between 39 and 45 inches from the roof surface?	Y	N
41.	Is a second rail in place at the midpoint between the toprail and the roof surface?	Y	N
42.	If the top rail is made of wire rope is it a minimum of ¼ inch in diameter?	Y	N
43.	Is it flagged every 6 feet?	Y	N
44.	Can the guardrail withstand a 200-pound force within two inches of the top in any direction without failure?	Y	N
45.	If a hoist is used, is a chain or gate in place to protect the opening between guardrail sections when hoisting is not taking place?	Y	N
46.	Do all midrails and top rails terminate in an end post?	Y	N
Post-job			
47.	Have any PFAS components that have been subjected to an impact been removed from service?	Y	N

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Fall Protection Checklist from the NCSG/OSHA Agreement

***This form has been modified from the version included in the NCSG/OSHA Agreement but the content is the same.

Customer	Date	Time
Address		
Names of employees assigned to job		
Task(s) to be performed		

Directions For Use of This Form

1. For each Covered Task to be performed, identify:
 - (1) the Covered Task;
 - (2) the location on the roof where it will be performed;
 - (3) the method and location of roof access;
 - (4) whether the Covered Task requires a portable ladder on the roof to reach the top of a chimney; and
 - (5) the fall protection option(s) that will be employed.
2. Multiple tasks should be grouped and covered by one set of entries if the Hazard Assessment and Implementation Plan (e.g., same fall protection plan) for the grouped tasks is the same. Tasks performed with different fall protection set-ups must not be grouped.

Hazard Assessment & Implementation Plan

1. **Location of Covered Task (or grouped Covered Tasks) on roof, including estimated distance to edge of roof:**

2. **Location of Roof Access, including estimated distance from access to Covered Task:**

a. **Method of Roof Access:** _____

3. **Slope(s) of Roof:** _____ **Composition of Roof Surface(s)** _____

Fall Protection Checklist from the NCSG/OSHA Agreement

- 4. Does the roof have the structural integrity to support the workers and work to be performed without supplemental equipment?** Y / N
- a. If “no,” specify the Special Measures that will be required in *Item 14*.
- 5. Does the roof provide an adequate walking/working surface for the job (e.g., good traction, even surface)?** Y / N
- a. If “no,” specify the Special Measures that will be required in *Item 14*.
- 6. Are there any obstacles to accessing the roof or performing the Covered Tasks that need to be addressed?** Y / N
- a. If “yes,” identify the obstacles and specify the Special Measures that will be required in *Item 14*.
- 7. Does the Task Require a Portable Ladder on the Roof to Reach the Top of a Chimney?** Y / N
- a. If “yes,” enter “X” in applicable blank to identify ladder.)
- i. _____ Use a **straight portable ladder** lashed tightly against the chimney at two different heights with both legs sitting firmly on the surface of the roof to provide firm support and prevent movement of the ladder.
- ii. _____ Use a **folding portable ladder** with the back legs lashed tightly against the chimney at two different heights and both front legs sitting firmly on the surface of the roof to provide firm support and prevent movement of the ladder.
- 8. Was a fall hazard assessment performed and was it based on the Covered Task(s) to be performed and conditions at the worksite, taking into account factors such as weather conditions (e.g., wind, rain, snow, moss, moisture, temperature), condition of the roof, access to the roof and to the location where the Covered Task will be performed, roof pitch, type of surface, presence of skylights or utility lines, required equipment and materials, time to perform the Covered Task, and number of employees assigned to the job and on the roof?** Y / N
- 9. Does the roof have guardrails or anchors for a personal fall protection system that would provide complete fall protection when accessing and performing the Covered Task?** Y / N
- a. If “yes”: use them and skip to *Item 11*.
- b. If “no”: proceed to *Item 10* to develop and implement a Fall Prevention Plan before work is allowed to proceed.
- 10. Fall Protection Options**
- a. Is fall protection required during access to and from the Covered Task(s)?** Y / N
- i. If “No,” explain why by checking applicable box below and skip to *Question 10.B*.
Fall protection is Not required because task will be:
1. _____ Performed from Roof Hook Ladder that can be set up without using fall protection.
 2. _____ Performed from portable ground ladder.
 3. _____ Performed from Aerial Work Platform.
 4. _____ Other. Explain: _____

Fall Protection Checklist from the NCSG/OSHA Agreement

ii. If “Yes,” place an “X” in the box next to each measure that will be used.

1. ☐ Use Existing Fall Protection Anchorages located at: _____
2. ☐ Use a Fall Protection Aid. Specify aid: _____
3. ☐ Use a Travel Restraint System with a Ground-Based Anchorage
 - a. Specify Anchorage: _____
4. ☐ Use a Roof Top Travel Restraint System with a Non-Penetrating Roof Anchorage
 - a. Specify Anchorage: _____
5. ☐ Use a Roof Top Personal Fall Arrest System with a Non-Penetrating Roof Anchorage
 - a. Specify Anchorage: _____
6. ☐ Use a Personal Fall Arrest System with a Ground-Based Anchorage*
 - a. Specify Anchorage: _____

*This approach is not authorized by the Settlement Agreement with OSHA. It may be used, in compliance with relevant OSHA standards, if fall protection is required and the fall protection options in the Agreement are infeasible or pose a greater hazard, pursuant to Occupational Safety and Health Review Commission precedent. Such use must be documented.

b. ☐ Is interim fall protection required while setting up or removing the fall protection that will be used while performing the Covered Task(s)?

Y / N

i. If “No,” explain why by checking applicable box below and skip to *Question 10.C*.

Fall protection is Not required because task will be:

1. ☐ Performed from Roof Hook Ladder that can be set up without using fall protection.
2. ☐ Performed from portable ground ladder.
3. ☐ Performed from Aerial Work Platform.
4. ☐ Other. Explain: _____

ii. If “Yes,” place an “X” in the box next to each measure that will be used.

1. ☐ Use Existing Fall Protection Anchorages located at: _____
2. ☐ Use a Fall Protection Aid. Specify aid: _____
3. ☐ Use a Travel Restraint System with a Ground-Based Anchorage
 - a. Specify Anchorage: _____
4. ☐ Use a Roof Top Travel Restraint System with a Non-Penetrating Roof Anchorage
 - a. Specify Anchorage: _____
5. ☐ Use a Chimney-Based Travel Restraint System
6. ☐ Use a Roof Top Personal Fall Arrest System with a Non-Penetrating Roof Anchorage
 - a. Specify Anchorage: _____
7. ☐ Use a Personal Fall Arrest System with a Ground-Based Anchorage*
 - a. Specify Anchorage: _____

*This approach is not authorized by the Settlement Agreement with OSHA. It may be used, in compliance with relevant OSHA standards, if fall protection is required and the fall protection options in the Agreement are infeasible or pose a greater hazard pursuant to Occupational Safety and Health Review Commission precedent. Such use must be documented.

Fall Protection Checklist from the NCSG/OSHA Agreement

c. ____ Is fall protection is required while performing the Covered Task(s)?**Y / N****i. If "No," explain why by checking applicable box below and skip to Question 11.**

Fall protection is Not required because task will be:

1. ____ Performed from Roof Hook Ladder that can be set up without using fall protection.
2. ____ Performed from portable ground ladder.
3. ____ Performed from Aerial Work Platform.
4. ____ Other. Explain: _____

ii. If "Yes," place an "X" in the box next to each measure that will be used.

1. ____ Use Existing Fall Protection Anchorages located at: _____
2. ____ Use a Fall Protection Aid. Specify aid: _____
3. ____ Use a Travel Restraint System with a Ground-Based Anchorage
 - a. Specify Anchorage: _____
4. ____ Use a Roof Top Travel Restraint System with a Non-Penetrating Roof Anchorage
 - a. Specify Anchorage: _____
5. ____ Use a Chimney-Based Travel Restraint System
6. ____ Use a Roof Top Personal Fall Arrest System with a Non-Penetrating Roof Anchorage
 - a. Specify Anchorage: _____
7. ____ Use a Personal Fall Arrest System with a Ground-Based Anchorage*
 - a. Specify Anchorage: _____

*This approach is not authorized by the Settlement Agreement with OSHA. It may be used, in compliance with relevant OSHA standards, if fall protection is required and the fall protection options in the Agreement are infeasible or pose a greater hazard, pursuant to Occupational Safety and Health Review Commission precedent. Such use must be documented.

11. Identify tools and equipment (other than PPE) required to perform the planned tasks.

Specify any Special Measures required to transport them in Item 14.

12. Identify any PPE required to perform the planned tasks.**13. Identify any measures needed to protect individuals from falling objects.****14. Identify any Special Measures required for the job.**

I certify that I have reviewed the foregoing Fall Prevention Plan and determined that it provides an effective level of protection from fall hazards for the work to be performed.

Employee Printed Name_____
Employee Signature_____
Date

Daily Scaffolding Inspection Checklist

(To be completed each day scaffolding is used)

Date of Inspection

Time

Location of Scaffold

Inspected by (Designated Competent Person)

BEFORE USING THE SCAFFOLD

- ☐ Has the scaffold been setup according to manufacturer's instructions?

	Yes	No	N/A
General Rules for All Scaffolds			
Has this work location been examined before the start of work operations and have all the appropriate precautions been taken? E.g. checking for: overhead objects, falling or tripping hazards, uneven ground, opening onto a door.			
Will fall protection be required when using this scaffold?			
Has the scaffold been setup according to manufacturer's instructions?			
Scaffold components can support at least four times their maximum intended load.			
Scaffold is fully planked- No more than 1" gap between planks.			
Platform is at least 18 inches wide (12 inches on pump jacks).			
Guardrails are used or personal fall arrest system is used, if work height is >10 feet. Guardrail system: Toprail Midrail Toeboard Posts			
Scaffold is 14" or less from face of work, if workers remove front guardrails (18" for plasterers).			
Planks do not extend past the ends of the scaffold frames more than 12 inches.			
Casters are locked before work begins.			
Work platform free of clutter, mud, snow, oil or any tripping hazard.			
Minimum power line clearance (10 feet)			
If the scaffold is defective, has it been removed from service and tagged out?			

Daily Scaffolding Inspection Checklist

	Yes	No	N/A
General Rules for Supported Scaffolds			
Height to base width ratio is: Less than 4:1 (no guying, ties, or braces required)			
Over 4:1 scaffolds are restrained from tipping by guying, tying, or bracing.			
All scaffold frames and uprights use base plates (mud sills required if on dirt)			
Footings are level, sound, and rigid. No settling has occurred.			
Unstable objects such as blocks, bricks, buckets, etc. are not used as work platforms or to support scaffolds.			
Are riggers secured and installed correctly?			
General Rules for Access			
No more than 2' step up or down or a 14" step across to get on or off a platform.			
Ladder first rung is not more than 24" above the ground.			
Hook-on and attachable ladders are designed for the scaffold.			
Add-on ladders must have a rung length of at least 11 ½"			
Built in ladders (part of the scaffold frames) must have a rung length of at least 8".			
Rungs line-up vertically for the entire height of the scaffold.			
Cross braces are not used for climbing up or down from the scaffold.			

- ☐ Scaffolding is COMPLETE and compliant per OSHA Standards and ready for use.
- ☐ Scaffolding is INCOMPLETE. **DO NOT USE!**

 Signature of Competent Person

 Date

Daily Aerial Lift Pre-Use Inspection Checklist

Operator Name (print) _____

Department _____

Unit Type (check appropriate):

- ☐ Scissor Lift
☐ Articulating Boom
☐ Man Lift
☐ Other: _____

Date _____

Location of Use _____

		Yes	No	N/A
UNIT INSPECTION ITEM AND DESCRIPTION				
1	The manufacturer's operations manual is stored on the unit			
2	Operating and emergency controls are in proper working condition (including emergency stop mechanism)			
3	Functional platform drive controls are in proper working condition			
4	Emergency lowering mechanism operates properly			
5	Lower operating controls successfully override the upper controls			
6	Both upper and lower controls are adequately protected from inadvertent operation			
7	Control panel is clean and all buttons/switches are clearly visible			
8	All switch and mechanical guards are in good condition and properly installed			
9	All safety indicator lights work			
10	All drive controls function properly and are accurately labeled			
11	Motion alarms function properly			
12	Safety decals are in place and readable			
13	All guard rails are sound and in place, including basket chains			
14	Work platform and extension slides are clean, dry, and clear of debris			
15	Models with platform extensions: slides in and out freely with functioning safety locking pins			
16	Inspect for defects, including cracked welds, fuel leaks, hydraulic leaks, damaged control cables or wire harness, etc.			
17	Tires and wheels are in good condition with adequate air pressure if pneumatic			
18	Braking devices are operating properly			

Daily Aerial Lift Pre-Use Inspection Checklist

		Yes	No	N/A
UNIT INSPECTION ITEM AND DESCRIPTION				
19	Oil level / Hydraulic Oil Level / Fuel Level / Coolant Level is acceptable			
20	Battery Charge is acceptable			
21	Outriggers in place or functioning and associated alarms working			

Safety Precautions to Consider/Have/Be Aware Of	Check to Confirm
Personal Protection in use (harness, lanyard, hardhat, etc.)	
See manufacturer guidelines for use in windy conditions (always lower if lift begins to rock in the wind)	
Floor/ground conditions: drop offs, holes, uneven surfaces, and sloped floors	
Housekeeping: debris, floor obstructions, cords, construction materials and supplies	
Location of electrical power cables or panels (keep minimum 10 ft. away) Contact Facilities Management Department for guidance on larger lines or wet conditions.	
Look for chemical lines, gas lines, drain lines, and utilities	
Location of overhead obstructions	
DO NOT exceed load capacity	
Watch for vehicular and pedestrian traffic (set up barricades if necessary)	

If the Aerial Lift fails any part of this inspection, remove the key and report the problem to your supervisor.

DO NOT OPERATE. Submit completed checklist to your supervisor.

- ☐ Aerial Lift is SUITABLE FOR USE.
☐ Aerial Lift NEEDS ATTENTION. **DO NOT USE!**

Signature of Competent Person

Date

First Aid Kit Inspection Checklist EXAMPLE

***Per OSHA all first aid kits used must adhere to ANSI Z308.1

Item	Date	Date	Date	Date	Date	Date	Date
Disposable gloves (non-porous, non-latex, i.e. nitrile or vinyl)							
Band-Aids (different sizes)							
Small scissors							
Tweezers (for surface splinters)							
Elastic wrapping bandage							
Sterile gauze pads (2, 3, and 4 inch sizes)							
Chemical ice pack (non- toxic)							
Thermometer (disposable or mercury-free)							
Large triangular bandage (sling)							
Adhesive tape							
First Aid manual							
Hand sanitizer (for adult use only)							

Clearly Defined Safety Rules and Enforcement Policy



Clearly Defined Safety Rules and Enforcement Policy

This document should be updated regularly and signed by all employees as part of their new hire paperwork, or when updated where substantial changes have been made.

Objective

Safety rules are provided as guidelines for safe operations. All employees must follow these rules as a condition of employment.

Scope

Rules apply to all employees and contractors.

Procedure

All employees will be given a copy of the safety rules upon initial employment. All employees must sign and return the acknowledgment form after they have been given a chance to review the safety rules and ask any questions. The safety rules will be periodically reviewed by management in order to ensure that they are applicable and current, and updates will be promptly shared with all employees. An incident report must be signed by the employee and all required forms filled out honestly and to the best knowledge of the employee. Any refusal to fill out said forms may result in termination.

Enforcement

Employees are subject to disciplinary action for violations of safety rules. Employees will be afforded instructive counseling and/or training to ensure a clear understanding of the infraction and the proper conduct under organizational guidelines. Nothing in this policy or this safety program will preclude management from terminating an employee for a safety violation. This is not a progressive discipline system, and any safety violation may lead to an employee's termination without prior instruction or warning.

Management reserves the right to impose any of the following disciplinary actions it deems appropriate:

- • Verbal warning with documentation in personnel file.
- • Written warning outlining nature of offense and necessary corrective action with documentation in personnel file.
- • Suspension.
- • Termination.

Managers, including supervisory personnel, are subject to the above disciplinary action for the following reasons:

- • Repeated safety rule violations by employees under their supervision.
- • Failure to provide adequate training prior to assigning jobs.
- • Failure to report accidents and to provide medical attention to employees injured at work.
- • Failure to control unsafe conditions or work practices.
- • Failure to maintain good housekeeping standards and cleanliness in their departments.

Employee Acknowledgment

I, _____, on _____, have read and understand the enforcement policy of (YOUR COMPANY NAME) and agree to act in accordance with the safety rules at all times while working. I am aware that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

Clearly Defined Safety Rules

These safety rules are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter while employed by this organization. It would be impossible to cover every work situation. If you are in doubt about the safety of any equipment, practice or procedure, consult your supervisor for guidance.

Alcohol and Drug Policy

***These guidelines are suggested as a general drug and alcohol policy. It is recommended you follow state and federal guidelines and talk with your workers compensation carrier and your general liability insurance prior to making any final determinations. It is not recommended that you remove any of the points below but your service area and your company practice may dictate adding additional rules and requirements.

- No alcohol or drugs are allowed on a job-site, in company vehicles, or on company property.
- Employees cannot be under the influence of alcohol or drugs or other controlled substances (even when prescribed in many cases) during working hours.
- Employees must notify their supervisor in advance if they are taking any prescription drugs that might affect their judgment, balance, or coordination.

Safety Data Sheets (SDS)

- SDS data sheets should be made available to all employees at a specified location. If hard copies are desired they must be available at each office, warehouse, or job-site (in each vehicle) where those products may be used or stored. If SDS data sheets are stored electronically they can be shared commonly among employees via their smart devices.
- SDS data sheets are stored and accessed as follows (please explain):

First Aid Kits

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your office space.

- All first aid kits should be maintained and restocked as necessary.
 - See First Aid Kit Inspection Checklist
- If you use items from a first aid kit please notify your supervisor or restock the first aid kit when possible.
- The following areas should have first aid kits
 - Each individual vehicle
 - Each enclosed trailer
 - Offices and warehouse spaces based on occupancy requirements

Clearly Defined Safety Rules

CPR / First Aid Training

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your office space.

- CPR and first aid training is recommended for each crew leader, designated foreman, or competent person on a job site.
- Per OSHA we are required to have someone who is CPR and First Aid Kit on any location not with 3-4 minutes from where major medical care is available.

Emergency Action Plan

***Some general ideas are included below. This should be set by your executive team and include any possible scenarios and actions plans for each. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your office space.

- Fire
- Natural Disaster
- Medical Emergency
- Unforeseen events specific to your area/staff

Components of an emergency action plan include:

- Identifying potential emergencies
- Designated escape routes and exit procedures
- Communication methods for contacting emergency services and staff
- Roles and responsibilities of staff members
- Procedures and locations for accounting for all personnel

PPE - Personal Protective Equipment Guidelines

***This section outlines some example guidelines for the use of Personal Protective Equipment (PPE) to ensure employee safety across various job tasks and environments. PPE is an essential component of workplace safety, providing protection against hazards that cannot be eliminated through engineering or administrative controls. The guidelines detail general rules for PPE usage, types of equipment required, and recommended PPE for technicians. Job-specific PPE requirements are discussed in the Clearly Defined Safety Rules section.

Personal Protective Equipment (PPE) in the chimney and hearth industry is vital to protect workers from exposure to hazards such as dust, particulates, high temperatures, chemical residues, or other harmful substances encountered during inspection, cleaning, repair, or installation tasks. Selecting the proper level of protection ensures worker safety and compliance with applicable standards, including OSHA and NIOSH.

Tailoring PPE levels to specific chimney and hearth tasks minimizes risks while ensuring comfort and efficiency for workers. Adapting EPA protection levels helps mitigate exposure to soot, creosote, particulates, and other hazards unique to the industry. Employers must assess each job's risks and provide appropriate training and PPE to ensure safety and compliance.

General Rules

- Appropriate PPE must be worn when and where required.
- PPE will be allocated and training completed as necessary based on each job task and any associated JHAs.
- Training requirements and specific PPE are listed in the job-specific safety rules elsewhere in this document.
- If you feel greater protection is required than is provided it should be discussed with your supervisor immediately.

Clearly Defined Safety Rules

PPE Types

- Occupational Foot Protection
- Head Protection
- Eye & Face Protection
- Hand Protection
- Hearing Protection
- Respiratory Protection
- Fall Protection: Safety Belts, Lifelines and Lanyards
- Inclement Weather (Cold, Wind, Fog, Lightning, etc...)

Recommended Technician PPE

It is recommended that every technician on a job should have access to the following PPE, at a minimum:

- Gloves (nitrile, leather, etc... appropriate for type of work being performed)
- Footwear w/ non-slip soles
- NIOSH approved breathers/respirators
- Eye protection
- Hearing protection
- Fall protection
- ANSI approved climbing helmet
- ANSI approved harness
- Other items as necessary for the type of work being performed

Recommended PPE for Specific Job Hazards

***Some general hazards are included below. Please select what PPE is required for the covered hazards in the chart below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your staff per your area and company policies.

Hazards (non-inclusive list)	<i>Special Footwear</i>	<i>Hand & Skin</i>	<i>Headwear</i>	<i>Eye & Face</i>	<i>Hearing</i>	<i>Respiratory</i>	<i>Fall Protection</i>
Animal (including feces, nesting materials, etc...)							
Chemicals							
Confined spaces							
Cuts							
Electrical (power lines, energized conductors, etc...)							
Equipment							
Explosions							
Thermal discomfort (heat or cold)							
Light (welder, cutting torches, etc...)							
Noise >85-90 decibels							
Power tools							
Punctures							
Silica/Dust							
Slips, Trips and Falls							
Weather/Elements							

Job Hazard Analysis — Why Does It Matter?

Welcome to the team! At our company, safety is a cornerstone of everything we do. To maintain the highest standards of safety, efficiency, and compliance, we utilize Job Hazard Analysis (JHA) as a critical tool. Understanding the purpose of JHA and knowing when it is required will help ensure your well-being and contribute to a safe and productive work environment for everyone.

Job Hazard Analysis is a systematic process used to identify potential hazards associated with specific tasks and develop strategies to eliminate or mitigate those risks. It involves breaking down a job into individual steps, analyzing each step for hazards, and implementing controls to reduce or eliminate the risks.

The goal of JHA is to:

- Protect employees from workplace injuries and illnesses.
- Enhance job performance by reducing interruptions caused by accidents.
- Ensure compliance with applicable safety regulations and standards.
- Foster a culture of safety where risks are proactively addressed.

When is JHA Required? A JHA is required in the following situations:

- **For High-Risk Tasks:** Any job involving potential exposure to serious hazards, such as working at height, using heavy machinery, handling hazardous materials, or performing confined space entry.
- **Before New Tasks:** Whenever new processes, tools, or equipment are introduced that could create unfamiliar hazards or new employees are being asked to perform new tasks.
- **Following an Incident:** After an injury, near miss, or safety concern to reevaluate the task and implement improvements.
- **During Routine Reviews:** Periodic reviews of jobs and tasks to ensure that safety measures remain effective and up to date.
- **For Non-Routine Jobs:** Tasks that are performed infrequently and may have unique or unrecognized hazards.
- **For Compliance:** When required by OSHA regulations or company policy.

Your Role in JHA: As a valued employee, your participation in the JHA process is crucial. You may be asked to:

- Provide insights into the tasks you perform daily.
- Identify hazards you've encountered or anticipate.
- Suggest practical ways to eliminate or mitigate those hazards.

Your active involvement not only helps refine the safety of your work environment but also contributes to a stronger, safety-focused team. By incorporating Job Hazard Analysis into our daily operations, we aim to create a safer workplace for everyone. If you are unsure whether a JHA is required for a particular task or need guidance, always ask your supervisor. Safety is a team effort, and we are here to support you every step of the way.

Job Hazard Analysis (JHAs) Sample

Task/Job _____

Revision Date _____

Code/Facility/Room _____

Completed by/Date _____

Revision _____

Description of Work _____

Check Potential Hazards

- | | | |
|--|---|---|
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> Fire Hazard |
| <input type="checkbox"/> Skin Irritants | <input type="checkbox"/> High Noise Level | <input type="checkbox"/> Hot or Cold Surfaces |
| <input type="checkbox"/> Fall Potential | <input type="checkbox"/> Excavation Hazard | <input type="checkbox"/> Lead Exposure |
| <input type="checkbox"/> Toxic Material | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Chemical Exposure |
| <input type="checkbox"/> Lifting Hazards | <input type="checkbox"/> Water Hazard | <input type="checkbox"/> Sharp Edges |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Ionizing Radiation | <input type="checkbox"/> Compressed Gases |
| <input type="checkbox"/> Vibration | <input type="checkbox"/> Environmental Hazard | <input type="checkbox"/> Crush/Strike Hazards |

Other Hazards:

Check Special Precautions

- | | |
|---|--|
| <input type="checkbox"/> Simultaneous Operations | <input type="checkbox"/> Near Miss Reports |
| <input type="checkbox"/> Pollution Prevention | <input type="checkbox"/> Dangerous Waste Disposal |
| <input type="checkbox"/> Redundant Protection | <input type="checkbox"/> Overhead or Underhead Power Lines |
| <input type="checkbox"/> Pre-job Safety Discussions | <input type="checkbox"/> Overhead Powerlines Near the Job Site |
| <input type="checkbox"/> Lifting Hazards | <input type="checkbox"/> Dig Alert |

Other:

Check Personal Protective Equipment (PPE)

- | | | |
|--|--|---|
| <input type="checkbox"/> Hard Hats | <input type="checkbox"/> Safety Footwear | <input type="checkbox"/> Air Lines/Hood |
| <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Ear Protection | <input type="checkbox"/> Personal Grounds |
| <input type="checkbox"/> Face Protection | <input type="checkbox"/> Coveralls | <input type="checkbox"/> Hot Work Permit |
| <input type="checkbox"/> Respirators | <input type="checkbox"/> SCBA | <input type="checkbox"/> Operating Procedures |

Other:

Tasks/Job Steps _____	Potential Hazard _____	Control Methods _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ladder Setup Safety Rules

***Industry accepted ladder rules are outlined below. It is not recommended that you remove any of the points below but your service area and your company practice may dictate adding additional rules and requirements.

1. Select and use appropriate type of ladders for the work to be completed and load employed.

a. Aluminum Ladder Ratings

- i. 375lbs - Type IAA - Special Duty - YELLOW
- ii. 300lbs - Type IA - Extra Heavy (Industrial) - ORANGE or BLACK
- iii. 250lbs - Type I - Heavy Duty (Industrial) - BLUE
- iv. 225lbs - Type II - Medium Duty (Commercial) - GREEN
- v. 200lbs - Type III - Light Duty (Household) - RED

2. Complete a job-site walkaround prior to selecting ladder site

3. Assure level and stable placement of all ladders prior to putting any weight on them.

4. When using an approved extension ladder:

- a. Verify sufficient length to have at least 3' above the upper landing surface.
- b. If sufficient length is not present use a grasping device to assist in mounting and dismounting the ladder.
- c. Use ladder leveler legs as needed to assure stability.
- d. Assure a 4:1 slope ratio or stand so that when the toes of your shoes touch the base of the ladder you can put your arms out straight and grab the nearest rung of the ladder.
- e. Make sure you have at least 3' above the roofline.
- f. Where gutters are present gutter guards should be used, unless guards to keep leaves and debris were used over gutters. In that case, or whenever copper gutters are present ladder standoffs are highly recommended..
- g. Ladders should be tied off or secured and stabilized so that they cannot blow over.
- h. Place ladder away from passageways, doorways, drives, or any location where it may be displaced by any other work?
- i. Use non-conductive ladders or place ladders where there is more than 10' to where a potential exists for contact with electrical conductors

5. When using a stepladder:

- a. Assure metal spreader bars or locking devices are operating properly
- b. Don't lean stepladders against a wall

6. Secondary Ladders

- a. Ladders used on any roof pitch must be securely attached to the structure at the base and any points of contact with the structure or roofing material. This includes all ladders used to access secondary roofs.

Ladder Setup Safety Rules

7. Other rules

- a. Ladders must be in good repair and free of slippery surfaces
- b. Ladders must have a UL-approved seal and designed to carry worker weights
- c. Where a ladder is used on a deck the feet should be secured in place
- d. Ladders are only used for the purpose they were designed for (i.e. not tied together)
- e. Ladders are not used horizontally like a platform
- f. Ladders are not moved or shifted while a worker is on it
- g. Employees always face the ladder when climbing and working
- h. Employees use tool belts or hand lines to keep hands free when climbing ladders
- i. Employees travel up and down ladders using 3-points of contact
- j. Employees keep body inside the side rails and do not lean out beyond the side rails

Employee Printed Name

Employee Signature

Date

Supervisor Printed Name and Position

Supervisor Signature

Date

Fall Protection Safety Rules

***Industry accepted fall protection rules are outlined below. It is not recommended that you remove any of the points below but your service area and your company practice may dictate adding additional rules and requirements.

Welcome to our team! We are thrilled to have you on board and are committed to ensuring your success and safety as you integrate into our operations. While much of your time will be spent on critical tasks such as working at height, it's important to acknowledge that this is one of the most hazardous aspects of your role. Your safety and well-being are our top priorities. We are dedicated to providing you with the training, tools, and support necessary to minimize risks and ensure that you can perform your work safely and effectively. Adhering to fall protection measures is not only a company policy but also a vital step in safeguarding your health and compliance with safety regulations. Please take the following safety rules and guidelines seriously; they are in place to protect you, your colleagues, and the integrity of our operations.

In 2024 the "STIPULATION AND SETTLEMENT AGREEMENT Between the National Chimney Sweep Guild and the U.S. Department of Labor" was finalized and issued. This document applies to "businesses engaged in the maintenance, repair, and installation of chimney and venting systems serving fireplaces and heating appliances." When performing "covered tasks" the agreement specifies the specific guidelines that apply to our industry as alternative fall protection and anchorage options that can be used in place of the OSHA general industry or construction requirements.

Below is the non-exclusive list of "Covered Tasks" included as Appendix C in the agreement referenced above. *(emphasis added)*

- Chimney sweeping
- Install, remove and replace chimney covers or caps
- Waterproof or paint chimney *(painting NOT recommended)*
- Repair chimney crowns or chase covers
- Repair chimney chase
- Repair grouted/mortared joints
- Replace metal chimney liners.
- Replace broken/missing clay chimney liner tiles. *(NOT recommended)*
- Replace broken/missing masonry units.
- Repair flashing
- Repair roof flue or mechanical exhaust vents
- Replace shingles

OSHA general industry and construction rules for fall protection apply except when performing a covered task. When performing a covered task the NCSG/OSHA Agreement provides alternative anchoring and fall protection options previously not available as approved methods.

See NCSG/OSHA Agreement at <https://www.NCSG.org> or directly at: <https://www.ncsg.org/assets/docs/NCSG%20%20Settlement%20Agreement%20-%20Final%20Executed%20-%202012-1-23%20003.pdf>

Fall Protection Safety Rules

General industry rules, which have been adopted by your employer, are listed below:

- Fall protection is not generally required on a ladder or when using a roof ladder (chicken ladder).
- Fall protection is required when the working surface is the distance specified above grade or a lower level.
 - 4' above grade (per general industry standard and the NCSG/OSHA Agreement)
 - 6' above grade (per the construction standard)
 - ***Depending on the work you are doing either the NCSG/OSHA Agreement or the construction standard will apply. It is recommended you choose to follow the lower NCSG/OSHA Agreement and general industry 4' requirement as a result.
- The following qualify as fall protection and include options allowed in the NCSG/OSHA Agreement:
 - When you are on a **ladder**.
 - When on a properly attached **roof hook ladder**.
 - Roof hook ladders means a straight ladder with attached ridge hook(s) designed to hook over the roof ridge and hold the ladder in position. These qualify as a fall protection aid and a non-penetrating roof anchorage.
 - When using a **fall protection aid**.
 - Fall protection aid is a device designed to be hooked onto (rather than being bolted or nailed to) an appropriate component of the roof, such as the roof ridge or eave, and used by an employee to prevent a fall while traveling to or from a Covered Task. These can be used to setup fall protection or on the way to and from a covered task. These “may only be used as an anchorage for a personal fall protection system while performing a Covered Task if it is specifically designed for that purpose and installed and used per the manufacturer’s instructions and specifications.”
 - When using **non-penetrating roof anchorage** in conjunction with a **personal fall restraint system or a personal fall arrest system**.
 - Non-penetrating roof anchorage means a multipurpose device that secures to (rather than being bolted or nailed to) an appropriate component of the roof (e.g., the roof ridge, roof eave/soffit) and may serve as an anchorage for a personal fall protection system (either a Travel Restraint System or a Personal Fall Arrest System). These may only be used as an anchorage for a personal fall protection system while performing a Covered Task.
 - Where at least a 39” high **guard rail system** is present.
 - When roping off, a technician must meet the requirements for either a **personal fall restraint system** or a **personal fall arrest system** as outlined below:
 - Where a **personal fall restraint system** is utilized the following must be used:
 - an ANSI Z359.11 approved body belt (for “covered tasks” only per the NCSG/OSHA Agreement) OR an ANSI Z359.11 approved full-body harness with sternal (front) and dorsal (back) anchors (which exceeds the requirement),
 - an ANSI Z89.1 approved climbing helmet,
 - an approved synthetic rope,
 - an approved anchorage point.

***In our industry it is highly recommended that only ANSI Z359.11 approved full body harnesses with sternal (front) and dorsal (back) anchors be used in a **personal fall restraint system**.
 - Where a **personal fall arrest system** is utilized the following limitations apply to the requirements shown above:
 - use only an ANSI Z359.11 approved full-body harness with sternal (front) and dorsal (back) anchors.
 - Do not use fall protection equipment for any other purpose, such as hoisting or lifting components, equipment or materials (per 1910.140(c)(16)).

Fall Protection Safety Rules

- The following qualify as **approved ground-based anchor points** when using a **personal fall restraint system** per the NCSG/OSHA Agreement:
 - A mature tree that appears to be at least 6.5” in diameter
 - A sound wooden structure at least 4x4 nominal lumber, larger, or equivalent
 - A vehicle that, based upon visual inspection prior to use, meets the following requirements:
 - Has a gross vehicle weight of at least 4,000 pounds. \
 - The ignition must be off and the transmission in park (if automatic) or in gear (if manual).
 - The parking brake must be set and the keys to the vehicle shall remain with the worker performing the roof work.
 - Restraint lines shall be connected to only the following points on the vehicle
 - (1) Around wheels;
 - (2) Through openings in rims;
 - (3) B pillar;
 - (4) Frame; and
 - (5) Axles and shall be padded where they touch angled, sharp, or rough surfaces.
 - The following is NOT approved to be used as anchor points: Handrails; Pipes; Utility conduits; Vents; and Any other structure not intended or designed to be load bearing.
 - Otherwise, standard OSHA general industry or construction standards apply.

Other Rules Related to Working at Height

- Where a shingle roof is present, snow/ice cleats may be used.
- If a metal or membrane roof is present do NOT use cleats.
- If a tile roof is present it is permissible to use ice cleats if enough snow is present. Do NOT use the GOAT Steep Roof Assist as it may pull roofing tiles off the peak. Otherwise a rope and harness setup is recommended when necessary.
- Add any additional conditional requirements here

Employee Printed Name

Employee Signature

Date

Supervisor Printed Name and Position

Supervisor Signature

Date

Scaffolding Safety Rules

***Industry accepted scaffolding rules are outlined below. It is not recommended that you remove any of the points below but your service area and your company practice may dictate adding additional rules and requirements.

1. Pre-Inspection:

- Scaffolding must be inspected by a competent person before use.
- Any scaffold found defective must be tagged as “Do Not Use” and reported immediately.
- Use “Daily Scaffolding Inspection Checklist”.

2. Setup and Stability:

- Footings must be level, sound, and rigid.
- All components must support at least four times their maximum intended load.
- Scaffolds exceeding a 4:1 height-to-base ratio must be secured with ties, guying, or bracing.

3. Guardrails and Fall Protection:

- Guardrails (toprails, midrails, and toeboards) must be in place on platforms higher than 10 feet.
- Personal fall arrest systems must be used if guardrails are not possible.

4. Platform Use:

- Working platform must be fully planked, with no more than a 1-inch gap between planks.
- Walking platforms must be at least 18 inches wide (12 inches for pump jacks).

5. Access and Egress:

- Only use approved ladders or built-in access points.
- Do not climb cross braces or other unapproved scaffold components.

6. Work Area:

- Keep the platform clear of clutter, mud, oil, or other hazards.
- Do not exceed the scaffold’s load capacity, including workers, tools, and materials.

7. Hazard Awareness:

- Maintain at least 10 feet of clearance from power lines.
- Never use unstable objects (e.g., bricks or blocks) to support scaffolds or as work platforms.

8. Personal Conduct:

- Always follow the OSHA 1926.450-454 standard, company policies, and manufacturer guidelines.
- Notify a supervisor immediately of unsafe conditions or incidents.
- Be aware of all conditions at all times, i.e. changing weather, debris, bystanders, etc...

Employee Printed Name

Employee Signature

Date

Supervisor Printed Name and Position

Supervisor Signature

Date

Aerial Lifts Safety Rules

***Industry accepted aerial lift rules are outlined below. It is not recommended that you remove any of the points below but your service area and your company practice may dictate adding additional rules and requirements.

1. Pre-Use Inspection:

- Use "Daily Aerial Lift Pre-Use Inspection Checklist"
- Ensure the manufacturer's operations manual is available on the unit.
- Do not operate the lift if it fails any inspection items; remove the key and report the issue to a supervisor.

2. Control Functionality:

- Test and verify proper operation of all controls, including emergency stop and lowering mechanisms.
- Ensure upper and lower controls are protected from inadvertent operation.

3. Guardrails and Safety Features:

- Ensure all guardrails, basket chains, and safety decals are in place and in good condition.
- Inspect the platform and extension slides for cleanliness, proper operation, and functioning safety locking pins.

4. Operational Conditions:

- Check ground conditions for hazards such as holes, uneven surfaces, and slopes.
- Maintain a minimum clearance of 10 feet from electrical power lines and other utilities.

5. Personal Protective Equipment (PPE):

- Always use required PPE, including an approved harness and lanyard, hardhat, and other equipment as needed.
- Ensure lanyards are securely attached to manufacturer-approved anchorage points.

6. Load Capacity and Stability:

- Never exceed the lift's load capacity, including personnel, tools, and materials.
- Monitor weather conditions and follow manufacturer guidelines for safe operation in windy conditions.

7. Safety Practices During Operation:

- Be aware of overhead obstructions and vehicular or pedestrian traffic; set up barricades as necessary.
- Keep the platform and surroundings clear of debris, tools, or other trip hazards.

8. Maintenance and Reporting:

- Inspect the unit for defects such as cracks, leaks, or damaged cables and report them immediately.
- Check levels of oil, hydraulic fluid, fuel, and battery charge before operation.

Employee Printed Name

Employee Signature

Date

Supervisor Printed Name and Position

Supervisor Signature

Date

Other Tasks

Office Staff Safety Rules

***Some general office safety rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your office space.

1. General Conduct:

- Maintain a clean and organized workspace.
- Report any hazards, such as frayed cords or spills, immediately to a supervisor or take care of them.
- Do not block aisles, doorways, or access to emergency exits.
- Close filing cabinet drawers and do not open all drawers in a filing cabinet simultaneously.

2. Stress & Injury Reduction:

- Arrange your workstation to minimize strain (e.g., adjust chair height, use proper posture).
- Take physical and mental breaks to stretch and reduce repetitive stress injuries.

3. Electrical Safety:

- Avoid overloading electrical outlets and power strips.
- Do not use damaged cords or equipment.
- Keep electrical devices away from water or liquids.

4. Emergency Procedures:

- Know where the first aid kit is located and how to use it.
- Familiarize yourself with emergency exits and evacuation routes.
- Participate in safety drills and know how to use fire extinguishers.

Safety Rules for Office Staff Entering Shop/Warehouse

1. Entering the Shop/Warehouse:

- Wear appropriate personal protective equipment (PPE) as required, such as safety glasses, appropriate foot protection, or reflective vests, as necessary.
- Do not enter restricted or hazardous areas without authorization.

2. Awareness of Surroundings:

- Stay alert for moving vehicles, forklifts, or other machinery. Maintain a safe distance.
- Watch for potential tripping hazards, such as cords, tools, or debris.
- Be cautious around stored materials to avoid falling objects.

3. Proper Attire:

- Avoid wearing loose clothing or jewelry that could become caught in equipment.
- Long hair must be tied back when in proximity to machinery.

4. Behavior in the Shop/Warehouse:

- Never operate machinery or tools unless trained and authorized to do so.
- Follow designated walkways and avoid areas marked for equipment operation.
- Do not climb on racks, shelving, or storage units.

5. Material Handling:

- Use proper lifting techniques to avoid injury. Seek assistance or use equipment for heavy loads.
- Be aware of sharp edges or hazardous materials and use gloves if necessary.

6. Emergency Procedures:

- Know the location of first aid kits, eyewash stations, and emergency exits.
- Report any incidents, injuries, or unsafe conditions immediately to a supervisor.

Driving in Company Vehicles or When Representing the Company

***Some general driving rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

1. Licensing and Authorization:

- Maintain a valid driver's license appropriate for the vehicle being operated.
- Only authorized employees may drive company vehicles or drive on company business.

2. Vehicle Inspections:

- Conduct a pre-trip inspection of the vehicle, checking tires, lights, brakes, mirrors, and fluid levels. Report or address any issues immediately.
- Ensure the vehicle's registration, insurance, and emergency supplies are present and up to date.

3. Safe Driving Practices:

- Always wear a seatbelt, and ensure all passengers do the same.
- Follow all traffic laws, including speed limits and traffic signals.
- Maintain a safe following distance and adjust for weather, traffic, or road conditions.

4. Distraction-Free Driving:

- Do not use mobile phones or other electronic devices while driving. Use hands-free options or pull over safely to make calls or send messages.
- Avoid eating, drinking, or engaging in other distracting activities while driving.

5. Substance Prohibition:

- Never operate a vehicle under the influence of alcohol, drugs, or medication that impairs driving ability.
- Report any prescription medications that may impact driving to your supervisor before driving on company business.

6. Company Vehicle Use:

- Use company vehicles only for authorized work-related purposes.
- Keep the vehicle clean and report or address any damage or maintenance needs promptly.
- Do not allow unauthorized persons to operate or ride in company vehicles.

7. Parking and Loading:

- Park in designated areas and ensure the vehicle is secure when unattended.
- Use proper lifting techniques and secure loads to prevent shifting during transit.

8. Emergency Procedures:

- In case of an accident, prioritize safety, contact emergency services if needed, and notify your supervisor immediately.
- Complete all required accident or incident reports as soon as possible.

9. Defensive Driving:

- Be cautious in areas with pedestrians, bicycles, or heavy traffic, and always yield the right of way when required.
- Be proactive in anticipating potential hazards, including other drivers, weather changes, and road conditions.
- Avoid aggressive driving behaviors such as tailgating, speeding, or sudden lane changes.

Trailer Towing Safety Rules

***Some general trailer towing rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

Licensing and Authorization:

- Maintain a valid driver's license appropriate for towing the specific trailer.
- Only authorized employees may tow trailers using company vehicles.

Pre-Towing Inspection:

- Inspect the trailer and towing vehicle, including tires, lights, brakes, hitch, and safety chains.
- Use the "Trailer Safety Inspection Checklist"
- Ensure all connections are secure, safety chains are properly crossed, and the breakaway cable is attached correctly.
- Verify that the trailer's load is within the vehicle's towing capacity and evenly distributed.

Loading and Weight Distribution:

- Ensure loads are balanced, with approximately 60% of the weight distributed toward the front of the trailer. Do not overload the trailer or vehicle.
- Secure all items using appropriate straps, chains, or netting to prevent shifting during transit.
- Do not exceed the trailer's Gross Vehicle Weight Rating (GVWR) or tongue weight limits.
- When towing an open trailer or a dump trailer secure and cover loads per applicable state or local guidelines.

Safe Driving Practices:

- Drive at reduced speeds when towing, especially in adverse weather or on winding roads.
- Maintain a greater following distance to allow for the longer stopping distance required when towing.
- Use turn signals well in advance and take wide turns to avoid hitting curbs or obstacles.

Hitching and Unhitching:

- Double-check that the hitch and coupler are securely latched and locked before driving.
- Engage the parking brake and chock the trailer wheels when hitching or unhitching.
- Never attempt to hitch or unhitch a trailer on a slope or uneven surface.

Trailer Lights and Brakes:

- Ensure that all trailer lights (brake, tail, turn signals) are functioning correctly before each trip.
- Test trailer brakes, if equipped, to ensure proper operation.

Reversing and Parking:

- Use a spotter when backing up to ensure clear visibility and prevent accidents.
- Avoid parking on slopes. If unavoidable, use wheel chocks and engage the parking brake.

Emergency Procedures:

- In case of a breakdown or emergency, pull over to a safe location and use warning triangles or flares to alert other drivers.
- Notify your supervisor immediately of any incidents or mechanical issues.

Prohibited Practices:

- Avoid abrupt lane changes, sharp turns, or sudden stops that could destabilize the trailer.
- Never transport passengers or unsecured items in a trailer.

Situational Awareness:

- Be mindful of low clearance areas, narrow roads, and tight turns.
- Monitor for crosswinds, which can affect trailer stability, and adjust driving accordingly.

Lifting

***Some general lifting rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your staff per your company policies.

- When you are required to lift an item, always seek mechanical means (forklift, lift table, pallet jack, etc.) where possible and applicable.
- If an item over 50lbs must be lifted manually, use proper lifting technique, lifting straps, or the aid of another employee or individual as appropriate.
- Where an item under 50lbs must be lifted manually use proper lifting technique.
- Do NOT ask customers to help lift heavy objects.

Chimney Cleaning & Hot Ashes

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- Always check for hot ashes or coals in any heating appliance prior to cleaning. IF hot ashes or coals are present do NOT vacuum them up.
- Hot ashes, if removed, should be put into a non-combustible container (preferably metal).
- Assure you have a positive up-draft or that all soot/dust is contained by the vacuum during to sweeping.
- Use proper PPE depending on existing conditions... i.e. gloves, breathers, tyvek suits, safety glasses, etc...
- If sweeping from the rooftop be sure you are stable and not reaching beyond your selected fall protection.
- *Add in company specific rules here...*

Special Considerations Using Power Sweeping Rods

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- Do NOT hold rods while they are spinning.
- Use a hose guard or slip guard to hold the spinning rod.
- When possible use the clutch setting to make sure rods are not broken inside of systems.
- Keep loose clothing, beards, or other objects away from the spinning rods
- *Add in company specific rules here...*

Hot Surfaces

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- When servicing appliances or cleaning chimneys be aware of any hot surfaces and do not touch them with your bare hands.
- Use gloves appropriate for the temperature of the object to be touched.
- Do not use plastic or rubber gloves on extremely hot surfaces.

Operating Hand Tools, Table Saws, Equipment, Laser Cutters, Cutting Torches, etc...

***Some general rules are included below. Power tools should never be altered from their intended operation. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- Follow all manufacturer instructions for use and maintenance.
- Do NOT modify or alter tools or equipment from their intended use.
- Blade guards and non-kickback fingers (if applicable) must be in place at all times when you are operating a table saw or circular saw.
- When you are changing a blade, the table saw, circular saw, or saw-zall must be unplugged or shut down (or have batteries removed) prior to removing or changing any blades.
- Use appropriate PPE (eye and hearing protection, appropriate gloves, breathing protection) whenever using these tools.

Accessing Attics

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

***As an employer you will need to specify your specific policy regarding attic access and what is considered accessible for your employees. Keep in mind the NFPA 211 still requires we access attics as part of a Level II inspection where attics are considered accessible. While the requirement in the standard has not changed the definition of inaccessible in the 2024 edition of the standard has been updated. See A.3.3.48 in the 2024 NFPA 211 for more information.

- Where accessible all attics shall be accessed as part of a Level II inspection.
- Do NOT step on the following: Nails, screws, electrical wires, gas lines, can recessed lighting, sheetrock, etc...
- Do NOT support yourself on strapping.
- Do NOT step on insulation or air conditioning ducting (hard or soft), only step on framing.
- Make sure your ladder is tall enough to comfortably get into the attic.
- If Glass Fire Bombs are noted do not touch or go near them. Notify the homeowner of their presence that you cannot access the attic until those have been removed.
- If Knob and Tube wiring is present and any wiring is present in the area you need to pass through to perform your inspection use your best judgment. DO NOT PROCEED across the attic unless all wiring can be avoided or has been removed by a certified electrician. These wires can still be energized and may not run through the meter. These wires also do not have a ground and may not trip a breaker.

Accessing Crawlspaces

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- Be mindful of potential hazards when entering crawlspaces:
 - Hitting heads on joists or flooring nails
 - Insects or spiders, snakes, cats, mice (hantavirus), raccoons, deer mice, rats, etc...
 - Water or moisture, or standing fluid in the crawlspace - may not be water
 - Electrical lines may touch or electrify water
- Use appropriate PPE as necessary
- If hazards exist and you cannot access the crawlspace note it in your report
- Make sure the door will not shut on you getting in or out, secure it open, and let the homeowner know you are going down there so you're not shut in, or so a customer's cat or kids do not get in there

Tile Breaking

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- Tile breaking can be a dangerous task and care should be taken to perform this task.
- Do NOT ever hold the rods themselves, with or without a hose guard or slip guard.
- Never look up the chimney while breaking tiles.
- Do NOT stand on top of a chimney unless roped off with proper fall protection equipment.
- Do NOT raise the tile-breaking heads above the level of the crown as severe damage to your legs could occur.

Debris Removal from Rooftop

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- If you can carry it down the ladder. Lower it down from the roof.
- Do NOT throw any materials off of a roof without first verifying no one is immediately below you and no one is in the area. Yell and notify anyone nearby that you are throwing debris off of the roof and wait for them to move. Please be aware of the location of sprinkler heads in the yard. Clean up all removed debris.
- Debris can be removed from the rooftop by hooking a bucket onto a rope and lowering it off the rooftop.

Gas appliances

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- Do NOT use lighters to check for gas leaks.
- Disconnect or shut off the gas supply prior to service.
- If electric controls are present unplug or shut off power prior to servicing the appliance.

Electricity

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- Disconnect power from any appliance prior to servicing it.
- Follow all manufacturer recommendations and procedures.

Chemicals

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- Read and follow all directions for any chemicals, solvents, or cleaning agents used prior to use.
- Use PPE as appropriate and recommended by the manufacturer's instructions.

Forklift Use

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- Employees must wear seat belts when operating a forklift.
- Do not allow passengers to ride on the forklift unless a passenger seat with a seat belt is available.
- Do not use a forklift to elevate workers unless an approved elevating platform is properly attached to the mast and forks.
- Must have an approved and current forklift certification. Automatic drug test.

Machinery & Equipment Service

- Only authorized personnel may work on machinery and must follow all manufacturer instructions.

Drone Use

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

- **Legal Compliance:** Follow FAA Part 107 rules, state, and local laws; operators must be certified if required.
- **Operator Training:** Ensure operators are trained, certified, and proficient in drone controls and safety procedures.
- **Pre-Flight Planning:** Inspect drones, check airspace restrictions, and create a weather-appropriate flight plan.
- **Hazard Mitigation:** Conduct a Job Hazard Analysis (JHA) and secure takeoff/landing zones away from people and structures.
- **Operational Safety:** Maintain visual line of sight (VLOS); avoid crowds, moving vehicles, and adverse weather.
- **Emergency Procedures:** Have clear protocols for malfunctions, flyaways, or unsafe conditions.
- **Documentation:** Keep flight logs, certifications, and incident reports; update policies regularly.
- **Privacy Respect:** Avoid unauthorized surveillance and notify relevant parties of drone use.

Confined Space

***Some general rules are included below. These are by no means all-inclusive but only provided as an example of things that could be included. Your company safety plan should reflect considerations for your area.

Employees working in confined spaces should be familiar with and adhere to OSHA standards. If you do not know the answers to the questions below, additional training is required. Per OSHA confined spaces include a space that

- (1) is large enough and so configured that an employee can bodily enter it;
- (2) has limited or restricted means for entry and exit; and
- (3) is not designed for continuous employee occupancy.

All three criteria must be met for an attic to be considered a confined space. Normally attics are not considered confined spaces.

Permit required confined spaces are defined in OSHA standards. Where potential for employee engulfment or other hazards exist inside the confined space additional procedures may be required.

A basic confined space checklist is shown below:

- Are employees subject to work in a confined space?
- Does the space require a permit?
- Are confined spaces thoroughly emptied of any corrosive or hazardous substances before entry?
- Is either natural or mechanical ventilation provided prior to entry?
- Is the confined space continuously tested or monitored during the conduct of work?
- Is the standby employee properly trained and equipped to handle an emergency?
- Is training provided to employees?
- Other _____

Manufacturing or Fabricating Activities

- Where a chimney sweep, hearth shop, or related business engages in making, manufacturing, or fabricating products for use or resale, it is critical to adhere to applicable OSHA and safety guidelines. These are not included here and must be researched separate from this document.

Other Tasks

If there are other tasks not included that you or your employees perform we would recommend creating specific safety rules for those tasks individually. Feel free to use the format shown above.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Reporting Injuries

To ensure that proper attention is given and appropriate action taken when an injury occurs within the workplace, please follow these procedures:

- Report the injury to your on-site supervisor immediately. If your supervisor is not immediately available, report to the manager or other authorized person. Seek or obtain medical attention if required from one of the designated providers.
- Report the injury to your supervisor and/or designated human resources representative immediately, or within 24 hours.
- If you are involved in or are a witness to an incident, you agree to comply with any investigation that takes place.

I, _____, on _____, understand the safety rules of _____ and agree to act in accordance with the safety rules at all times while working. I am aware that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

Onboarding & Ongoing Training



New Employee Safety Checklist Items & Rules

This document should be updated regularly and reviewed signed by all employees as part of their new hire paperwork, or when updated where substantial changes have been made.

Employee Printed Name

Date of Hire

The new employee and his or her supervisor must initial the following items. Employees initial by the **E** and Supervisors by the **S** following discussion and training on each item to the extent necessary per company policy.

- S: ____ E: ____ I have read and someone has explained to me the organization's safety policy, and I understand how my actions can impact its safety goals.
- S: ____ E: ____ I understand the roles and responsibilities of the company's safety officer.
- S: ____ E: ____ I have read and someone has explained to me the safety rules for the organization and any rules specific to my job position.
- S: ____ E: ____ The company disciplinary and incident reporting policies have been explained to me.
- S: ____ E: ____ I have read and signed the New Employee Designated Provider Notification Letter and understand I must report all injuries to my supervisor immediately.
- S: ____ E: ____ I understand that if I am injured, I must actively participate in the accident investigation in order to prevent future incidents.
- S: ____ E: ____ I have received and/or understand the procedures in case of emergency, including the action plan, evacuation routes and designated meeting location for employees.
- S: ____ E: ____ I understand the purpose of hazard communication and know the location of the safety data sheets (SDSs) file.
- S: ____ E: ____ I understand that I will have specific training regarding any tasks that I am expected to perform.
- S: ____ E: ____ I understand that I am not authorized to use any tools or equipment until I have received formal on-the-job training, and related testing and approval as required.
- S: ____ E: ____ I know where the first aid station and first aid kits are located.
- S: ____ E: ____ I understand that each truck has the following equipment present on the truck and that I will be issued and trained on the proper use of the following equipment as needed, based on my position:
- | | | | |
|-----------------|-----------------|-----------------|--------------------|
| S: ____ E: ____ | Hard hat | S: ____ E: ____ | Hearing protection |
| S: ____ E: ____ | Safety glasses | S: ____ E: ____ | Respirator(s) |
| S: ____ E: ____ | Fall protection | S: ____ E: ____ | Gloves |
| S: ____ E: ____ | Harness | | |

Employee Signature

Date

Supervisor Printed Name and Position

Supervisor Signature

Date

New Employee Designated Provider List Notification Letter

All new employees should complete this form as part of their new hire paperwork and orientation safety training. This section should be verified with your workers compensation carrier and adjusted to reflect their policies and state law in your area. Your workers compensation carrier may provide their own letter to notify new employees of their rights and their responsibility to use only the designated providers where possible.

All employees must sign below, acknowledging our workers compensation policy.

In the event of an accident or injury ALL employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:

Be it known that:

- In the event of a life-or-limb-threatening emergency, the injured employee will be sent to the nearest emergency medical facility.
- It is understood that for workers compensation insurance to cover any necessary care one of the medical providers designated above must provide ALL follow-up care.
- **If an unauthorized medical provider treats an employee, the employee will be responsible for payment for said treatment.**

I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.

Employee Printed Name and Position

Employee Signature

Date

Injured Worker Designated Provider List Notification Letter

Under federal and state workers' compensation laws, employers are required to provide injured employees with a Designated Provider List Notification Letter. This document ensures that injured workers are informed about the approved medical providers they can visit for treatment related to workplace injuries. Employers must provide this notification promptly after an injury to comply with regulations and facilitate the employee's access to authorized medical care. The form can typically be obtained from the employer's workers' compensation insurance provider or created using a template that meets the legal requirements. Ensuring this process is followed helps employers maintain compliance and support injured employees.

To:

From:

Date:

Subject: Designated Provider List Notification Letter For An Injured Worker

I am sorry to learn that you have been injured. To make sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, _____.

They will contact you with your claim number and additional information. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries, and I want you to have the best possible care.

Please contact one of the medical providers shown above to be seen as soon as possible. After your first appointment, please follow up with me so we can review your medical status and work capabilities. Please see the contact information for the carrier representative for the injured employee to the right.

My goal is to ensure that you get the care you need to recover quickly and return to work as soon as possible. If you have questions, please contact me directly.

EMPLOYERS REPRESENTATIVE

Safety Training Roster

This roster MUST document safety training performed at least quarterly. A more regular schedule of safety training topics is highly recommended. Following safety training this must be signed by all employees. This can be added into an existing meeting agenda if desired as well. ALL safety training rosters should be kept in this file following completion of safety training.

Date/Time/Location:

Safety Topic:

Discussion Leader:

IMPORTANT Employees MUST print and sign their own names. Typed names without signatures are NOT acceptable. Add lines as necessary or have them sign below.

Print Name	Signature

Employee Comments:

Claims Management Procedure



Claims Management Procedure

If your workers compensation carrier has specific forms or claims management procedures we recommend you replace this section with their materials. This form should be signed initially and then only as updated. It only requires the signature of the Claims Administrator for your company. New employees may review this policy as part of the new hire, orientation and training process but it is not required.

1. In the event of a work-related injury or illness, the injured worker must report it to his/her supervisor immediately.
2. If the injured employee needs immediate medical attention, he/she will be driven or sent to the nearest hospital or clinic.
3. Once notified of an injury, the supervisor will give the injured worker a copy of the Designated Provider List Notification Letter. Be sure to have the employee sign and date this letter. Keep a copy in your personnel files and give a copy to the employee.
4. If the injury is not an emergency, an appointment will be made with the injured worker's selection of the designated medical provider as soon as possible.
5. Report the claim within 24 hours to your Workers Compensation Carrier.
6. In the event of a work-related fatality, OSHA (800.321.6742) must be notified within eight hours and work-related in-patient hospitalizations, amputations, or an employee's loss of an eye must be reported to OSHA within 24 hours.
7. In the event of an injury that results in a fatality or an accident in which three or more employees are injured, your state Division of Workers' Compensation must be notified immediately.
8. Documented accident investigations will be conducted following all work-related injuries. The supervisor or safety officer will be responsible for interviewing the injured employee and all witnesses.
9. Management will use information from the accident investigation to identify and implement changes that may help prevent future incidents.
10. For an employee who is not working due to an injury, management will contact the injured employee at least once a week to answer questions, keep the injured employee informed of organization activities and discuss return-to work options.
11. Following an injured worker's medical visit, the employer will obtain a copy of the medical providers' status report.
12. Modified duty procedures will be as follows:
 - a. The employee's supervisor will determine if the employee can return to his/her regular job duties within his/her medical restrictions.
 - b. If the employee is unable to return to regular job duties, the supervisor will determine if the employee's position can be temporarily modified to accommodate the restrictions.
 - c. If the job cannot be modified, management will evaluate other tasks the employee may be able to perform until the employee is released to regular work duty or placed at maximum medical improvement (MMI).
 - d. If the employee is unable to return to a modified position, the medical restrictions will be re-evaluated after each doctor's visit to ensure the employee returns to work as soon as possible.
13. If required, an entry will be made on the OSHA 300 Log for all cases involving medical treatment.
14. Complete records will be kept for all workers' compensation claims and should be kept **separate** from the individual employee company file.

Company Claims Administrator Name

Date

Company Claims Administrator Signature

Incident & Accident Reporting and Investigation



Incident / Accident Report

***If your workers compensation carrier has specific forms we recommend you replace this section with their materials. This form is for illustration purposes only and does not need any signatures prior to use following an incident or accident. It is recommended you customize this form to meet the needs of your company or organization.

General Information

Employee Name: _____ Date: _____
 Employee ID: _____ Job Title/Dept: _____
 Manager: _____ Customer: _____

Result of Incident

☐ Warning ☐ Disciplinary Action ☐ Termination

Type of Offenses

☐ Damage to Cust. Property ☐ Absenteeism / No-Show ☐ Rudeness to Customers/Coworkers
☐ Damage to Comp. Property ☐ Violation of Company Policies ☐ Other:
☐ Negligence ☐ Sub-standard Work
☐ Tardiness/Leaving Early ☐ Violation of Safety Rules

Details

Description of Infraction:

Incident Related Costs (time, labor, parts & materials, sunk costs, lost opportunity costs, injuries...):

Plan for Improvement:

Consequences of Further Infractions:

Acknowledgment of Receipt of Warnings

I, _____, understand that the disciplinary action I am receiving is a result of my violation of one or more of the organization's safety rules, other policies, or as a result of the offense noted above. Workers' compensation benefits, by law, can be reduced by 50 percent if a work-related injury or illness is a result of a safety rule violation. In addition, any future safety rule violations may result in suspension without pay and/or termination.

Employee Signature

Date

Manager Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date

Employee Injury Report

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Did an injury occur as a result of this incident?

Yes / No

If yes please have the injured employee complete and sign this document:

Employee name: _____

Phone: _____

Employer: _____

Title: _____

Date of accident: _____

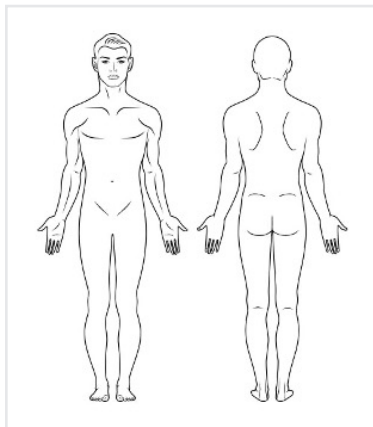
Time of accident: _____

Address and location of accident: _____

Please explain step by step how the accident occurred:

Describe the affected body parts:

Identify possible causes for the accident and if/how it could have been avoided:



Employee Signature

Date

Management Accident / Injury Investigation Report

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(Select one)

☐ Injury – first aid only ☐ Property damage ☐ Injury – medical treatment ☐ Near miss – record only

Injured employee: _____	Position: _____
Assigned department: _____	Supervisor: _____
Date of accident: _____	Time of accident: _____
Date accident was reported: _____	Witnesses: _____
Address and location of accident: _____	

SUMMARY: Describe the accident. Use photos, sketches, and additional pages if necessary.

ANALYSIS: Identify possible causes for the accident and if/how it could have been avoided.

RECOMMENDATIONS: Outline any possible corrective actions that may prevent the recurrence of similar accidents.

ACTION TAKEN: Describe measures taken by management to improve the system (employee training, new equipment, changes in safety policies, changes in operating procedures, etc.) and to prevent occurrence of similar accidents.

☐ **CORRECTIVE ACTION:**

☐ **ASSIGNED TO:**

☐ **DATE IMPLEMENTED:**

☐ **NOTES:**

Report Completed By

Date

Report Reviewed By

Date

Accident Investigation Questions

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How

- How does the injured employee feel now?
- How did the injury occur?
- How could this accident have been prevented?

Who

- Who was injured?
- Who saw the accident?
- Who was working with the injured person?
- Who had assigned the person to the work task?
- Who had trained the person on the hazards and protective measures for this task?
- Who else was involved?

What

- What were the causal factors of the accident?
- What were the injuries?
- What was the person doing when injured?
- What had the person been instructed to do?
- What tools was the person using?
- What machinery was involved?
- What training had been given?
- What specific precautions were necessary?
- What personal protective equipment was being used?
- What personal protective equipment should have been used?
- What will be done to prevent a recurrence?
- What safety rules were in place to prevent this type of accident?
- What safety rules were being followed?
- What were the environmental conditions (e.g., lighting, floor surface, etc.)?

When

- When did the accident occur?
- When did the person start this task?
- When was the person assigned to this department?
- When had the supervisor last checked on the job progress?

Why

- Why was the person injured?
- Why did the person do what he/she did?
- Why wasn't protective equipment used?
- Why weren't specific instructions issued?
- Why didn't the person check with the supervisor when he/she noted things weren't as they should be?
- Why did the person continue to work under these circumstances?

Where

- Where did the accident occur?
- Where was the person at the time of the accident?
- Where was the supervisor at the time?
- Where were fellow workers at the time?

Witness Statements

***If your workers compensation carrier has specific forms we recommend you replace this section with their materials. This form is for illustration purposes only and does not need any signatures prior to use following an incident or accident. It is recommended you customize this form to meet the needs of your company or organization.

Witness name

Phone

Date of accident

Time of accident

Address and location of accident

- ☐ **I saw the accident. Here is a step-by-step explanation of how the accident occurred:**

- ☐ **I did not see the accident occur but can provide additional information about the scene and other factors and/or unusual conditions that may have led up to the accident:**

- ☐ **Identify possible causes for the accident and if/how it could have been avoided:**

- ☐ **Identify witnesses or others in the surrounding area:**

- ☐ **If applicable, please draw a diagram below of the accident:**

Witness's signature

Date

Statement taken by (name of interviewer, if applicable)