

COMPANY SAFETY AND HEALTH MANAGEMENT SYSTEM
EVALUATION FORM
MODULE 2: COMPANY SAFETY OFFICER

Program Date: _____ Program Location: _____

The objective of this evaluation is to find out your perception of the value of this program. Please circle the number that most closely reflects your perception with 1 indicating strong agreement and 5 indicating strong disagreement.

I Program Format

- | | | | | | |
|---|---|---|---|---|---|
| a. This program was about the right length | 1 | 2 | 3 | 4 | 5 |
| b. The day of the week was appropriate | 1 | 2 | 3 | 4 | 5 |
| c. The time of day was appropriate | 1 | 2 | 3 | 4 | 5 |
| d. The class was about the right size | 1 | 2 | 3 | 4 | 5 |
| e. The quality of the facility enhanced the learning experience | 1 | 2 | 3 | 4 | 5 |

II Program Content

- | | | | | | |
|---|---|---|---|---|---|
| a. The learning objectives were clearly stated | 1 | 2 | 3 | 4 | 5 |
| b. The learning objectives were achieved | 1 | 2 | 3 | 4 | 5 |
| c. I have a clear understanding of what a CSHMS is | 1 | 2 | 3 | 4 | 5 |
| d. The workshop activities provided the skills necessary to write my part of the program. | 1 | 2 | 3 | 4 | 5 |
| e. Based on this program, I will move forward in implementing a CSHMS for my company | 1 | 2 | 3 | 4 | 5 |
| f. I have a clear understanding of how to implement the CSHMS for my company. | 1 | 2 | 3 | 4 | 5 |
| g. I feel I have the understanding and skills necessary to complete the work I began in class | 1 | 2 | 3 | 4 | 5 |

III Instructor Effectiveness

- | | | | | | |
|---|---|---|---|---|---|
| a. The instructor has a mastery of the subject | 1 | 2 | 3 | 4 | 5 |
| b. The subject was delivered in an interesting way | 1 | 2 | 3 | 4 | 5 |
| c. The instructor was successful in elaborating on important points | 1 | 2 | 3 | 4 | 5 |
| d. The instructor adequately addressed questions | 1 | 2 | 3 | 4 | 5 |
| e. The instructor provided adequate opportunity for interaction | 1 | 2 | 3 | 4 | 5 |
| f. The instructor was accessible throughout the program | 1 | 2 | 3 | 4 | 5 |

IV Additional Comments:

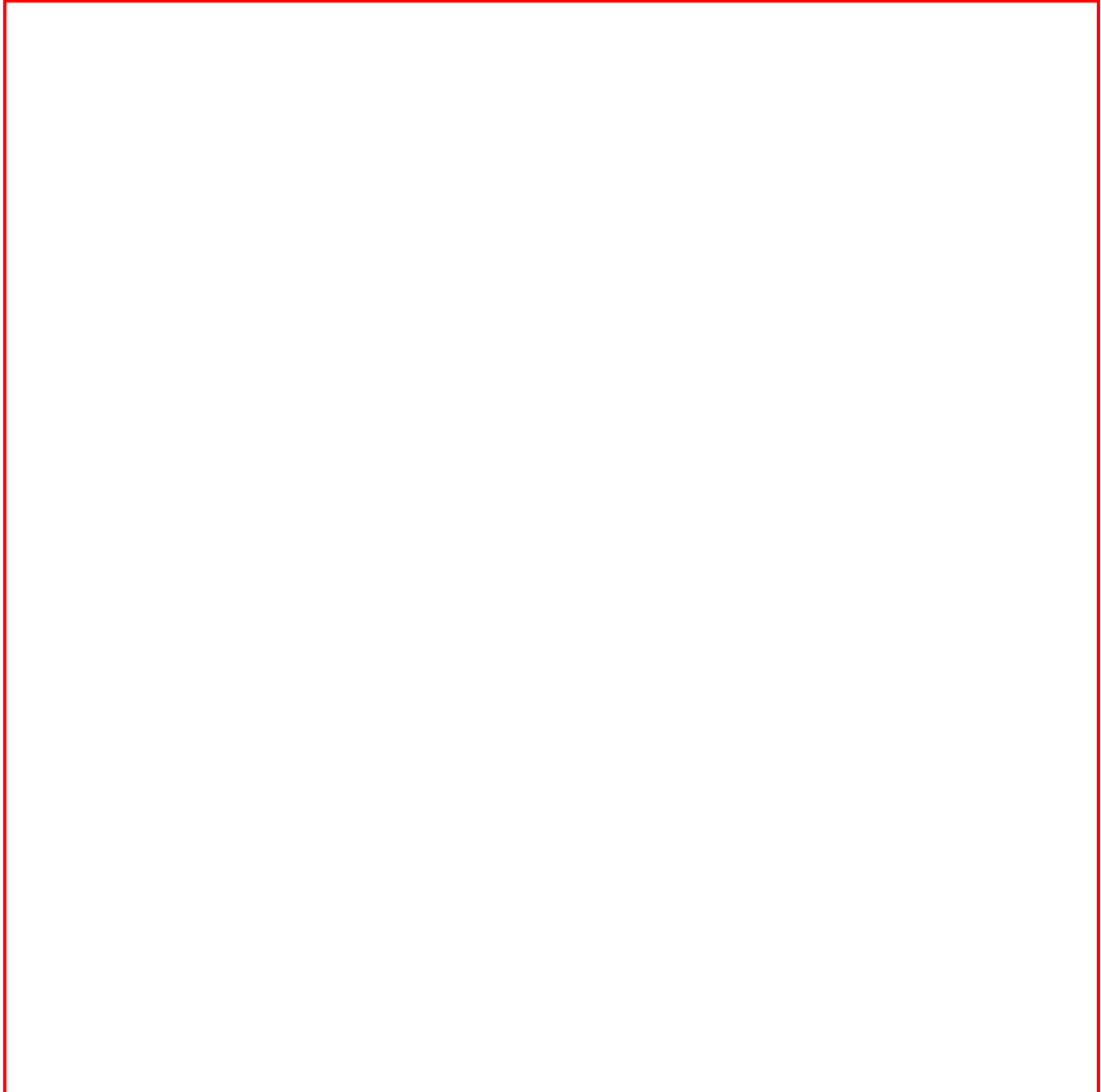
Name (optional): _____

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WORKSHOP EXERCISE – CSO 1: RECOGNITION

Identify 25 Safety Hazards from the following figure



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Write down the identified hazards

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

22.

23.

24.

25.

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WORKSHOP EXERCISE – CSO: EVALUATION

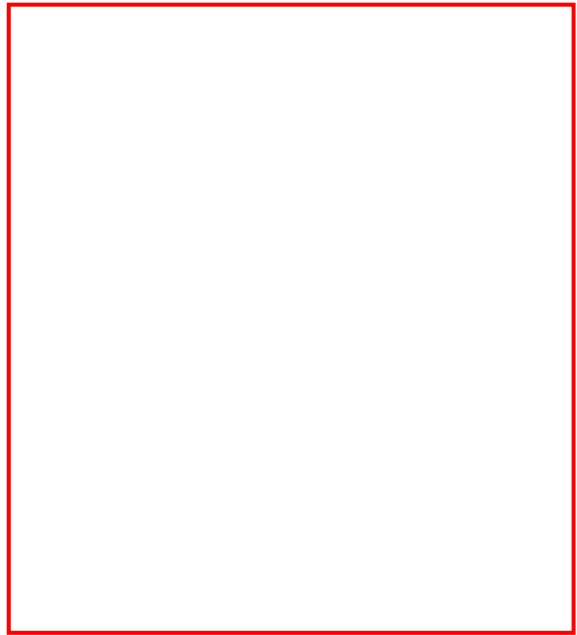
Analyze the Hazards shown in the following photograph

Scenario: From the figure, what is the -

a. Level of Risk?

b. Magnitude of Risk?

c. Imminence of Risk?



NOTES:

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WORKSHOP EXERCISE – CSO: CONTROL

What Control Strategies might work in the following situation?

Scenario:

a. Engineering Controls?

b. Administrative Controls?

c. Personal Protective Equipment?



NOTES:

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SITE SAFETY PLAN

Project Name: Big Box Store

Site Location: 1700 Lead Ave. SE

Project Duration: September 1st 2004 To December 15th 2004

Prepared By: Example Name Date Prepared: xx/xx/xxxx

Designation: Safety Officer Phone No: xxx-xxxx-xxxx

1. Introduction:

The purpose of this Site Safety Plan (SSP) is to set forth, in an orderly and logical fashion, appropriate health and safety procedures to be followed during onsite construction activities at the above-identified project. During the performance of the task to be performed, this plan identifies potential hazards which Example Corp. personnel may be exposed to. Example Corp. personnel shall not participate in this task with out having read this plan in its entirety.

This safety plan complies with, but does not replace applicable state and federal health and safety regulations, as set forth in 29 CFR 1910 & 1926. This plan is to be used by example corp., personnel as a supplement to these rules, regulations and guidance.

The Company Safety Officer will make modifications to this plan as necessitated by changing and/or unanticipated site/job conditions. Under no circumstance will modifications to this plan conflict with Federal, State or other governmental health and safety regulations.

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2. Safety Personnel (Roles & Responsibilities):

Project Manager (PM): Example Name Phone No: xxx-xxxx-xxxx

The PM has the responsibility and authority to direct all work operations and bears ultimate responsibility for proper implementation of the plan outlined in the following sections. Specific responsibilities of PM include:

- Coordination of Safety & Health functions with Jobsite Safety Specialist (JSS).
- Overseeing and monitoring the performance of JSS.
- Ensuring effective emergency response.

Jobsite Safety Specialist: Example Name Phone No: xxx-xxxx-xxxx

The JSS is responsible for field operations and reports to PM. Specific responsibilities include:

- Conducting/Organizing Toolbox talks at least once a week and/or when required by changing conditions.
- Ensuring site work compliance with the requirements of this plan.
- Coordinating any safety issues/concerns with the Project Manager.
- Recognizing employees for appropriate safety behavior.
- Ensuring all employees have received adequate training in order that they can perform their assigned duties safely.

Employees:

All employees associated with this project are responsible for:

- Taking all reasonable precautions to prevent injury to themselves and to their fellow employees.
- Performing only those tasks that they believe they can do safely.
- Reporting any incidents or unsafe conditions to JSS immediately.
- Implementing the procedures set forth in this plan and reporting any deviations from the procedures described in this safety plan.
- Notifying PM and/or JSS of any special medical problems (i.e. Allergies).
- Reviewing SSP and acknowledging that in writing.

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3. Job Safety Analysis (JSA):

Prior to executing any task with a high potential for incidents, a Job Safety Analysis will be conducted by the Jobsite Safety Specialist and the Foreman together with all the employees associated with the task. Job Safety Analysis will be executed based on the procedure outlined and by using the appropriate forms attached to this plan. Make as many copies as required. As JSA's have been used, they should be kept on file as reminders when similar jobs are undertaken in the future.

Procedure for JSA:

A four-step process:

1. Identification of the Task:

Identify the task for Job Safety Analysis. Priority should be given to the tasks –

- With highest injury or illness rates;
- With the potential to cause severe or disabling injuries or illness, even if there is no history of previous accidents;
- In which one simple human error could lead to a severe accident or injury;
- That have undergone changes in processes and procedures; and
- Jobs complex enough to require written instructions.

2. Outline the steps:

List the sequence of steps needed by workers to perform the task with out getting overly detailed.

3. Identification of Potential Hazards:

Identify and list all the potential hazards associated with each step required to perform the task.

To perform a Job Safety Analysis, you would ask:

- *What can go wrong?*
- *What are the consequences?*

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- *How could it happen?*
- *What are the contributing factors?*
- **How likely is it that the hazard will occur?**

Note:

Discuss with all employees the hazards they know exist in their current work and surroundings. Brainstorm with them for ideas to eliminate or control those hazards. If any hazard exist that pose an immediate danger to an employee's life or health, take immediate action to protect the worker.

4. Recommended Safe Job Procedures:

Develop recommended job procedures for safely executing the task. Contact the company safety officer if you require assistance in developing the safe procedures.

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3. Potential Hazards: _____

4. Safety Recommendations: _____

Additional Considerations: _____

Team Members:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Accepted by (Crew Leader): _____ **Supervisor:** _____

Date: _____ **Route to:** _____

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4. Emergency Preparedness:

This section of the Site Safety Plan outlines the procedures to be followed in the event of a site emergency. These procedures are to be reviewed during the onsite safety briefings conducted by the JSS.

Procedure:

- Your JSS will be the emergency plan coordinator for this project. He will survey and assess existing and potential hazards, evacuates personnel as needed, and contains the hazard. He is also responsible for taking up necessary follow up actions that includes repairing or replacing damaged equipment, and documenting the incident.
- All emergencies will be reported to the Project Manager, JSS and the client.
- In the event of a fire or any other emergency that requires evacuation, all employees on the jobsite will be alerted by the sounding of an alarm. Upon the notification of an emergency, all employees should evacuate by means of the nearest possible exit. Once clear of the site, all employees will gather at the designated points and reports to immediate supervisor.

Designated point(s) on this Job: Example

- In the event of fire/emergency, all employees shall evacuate the facility, unless specifically identified in this plan for performing necessary critical operations or shutdowns.
- No employee is authorized to use portable fire extinguishers that may be present to fight with the fires, unless identified in this plan.
- In the event of a fire or medical emergency, the emergency numbers identified in the included Emergency Contact List should be called for assistance.
- A well-stocked and properly maintained First Aid kit is available on the jobsite at Example.
- No employee is allowed to provide First Aid or any other medical assistance unless authorized or trained to do so.

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IN CASE OF AN EMERGENCY CALL 911

EMERGENCY CONTACTS			
Name	Designation	Office Phone	Cell Phone
Fire			
Police			
Hospital			
Ambulance			
Contractor			
Example	Project Manager	xxx-xxxx-xxxx	xxx-xxxx-xxxx
Example	Field Safety Rep.	xxx-xxxx-xxxx	xxx-xxxx-xxxx
Onsite First Aid/CPR Trained Personnel			
Example	Foreman	xxx-xxxx-xxxx	xxx-xxxx-xxxx
Example	Foreman	xxx-xxxx-xxxx	xxx-xxxx-xxxx
Other Emergency Contacts			
Example	Emergency Shut off	xxx-xxxx-xxxx	xxx-xxxx-xxxx
Example	Emergency Shut off	xxx-xxxx-xxxx	xxx-xxxx-xxxx

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5. Tool Box Safety Talk:

EXCAVATION

(Excerpt from AGC of America, Construction Safety Tool Box Talks)

Introduction:

1. Review any incidents or “near misses” from the past week.
2. Describe the hazards of the work as they relate to your project. Explain or show the SAFE way of doing the job.
3. Ask for ideas about preventing incidents.
4. Note: if an idea is not practical, explain the reason why.
5. Give the TOOL BOX SAFETY TALK.

Toolbox Safety Talk:

1. Every year, workers are **KILLED** by collapsing excavations.
2. There are several questions you should ask about excavations.
 - **WHAT ARE THE SOIL CONDITIONS?** Classify the soil and act accordingly.
 - **WHAT IS THE DEPTH OF YOUR EXCAVATION?** This will assist you in determining your protective system.
 - **ARE THERE ANY OVERHEAD HAZARDS?** Are there any lifts or materials being handled over the excavation in which the work is being performed?

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- **HOW NEAR ARE YOU TO PRIOR EXCAVATIONS AND HEAVY EQUIPMENT?** Previously disturbed soil or heavy equipment use may cause a new excavation to collapse.
- **WHAT PROTECTION IS REQUIRED?** Protection includes shoring, sloping, or shielding.

3. Follow these guidelines when using ladders in excavations:

- Ensure that workers are never more than 25 feet from exit ladders or steps.
- Make sure that ladders extend at least 36” above the landing being served and are secured at the top and bottom.
- If ladders are job-built, make sure they are constructed according to safety regulations. (When in doubt, check the requirements.)
- Do not use metal ladders, which are conductors of electricity, where the excavation is near underground or overhead power sources.
- Make sure that ladders are in good condition. Ladders with broken cleats should be repaired, tagged out of service or replaced. Inspect ladders

BEFORE THEY ARE USED.

REMINDER: WORK SAFELY IN EXCAVATIONS.

Attendees:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Organized By

Signature

Date

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6. Documenting Hazards or Near misses:

The following form will be used for reporting any hazards or near misses on this jobsite. Make as many copies as needed.

Hazard/Near Miss No. _____ Date: _____

Department: _____

Location: _____

Description of Hazard/Near Miss: _____

Person who discoverwd hazard: _____

Supurvisor Actions:

Root Cause (s): _____

Control (s):0 _____

Date Corrected: _____ Reviewed by: _____

CC:

Company Safety Officer_Project ManagerMDocument Cootrol

Project ManagerMDocument Cootrol

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