



Real Soft, Inc

Safety Program

Prepared by:
Real Soft, Inc
in association with:
U.S. Compliance Systems, Inc.

This Safety Program is current as of: **05/16/2017**

Disclaimer: This Safety Program has been prepared exclusively for:

Real Soft, Inc
68 Culver Road
Monmouth Junction, NJ 08852
609-409-3636

To the best of our knowledge, the information contained herein is accurate.

U.S. Compliance Systems, Inc. accepts no responsibility for errors or omissions.

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Real Soft, Inc Policy Statements

Safety and Health Policy Statement

Real Soft, Inc has developed a comprehensive safety program that addresses our specific safety concerns and provides guidance for the performance of our individual job tasks within the framework of appropriate Occupational Safety & Health Administration (OSHA) standards.

Safety takes a commitment from all personnel within Real Soft, Inc. Training will be interactive with an opportunity for all to actively participate, ask questions, make suggestions, and refer to our written policies and procedures.

It is our policy to provide a work environment that is inherently safe. The safety and health of our employees is of primary importance as they are our most important resource.

Safety training needs will be identified by continual reassessment of our work methods, equipment and work stations as well as employee and management input. Observation of unsafe acts will be addressed immediately.

Each employee is encouraged to contact their supervisor immediately should a safety or health risk exist so that corrective action may be taken immediately.

Safety requires not only that each person understand and perform individual tasks in a safe manner, but also that each individual is aware of his surroundings and is actively involved in the safety of others.

This Policy Statement will be conspicuously posted.

Shaili Desai
Safety Director

New Hire Safety Orientation Policy Statement

Shaili Desai, our safety director, or a designated competent person, will ensure that all new hires are aware of the accessibility of our safety program and, through interactive discussion or practical demonstration, be assured that the new hire understands the safety policies and procedures that pertain to the actual work the new hire will perform.

Further, each new hire will read (or have explained) the contents of our employee handbook and **sign** the Employee Acknowledge form which states:

I have read and understand the contents of this Employee Handbook.

I will, to the best of my ability, work in a safe manner and follow established work rules and procedures.

I will ask for clarification of safety procedures of which I am not sure **prior** to performing a task.

I will report any unsafe acts or procedures to Shaili Desai, our Safety Program Administrator, and will ensure they are addressed and resolved before continuing work.

I understand that the complete safety program is located at:
68 Culver Road
Monmouth Junction, NJ 08852
609-409-3636
and is available for my review.

It will be explained to all new hires that safety training and safety performance is an on-going process. Depending on circumstances, training will take the form of some or all of the following: safety meetings, on-the-job instruction, formal and informal training.

Finally, all new hires will be informed of the importance of our inspection and enforcement policies and procedures.

Shaili Desai
Safety Director

Real Soft, Inc
Section I
General Policies & Procedures

Standards:

Part 1904 - Recording and Reporting Occupational Injuries and Illnesses

Safety Program Overview

This comprehensive safety & health training program has been developed to address our specific safety concerns and to provide guidance for the performance of individual job tasks within the framework of appropriate Occupational Safety & Health Administration (OSHA) standards.

Safety demands a commitment from all personnel within Real Soft, Inc. We have an obligation to ensure that all our employees are afforded the protection of an appropriate safety & health program.

Hazard assessment, pre-planning, and engineering controls, where feasible, will be the preferred method of providing a safe workplace. Hazards that remain will be minimized or eliminated through training which provides our employees the ability to recognize workplace hazards and understand the proper procedural and/or personal protective equipment requirements.

Each employee is encouraged to contact their supervisor immediately should a safety or health risk exist so that corrective action may be taken to eliminate the hazard entirely or deal with the hazard in a safe manner through modified work procedures, PPE, and/or other appropriate action.

Shaili Desai, our Safety Director, or a designated competent person will make routine and random inspections to both identify new hazards and to monitor the effectiveness of our safety & health program.

In the final analysis, the success of our safety effort depends on all employees from senior management to the newest hire demonstrating a commitment to safety by working in a safe manner. Safe job performance is how our safety effort is ultimately measured.

Accident/Injury Prevention

Our safety program is designed so that our employees do not work in conditions that are unsanitary, hazardous, or dangerous to their health or safety.

One lax moment in terms of safety may result in a lifetime of needless pain and suffering. Disregarding safety standards may even be fatal. While an accident may happen in an instant, the consequences may last for years.

Accident prevention requires a commitment from all personnel within our company to actively participate in our safety program. All personnel should be aware of workplace-related hazards and follow procedures to eliminate these hazards by using proper work methods, use of personal protective equipment, and proper use of tools and equipment. All persons are encouraged to ask questions and make positive suggestions for safety improvement.

Competent persons will be designated to provide workplace expertise, as well as regular inspections of equipment, materials, and procedures.

Competent persons will have the authority to stop work if a safety hazard is identified and it cannot be corrected immediately.

All machinery, tools, materials, and equipment deemed unsafe will be taken out of service by physically removing, tagging, or locking controls to render them inoperable.

Only persons qualified by training or experience will be allowed to operate equipment or machinery.

All tools and items of equipment will be used for the purpose for which they were designed. For example, a wrench is not a hammer, a ladder is not a horizontal plank, and a fire extinguisher is not a cooler!

Never take chances or attempt any procedure without being aware of the proper methods, the potential safety hazards, and the methods to reduce or eliminate risk.

Company Personnel

The following are descriptions of the different roles and expectations for all personnel of Real Soft, Inc.

Safety Director

The safety director at Real Soft, Inc is Shaili Desai and has overall responsibility for the implementation of our program. Shaili Desai will ensure each employee has appropriate safety training for the tasks to be performed.

Additionally, Shaili Desai will perform hazard assessments of job sites to determine if hazards are present, or are likely to be present, which will necessitate the use of personal protective equipment (PPE).

Identified hazards which cannot be eliminated through engineering controls or changes in procedures will be addressed by the use of selected PPE.

While the responsibilities of Shaili Desai cannot be further delegated, most of the duties can be assigned to those who are competent persons by virtue of training or experience.

Safety Program Administrator

Shaili Desai, the safety program administrator, has deemed competent by our Safety Director and may perform the below duties:

- a. The actual training of personnel.
- b. Maintenance of training records.
- c. Random inspections to verify adherence to safety rules and policies.
- d. Completion of specific tasks identified within our OSHA compliance programs.
- e. Hazard assessments.

Note: The safety director and the safety program administrator may or may not be the same person.

Employees

All employees are required to participate actively in the safety & health program at Real Soft, Inc. Do not hesitate to point out perceived safety deficiencies to your supervisor or the competent person – you may prevent an injury to yourself or a fellow worker. With the goal of providing a safer job site for all of us, employee suggestions for improving safety management are welcomed and encouraged. Never perform a task when you don't understand all of the safety procedures. If in doubt, ask your immediate supervisor for guidance.

Safety Meetings

Scheduled safety meetings provide an opportunity for reinforcing the importance of general safety as well as specific work related procedures applicable to the work at hand.

Properly prepared safety meetings will focus on one or two topics and be direct and to the point. All safety questions will be addressed and interactive participation is encouraged.

Safe Office Practices

When employees are working in areas such as offices, warehouses, storage areas, garages, etc., compliance with the below safety practices/procedures is mandatory. Supervisors will insist that the safety practices and procedures are observed and are expected to take disciplinary action against employees for non-compliance.

Employees must:

1. Report all unsafe conditions and equipment to their supervisor or Shaili Desai, our safety program administrator.
2. Report all incidents, injuries and illnesses to their supervisor or Shaili Desai immediately.
3. Keep means of egress unblocked, well-lit, and unlocked during work hours.
4. Sound the alarm and evacuate in the event of fire.
5. Upon hearing fire alarm, stop work and proceed to the nearest clear exit and then gather at the designated muster location.
6. **Not** attempt to respond to a fire or other emergency unless trained to do so.
7. Keep stairways clear of items that can be tripped over.
8. **Not** store combustibles under stairways that are egress routes.
9. **Not** store materials and equipment against doors or exits, fire ladders or fire extinguisher stations.
10. Keep aisles clear at all times.
11. Maintain work areas in a neat, orderly manner. Place trash and refuse into proper waste containers.
12. Wipe up all spills promptly.
13. Store files and supplies in such a manner as to preclude damage to the supplies or injury to personnel when they are moved. Heaviest items should be stored closest to the floor and lightweight items stored above.
14. Ensure all cords running into walk areas are taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
15. Never stack material precariously on top of lockers, file cabinets or other high places.
16. Never leave desk or cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.

17. **Not** open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets.
18. Always use the proper lifting techniques. Never attempt to lift or push an object which is too heavy. Contact your supervisor when help is needed to move a heavy object.
19. Exercise caution when carrying material to ensure firm footing and clear line of sight.
20. Plug all electrical equipment into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three- pronged plugs should be used to ensure continuity of ground.
21. Keep individual heaters at work areas clear of combustible materials such as drapes or waste from waste baskets. Heaters which are equipped with tip over switches should be used.
22. Keep appliances such as coffee pots and microwaves in working order and inspected for signs of wear, heat, or fraying of cords.
23. Ensure fans used in work areas are guarded. Guards must not allow fingers to be inserted through the mesh. All fans must be equipped with proper guards which have **openings of ½ inch or less**.
24. Use equipment such as scissors, staplers, etc. for their intended purposes only. They are not to be used as hammers, pry bars, screwdrivers, etc. Misuse can cause damage to the equipment and possible injury to the user.
25. Store cleaning supplies away from edible items on kitchen shelves.
26. Store cleaning solvents and flammable liquids in appropriate containers.
27. Keep solutions that may be poisonous or not intended for consumption in well-labeled containers.
28. **Not** remove or deface equipment or product ANSI or other warning signs/symbols and they must heed their warnings.
29. Ensure owner's manuals for office equipment are readily available.
30. Ensure a list of hazardous chemicals, if applicable, and SDS are readily available.

The above list is not all inclusive. Employees are encouraged to suggest additional safety ideas and/or procedures to Shaili Desai, our Safety Director for inclusion in weekly safety meetings.

Housekeeping

Housekeeping? What's that all about? It's about safety!

Employees are to maintain a neat and orderly work area as far as practical. Housekeeping and general cleanliness have a direct effect on safety and health. Proper housekeeping can prevent slips and falls, allow easy egress in the event of an emergency, prevent falling object injuries, and enhance fire safety. Below listed are general housekeeping rules:

- a. All areas of the workplace: passageways, storerooms, service rooms, and walking-working surfaces are kept in a clean, orderly, and sanitary condition
- b. Walking-working surfaces will be maintained free of hazards such as sharp or protruding objects, loose boards, corrosion, leaks, spills, snow, and ice.
- c. Stored materials will be neatly stacked.
- d. Containers, when not in use, will be sealed.
- e. No objects will be left unattended on stairways.
- f. Entrances and exits will be properly marked and not blocked.
- g. Tools shall be properly cleaned and put away after use.
- h. The floor of each workroom is maintained in a clean and, to the extent feasible, in a dry condition. When wet processes are used, drainage must be maintained and, to the extent feasible, dry standing places, such as false floors, platforms, and mats must be provided.

Lifting, Pushing, and Pulling

Back injuries are often caused by the obvious – putting excessive strain on the lower back by lifting an object that is too heavy or awkward, or by bending and/or twisting while lifting.

However, lifting injuries are also caused by less obvious reasons:

- a. Poor physical condition
- b. Poor posture
- c. Poor judgment (lifting, pulling, pushing an object that is obviously too heavy or awkward without seeking assistance or a mechanical lifting device.)
- d. Lack of exercise
- e. Excessive body weight

Proper lifting techniques are important for employee safety. Below are lifting techniques that will reduce the likelihood of injury:

- a. Lift objects comfortably, not necessarily the quickest or easiest way.
- b. Lift, push, and pull with your legs, not your arms or back.
- c. When changing direction while moving an object, turn with your feet, not by twisting at the waist.
- d. Avoid lifting higher than your shoulder height.
- e. When standing while working, stand straight.
- f. When walking, maintain an erect posture; wear slip-resistant, supportive shoes.
- g. When carrying heavy objects, carry them close to the body and avoid carrying them in one hand.
- h. When heavy or bulky objects need to be moved, obtain help or use a mechanical aid such as a dolly, hand truck, forklift, etc.
- i. When stepping down from a height of more than eight inches, step down backwards, not forward.
- j. Handle heavy objects close to the body – avoid reaching out.
- k. Lift gradually and smoothly. Avoid jerky motions.
- l. Maintain a clear line of vision.

Slips, Trips, and Falls

Slips, trips, and falls are among the most common occupational accidents and they are easily preventable. Below are some of the causes of slips, trips, and falls:

- a. Running at the workplace.
- b. Engaging in horseplay.
- c. Working off a ladder that is not firmly positioned.
- d. Carrying an object that blocks line of vision.
- e. Work boots not laced or buckled.
- f. Working off a scaffold without safety rails.
- g. Using ladders that have oil and grease on the rungs.
- h. Not using a handrail on steps.
- i. Messy work areas with debris strewn about.
- j. Not paying attention to what one is doing.

This list can go on and on, but all of the above are easily preventable by adherence to common safety procedures, common sense, and awareness of potential hazards.

Drugs, Alcohol, and Other Prohibited Behaviors

Drug Free Workplace

Because the type of work we perform can result in serious injury if employees are not capable of focusing not only on their job task, but their surroundings and others with whom they work, it is the policy of Real Soft, Inc to hire only persons free from any evidence of illegal use of controlled substances or other drugs including alcohol.

Note: OSHA has determined that drug testing after injuries or illnesses that occur at the workplace can be considered retaliatory or discriminatory, and thus discourage employees from properly reporting the injury or illness. This can be the case in situations where the injury or illness wouldn't have been reasonably expected to be the result of impairment.

Example: A bee sting that results in an allergic reaction and leads to a stay at the hospital. There is not a reasonable belief that a bee sting would be caused by impairment and thus drug testing would be considered retaliatory or discriminatory.

With the exception of over the counter drugs such as aspirin or drugs prescribed by a physician, there shall be no drugs or alcohol within our facility. Alcohol and drug abuse cause an unacceptable level of safety hazard not only for the offending employee, but for others in the vicinity. Those found to be under the influence of drugs and/or alcohol will be immediately removed from the work area by the competent person and further disciplinary action will be taken by Shaili Desai, our Safety Director.

Chemical dependency is a devastating problem for not only the employee, but also the employee's family and co-workers. For obvious safety reasons, it cannot be tolerated in the workplace. Those with such a problem should seek professional help. Shaili Desair will assist any employee in finding appropriate treatment should they voluntarily come forward.

Smoking

There shall be no smoking except in designated smoking areas. Under no circumstances will there be smoking during refueling of vehicles or within 50 feet of flammable materials.

Prohibited Behaviors

The use, bringing onto company property, possession, concealment, transportation, promotion or sale of the following substances or items by any employee of the below items is strictly prohibited:

- a. Illegal drugs, unauthorized controlled substances, look-a-likes, designer, synthetic or any other drug which may affect an employee's motor functions or alter a person's working perception.
- b. Prescription drugs/over the counter medication except under the following conditions:
 1. The employee shall inform his supervisor prior to using any prescription drug or over the counter medication and receive written permission to possess such drug while working.
 2. The prescription vial shall be labeled by the dispensing pharmacy and the label shall show the employees name, physician, prescription number, date the prescription was filled and the dosage rate. Prescriptions more than 30 days old will not be allowed.
 3. The over the counter medication will be in its original package or container.
 4. The employee may only possess enough medication for his normal shift.
- c. Alcoholic beverages.
- d. Firearms, weapons, explosives, and ammunition.
- e. Unauthorized items such as stolen property.

Emergency Action Plan

An Emergency Action Plan, if appropriate, will be posted along with emergency telephone numbers and an escape route diagram.

After a hazard assessment of our facilities, Shaili Desai, our Safety Director, may determine that conditions may develop that could possibly warrant an evacuation. In this case an emergency action plan will be developed to address the threat.

Events may occur which dictate the evacuation of our facility such as a fire, explosion, power failure, etc. Additionally, events may occur which dictate the need for emergency medical responders. These sets of events fall under our Emergency Action Plan and a multitude of objectives must be met.

The first and foremost objective is the safety of all our personnel. To achieve this level of safety, our plan is designed to get personnel away from danger, treat injury, and provide for a thorough and accurate accounting of all employees.

There may be situations where certain employees, trained in first aid and/or firefighting procedures, may prevent a small emergency situation from becoming a major disaster. In these types of situations, specifically identified employees will remain to perform the function for which they are trained, provided they may perform these duties in a safe manner. At no time will any employee put himself/herself at risk.

To the extent possible, all personnel will have clear, direct, egress.

The actual implementation of this plan must be direct and carried out without confusion. Employees must know how to alert others, how to call for assistance, the location of fire extinguishers and first aid kits, the escape route, and the rendezvous point (being accounted for so that others do not put themselves at risk looking for a person who has already reached safety).

Emergency Medical Response

Should an injury occur that requires an emergency medical responder, the below listed actions will be taken in the order given:

1. Call 911 or the emergency response number posted at the workplace.
 - a. In the absence of 911 services, the telephone numbers of physicians, hospitals, or ambulances will be conspicuously post with our emergency phone numbers.
2. Provide any medical assistance you are trained and certified to do. DO NOT provide any medical assistance you are not trained to do.
3. Designate an individual to direct the emergency responders to the injured person and provide Safety Data Sheets, if applicable.
4. Notify the competent person who, in turn, will notify the office.

Fire Protection

The phone number of the local fire department shall be posted with other emergency numbers.

If a fire should occur, all personnel and the local fire department will be notified. As in all emergency situations, per the American Trauma Society, people calling the fire department should:

- a. Remain calm
- b. Speak clearly and slowly
- c. Give the exact location
- d. Describe the situation
- e. Give the phone number from where you are calling.
- f. Do not hang up until told to do so

Fire Prevention Plan

Fire Prevention deals not with handling a fire emergency, but rather preventing a fire in the first place.

To reduce the likelihood of a fire, personnel are to adhere to the following rules:

- a. Smoking is allowed only in designated areas and smoking materials will be totally extinguished and placed in the appropriate receptacles.
- b. All chemical products will be handled and stored in accordance with the procedures noted on their individual SDS.
- c. Heat producing equipment will be properly maintained and operated per the manufacturer's instructions to prevent accidental ignition of combustible materials.
- d. Precautions will be taken when working with an open flame (such as welding) and those areas will be made fire safe by removing or protecting combustibles from ignition.
- e. Combustible liquids must be stored in approved containers.
- f. Chemical spills must be cleaned up immediately. This is particularly important for combustible and reactive liquids. Damaged chemical containers and cleanup materials must be properly disposed.
Note: Information on appropriate personal protective equipment, proper disposal, proper cleanup procedures, required ventilation, etc. is found on the product's SDS.
- g. Combustible liquids and trash must be segregated and kept from ignition sources.
- h. Keep clear access to fire hydrants as well as portable fire extinguishers.
- i. Personnel will be notified by their Supervisor or the competent person of any unusual fire hazard conditions.
- j. Good housekeeping, good housekeeping!

Portable Fire Extinguishers

All personnel will receive instruction on the proper use of fire extinguishers.

- a. Fire extinguishers will be inspected monthly for general conditions and adequate charge. They will be serviced and certified by qualified personnel at least annually.
- b. Portable fire extinguisher locations will be clearly identified and easily accessible.

Portable fire extinguishers will be distributed as indicated below:

Class	Distribution	Notes
A "A" on a green triangle	75 feet or less travel distance between the employee and the extinguisher	For use on wood, paper, trash, etc.
B "B" on a red square	50 feet or less travel distance between hazard area and the extinguisher	For use on flammable liquid, gas, etc.
C "C" on a blue circle	Based on the appropriate pattern for the existing Class A or Class B hazards	For use on electrical fires
D "D" on a yellow star	75 feet or less travel distance between the combustible metal working area and the extinguisher or other containers or Class D extinguishing agent	For use on combustible metals

Appropriate portable fire extinguishers will be used, as noted above. Supervisors will ensure that at least one extinguisher is on each floor of a project near the stairway.

Using the wrong fire extinguisher on some fires can actually spread the fire. Using a Type-A extinguisher on an electrical fire, for example, could cause serious injury. When a fire occurs, it is imperative to use the proper extinguisher.

First Aid and First Aid Kits

Should a medical emergency occur, other than minor scrapes and bruises, and it is serious enough to call for professional medical assistance, you should call the Emergency Response Number posted on the bulletin board. Before the first aid providers arrive, to the extent possible, clear the way so they can reach the injured employee in the most direct way possible.

Unless trained and licensed in CPR/first aid and a designated first aid provider as an additional job as part of the company bloodborne pathogen program, employees will not expose themselves to blood or other bodily fluids of other employees at any time.

Per OSHA, first aid is limited to:

- a. Using a non-prescription medication, such as aspirin, at non-prescription strength.
- b. Cleaning, flushing or soaking wounds on the surface of the skin;
- c. Using wound coverings such as bandages, Band-Aids™, gauze pads, etc., or using butterfly bandages or Steri-Strips™.
- d. Using hot or cold therapy.
- e. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
- f. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
- g. Draining fluid from a blister.
- h. Using eye patches.
- i. Removing foreign bodies from the eye using only irrigation or a cotton swab.
- j. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.
- k. Using finger guards.
- l. Using massages.
- m. Drinking fluids for relief of heat stress.

If an employee is injured and emergency responders have been called, stay calm and reassure the injured employee that help is coming.

Below is basic first aid for various common workplace injuries. Mostly, it is what **not** to do. When dealing with any injury, stay calm and never do anything unless you know what you are doing.

MINOR BURNS

(Redness or blisters over a small area)

Flush with cold water; apply a sterile dressing.

Do not use butter on any burn.

Do not break open blisters.

MAJOR BURNS

(White or charred skin; blisters and redness over a large area; burns on face, hands, or genital area)

Cover with sterile dressing and seek medical attention promptly.

Do not apply salves, ointments or anything else.

Do not break blisters.

CHEMICAL BURNS

(Spilled liquid or dry chemical on skin)

Liquid: Flush with large amounts of water immediately (Keep water flow gentle).

Dry: Brush as much off as possible before flushing with water. After flushing at least 5 minutes, cover with sterile dressing.

Seek medical attention promptly.

Do not use anything but water on burned area.

Do not break open blisters.

EYE - FOREIGN OBJECT

(Object visible; feeling of something in the eye)

Have patient pull upper eyelid over lower eyelid.

Run plain water over eye.

If object does not wash out, cover both eyes with a gauze dressing.

Seek medical attention promptly.

Do not rub the eye.

EYE - WOUNDS

(Wound on eyelid or eyeball; pain; history of blow to eye area; discoloration)

Apply loose sterile dressing over both eyes.

Seek medical help immediately.

For bruising, cold compress or ice pack may relieve pain and reduce swelling.

Do not try to remove any embedded object.

Do not apply pressure to eye.

EYE - CHEMICAL BURN

(Chemical splashed or spilled in eye)

Flush immediately with water over open eye for at least 10 minutes

(20 minutes if alkali). It may be necessary to hold patient's eyelid open.

Note: In work situations where a possibility of eye (or body) exposure to corrosive materials exists, suitable facilities for quick-drenching or flushing will be provided in the immediate work area.

Cover both eyes with sterile dressing.

Seek medical help immediately.

Do not put anything but water in eye.

HEAT EXHAUSTION

(Fatigue; weakness; profuse sweating; normal temperature; pale clammy skin; headache; cramps; vomiting; fainting)

Remove from hot area.

Have victim lay down and raise feet. Apply cool wet cloths.

Loosen or remove clothing.

Allow small sips of water if victim is not vomiting.

HEAT STROKE

(Dizziness; nausea; severe headache; hot dry skin; confusion; collapse; delirium; coma and death)

Call for immediate medical assistance.

Remove victim from hot area.

Remove clothing. Have victim lay down.

Cool the body (shower, cool wet cloths)

Do not give stimulants.

First Aid Kits:

First aid kits are worthless if not readily accessible. Therefore, they will not be locked up at the workplace. They're also not very valuable if the items you need are missing. It's very important that the kits have the proper items and that they are replenished as they are used.

OSHA defers to ANSI for determining what qualifies as an acceptable first aid kit for the workplace. The ANSI standard that addresses first aid kits is ANSI/ISEA Z308.1-2015. Two important topics covered in this standard are what items are required to be included in a first aid kit: Class, and in what kind of container the kit is kept: Type.

Class

There are two classes of first aid kits: Class A and Class B. The two classes are divided based on the type of first aid items included and the number of those items available in the kit. ANSI has defined the classes as follows:

Class A first aid kits are intended to provide a basic range of products to deal with the most common types of injuries encountered in the workplace including: major wounds, minor wounds (cuts and abrasions), minor burns and eye injuries.

Class B first aid kits are intended to provide a broader range and quantity of supplies to deal with injuries encountered in more populated, complex and/or high risk work environments.

The biggest difference between the classes of first aid kits is the amount of items included in the kit. Class B kits have more of each item and are needed at a workplace that has many workers.

Keep in mind that sterile items will be individually wrapped, sealed, and used only once. Other items, such as tape or scissors, can be reused and should be kept clean.

The supplies consumed in first aid kits can actually be used as a measure of safety. For example, if a kit constantly needs replacement of bandages used for minor cuts, there is an obvious problem. Why are cuts happening in the first place? Actual trends can be established and corrective procedures initiated, such as a protective glove requirement or improved handling practices.

Remember, improper medical treatment can be more dangerous than no treatment at all. Only provide care that you have been trained and certified to do.

Below are the required contents, items and quantities of Class A and B first aid kits:

Class A	Class B
<p>16 Adhesive Bandage 1 x 3 in. 1 Adhesive Tape 2.5 yd (total) 10 Antibiotic Application 1/57 oz 10 Antiseptic 1/57 oz 1 Breathing Barrier 1 Burn Dressing (gel soaked) 4 x 4 in. 10 Burn Treatment 1/32 oz 1 Cold Pack 4 x 5 in. 2 Eye Covering w/ means of attachment 2.9 sq. in. 1 Eye/Skin Wash 1 fl oz total 1 First Aid Guide 6 Hand Sanitizer 1/32 oz 2 pr Medical Exam Gloves 1 Roller Bandage 2 in. x 4 yd 1 Scissors 2 Sterile pad 3 x 3 in. 2 Trauma pad 5 x 9 in. 1 Triangular Bandage 40 x 40 x 56 in.</p>	<p>50 Adhesive Bandage 1 x 3 in. 2 Adhesive Tape 2.5 yd (total) 25 Antibiotic Application 1/57 oz 50 Antiseptic 1/57 oz 1 Breathing Barrier 2 Burn Dressing (gel soaked) 4 x 4 in. 25 Burn Treatment 1/32 oz. 2 Cold Pack 4 x 5 in. 2 Eye Covering w/ means of attachment 2.9 sq. in. 1 Eye/Skin Wash 4 fl. oz. total 1 First Aid Guide 10 Hand Sanitizer 1/32 oz 4 pr Medical Exam Gloves 2 Roller Bandage 2 in. x 4 yd 1 Roller Bandage 4 in. x 4 yd 1 Scissors 1 Splint 4 Sterile pad 3 x 3 in. 1 Tourniquet 4 Trauma pad 5 x 9 in. 2 Triangular Bandage 40 x 40 x 56 in.</p>

Type

As important as the contents are, the first aid kit won't be very useful if it's not properly protected from the workplace environment. If the supplies are soaked from rain or smashed from being tossed around, they just won't be able to provide any help when needed. ANSI has addressed this by providing guidelines for the containers that first aid kits can be stored in at the workplace.

They are broken down into four categories: **Type I, Type II, Type III, & Type IV**. Here are the descriptions that ANSI provides for each type.

Type I first aid kits are intended for use in stationary, indoor settings where the potential for damage of kit supplies due to environmental factors and rough handling is minimal. Type I first aid kits shall have a means for mounting in a fixed position and are generally not intended to be portable.

Note: Typical applications for Type I first aid kits may include, but are not limited to, the following: general indoor use, an office setting or a manufacturing facility. First aid cabinets would generally fall into the Type I classification.

Type II first aid kits are intended for portable use in indoor settings where the potential for damage of kit supplies due to environmental factors and rough handling is minimal.

Note: Typical applications for Type II first aid kits may include, but are not limited to, the following: general indoor use, an office setting or a manufacturing facility.

Type III first aid kits are intended for portable use in mobile, indoor and/or outdoor settings where the potential for damage of kit supplies due to environmental factors is not probable. Type III kits shall have a means to be mounted in a fixed position and shall have a water resistant seal.

Note: Typical applications for Type III first aid kits may include general indoor use and sheltered outdoor use.

Type IV first aid kits are intended for portable use in the mobile industries and/or outdoor settings where the potential for damage to kit supplies due to environmental factors and rough handling is significant. Type IV kits shall have a means to be mounted in a fixed position and shall meet the performance requirements set forth by ANSI.

Note: Typical applications for Type IV first aid kits may include, but are not limited to, the following: the transportation industry, the utility industry, the construction industry, and the armed forces.

Accident Investigation

The purpose of Accident Investigation is to prevent the same type of accident from reoccurring. An accident investigation will begin immediately after the medical crisis is resolved. The supervisor /competent person will complete an Accident Investigation Form as soon as feasible. The five questions that must be answered are: Who? What? When? Where? And most importantly, Why did the accident happen?

An apparently simple accident may actually be caused by many complex reasons. Example: an employee gets a finger crushed in a piece of machinery. With just the facts presented, the fault would seem to totally rest with the employee whose finger was hurt.

An accident investigation may reveal other contributing factors by answering questions like:

- a. Were machine guards in place? Had they been altered in an unauthorized manner to make them ineffective?
- b. Were gloves required and were they available?
- c. Was the machinery improperly locked or tagged out of service with residual hazardous energy remaining in its system?
- d. Had the employee received training on operating the specific machine and been given an opportunity to clarify questions concerning its operation?
- e. Was there adequate supervision?
 1. Did the supervisor perform regular and frequent inspections of the operations in question?
 2. Had this employee or others, operated the machine incorrectly over a period of time so that the improper method became the standard method?
 3. Were violations of safety procedures documented?

After determining the cause of the accident, steps can be taken to prevent a reoccurrence. Near-miss mishaps, events which result in no injury or damage, should be investigated because even though the outcomes are different, the causes are the same.

Recordkeeping: Injuries & Illnesses

OSHA Forms 300; 300A & 301

As a matter of law, all employers with 11 or more employees **at any one time** in the previous year must maintain OSHA Form 300, *Log of Work-Related Injuries and Illnesses*, OSHA Form 301, *Injury and Illness Incident Report*, and OSHA Form 300A, *Summary of Work-Related Injuries and Illnesses*.

OSHA Forms 300 and 301 are used to record and classify occupational injuries and illnesses. The information on the OSHA Form 300 is related to employee health and must be used in a manner that protects the confidentiality of the employees to the extent possible. Recordable injuries and illnesses must be entered on OSHA Forms 300 and 301 within seven (7) days of receiving information that a recordable injury or illness has occurred.

Electronic Submission of Records

Effective on January 1st of 2017, certain employers are required to electronically submit injury and illness data on their onsite OSHA Injury and Illness forms. OSHA will analyze this data and will be able to use its enforcement and compliance assistance resources more efficiently.

Some of the data will also be posted to the OSHA website because OSHA believes that public disclosure will encourage employers to improve workplace safety.

OSHA will provide a secure website that offers three options for data submission:

First, users will be able to manually enter data into a webform.

Second, users will be able to upload a CSV file to process single or multiple establishments at the same time.

Last, users of automated recordkeeping systems will have the ability to transmit data electronically via an API (application programming interface). The site is scheduled to go live in February 2017.

Compliance Schedule

The new reporting requirements will be phased in over two years using the following guidelines:

Establishments with 250 or more employees in industries covered by the recordkeeping regulation must submit information from their 2016 Form 300A by July 1, 2017. These same employers will be required to submit information from all 2017 forms (300A, 300, and 301) by July 1, 2018. Beginning in 2019 and every year thereafter, the information must be submitted by March 2.

Establishments with 20-249 employees in certain high-risk industries must submit information from their 2016 Form 300A by July 1, 2017, and their 2017 Form 300A by July 1, 2018. Beginning in 2019 and every year thereafter, the information must be submitted by March 2.

Retention of Forms:

Old OSHA Forms 101 and 200 as well as OSHA Forms 300 and 301 will be retained for five years following the year to which they relate.

Items to be recorded on OSHA Forms 300, 300A and 301:

Work related injuries and illnesses and fatalities are to be recorded using the criteria found in Part 1904, Recording and Reporting Occupational Injuries and Illnesses.

Injuries and illnesses must be recorded if they result in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or if the injury or illness involves a significant injury diagnosed by a physician or licensed health care professional even if it does not meet the forgoing conditions.

Note: First aid (which is not reportable) is defined in 29 CFR 1904.7(b)(5)ii.

Employee Involvement:

As an employee of Real Soft, Inc, you have the right and responsibility to report all work-related injuries and illness without the fear of being retaliated against, discriminated against, or terminated from employment.

Note: OSHA has determined that drug testing after injuries or illnesses that occur at the workplace **can be considered retaliatory or discriminatory**, and thus discourages employees from properly reporting the injury or illness. This can be the case in situations where the injury or illness wouldn't have been reasonably expected to be the result of impairment.

Example: A bee sting that results in an allergic reaction and leads to a stay at the hospital. There **is not a reasonable** belief that a bee sting would be caused by impairment and thus drug testing would be considered retaliatory or discriminatory.

As a matter of policy, all employees are to report all work-related accidents and injuries immediately to the competent person/supervisor at the workplace. The competent person/supervisor will complete an accident investigation form and will forward it to Shaili Desai, the Safety Director.

Shaili Desai will extrapolate appropriate information for completion of the OSHA Form 300 and complete a review of our policies and procedures to help ensure that there isn't a reoccurrence of the reported injury or illness.

Failure to report injuries or illnesses would be a violation of our company's reporting policy and is not acceptable.

Catastrophic Reporting Requirements:

The following events have to be reported to OSHA:

- a. All work-related fatalities
- b. All work-related in-patient hospitalizations of one or more employees
- c. All work-related amputations
- d. All work-related losses of an eye

Real Soft, Inc must report work-related fatalities within 8 hours of finding out about it. For any in-patient hospitalization, amputation, or eye loss, we must report the incident within 24 hours of learning about it.

Only fatalities occurring within 30 days of the work-related incident must be reported to OSHA. Further, an inpatient hospitalization, amputation or loss of an eye incident must be reported to OSHA only if they occur within 24 hours of the work-related incident.

There are three options for reporting the event:

- a. By telephone to the nearest OSHA Area Office during normal business hours. The phone numbers can be found at the following website: <https://www.osha.gov/html/RAmap.html>.
- b. By telephone to the 24-hour OSHA hotline (**1-800-321-OSHA or 1-800-321-6742**).
- c. By using OSHA's new means of reporting events electronically. This can be done online at the following website: <https://www.osha.gov/pls/ser/serform.html>.

Information to Be Reported:

When reporting a fatality, in-patient hospitalization, amputation or loss of an eye to OSHA, following information must be reported:

- a. Establishment name
- b. Location of the work-related incident
- c. Time of the work-related incident
- d. Type of reportable event (i.e., fatality, in-patient hospitalization, amputation or loss of an eye)
- e. Number of employees who suffered the event
- f. Names of the employees who suffered the event
- g. Contact person and his or her phone number
- h. Brief description of the work-related incident

Note: An event does not have to be reported if it:

- a. Resulted from a motor vehicle accident on a public street or highway, except in a construction work zone; employers must report the event if it happened in a construction work zone.
- b. Occurred on a commercial or public transportation system (airplane, subway, bus, ferry, street car, light rail, train).
- c. Occurred more than 30 days after the work-related incident in the case of a fatality or more than 24 hours after the work-related incident in the case of an in-patient hospitalization, amputation, or loss of an eye.

Note: Real Soft, Inc must report an in-patient hospitalization due to a heart attack, if the heart attack resulted from a work-related incident.

Location of OSHA Forms 300 and 301:

As a general rule, the OSHA Forms 300 and 301 will be maintained in our main office.

Postings

There will be a prominently displayed bulletin board or area for postings. Every employee must be aware of this policy. Certain postings are required as a matter of law in all cases and other postings are required depending on circumstances and types of work being done.

In all cases, the following must be posted to meet OSHA requirements:

- a. OSHA Form 3165, *It's the law!*
- b. During the period from 1 February through to April 30, OSHA Form 300A, *Summary of Work-Related Injuries and Illnesses*, must be posted for work-related injuries and illnesses which have occurred during the previous year.
- c. Emergency phone numbers and site address for emergency response.

If appropriate, the following must be posted:

- a. OSHA citations.
- b. Notice of informal hearing conference.
- c. Names and location of assigned first aid providers.
- e. Emergency action plan.

Access to Employee Medical Records & Exposure Records

29 CFR 1910.1020 - Access to employee exposure and medical records

All employee exposure records and medical records are under the control of Shaili Desai, our Safety Program Administrator.

Exposure records must be retained for 30 years.

Medical records must be retained for the duration of employment plus 30 years.

An employee's medical record means: "a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel, or technician."

This would include:

- a. Medical and employment questionnaires or histories (including job description and occupational exposures).
- b. The results of medical examinations (pre-employment, pre-assignment, periodic, or episodic) and laboratory tests (including chest and other X-ray examinations taken for the purpose of establishing a base-line or detecting occupational illnesses and all biological monitoring not defined as an "employee exposure record".
- c. Medical opinions, diagnoses, progress notes, and recommendations.
- d. First aid records.
- e. Descriptions of treatments and prescriptions.
- f. Employee medical complaints.

Note: An employee's medical record does not include:

- a. Physical specimens (e.g., blood or urine samples) which are routinely discarded as a part of normal medical practice, or
- b. Records concerning health insurance claims if maintained separately from the employer's medical program and its records, and not accessible to the employer by employee name or other direct personal identifier (e.g., social security number, payroll number, etc.).
- c. Records created solely in preparation for litigation which are privileged from discovery under the applicable rules of procedure or evidence.
- d. Records concerning voluntary employee assistance programs (alcohol, drug abuse, or personal counseling programs) if maintained separately from the employer's medical program and its records.

An employee's **exposure record** means a record containing any of the following kinds of information:

- a. Environmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained.
- b. Biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems (e.g., the level of a chemical in the blood, urine, breath, hair, fingernails, etc.) but not including results which assess the biological effect of a substance or agent or which assess an employee's use of alcohol or drugs.
- c. Safety data sheets indicating that the material may pose a hazard to human health.
- d. In the absence of the above, a chemical inventory or any other record which reveals where and when used and the identity (e.g., chemical, common, or trade name) of a toxic substance or harmful physical agent.
- e. Objective Data for Exemption from Requirement for Initial Monitoring.

Employee Information

Upon first entering into employment, and at least annually thereafter, each employee will be informed of the following:

- a. The existence, location, and availability of any records covered by 29 CFR 1910.1020.
- b. The person responsible for maintaining and providing access to records (Shaili Desai).
- c. The employee's rights of access to his/her records.
- d. That a copy of 29 CFR 1910.1020 and its appendices will be maintained in Shaili Desai's office and made readily available upon request.

Informational materials concerning access to medical records received from or provided by the Assistant Secretary of Labor for Occupational Safety and Health will be distributed to all current employees.

Access to Records

Employees or their designated representatives will have access to their medical or exposure records within 15 working days of their request, or, if this is not possible, Shaili Desai will provide, within 15 working days, the reason for the delay and provide a best estimate of when the records will be available.

Copies of employee medical or exposure records will be provided in a reasonable time, place, and manner and **at no cost to the employee.**

Upon request, Shaili Desai will provide access to representatives of the Assistant Secretary of Labor for Occupational Safety and Health employee exposure and medical records and to analysis using exposure or medical records.

Analysis Using Medical or Exposure Records

"Analysis using exposure or medical records" means any compilation of data or any statistical study based at least in part on information collected from individual employee exposure or medical records or information collected from health insurance claims records, provided that either the analysis has been reported to the employer or no further work is currently being done by the person responsible for preparing the analysis.

Before access is granted to an analysis using medical or exposure records, all personal identifiers must be removed that could reasonably directly identify the employee. Identifiers would include: name, SSN, address, etc. Identifiers that could indirectly identify the employee will also be removed. These would include date of hire, sex, job title, etc.

Confidentiality

Nothing in the OSHA standards is intended to affect existing legal and ethical obligations concerning the maintenance and confidentiality of employee medical information, the duty to disclose information to a patient/employee or any other aspect of the medical-care relationship, or affect existing legal obligations concerning the protection of trade secret information.

Transfer of records

Should Real Soft, Inc cease to do business, the successor employer shall receive and retain all the above medical and exposure records.

Should Real Soft, Inc cease to do business and there is no successor employer to receive and retain the above medical and exposure records, they shall be transmitted to the Director of the National Institute for Occupational Safety and Health (NIOSH).

At the expiration of the retention period for the above medical records, Real Soft, Inc will notify the Director of the NIOSH at least 3 months prior to the disposal of such records and shall transmit those records to the Director of the NIOSH if he requests them within that period.

Enforcement

It is expected that all employees will abide by our safety rules and guidelines not only to protect themselves, but also to protect their fellow workers from harm. Should a safety violation occur, the following steps will be taken by the employee's immediate supervisor:

- a. **Minor Safety Violations**: Violations which would **not** reasonably be expected to result in serious injury.
 1. The hazardous situation will be corrected.
 2. The employee will be informed of the correct procedures to follow and the supervisor will ensure that these procedures are understood.
 3. The supervisor will make a written report of the occurrence using our Enforcement Documentation Form and inform the employee that this documentation will be forwarded to Shaili Desai, our Safety Director for a retention period of one year.
 4. A repeat occurrence of the same minor safety violation is considered substantially more serious than the first.
- b. **Major Safety Violations**: Violations which would reasonably be expected to result in serious injury or death.
 1. The hazardous situation will be corrected.
 2. The employee will be informed of the correct procedures to follow and will impress upon the individual the severity of the violation and the likely consequences should this type of violation be repeated. The supervisor will ensure that the individual understands the correct procedures and will be cautioned that a reoccurrence could result in disciplinary action up to and including discharge.
 3. The supervisor will make a written report of the occurrence using our Enforcement Documentation Form and inform the employee that this documentation will be forwarded to Shaili Desai for a retention period of one year.

c. **Willful Major Safety Violations**: Intentional violation of a safety rule which would reasonably be expected to result in serious injury to the employee or a fellow worker.

1. The hazardous situation will be corrected.
2. The employee will be removed from the facility, the event will be documented and forwarded to Shaili Desai, and the employee will be discharged.

Employees are to understand that the primary purpose of documenting safety violations is to ensure that the important business of employee safety is taken seriously and that the potential for injury is reduced to the lowest possible level.

Schedule of Enforcement Actions
Violations occurring within a 1 Year Period
Minor Violation

Offense	Action	Repeat of Same Offense	Action
1st	Written Notice	1st	1 Day Off
2nd	Written Notice	2nd	3 Days Off
3rd	1 Day Off	3rd	Dismissal
4th	2 Days Off		
5th	3 Days Off		
6th	Dismissal		

Major Violation

Offense	Action	Repeat of Same Offense	Action
1st	Written Notice	1st	4 Days Off
2nd	2 Days Off	2nd	Dismissal
3rd	4 Days Off		
4th	Dismissal		

Real Soft, Inc
Section II
Site/Job Specific Policies and Procedures

Company Vehicles

Note: The below applies only to employees who **DO NOT** operate a commercial motor vehicle (CMV) in interstate or intrastate commerce.

Only authorized employees may operate, in the course of their work, any company-owned motor vehicle.

Prior to authorization, the employee must possess a valid and current license to operate the vehicle. Shaili Desai, our Safety Director, or authorized representative, will ensure that the employee has demonstrated his/her ability to operate the motor vehicle in a safe and competent manner.

Under no circumstances may any motor vehicle be operated under the influence of alcohol, illegal drugs, or prescription or over-the-counter drugs medications that may impair their driving skills.

When driving over the road vehicles, employees will ensure that the vehicle registration and proof of insurance is within the vehicle. In the event of an accident, Shaili Desai will be notified **immediately** after all potential injuries are addressed and a police report is filled out. Employees must report all traffic violations to Shaili Desai and they (employees) are responsible for paying all penalties imposed by law.

Loads in vans and trucks will be properly secured (strapped or blocked) to prevent any shift or movement and care will be taken to not exceed the vehicles weight limits.

All company motor vehicles will be maintained in safe operating condition and in accordance with the manufacturer's recommended maintenance schedule.

Before use, a walk around inspection will be performed by the operator checking tires (tread depth and pressure), glass (chips and cracks), horn and lights, and general vehicle condition. **No vehicle will be operated that is not in safe mechanical condition.**

It is expected that the below safe vehicle operation/driving procedures will be followed at all times:

- a. Seat belts will be worn by all occupants at all times while the vehicle is in motion
- b. Safe distance (one vehicle length per 10 MPH) will be maintained
- c. Posted speed limits will not be exceeded
- d. During fuel stops, all fluids will be checked and the windows, headlights and taillights will be cleaned
- e. Constant attention will be maintained by always being aware of road conditions and surrounding vehicles

Note: Unnecessary distractions will not be permitted such as using hands to dial or receive cell phone calls or changing radio stations while the vehicle is in motion.

- f. Before backing up any vehicle, check behind and blow horn for the safety of others.

Electrical Work - Workplace Safety

[29 CFR 1910.305 - Wiring methods, components, and equipment for general use](#)

[29 CFR 1910.332 - Training](#)

[29 CFR 1910.333 - Selection and use of work practices](#)

[29 CFR 1910.334 - Use of equipment](#)

No electrical work shall be performed on electric distribution circuits or equipment, except by a qualified person or by a person trained to perform electrical work and to maintain electrical equipment under the direct supervision of a qualified person. Disconnecting devices shall be locked out and suitably tagged by the persons who perform such work, except that in cases where locking out is not possible, such devices shall be opened and suitably tagged by such persons. Locks or tags shall be removed only by the persons who installed them or, if such persons are unavailable, by persons authorized by the operator or his agent.

Only qualified or trained personnel may perform electrical work.

All electrical work will be done according to the latest adopted National Electrical Code as well as established local codes.

Only qualified persons may work on electric circuit parts or equipment that has not been de-energized. These persons must be made familiar with the use of special precautionary techniques, PPE, insulating & shielding materials and insulated tools.

Note: When dealing with safety related work practices to prevent electric shock or other injuries resulting from either direct or indirect electrical contacts, a Qualified Person is defined as one who: "is permitted to work on or near exposed energized parts" and who, at a minimum, has been trained in and is familiar with:

- a. The skills and techniques necessary to distinguish exposed live parts from other parts of electric equipment, and
- b. The skills and techniques necessary to determine the nominal voltage of exposed live parts, and
- c. The clearance distances specified in 29 CFR 1910.333(c) and the corresponding voltages to which the qualified person will be exposed

APPROACH DISTANCES FOR QUALIFIED
EMPLOYEES - ALTERNATING CURRENT

Voltage range (phase to phase) distance	Minimum approach distance
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300V and less	Avoid Contact
Over 300V, not over 750V	1 ft. 0 in. (30.5 cm).
Over 750V, not over 2kV	1 ft. 6 in. (46 cm).
Over 2kV, not over 15kV	2 ft. 0 in. (61 cm).
Over 15kV, not over 37kV	3 ft. 0 in. (91 cm).
Over 37kV, not over 87.5kV	3 ft. 6 in. (107 cm).
Over 87.5kV, not over 121kV	4 ft. 0 in. (122 cm).
Over 121kV, not over 140kV	4 ft. 6 in. (137 cm).

Note: When an unqualified person is working overhead lines, the location shall be such that the person and the longest conductive object he or she may contact cannot come closer to any unguarded, energized overhead line than the following distances:

For voltages to ground 50kV or below

10 feet

For voltages to ground over 50kV

10 feet plus 4 inches for every 10kV

over 50kV.

Note: When an unqualified person is working on the ground in the vicinity of overhead lines, the person may not bring any conductive object closer to unguarded, energized overhead lines than the distances given above.

Electrical Safety Measures:

- a. Daily, prior to use, all electrical equipment – including extension cords – will be inspected and defective items will be tagged out of service and not used.
- b. With the exception of double insulated tools (with UL approval), all electrical tools and equipment will be grounded.
- c. Tools will not be hoisted by their flexible electrical cords.
- d. Except in an emergency, load rated switches and circuit breakers will be used for the opening and closing of circuits under load conditions as opposed to fuses and splice connections.
- e. While working on electrical equipment, unauthorized persons will be kept clear by barriers or other means of guarding.

- f. Temporary wiring and extension cords will be kept off of walking working surfaces and vehicle traffic areas or covered to prevent tripping and vehicle damage.
 - 1. Electrical cords will not be suspended with staples, hung from nails, or suspended by wire.
 - 2. Worn or frayed electric cords or cables will not be used.
- g. Hands will be dry when working on electrical equipment including plugging in extension cords.
- h. When working around any electrical power circuit, employees will:
 - 1. Protect themselves by de-energizing the circuit and grounding it or by establishing insulation between themselves and the current.
 - 2. Ensure that any conductive materials and equipment that are in contact with any part of their body will be handled in a manner that will preclude contact with exposed energized conductors or circuit parts.
 - 3. Use portable ladders that have non-conductive siderails.
 - 4. Remove or insulate conductive articles of jewelry and clothing that might contact exposed energized parts.
- i. Only qualified persons may perform testing work on electric circuits or equipment.
- j. Sufficient access and working space must be maintained about all electric equipment to permit ready and safe operation and maintenance. This space must be kept clear, i.e., it cannot be used for storage.
- k. Portable ladders must have non-conductive side rails.
- l. Conductive items of jewelry or clothing must not be worn around electricity unless rendered non-conductive by covering, wrapping, or other insulating means.

Ground Fault Circuit Interrupters

A ground fault circuit interrupter (GFCI) provides protection for all 120-volt, 15-, 20-, and 30-ampere receptacle outlets that are not a part of the permanent wiring by detecting lost current resulting from a short, overheating, and/or ground fault. It should be noted that an extension cord into which electrical devices are plugged are not part of the permanent wiring; therefore, GFCI's are required.

A GFCI will "trip" when the amount of current amperes going to an electrical device in the hot conductor and the amount of current returning from an electrical device differs by approximately 5 milliamps. The GFCI can interrupt the current within as little as 1/40th of a second.

The current that is missing is being lost through a ground fault, whether it is in the actual grounding, a short in the equipment, or electricity going through the employee to the ground.

A GFCI will not protect an employee who comes in contact with two hot wires or a hot wire and a neutral wire. A GFCI will provide protection against fires, overheating, damage to insulation, and, the most common form of electrical shock hazard -- the ground fault. GFCI's must be tested before use.

Extension Cords

Extension cords (temporary wiring), temporary electrical power, and lighting installations of 600 volts, nominal, or less may be used only as follows:

- a. during and for remodeling, maintenance, or repair of buildings, structures, or equipment, and similar activities.
- b. for a period not to exceed 90 days for Christmas decorative lighting and similar purposes.
- c. during emergencies.

Temporary wiring shall be removed immediately upon completion of the project or purpose for which the wiring was installed.

Extension cords shall not replace permanent wiring and the following safety precautions will be adhered to:

- a. Extension cords will be kept off of walking working surfaces or be covered to prevent tripping. Cords will not be placed in vehicle traffic lanes.
- b. Electrical cords will not be suspended with staples, hung from nails, or suspended by wire.
- c. Worn or frayed electric cords or cables will not be used.

Prior to using an extension cord, an employee must:

- a. Inspect the cord for cracks and cuts and a defective cord will be tagged and removed from service.
- b. Ensure the cord has a three prong plug for grounding.
- c. Use the shortest continuous length of cord possible. Cords may not be spliced together.
- d. Make certain the cord does not lay in water.
- e. Ensure cord is properly rated for the job.

Ladders

[29 CFR 1910.25: Portable wood ladders](#)

[29 CFR 1910.26: Portable metal ladders](#)

[29 CFR 1910.27: Fixed Ladders](#)

All employees using ladders are required by OSHA standard to receive training and understand proper procedures for ladder use before using a ladder in a work situation.

All fixed ladders, appurtenances, and fastenings will be designed to meet the load requirements of [29 CFR 1910.27\(a\)](#).

All fixed ladder specific requirements (rungs and cleats, side rails, fastenings, and splices) will meet the design requirements found in [29 CFR 1910.27\(b\)](#).

Metal ladders and appurtenances shall be painted or otherwise treated to resist corrosion and rusting when location demands. Ladders formed by individual metal rungs imbedded in concrete, which serve as access to pits and to other areas under floors, are frequently located in an atmosphere that causes corrosion and rusting. To increase rung life in such atmospheres, individual metal rungs shall have a minimum diameter of 1 inch or shall be painted or otherwise treated to resist corrosion and rusting.

Wood ladders, when used under conditions where decay may occur, shall be treated with a nonirritating preservative. The details shall be such as to prevent or minimize the accumulation of water on wood parts.

When different types of materials are used in the construction of a ladder, the materials used shall be so treated as to have no harmful effects on each other.

All clearances on fixed ladders will meet the requirements of [29 CFR 1910.27\(c\)](#).

All special requirements (cages or wells, landing platforms, ladder extensions, grab bars, safety devices) will meet the requirements of [29 CFR 1910.27\(d\)](#).

All fixed ladder pitch will meet the requirements of [29 CFR 1910.27\(e\)](#).

For fixed ladders that extend more than 24 feet (7.3 m) above a lower level, the employer must ensure:

- a. Existing fixed ladders. Each fixed ladder installed before November 19, 2018 is equipped with a personal fall arrest system, ladder safety system, cage, or well;
- b. New fixed ladders. Each fixed ladder installed on and after November 19, 2018, is equipped with a personal fall arrest system or a ladder safety system;
- c. Replacement. When a fixed ladder, cage, or well, or any portion of a section thereof, is replaced, a personal fall arrest system or ladder safety system is installed in at least that section of the fixed ladder, cage, or well where the replacement is located; and
- d. Final deadline. On and after November 18, 2036, all fixed ladders are equipped with a personal fall arrest system or a ladder safety system.

All ladders shall be maintained in a safe condition. All ladders shall be inspected regularly, with the intervals between inspections being determined by use and exposure.

American National Standards Institute (ANSI) and **NIOSH** approval labels should never be covered with paint or tape. Having ladders that are constructed to standard will prevent collapse and resultant falls.

All ladders will be inspected periodically and defective ladders will be tagged and placed out of service.

American National Standards Institute (ANSI) and NIOSH approval labels should never be covered with paint or tape. Having ladders that are constructed to standard will prevent collapse and resultant falls.

Specific operational procedures for ladders directly relating to the elimination of fall hazards are listed below:

- a. A stairway or a ladder will be provided at all personnel points of access where there is a break in elevation of 19 inches or more.
- b. Ladders will never be overloaded.
- c. Ladder rungs, cleats, and steps must be parallel, level, and uniformly spaced when a ladder is in position for use.
- d. Ladders will not be tied or fastened together unless they are so designed.

- e. Portable ladders used for gaining access to an upper level will extend at least 3 feet above the upper landing surface or the ladder will be secured at its top.
- f. Ladders must be free of oil, grease, or other slipping hazards.
- g. Ladders must be used for the purpose for which they were designed.
- h. Non-self-supporting ladders will be used at such an angle so that the horizontal distance from the top support to the foot of the ladder is approximately $\frac{1}{4}$ of the working length of the ladder.
- i. Ladders will only be used on stable and level surfaces unless secured to prevent displacement.
- j. Ladders shall not be used on slippery surfaces unless secured or provided with slip-resistant feet to prevent accidental displacement.
- k. Ladders placed in any location where they can be displaced by workplace activities or traffic will be secured to prevent accidental displacement, or a barricade will be used to keep the activities or traffic away from the ladder.
- l. The area around the top and bottom of the ladder shall be kept clear.
- m. Ladders shall not be moved, shifted, or extended while occupied.
- n. The top step of a stepladder shall not be used as a step.
- o. Portable ladders with structural defects will be immediately marked in a manner that readily identifies them as defective and removed from service until repaired.
- p. When ascending or descending a ladder, one must face the ladder.
- q. Employees must use at least one hand to grasp the ladder when progressing up and/or down the ladder.
- r. Employees are not to carry any object or load that could cause loss of balance and a resultant fall.

Lighting

A competent person will ensure that all work areas have adequate lighting. Adequate lighting serves a two-fold purpose – allowing tasks to be more readily performed as well as providing the additional safety factor of being seen by persons not involved with the work – especially vehicular traffic.

If generators are used for auxiliary lighting, they will be operated and maintained by authorized persons who are competent by training or experience.

Material Storage

29 CFR 1926.250 - General requirements for storage

General Requirement for Storage

1. All materials stored in tiers shall be stacked, racked, blocked, interlocked, or otherwise secured to prevent sliding, falling or collapse.
2. Maximum safe load limits of floors within buildings and structures, in pounds per square foot, shall be conspicuously posted in all storage areas, except for floor or slab on grade. Maximum safe loads shall not be exceeded.
3. Aisles and passageways shall be kept clear to provide for the free and safe movement of material handling equipment or employees. Such areas shall be kept in good repair.
4. When a difference in road or working levels exist, means such as ramps, blocking, or grading shall be used to ensure the safe movement of vehicles between the two levels.

Material Storage

1. Material stored inside buildings under construction shall not be placed within 4 feet of any hoistway or inside floor openings, nor within 10 feet of an exterior wall which does not extend above the top of the material stored.
2. Each employee required to work on stored material in silos, hoppers, tanks, and similar storage areas shall be equipped with personal fall arrest equipment meeting the requirements of Fall Protection of this Safety Manual.
3. Noncompatible materials shall be segregated in storage.
 - a. Bagged materials shall be stacked by stepping back the layers and cross-keying the bags at least every 10 bags high.
4. Materials shall not be stored on scaffolds or runways in excess of supplies needed for immediate operations.
5. Brick stacks shall not be more than 7 feet in height. When a loose brick stack reaches a height of 4 feet, it shall be tapered back 2 inches in every foot of height above the 4-foot level.
6. When masonry blocks are stacked higher than 4 feet, the stack shall be tapered back one-half block per tier above the 6-foot level.
7. Used lumber shall have all nails withdrawn before stacking.
8. Lumber shall be stacked on level and solidly supported sills and shall be so stacked as to be stable and self-supporting.

Mold & Mildew

Molds and mildew are fungi that can be found inside a building in which employees of Real Soft, Inc are working. Within the United States, there are about 1,000 species of mold.

Problems may arise when mold starts eating away at materials, affecting the look, smell, and possibly, with the respect to wood-framed buildings, affecting the structural integrity of the buildings.

Molds can grow on virtually any substance, as long as moisture or water, oxygen, and an organic source, **such as wood**, are present. Molds reproduce by creating tiny spores (viable seeds) that usually cannot be seen without magnification. In fact, mold spores continually floating through both the indoor and outdoor air and these spores, alone, **do not create a problem**.

The problem occurs when mold spores land on a damp spot and begin growing. They digest whatever they land on in order to survive. Molds can grow on wood, paper, carpet, foods, insulation, and even dust and dirt that gathers in moist areas a building.

Over time, molds can gradually damage building materials and furnishings. If left unchecked, mold can eventually cause structural damage to a wood framed building, weakening floors and walls as it feeds on moist wooden structural members.

Most molds do not present a true health hazard in the general population. Molds can, however, cause adverse effects by producing allergens and the allergic reactions to mold can be either immediate or delayed. Allergic responses would include hay fever-type symptoms such as runny nose and red eyes.

Should mold be discovered on any of our locations, we will seek a professional mold remediation contractor.

Should mold develop at the facility where our employees are working, the following precautionary steps will be taken:

1. Dust mask may be used for personal employee comfort.
2. Items damaged by mold may be discarded a general waste with no special precautions needed.

Signs & Tags

29 CFR 1910.145: Specifications for accident prevention signs and tags

When appropriate, signs and tags will be used to warn of specific hazards. Types of signs are classified according to their use, and their design is regulated by OSHA standard. All personnel will be instructed in the meaning of the various types of signs. Sign usage includes:

- a. Danger Signs (Red, Black & White): indicates immediate danger and denotes that special precautions are necessary.
- b. Caution Signs (Yellow Background): warns of a potential hazard or cautions against an unsafe practice.
- c. Safety Instruction Signs (White Background): used to provide general instructions and suggestions relative to safety measures.

The wording on signs must be positive, clear, concise, and easy to understand or the sign loses its value.

Accident prevention tags are to warn of hazardous or potentially hazardous conditions that are out of the ordinary, unexpected, or not readily apparent. They are not used where signs, guarding or other positive means of protection are used. All tags must have:

- a. A signal word: "Danger," "Caution," "Warning," "BIOHAZARD" (or its symbol) and a major message, and
- b. A major message such as: "High Voltage" or "Do not start". (Major messages indicate the specific hazardous condition.)

The color scheme is basically the same as for signs:

red = danger
yellow = caution
orange = warning
fluorescent orange = biological hazard

- a. Danger Tags: indicate an immediate hazard that presents a threat of death or serious injury.
- b. Caution Tags: indicate a non-immediate hazard or unsafe practice that presents a lesser threat of injury.
- c. Warning Tags: indicate a hazard between "Danger" and "Caution".
- d. BIOHAZARD Tags: indicate the actual or potential presence of a biological hazard and identify equipment, rooms, containers, etc. that may be contaminated.

Pay attention to signs and tags, and realize that they are in place for only one reason – your safety.

Tools - Hand

29 CFR 1910.242 - Hand and Portable Powered Tools and Equipment - General

29 CFR 1910.243 - Guarding of Portable Powered Tools

All hand and power tools and similar equipment, whether furnished by the employer or the employee, shall be maintained in a safe condition.

Portable electric hand tools will be:

- a. equipped with a three-wire cord having the ground wire permanently connected to the tool frame and means for grounding the other end;
or
- b. of the double insulated type and permanently labeled as "Double Insulated"; **or**
- c. connected to the power supply by means of an isolating transformer, or other isolated power supply.

Here are basic procedures for the use of hand tools:

- a. Hand tools shall be used only for the purpose for which they are designed.
- b. Hand tools will be kept clean and, where appropriate, oiled.
- c. Hand tools which are damaged will not be used.
- d. Hand held cutting tools will be kept sharp and will be sheathed or retracted when not in use.
- e. When using a striking tool such as a hammer or chisel, safety glasses or safety goggles will be used.
- f. Do not force tools.
- g. If you are unfamiliar with the proper procedure for using a tool, ask your Supervisor for instruction.
- h. Power tools may be operated only by those persons who are qualified by training or experience.
- i. Do not alter guards on power tools; wear appropriate PPE.
- j. Electrical tools must be grounded and, in the absence of permanent wiring, a Ground Fault Circuit Interrupter must be used.
- k. Electric tools will not be lifted by their cords and pneumatic tools will not be lifted by their hoses.

Real Soft, Inc
Section III
Specific Compliance Programs

Bloodborne Pathogens & Other Infectious Material

Exposure Control Plan

29 CFR 1910.1030 - Bloodborne Pathogens

The primary job assignment of our designated first aid providers is not the rendering of first aid or other medical assistance. Any first aid rendered by them is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents within our facility.

Recordkeeping: all work-related injuries from needle-sticks and cuts, lacerations, punctures and scratches from sharp objects contaminated with another person's blood or other potentially infectious materials (OPIM) are to be recorded on the OSHA 300 as an injury.

Note: Our first aid kits do not contain sharps or needles. However, a contaminated sharp, such as a broken pair of glasses, may trigger the above.

- a. To protect the employee's privacy, the employee's name may not be entered on the OSHA 300
- b. If the employee develops a bloodborne disease, the entry must be updated and recorded as an illness.

Policy Statement

This Exposure Control Plan has been developed to eliminate or minimize the risk of exposure to bloodborne pathogens and other potentially infectious materials. This plan presents methods and procedures to eliminate and/or minimize the hazards associated with occupational exposure to bloodborne pathogens or other infectious materials.

As a matter of policy, universal precautions will be used.

Additional components of this plan include exposure determinations by job classification, standard operating procedures to eliminate or reduce the likelihood of disease transmission, the methods of disease transmission, definitions of terms, post exposure procedures and follow-up, training documentation, and recordkeeping.

Compliance with this plan not only fulfills the requirements of the Occupational Safety and Health Administration, but more importantly it fulfills our desire to maintain a safe working environment and safeguard the health of our employees.

All affected employees should feel free to review this plan at any time and are encouraged to consult with Shaili Desai, our Exposure Control Plan Administrator, to resolve any issues affecting its implementation. Our Plan is to be made available to the Assistant Secretary of Labor for Occupational Safety and Health or a designated representative.

Definitions

All employees should know the "language" of this plan. Because some of the words and/or terms are not used in everyday life, each person must be aware of the definitions so that we are all "on the same page."

Below are OSHA definitions:

ASSISTANT SECRETARY: the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

BLOOD: human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGENS: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

CLINICAL LABORATORY: a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

CONTAMINATED: the presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

CONTAMINATED LAUNDRY: laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

CONTAMINATED SHARPS: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

DECONTAMINATION: the use of a physical or chemical procedure to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

DIRECTOR: the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

ENGINEERING CONTROLS: controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the work area.

EXPOSURE INCIDENT: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

HAND-WASHING FACILITIES: a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

LICENSED HEALTHCARE PROFESSIONAL: a person whose legally permitted scope of practice allows him or her to independently perform the activities required by 29 CFR 1910.1030(f), *Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up*.

HBV: hepatitis B virus.

HIV: human immunodeficiency virus.

NEEDLELESS SYSTEMS: a device that does not use needles for:

- a. The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established,
- b. The administration of medication or fluids, or
- c. Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

OCCUPATIONAL EXPOSURE: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS:

- a. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- c. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

PARENTERAL: piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT: is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

PRODUCTION FACILITY: a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

REGULATED WASTE: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

RESEARCH LABORATORY: a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

SHARPS WITH ENGINEERED SHARPS INJURY PROTECTIONS: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

SOURCE INDIVIDUAL: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

STERILIZE: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

UNIVERSAL PRECAUTIONS: is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

WORK PRACTICE CONTROLS: controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Exposure Control Plan

This Exposure Control Plan is provided for all personnel who, as a result of the performance of their duties, would have reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.

This plan will be reviewed and updated annually and whenever necessary as new or modified tasks and procedures are introduced which affect occupational exposure to bloodborne pathogens or other potentially infectious materials. The review and update of this plan will:

- a. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.
- b. Annually document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

First aid providers are employees responsible for direct trauma victim care, who are potentially exposed to injuries for contaminated sharps, will be asked for input on the identification, evaluation, and selection of effective engineering and work practice controls.

This Exposure Control Plan, with a copy of 29 CFR 1910.1030 – Bloodborne Pathogens, will be made accessible to all employees as well as the Assistant Secretary and the Director (see definitions) who may examine and copy this plan.

Exposure Determination

Three (3) lists will be prepared and they will be maintained at the end of this exposure control plan for bloodborne pathogens & other infectious material, located [here](#).

- List I: A list of all job classifications in which all employees have occupational exposure.
- List II: A list of job classifications in which some employees have occupational exposure.
- List III: A list of all tasks and procedures, or groups of closely related tasks and procedures, in which occupation exposure occurs and are performed by employees in job classifications noted in List II.

Note: The above exposure determinations are to be made without regard to the use of personal protective equipment.

Methods of Compliance

Universal precautions will be used. Real Soft, Inc will treat all trauma victims' blood, bodily fluids, and other potentially infectious materials as if they are known to be infectious. Unfortunately, there is no immediate, practical way to determine if HIV, HBV, and other bloodborne pathogens are present so, to be safe, we will assume they are.

Traditionally, isolation of infectious materials has been diagnosis-driven. This meant that if a person were diagnosed to have HIV or HBV infection, for example, then isolation precautions would be taken. Because the infection status of each trauma victim cannot be immediately known, it makes sense to treat all trauma victims and their body fluids as if they were infected.

The precautions to take depend on the procedures being performed. For example, if one's hands will be in contact with body substances, disposable gloves will be worn. If there is risk of one's eyes being splashed with body fluids, eye protection will be worn.

An impermeable barrier must be placed between yourself and the potentially infectious bodily fluids. Overkill is not necessary. Cleaning up a minor spill on a counter top does not require a mask, eye protection, and plastic apron. It does, however, require disposable gloves.

All employees will strictly adhere to the below engineering and work practice controls to eliminate or reduce the possibility of occupational exposure to bloodborne pathogens or other potentially infectious materials. Specific controls and procedures noted below will be used to eliminate or minimize employee exposure.

HANDWASHING EQUIPMENT AND PROCEDURES:

Handwashing facilities are provided which are readily accessible to all employees.

Employees will wash their hands and any other skin area exposed to blood or other potentially infectious materials with soap and water immediately or as soon as feasible:

- a. After removal of gloves or other personal protective equipment.
- b. Following contact with blood or other potentially infectious materials.

Particular attention will be given to fingernails and between fingers and rings under which infectious material may lodge. Furthermore, one should be aware that rings and jewelry are a good hiding place for bloodborne pathogens and other potentially infectious materials.

Examples of situations where handwashing is appropriate:

- a. Before and after examining any trauma victim.
- b. After handling any soiled waste or other materials.
- c. After handling any chemicals or used equipment.

If for some reason handwashing facilities are not functioning, appropriate antiseptic hand cleaner and clean cloth/paper towels (antiseptic towelettes) will be provided and used. If antiseptic hand cleaner and clean cloth/paper towels are used, hands will be washed with soap and water as soon as feasible.

EATING, DRINKING, SMOKING:

There shall be no eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in areas where there is a likelihood of occupational exposure to bloodborne pathogens or other potentially infectious materials.

Furthermore, food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, on countertops, or benches where blood or other potentially infectious materials are present.

CONTAMINATED NEEDLES & OTHER CONTAMINATED SHARPS:

Contaminated needles will not be sheared or broken.

Furthermore, all contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless:

- a. It can be demonstrated that no alternative is feasible or that it is required by a specific medical procedure.
- b. Recapping or needle removal may be accomplished through the use of a mechanical device or a one-handed method.

Contaminated **reusable** sharps will be placed in appropriate containers immediately or as soon as possible after use until properly reprocessed. These containers will:

- a. Be puncture resistant.
- b. Have warning labels affixed to containers potentially infectious material and contain the following legend:



Note: The above label will be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

- c. Be leak proof on the sides and bottom.

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Contaminated **non-reusable** sharps will be discarded immediately or as soon as feasible and placed in containers that:

- a. Are closable
- b. Are puncture resistant
- c. Are leak proof on sides and bottom
- d. Have warning labels affixed that contain the following legend:



Note: The above label will be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

Contaminated **non-reusable** sharps shall not be stored or processed in such a manner that requires employees to reach by hand into the containers where these sharps have been placed.

During use, containers for contaminated sharps must be:

- a. Easily accessible to our employees.
- b. Located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
- c. Maintained upright throughout use.
- d. Replaced routinely and not be allowed to overfill.

If leakage is possible when removing a container of contaminated sharps, it shall be placed in a second container with the following container requirements:

- a. It will be closable,
- b. It will be constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and
- c. Colored coded red or labeled as noted above.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous (introduced through the skin such as a cut) injury.

OTHER REGULATED WASTE - CONTAINMENT:

The provisions that apply to contaminated sharps, above, apply to other regulated waste.

DISPOSAL OF CONTAMINATED SHARPS & OTHER REGULATED WASTE:

The actual disposal of all regulated waste shall be in compliance with applicable state laws.

SPECIMENS OF POTENTIALLY INFECTIOUS MATERIALS:

Specimens of blood and potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

SPLASHING, SPRAYING OF POTENTIALLY INFECTIOUS MATERIALS:

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and the generation of droplets of these substances.

MOUTH PIPETTING:

Mouth pipetting and mouth suction of blood or other potentially infectious materials is prohibited.

Exposure Control Plan Administrator

Shaili Desai, our designated Exposure Control Plan Administrator, will be knowledgeable in all aspects of this Plan as it relates to our operations and be available to answer questions raised by our first aid providers. Shaili Desai may call upon professionals in the Medical Arts to field questions that are of technical nature outside of the thier area of expertise.

Shaili Desai will:

- a. Ensure this Plan is kept current.
- b. Ensure training is provided as required.
- c. Maintain all records associated with this plan.

Designated First Aid Provider

Before one may be designated as a first aid provider, he/she must have a valid certificate in first aid training from the U.S. Bureau of Mines, the Red Cross, or equivalent training that can be verified by documentary evidence.

No person is to administer any medical assistance for which they are not appropriately trained. It is noted that the rendering of first aid is not the primary job of our designated first aid providers.

Personal Protective Equipment (PPE)

In spite of work practice and engineering controls, there is a requirement for appropriate personal protective equipment to provide an impermeable barrier between potentially infectious materials and the employees work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Employees will use appropriate personal protective equipment when there is a possibility of occupational exposure to bloodborne pathogens or other potential infectious materials.

Personal protective equipment will be provided in appropriate sizes and at no cost to the employees. Further, maintenance and replacement of personal protective equipment will be provided at no cost to the employee. Personal protective equipment will be discarded immediately if its ability to function as a barrier is compromised.

Most importantly, employees must understand that personal protective equipment is useless unless it provides an impermeable barrier between bloodborne pathogens and other potentially infectious materials and the employee's clothes, skin, eyes, mouth, or other mucous membranes.

Personal Protective Equipment is considered appropriate if it prevents potentially infectious materials from reaching work/street clothing or body surface when used under normal conditions.

DISPOSABLE GLOVES:

Disposable, single use gloves, such as surgical or examination gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Disposable gloves will always be used when there is a possibility of contact with bloodborne pathogens or other potentially infectious materials.

Disposable gloves shall never be washed, decontaminated, or reused.

Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised.

Should any employee be allergic to the normal gloves provided, an appropriate alternative (such as hypoallergenic and/or powderless gloves) will be provided in the proper size at no cost to the employee.

UTILITY GLOVES:

Utility gloves may be used for general cleanup (not for any trauma victim procedure) when there is anticipated exposure to bloodborne pathogens or other potentially infectious materials. Utility gloves may be decontaminated for re-use if the integrity of the gloves is not compromised. They will be discarded if they are cracked, peeling, torn, punctured, or exhibit signs of deterioration or when their ability to function as a barrier is compromised.

EYE AND RESPIRATORY PROTECTION:

Eye (goggles, glasses, face shield, etc.) and respiratory (mask, etc.) protection will be used when it can reasonably be expected that bloodborne pathogens or other potentially infectious materials may splash or spray in or around the eyes, nose, mouth, and general head area of the employee.

PROTECTIVE BODY CLOTHING:

Protective body clothing such as gowns, aprons, lab coats, etc. will be worn as determined by the professional judgment of the employee in relation to task. The protective body clothing will certainly be worn where there can reasonably be expected exposure to bloodborne pathogens or other potentially infectious materials to the body area.

LAUNDRY:

Personal protective equipment will be cleaned, laundered, and disposed of at no cost to the employee.

Note: In rare and extraordinary circumstances, an employee, in her/his professional judgment, may decline to temporarily and briefly wear personal protective equipment if he/she deems that the equipment would prevent the delivery of health care or would have increased the hazard of occupational exposure to the employee or his/her co-workers. Should this event occur, it will be documented, investigated, and procedures will be developed to prevent a reoccurrence.

Housekeeping

Housekeeping is an ongoing, never ending procedure which not only enhances our work environment but also eliminates health risk to our personnel. In the area of bloodborne pathogens and other hazardous materials, to ensure proper cleaning, decontamination, sterilization, and disinfecting of surfaces within our work area, cleaning will be accomplished only by employees who have received training in universal precautions and the provisions of this plan. The documented Housekeeping Schedule & Checklist is found at the end of this exposure control plan for bloodborne pathogens & other infectious material. This Schedule will be adhered to following an incident that results in the potential exposure to bloodborne pathogens or other potentially infectious materials.

Broken, potentially infected glassware should be picked up and disposed of using mechanical means such as a brush and dust pan or forceps. All sharps will be stored in a manner that allows easy access and safe handling. Infectious waste will be placed in containers that are color coded red. These containers will be decontaminated as soon as practical.

Subsequent to rendering any procedures, employees will ensure that all surfaces on which blood, body fluids, bloodborne pathogens, or other infectious materials may be present are cleaned with an appropriate disinfectant.

Hepatitis B Epidemiology

Hepatitis B (serum hepatitis) routes of infection include parenteral, oral, or direct contact. The virus can also spread by contact with the respiratory tract. Its sources include contaminated needles and surgical instruments as well as contaminated blood products. Hepatitis B virus has also been found in urine. Further, the hepatitis B virus can live for up to seven (7) days on a dry surface and can be easily be transmitted by a single needle stick. Its incubation period is quite lengthy generally between 45 and 180 days. It affects all age groups. Recovery from hepatitis B does provide immunity. Generally, one can expect a complete recovery from viral hepatitis; however, it is potentially fatal depending on many factors including the virulence (aggressiveness) of the virus, prior hepatic damage, and natural barriers to damage and disease of the liver. It is possible for viral hepatitis to lead to fulminating viral hepatitis and sub-acute fatal viral hepatitis both of which are fatal. Onset symptoms may include headache, elevated temperature, chills, nausea, dyspepsia, anorexia, general malaise, and tenderness over the liver. These types of symptoms will last about one (1) week, and then subside, and jaundice will occur. Jaundice is caused by damaged liver cells. The convalescent stage begins with the disappearance of the jaundice and may last several months. Recovery is expected in six (6) months.

Risk of Exposure

Per the Department of Human Services of the Center for Disease Control, below is the risk of infection after occupational exposure:

HBV:

First aid providers who have received hepatitis B vaccine and have developed immunity to the virus are at virtually no risk for infection. For an unvaccinated person, the risk from a single needle-stick or cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis B e antigen (HBeAg) status of the source individual. In individuals who are both hepatitis B surface antigen (HBsAG) positive and HBeAg positive have more virus in their blood and are more likely to transmit HBV.

HCV:

Based on limited studies, the risk for infection after a needle-stick or cut exposure to HCV-infected blood is approximately 1.8%. The risk following a blood splash is unknown, but is believed to be very small; however, HCV infection from such an exposure has been reported.

HIV:

The average risk of HIV infection after a needle stick or cut exposure to HIV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needle-stick/cut exposures do not lead to infection.

The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).

The risk after exposure of the skin to HIV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin (a few drops of blood on skin for a short period of time). The risk may be higher if the skin is damaged (for example, by a recent cut) or the contact involves a large area of skin or is prolonged (for example, being covered in blood for hours).

All employees with occupational exposure are encouraged to accept the hepatitis B vaccination.

Hepatitis B Vaccination

The hepatitis B vaccination series will be provided, at no cost, to all unvaccinated first aid providers as soon as possible (within 24 hours of initial exposure). All exposed first aid provider employees are encouraged to take this vaccination series unless they have previously received the complete hepatitis B vaccination series; antibody testing has revealed that the employee is immune; or the vaccine is contraindicated (not recommended) for medical reasons. Post-exposure evaluation, prophylaxis (prevention of or protection from disease), and follow-up will be provided at no cost to the employee.

The Hepatitis B vaccination will be performed under the supervision of a licensed physician or other licensed healthcare professional.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

Should routine booster dose(s) of hepatitis B vaccine (as recommended by the U.S. Public Health Service at a future date) be required, they will be provided at no cost as long as the employee remains a first aid provider.

An employee may decline the Hepatitis B vaccination and this declination shall not reflect unfavorably upon him/her; however, this declination must be in writing. See the Hepatitis B Declination Form.

It is important to note that if a first aid provider initially declines the hepatitis B vaccination series, he/she may decide at a later date to accept the vaccination series and it will be provided at no cost assuming he/she is still occupationally exposed to bloodborne pathogens or other potentially infectious materials.

Sharps Injury Log

A Sharps injury log will be maintained for the recording of percutaneous injuries from contaminated sharps.

The information on the log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee.

The sharps injury log will contain:

- a. The type and brand of device involved in the incident.
- b. The department or work area where the exposure incident occurred.
- c. An explanation of how the incident occurred.

The sharps injury log shall be maintained for the period of five years.

First Aid Provider Input

As a matter of policy, all first aid providers who are responsible for first aid delivery as an additional job are encouraged to suggest methods to improve our engineering and workplace controls. This input may be made verbally to Shaili Desai at any time. Additionally, suggestions will be solicited during the annual refresher training.

Plan Review

This plan will be reviewed, and if necessary, updated annually to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. As new medical devices are developed which reduce employee exposure, they will be introduced into our practice. A review of the sharps injury log will help identify problem areas and/or ineffective devices which may need replacement.

Post-Exposure Evaluation and Follow-Up

The information that has preceded *Post-Exposure Evaluation and Follow-up* has dealt with the methods to restrict occupational exposure to bloodborne pathogens and other infectious materials. Post-exposure evaluation and follow-up deals with the steps to take immediately following a potential exposure incident and the steps that will be taken over time to protect our employees from further health risk.

All incidents involving exposure to blood or other potentially infectious materials will be reported to Shaili Desai, in writing, before the end of the shift in which the incident occurred using the Exposure Incident Report, located at the end of this exposure control plan for bloodborne pathogens & other infectious material. This Report will be prepared regardless of whether or not there has been an "Exposure Incident" as defined in this Plan and in 29 CFR 1910.1030. A separate Exposure Incident Report will be completed for each employee who was occupationally exposed.

Information in this Report will include:

- a. The date and time the incident occurred.
- b. A brief description of the events leading up to the exposure (what happened).
- c. The name of the individual exposed.
- d. The route of exposure.
- e. "Source individual" and "exposed individual" information, including the acceptance or rejection of hepatitis B vaccination series.
- f. A determination of whether or not an actual "exposure incident" occurred. Refer to Definitions in this Plan or 29 CFR 1910.1030.

Shaili Desai or his authorized representative will review the Exposure Incident Report and determine if methods or procedures may be altered to prevent a reoccurrence of the incident.

Further, an occupational bloodborne pathogens exposure incident which results in the recommendation for hepatitis B vaccination would be recorded on OSHA Form 300 as an injury. See Recordkeeping.

All unvaccinated employees who have assisted in any situation involving blood will be afforded the opportunity to receive the hepatitis B vaccination series as soon as possible but not later than twenty-four (24) hours after the situation.

A confidential medical evaluation and follow-up will be provided immediately, at no cost, to the employee. The healthcare professional evaluating an employee after an exposure incident will be provided a copy of 29 CFR 1910.1030.

Further, the healthcare professional will be provided a description of the exposed employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure; the circumstances under which the exposure occurred; the results of the source individual's blood testing, if available; and all medical records relevant to the appropriate treatment of the employee including vaccination status which is maintained by our office. See Recordkeeping.

The confidential medical evaluation and follow-up will include:

- a. Documentation of the route(s) of exposure.
- b. The circumstances under which the exposure incident occurred.
- c. The identification and documentation of the source individual, unless it can be established that the identification is not feasible or prohibited by state or local law.
- d. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

Note: If the employee consents to baseline blood collection, but does not consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

- e. The source individual's blood shall be tested as soon as feasible to determine HBV and HIV infectivity unless it is already known, in which case this procedure is not necessary.

If consent to test the source individual's blood cannot be obtained the following will occur:

- a. It will be established and documented that legally required consent cannot be obtained.
- b. When the source individual's consent is not required by law, the source individual's blood shall be tested and the results documented.

The results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and the identity and infectious status of the source individual.

The employee shall be provided post-exposure prophylaxis, when medically indicated, and counseling.

The employee will be provided with a copy of the healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion shall be limited to:

- a. Whether Hepatitis B vaccination is indicated and if the employee has received such vaccination.
- b. An indication that the employee has been informed of the results of the evaluation.
- c. An indication that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

Recordkeeping

Complete and accurate medical records will be maintained for each employee with occupational exposure. These records shall remain confidential and will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law.

Medical records will be maintained for at least the duration of employment plus 30 years.

Included in the employee's medical record will be:

- a. The employee's name and social security number.
- b. A copy of the employee's hepatitis B vaccination status including the date of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
 1. If the employee has declined to receive the hepatitis B vaccination series when appropriate, this declination will be included in the person's medical records.
- c. A copy of all results of examinations, medical testing, and follow-up procedures as required following an exposure incident.
- d. The employer's copy of the healthcare professional's written opinion following an exposure incident.
- e. A copy of all information provided to the healthcare professional following an exposure incident.

All work-related injuries from needle-sticks and cuts, lacerations, punctures and scratches from sharp objects contaminated with another person's blood or other potentially infectious materials are to be recorded on the OSHA 300 as an injury.

- a. To protect the employee's privacy, the employee's name may not be entered on the OSHA 300.
- b. If the employee develops a bloodborne disease, the entry must be updated and recorded as an illness.

Training

All of our first aid providers must have current certificates of first aid and CPR training on file. These records will be maintained by Shaili Desai.

Initial training, training at the introduction of a new or altered task affecting exposure to bloodborne pathogens or other potentially hazardous materials, and annual training will be provided by a person knowledgeable in the subject matter contained in this Plan.

Training will be interactive between the instructor and employee. An opportunity to ask questions will be provided. Further, this Plan as well as 29 CFR 1910.1030, *Bloodborne Pathogens*, will be readily available for review.

All training will be documented using the forms found in our Training Information and Documentation Program. Training documentation will be maintained for a period of three (3) years from the date on which the training occurred.

Training will include, but not be limited to, the following topics and materials:

- a. A complete review of our Exposure Control Plan and its accessibility.
- b. An accessible copy of 29 CFR 1910.1030 and an explanation of its contents.
- c. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- d. An explanation of the modes of transmission of bloodborne pathogens.
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- g. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

- h. An explanation of the basis for selections of personal protective equipment.
- i. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- l. Information on the post-exposure evaluation and follow-up that is provided after an exposure incident.
- m. An explanation of the color coding required by 29 CFR 1910.1030(g)(1).
- n. A request for input from employees in the identification, evaluation, and selection of effective engineering and work practice controls.

Waste Management

Waste management, if necessary, will comply with State EPA standards regarding handling, storage, and shipping of medical wastes.

Summary

The whole thrust of the exposure control plan for bloodborne pathogens & other infectious material Plan is to provide an awareness of the dangers of bloodborne pathogens, provide a means of reducing the possibility of occupational exposure, and, should occupational exposure occur, provide a means of reducing health risk.

Real Soft, Inc

Exposure Determination Form - List I

All job classifications in which all employees have occupational exposure.

1. First Aid Providers
2. _____
3. _____
4. _____
5. _____
6. _____

Note: The above exposure determinations are to be made without regard to the use of personal protective equipment.

Note: The primary job assignment of our designated first aid providers is not the rendering of first aid or other medical assistance. Any first aid rendered by them is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents within our facility.

Real Soft, Inc

Exposure Determination Form - List II

Job classifications in which some employees have occupational exposure:

1. None
2. _____
3. _____
4. _____
5. _____
6. _____

Note: The above exposure determinations are to be made without regard to the use of personal protective equipment.

Note: The primary job assignment of our designated first aid providers is not the rendering of first aid or other medical assistance. Any first aid rendered by them is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents within our facility.

Real Soft, Inc

Exposure Determination Form - List III

All tasks and procedures or groups of closely related tasks and procedures in which occupation exposure occurs and are performed by employees in job classifications noted in List II.

	<u>Job Classification</u>	<u>Tasks</u>
1.	<u>None</u>	<hr/> <hr/> <hr/> <hr/>
2.	<hr/>	<hr/> <hr/> <hr/> <hr/>
3.	<hr/>	<hr/> <hr/> <hr/> <hr/>
4.	<hr/>	<hr/> <hr/> <hr/> <hr/>

Note: The above exposure determinations are to be made without regard to the use of personal protective equipment.

Note: The primary job assignment of our designated first aid providers is not the rendering of first aid or other medical assistance. Any first aid rendered by them is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents within our facility.

Real Soft, Inc

Housekeeping Schedule & Checklist

SCHEDULE

Following every incident where there is a possibility of the presence of residual bloodborne pathogens or other potentially infectious materials.

CHECKLIST

Only personnel who have had training in our Exposure Control will ensure that all surfaces are decontaminated and that cleaning materials are properly disposed of. Areas to consider include, but are not limited to:

	YES	NA
FLOORS	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCT	<input type="checkbox"/>	<input type="checkbox"/>
WASTE CONTAINERS	<input type="checkbox"/>	<input type="checkbox"/>
TOOLS	<input type="checkbox"/>	<input type="checkbox"/>

Broken, potentially infected glassware should be picked up and disposed of using mechanical means such as a brush and dust pan or forceps.

All sharps will be stored in a manner that allows easy access and safe handling.

Infectious waste will be placed in containers that are color coded red. These containers will be decontaminated as soon as practical.

Subsequent to rendering any procedures, employees will ensure that all surfaces on which blood, body fluids, bloodborne pathogens, or other infectious materials may be present are cleaned with an appropriate disinfectant.

Real Soft, Inc

Hepatitis B Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis V vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(WITNESS)

(EMPLOYEES SIGNATURE)

(PRINTED NAME)

(DATE)

Real Soft, Inc

Sharps Injury Log

Note: A sharps injury log will be maintained for the recording of percutaneous injuries from contaminated sharps.

The information on the log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee.

This sharps injury log shall be maintained for the period of five years.

(Incident Date)

(Employee SSN)

Type and brand of device involved in the incident:

Work area where the exposure incident occurred:

Explanation of how the incident occurred:

Shaili Desai

Safety Program Administrator

Real Soft, Inc

Annual Exposure Control Plan Review

This Exposure Control Plan was prepared:

At least annually, this program will be reviewed and, if necessary, updated to reflect innovations in procedures and technological developments that eliminates or reduces exposure to bloodborne pathogens.

As part of the annual review, the below will be considered:

- a. Employee Input
- b. Sharps Injury Log
- c. Exposure Incident Reports
- d. Professional Journals

<u>Date Reviewed:</u>	<u>Signature</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Real Soft, Inc

Exposure Incident Report

ALL INFORMATION ON THIS FORM IS TO REMAIN CONFIDENTIAL

THIS FORM SHALL BE COMPLETED AS SOON AS FEASIBLE AFTER AN EXPOSURE INCIDENT BUT, UNDER NO CIRCUMSTANCES, AFTER THE SHIFT ON WHICH THE INCIDENT OCCURRED.

DATE: _____ TIME: _____

NAME OF EMPLOYEE: _____

ROUTE OF EXPOSURE: _____

SOURCE INDIVIDUAL'S NAME: _____

a. Above individual did / did not consent to be tested for HBV or HIV.

b. Testing was done by: _____

1. Results: _____

EMPLOYEE WAS OFFERED AND ACCEPTED: **NO** **YES**

a. Hepatitis Vaccination Series. [Date(s)] _____

1. If "NO", written declination was signed.

b. Post Exposure Evaluation and follow-up.

c. Employee consents to baseline blood collection.

(Signature)

Description of events leading to this exposure incident:

Corrective Measures to Prevent a Reoccurrence:

Shaili Desai

Employee Signature

Hazard Communication

[29 CFR 1910.1200, Hazard Communication](#)

[29 CFR 1910.1200 Appendix A, Health Hazard Criteria \(Mandatory\)](#)

[29 CFR 1910.1200 Appendix B, Hazard Determination \(Mandatory\)](#)

[29 CFR 1910.1200 Appendix C, Allocation of Label Elements \(Mandatory\)](#)

[29 CFR 1910.1200 Appendix D, Safety Data Sheets \(Mandatory\)](#)

[29 CFR 1910.1200 Appendix E, Definition of "Trade Secret" \(Mandatory\)](#)

Purpose

The purpose of our hazard communication program is to ensure that the hazards of all chemicals produced or imported are classified, and that information concerning the classified hazards is transmitted to our employees. The provisions of our hazard communication program are consistent with the provisions of the United Nations Globally Harmonized System of Classification and Labeling of Chemicals (GHS), Revision 3. The transmittal of information is to be accomplished by means of our comprehensive hazard communication program.

Real Soft, Inc shall develop, implement, and maintain **at each workplace** a comprehensive written hazard communication program for our employees which includes container labeling and other forms of warning, safety data sheets and employee training.

Note: Where employees must travel between workplaces during a work shift, *i.e.*, their work is carried out at more than one geographical location, the safety data sheets may be kept at the primary workplace facility. In this situation, the employer shall ensure that employees can immediately obtain the required information in an emergency.

Hazard communication applies to any hazardous substance which is known to be present in the work place in such a manner that employees may be exposed under normal conditions of use or in a reasonably foreseeable emergency resulting from work place operations.

Real Soft, Inc will maintain a list of the hazardous substances known to be present using an identity that is referenced on the appropriate safety data sheet (SDS). This list may be compiled for the workplace as a whole or for individual work areas.

Manufacturers and importers shall obtain or develop a safety data sheet for each hazardous substance they produce or import. Real Soft, Inc will obtain from the manufacturer or seller an SDS of each hazardous substance which we use and maintain these SDS at the workplace.

As a matter of course, before a new product is purchased, Real Soft, Inc will review its SDS to determine the presence of carcinogenic or other extremely hazardous chemicals. Using this information from the SDS, we will be able to inform employees how they will be protected from carcinogens at the workplace.

Prior to performing a non-routine task (for example, the cleaning of reactor vessels), an employee will be given information by a competent person or supervisor concerning the hazardous chemicals to which he may be exposed. This information will include:

- a. Specific chemical hazards
- b. Protective/safety measures the employee is to use.
- c. Measures taken to lessen the hazards including ventilation, respirators, presence of another employee and emergency procedures.

Should work activities be performed in areas where chemicals are transferred through unlabeled pipes, the employee shall be informed by the competent person or supervisor of:

- a. The chemical in the pipes.
- b. Viscosity, pressure, heat.
- c. Potential Hazards.
- d. Safety precautions to be taken.

In multi-employer workplaces, our written hazard communication program will include the methods we will use to inform any other employers sharing the same work area of the hazardous chemicals to which their employees may be exposed while performing their work, and any suggestions for appropriate protective measures, including the following:

The competent person at the workplace will inform those with whom Real Soft, Inc work of any hazardous chemical products we are using and will provide them with the appropriate SDS for their review. SDS for all chemical products used at the workplace will be readily available.

Should Real Soft, Inc introduce a new chemical product to the facility that contains a physical or health safety hazard, the product's SDS will accompany that product and, before use, employees will be given instruction on the products hazards.

Safety data sheets shall also be made readily available, upon request, to designated representatives, the Assistant Secretary, and the Director, in accordance with the requirements of 29 CFR 1910.1020(e).

Labels and Other Forms of Warning

The manufacturer, importer, or distributor shall ensure that each container of hazardous chemicals leaving the workplace is labeled, tagged or marked. Where the manufacturer or importer is required to label, tag or mark the following information shall be provided:

1. Product identifier;
2. Signal word;
3. Hazard statement(s);
4. Pictogram(s);
5. Precautionary statement(s); and,
6. Name, address, and telephone number of the manufacturer, importer, or other responsible party.

The manufacturer or importer preparing the safety data sheet shall ensure that the information provided accurately reflects the scientific evidence used in making the hazard determination. If the manufacturer or importer, become aware of any significant information regarding the hazards of a chemical, or ways to protect against the hazards, this new information shall be added to the safety data sheet within three months. If the chemical is not currently being produced or imported, the manufacturer or importer shall add the information to the safety data sheet before the chemical is introduced into the workplace again. Real Soft, Inc will replace safety data sheets with updated copies as they are received.

Product identifier and words, pictures, symbols, or combination thereof, which provide at least general information regarding the hazards of the chemicals, and which, in conjunction with the other information immediately available to employees under the hazard communication program, will provide employees with the specific information regarding the physical and health hazards of the hazardous chemical.

Example below plus labeling is found on SDS at the end of this program.



Danger

May cause fire or explosion; strong oxidizer Causes severe skin burns and eye damage

Keep away from heat. Keep away from clothing and other combustible materials. Take any precaution to avoid mixing with combustibles. Wear protective neoprene gloves, safety goggles and face shield with chin guard. Wear fire/flame resistant clothing. Wash arms, hands and face thoroughly after handling.

Store locked up. Dispose of contents and container in accordance with local, state and federal regulations.

Real Soft, Inc may use signs, placards, process sheets, batch tickets, operating procedures, or other such written materials in lieu of affixing labels to individual stationary process containers, as long as the alternative method identifies the containers to which it is applicable and conveys the information required by the above to be on a label. The written materials shall be readily accessible to our employees in their work area throughout each work shift. We may use such written materials in lieu of affixing labels to individual containers as long as the alternative method identifies and accompanies the containers to which it is applicable and conveys the information required to be on a label.

Real Soft, Inc **is not required** to label portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the employee who performs the transfer.

Real Soft, Inc shall not remove or intentionally deface existing labels on incoming containers of hazardous chemicals, unless the container is immediately marked with the required information.

Real Soft, Inc shall ensure that workplace labels or other forms of warning are legible, in English, and prominently displayed on the container, or readily available in the work area throughout each work shift. If we have employees who speak languages other than English, we will add the information to the presented material translated to the appropriate language and the information will be presented in their language.

Employee Information and Training

Real Soft, Inc shall provide employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new chemical hazard is introduced into their work area. Information and training may relate to general classes of hazardous chemicals to the extent appropriate and related to reasonably foreseeable exposures of the job. Chemical-specific information must always be available through labels and safety data sheets.

Information and training shall consist of at least the following topics:

1. Employees shall be informed of the requirements of 29 CFR 1910.1200, Hazard Communication, and its appendices.
2. Employees shall be informed of any operations in their work area where hazardous chemicals are present.
3. Employees shall be informed of the location and availability of the written hazard communication program, including the list(s) of hazardous chemicals and safety data sheets required by this section.
4. Employees shall be trained in the methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as conducting specific monitoring, using continuous monitoring devices, learning the visual appearance or odor of hazardous chemicals when being released, etc.).
5. Employees shall be trained in the physical, health, simple asphyxiation, combustible dust and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work area, and the measures they can take to protect themselves from these hazards, including specific procedures that Real Soft, Inc has implemented to protect our employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.
6. Our employees shall be trained in the details of our hazard communication program, including an explanation of the labels received on shipped containers and the workplace labeling system used by their employer and the safety data sheet, and how our employees can obtain and use the appropriate hazard information.

Documentation of Training

Documentation of safety and health training shall be maintained for at least one (1) year.

Documentation shall include:

1. employee name or other identifier
2. training dates
3. type(s) of training
4. training providers

Employees will be informed employees of the right:

1. To personally receive information regarding hazardous substances to which they may be exposed, according to the provisions of this section;
2. For their physician or collective bargaining agent to receive information regarding hazardous substances to which the employee may be exposed according to provisions of this section;
3. Against discharge or other discrimination due to the employee's exercise of the rights afforded pursuant to the provisions of the Hazardous Substances Information and Training Act.

Whenever Real Soft, Inc receives a new or revised safety data sheet, such information shall be provided to employees on a timely basis not to exceed 30 days after receipt, if the new information indicates significantly increased risks to, or measures necessary to protect, employee health as compared to those stated on a safety data sheet previously provided.

Real Soft, Inc

Request for Safety Data Sheets

TO:

(Date)

(Supplier)

(PO Box/Street Address)

(City, State, ZIP)

To whom it may concern:

On _____, we received a shipment of _____,
(Date) (Product Name)

reference invoice: _____.
(Invoice Number)

The above product was received without an accompanying Safety Data Sheet (SDS). Per 29 CFR 1910.1200, we are unable to use this product without its SDS.

Please furnish the appropriate SDS as soon as possible to:.

Real Soft, Inc

68 Culver Road
Monmouth Junction, NJ 08852
609-409-3636

Thank you,

Shaili Desai

Safety Director

Personal Protective Equipment – General

[29 CFR 1910.132 - General Requirements](#)

[29 CFR 1910.133 - Eye and Face Protection](#)

[29 CFR 1910.135 - Head Protection](#)

[29 CFR 1910.136 - Occupational Foot Protection](#)

[29 CFR 1910.138 - Hand Protection](#)

Overview

This Personal Protective Equipment (PPE) Program has been prepared to inform our employees of potential hazards at our facility and to identify the proper PPE to be used to reduce or eliminate these hazards. This Program relies on a cooperative effort by all personnel to understand the reasons for PPE and to protect themselves from harm.

The use of PPE does not lessen an employee's obligation to use safe work practices and procedures. Employees are expected to be aware of the hazards within their area of responsibility and properly use prescribed PPE.

Our operations, work methods, and individual facility present specific hazards which must be identified, analyzed, and matched with the appropriate PPE through a continuing hazard assessment process.

A Certificate of Hazard Assessment will be kept at the facility for inspection purposes.

Duties of the PPE Program Administrator

The primary duties of Shaili Desai, our Program Administrator include: hazard assessment; PPE selection; PPE training; and monitoring of our PPE Program. Certain types of PPE may require hands-on training before on the job use (primarily for sizing and fitting) and this training may be further delegated to competent persons.

Hazard Assessment and PPE Selection

A careful, systematic personal protective equipment selection process is used to identify what, if any, protection is required to reduce or eliminate the possibility of eye, hand, foot, limb, or head injury.

Hazard assessment, performed by Shaili Desai, or a designated competent person, starts with a thorough knowledge of our facility, work procedures, and methods of operation. The basic hazard categories are: impact, penetration, compression, chemical, heat, harmful dust, and light radiation.

Identifying the source of the above hazards allows for consideration of administrative or engineering controls to eliminate the hazard as opposed to providing protection against it. Examples would include: redirecting traffic flow, ventilation, temporary weather barriers, non-slip surfaces, etc.

Because administrative and engineering controls are passive -- no employee involvement is required -- they are preferable to PPE.

A PPE selection is made by analyzing the above information and evaluating the type of risk, the level of risk, the potential for injury and the possible seriousness of that injury. PPE, which is compatible with the above risks and work situation, is considered. Actual selection involves all the above factors plus an attempt to provide a level of protection greater than the minimum required.

In all situations where it has been determined that a particular type of PPE is to be used, it will be used. There will be no exceptions, by virtue of position or rank, to this policy. Within an area at the facility where the possibility of falling objects exists, hard hats will be worn. It follows that once an item of PPE (hard hat, in this case) is selected, it must be used by all persons in the identified area regardless of job title or function.

Having Shaili Desai, or designated competent person, at the facility determine the PPE requirements allows for knowledgeable selection and consistency, and eliminates chaos that would result if each individual were to decide when, where, and if PPE should be used.

29 CFR 1910 Subpart I - Appendix B, Non-mandatory Compliance Guidelines for Hazard Assessment and Personal Protective Equipment Selection, provides excellent selection guidelines for eye and face protection, head protection, foot protection, and hand protection.

Dissemination of PPE Selection Information

Employees must understand when PPE is necessary and what type(s) of PPE are necessary.

All persons for whom PPE will provide a measure of safety will be given appropriate training on that item of PPE as well as an explanation of the importance of its use.

ANSI Standards and PPE

Most items of PPE are manufactured in accordance with a specific American National Standards Institute (ANSI) standard. For example, protective eye and face devices purchased after 07/05/94 must comply with ANSI standard ANSI Z87.1-1989, American National Standard Practice for Occupational and Educational Eye and Face Protection; protective helmets purchased after 07/05/94 must comply with ANSI standard ANSI Z89.1-1986, American National Standard for Personnel Protection-Protective Headwear for Industrial Employees-Requirements.

PPE safety products are tested to ensure they meet ANSI standards. Because products are tested in the manner in which they are designed to be used, ANSI certification is valid only if the user follows the manufacturer's instructions for proper sizing, fitting, wearing, and adjusting.

A review of OSHA citations reveals that fines can be levied because employees were improperly using PPE. For example, a hard hat worn with the bill toward the rear may provide adequate protection from impact; however, because it is tested with the bill toward the front, this improper use is cause for a safety violation.

PPE will be provided to our employees at no cost to them. Prior to purchase, items of selected PPE will be checked to ensure they were manufactured in accordance with the proper ANSI standard.

The importance of hazard assessment takes on added significance when judgments are made matching the hazard to the protection desired in cases where ANSI certification is not available. What matters most is: does the selected PPE do what it is intended to do?

Employee owned PPE must be approved for use by Shaili Desai. Further, such equipment must be properly maintained and cleaned in accordance with the manufacturer's instructions.

Sizing and Fitting

The word “personal” in the phrase “personal protective equipment” correctly implies that the equipment is for a specific person. As such, sizing and fitting are important for a variety of reasons.

- a. **Function:** An improperly fitted piece of PPE may not do its job. For example, eye protection against dust must have an excellent face seal.
- b. **Comfort:** The likelihood of continued use is increased if the PPE selected is comfortably fitted. Example: gloves that fit poorly and, over time, make a person’s hands hot and clammy are likely to be removed exposing that person to the hazard for which the gloves were required in the first place.
- c. **Safety:** Ill-fitting PPE may actually cause an accident. Example: loose hard hat may slip and block one’s vision.

Most PPE come in a variety of sizes and within those size groups, adjustments may be made to affect a perfect fit. It is important to understand the procedures for donning, adjusting, using, and removing PPE. Each person who is required to use any type of PPE will be taught, before initial issue, the specific procedures for properly donning, adjusting, using, and removing the specific PPE. This instruction will generally be given by the employee’s Supervisor. When available, the manufacturer’s instructions will be issued with the PPE.

Care and Maintenance of PPE

PPE will be visually inspected before each use and if defects are noticed, it will not be used. Some types of PPE are expendable (cotton gloves) and have a limited life span after which they are discarded and new PPE is reissued. Plastic safety glasses become scratched and they too must be exchanged for new ones when vision is impaired. Other types of safety equipment consist of both non-expendable and expendable components. A cartridge respirator is an example of this, with the respirator being non-expendable while the cartridges “wear out” and become expendable (discarded and replaced). PPE will be maintained in accordance with the manufacturer’s instructions and, where appropriate, kept in a sanitary condition.

Cleanliness takes on an added importance when dealing with PPE designed to protect the eyes and face. Dirty or fogged lenses can impair vision and, rather than offer protection from a hazard, actually becomes a contributory factor in causing an accident.

Lastly, should PPE become contaminated with a chemical substance and decontamination is impossible, the PPE will be properly disposed of following the disposal instructions on the Safety Data Sheet, or SDS, for that substance.

Training

Affected employees will be given an understanding of:

- a. When PPE is necessary.
- b. What PPE is necessary.
- c. How to properly put on, take off, adjust, and wear PPE.
- d. The limitations of the PPE.
- e. The proper care, maintenance, useful life and disposal of the PPE.

Retraining will be given in situations when changes in PPE requirements render the previous training obsolete or it is noticed that an employee is not following our PPE policies -- specifically, not properly wearing the selected PPE in identified locations or work situations.

Eye and Face Protection

Your eyes are a marvel of engineering. Most of us take them for granted as we do all our senses, until an accident, injury, or disease forces us to realize the miracle we lost or almost lost. Can you imagine a system that can take (absorb) light and convert it to electrical signals (by way of the 120 million rods and 6 million cones on the retina) and transfer these signals through an optic nerve which has about one million fibers directly into the brain?

Most of us see the world in living color and with depth perception. The body itself does much to protect the eyes. Bony eye sockets in the skull protect the eye from many mechanical injuries. Orbital fluids and tissues cushion direct blows. Eyelids close reflexively from visual or mechanical stimuli. Eyes reflexively rotate upward with the lid closing to protect the cornea. Tears can flush away chemicals and foreign bodies. We all come with these safeguards. Sometimes, they are not enough.

Eye protection is required when there is a possibility of eye injury. Eye injury is not confined to flying objects. Eye injury can be caused by bright light, dust, chemicals, heat, and, literally, anything that can reach them. Different hazards require different types of protection.

Eye (and face) protection is required when one is exposed to flying particles, chemicals, or injurious light radiation. Types of eye protection include: impact resistant safety glasses, safety glasses with side shields, goggles, goggles with a face seal, face masks, and shaded goggles with varying degrees of darkness.

Affected employees who wear prescription lenses will wear eye protection over the prescription lenses without disturbing the proper positioning of the prescription lenses, or will wear eye protection that incorporates their prescription into the design.

All prescription glasses should be made with impact-resistant lenses. Hardened lenses, through a tempering process, are extremely hard and resistant to impact and breakage. Safety lenses are similar to hardened lenses but are 1 mm thicker. Safety lenses are used in goggles where there is a danger of flying glass or chips of metal.

All employees who wear contact lenses must also wear appropriate eye and face protection in hazardous environments.

Welding helmets and face shields, if required, should be worn over primary eye protection (spectacles or goggles).

An inexpensive pair of safety glasses can save your priceless eyesight.

Head Protection

Talking about head protection is really talking about brain protection. Your brain, either through divine providence, evolution, or quirk of nature, is you. The brain, that soft mass of gray and white convoluted matter, is what you are all about. Destroy your brain and you no longer exist.

Your brain is naturally protected by a cranium. Your skull actually has many bones which protect your brain and support your face. Obviously, there are other parts to your head which need protecting such as your eyes, ears, nose, tongue, skin, etc., but your brain is the most important.

Head protection is required when there is a possibility of injury to the head from falling objects and when working near exposed electrical conductors which could contact the head.

Brain injury is the second most common cause of major neurologic deficits and causes more deaths than injury to any other organ.

When the skull receives an impact, it actually can indent and deform. A fracture may occur and the fracture may be distant from the point of impact. A direct blow to the head can cause the brain to actually move within the skull. Surprisingly, there is often a reverse correlation between skull damage and brain damage. Just because there is no external visible injury to the skull does not preclude the possibility of brain injury.

Wearing head protection (a hard hat) accomplishes two major objectives: it reduces the rate of energy transfer and spreads out the area of energy transfer. Just as your head should be checked out at a hospital after a head impact, so should your hard hat. A hard hat can absorb energy by destructing and this destruction may be unnoticeable.

A head injury may occur after a blow to the head and the following symptoms may be present: unconsciousness or disorientation, confusion, nausea, vomiting, and/or double vision. Get medical help immediately. Cover open wounds lightly with sterile dressing. Keep victim still, warm, and reassured. DO NOT move the victim unless he/she would be in greater danger if you did not. DO NOT apply pressure to a head wound. DO NOT try to stop blood or clear fluid coming from ears, nose, or mouth.

Foot Protection

When purchasing new protective footwear, ensure that it complies with ANSI Z41-1991, "American National Standard for Personal Protection-Protective Footwear."

Specific hazards require specific types of protective footwear. Certain types of footwear can offer traction, crush protection, penetration protection, electrical protection, chemical resistance, heat and/or fire resistance, dryness, cushion, or ankle-protection. Further, certain activities may require a combination of these features.

Your foot is a remarkable piece of engineering which is composed of 26 bones, muscles, fatty tissue, nerves, tendons, skin and joints. The foot itself can absorb a tremendous amount of punishment without damage. But there are limits and it would be a shame to lose a foot, or part of a foot, because of failure to wear the prescribed protective footwear.

Hand Protection

Your hand is composed of 20 muscles, 3 major nerves, and 27 bones (14 of which are in your fingers) plus skin, fatty tissue, tendons, and joints. There are 15 muscles in your forearm which provide power to your hand. Your hand is your gateway to the world. It lets you do what you think. Its function is feeling and grasping.

Try to pick up something while holding your thumb still. It is very difficult. If the nerve to the small muscles of the thumb is severed, 80% of the total hand function is lost.

There are numerous types of hand protection (gloves) available -- each with a specific purpose. The most common are general purpose cotton work gloves which provide protection from minor skin abrasions and cold. However, there are many other types of gloves. Hands need protection from chemicals, abrasions, cuts and lacerations, temperature extremes, germs, radiation, impact, punctures, electricity, and other hazards on the facility. Specific job requirements determine the type of hand protection needed. Proper hand protection must do more than protect your hand; it must allow you to accomplish your job assignment with efficiency as well as safety.

Wearing hand protection could prevent your hand and/or fingers from being severed, burned, crushed, punctured, lacerated, cut, or generally abused.

Respiratory Protection

Employees who, by nature of their work, are exposed to harmful aerosols, vapors, gases, contaminated air, or non-breathable air will be provided air purifying or air supplying respirators after training, medical evaluation, and fit testing per our Respiratory Protection Program. The one exception is dust masks worn solely for comfort and not for respiratory protection.

Miscellaneous Personal Protection

PPE immediately brings to mind eye, head, hand, and foot protective equipment. However, there may be other types of protective equipment which are readily available and which have the capability of protecting employees from identified hazards on the facility. Some of these items may not fall under a specific OSHA standard or may not be ANSI approved or disapproved; however, in the judgment of Shaili Desai, they may be appropriate for use in our operations.

Summary

The true beneficiary of PPE utilization is the user. The whole thrust of this Program is to protect our employees from injury. This is accomplished by, among other things, explaining the process of hazard assessment, the reasons for PPE use, and the necessity of using the PPE selected.

What possible justification could there be for maiming, losing, or even slightly injuring a body part because available (and required) PPE was not used? “I forgot”; “I was in a hurry”; “I misplaced my PPE”; “I felt silly wearing PPE”; or “I really didn’t believe PPE was necessary” will not undo what could be a lifetime of regret.

Real Soft, Inc

Certificate of Workplace Hazard Assessment

In accordance with 29 CFR 1910.132(d)(2), I certify that, this date, I have performed a hazard assessment of our facility located at:

68 Culver Road

Monmouth Junction, NJ 08852

609-409-3636

This hazard assessment was performed to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE).

Identified hazards which cannot be eliminated through engineering controls or changes in procedures will be addressed by the use of selected PPE.

All affected employees will be informed of the required PPE for specific work locations or specific types of work to be performed and will receive initial training or retraining, if necessary, before being allowed to perform work requiring PPE.

If conditions or procedures change, a reassessment will be made.

Shaili Desai

Date

Personal Protective Equipment Program Administrator