1.0 SAFETY PROGRAM OVERVIEW

1.1 PURPOSE

It is the policy of W. W. Gay Mechanical Contractor, Inc. to strive for the highest safety standards on our projects. Safety does not occur by chance. It is the result of careful attention to company operations by those involved, both directly and indirectly. We expect our employees at all levels to work diligently to carry out the Company’s safety objective of maintaining safety and occupational health through Safety Awareness and Accident Prevention. The safety and well-being of our employees, our subcontractors and customers is our first concern. This policy is clearly expressed in our Safety Creed:

   NO JOB IS SO IMPORTANT AND NO TASK IS SO URGENT THAT WE CANNOT TAKE THE TIME TO PERFORM OUR WORK SAFELY.

Our safety program has been developed to ensure compliance with the Standards of the Occupational Safety and Health Act (OSHA), the American National Standards Institute (ANSI) as well as any state and local safety regulations. W. W. Gay employees and affiliated subcontractors will also comply with the specific safety requirements of our customers. While regulatory compliance with the relevant OSHA/ANSI Standards is required, W.W. Gay endeavors at all times to promote a tradition which emphasizes not just compliance but Loss Avoidance.

As policy, all supervisory personnel in conjunction with the W. W. Gay Safety Department are required to establish sound, comprehensive safety measures to comply with OSHA/ANSI Standards in order to eliminate or reduce jobsite hazards through engineering and administrative controls. Where hazards still exist with these controls in place, our employees and affiliated subcontractors will protect themselves through personal protective equipment and safe work practices. It is the responsibility of our project managers and our supervisors in addition to our safety inspectors and trainers to make known and to enforce safety requirements among our personnel and subcontractors in order to
achieve the degree of safety awareness we expect. Compliance with the following Safety Program and all the items contained within it is MANDATORY for all W. W. Gay employees. Working safely is a condition of employment.

1.2 APPLICABILITY

This safety program applies to ALL employees of W. W. Gay Mechanical Contractor, Inc. regardless of their position with the Company. It also applies to all affiliated Subcontractors and to everyone on a W. W. Gay Mechanical Contractor, Inc. project site.

1.3. IMPLEMENTATION

The W. W. Gay Safety Program is designed to promote maximum employee-management involvement in safety through the following:

1. Management’s commitment to safety for our employees.
   • Open communication with all levels of the company concerning safety.
   • Weekly safety reviews with the Company President and upper management.
   • Positive reinforcement for safety compliance/awareness.
3. Weekly toolbox talks and safety meetings at all jobsites.
4. Regular safety inspections by W. W. Safety staff.

*The W. W. Gay Safety Council is comprised of the company Safety Director, Safety Officer, Risk Manager, General Superintendent, Safety Inspectors/Trainers and at least 12 Supervisors or Project Managers chosen for a one year term. Also, five (5) or more Field Personnel are chosen randomly each month to present their safety concerns. The W. W. Gay Safety Council meets not less than once per month to evaluate company safety performance, to air concerns and to share recommendations for improvement. All W. W. Gay employees are encouraged to actively participate in the safety program by helping supervisors identify, control and eliminate or reduce deficiencies in health and safety.
1.4 RESPONSIBILITIES

It is the responsibility of our employees and our subcontractors to follow the Company’s safety program. Each employee of W. W. Gay and affiliated subcontractors is responsible for their own safety. It is the Company’s responsibility to provide them workplaces free of recognizable hazards. Personnel observing unsafe conditions or behavior on a jobsite are responsible for notifying their supervisor immediately. W. W. Gay Project Managers, Supervisors and Competent Persons are responsible for implementing the Safety Program on their jobsites in conjunction with the Safety Staff. It is the responsibility of the W. W. Gay Safety Staff to provide appropriate safety training to employees so that regulatory compliance requirements are understood and followed. The Safety Staff will also provide guidance to ensure compliance with our customer’s safety procedures and to meet W. W. Gay safety goals.

1.4.1. Competent Person(s)

**Competent Person:** A competent person (usually the Supervisor or Supervisors) will be designated by W. W. Gay Mechanical Contractor, Inc. for its projects. He or she will be capable of identifying existing and predictable hazards, or working conditions which are unsanitary, hazardous or dangerous to employees and will possess the authority to take prompt corrective measures to eliminate the hazard(s).

The Competent Person(s) for W. W. Gay Mechanical on a jobsite is responsible for identifying unsafe conditions and correcting them when possible. If the unsafe condition, or act(s), cannot be corrected by the Competent Person onsite, the Safety Staff will be notified immediately.

The unsafe condition or act(s) will be documented and all possible measures taken to eliminate the hazard. While the hazard exists, engineering, administrative and personal protective equipment controls will be employed to protect W. W. Gay personnel and affiliated subcontractors. At any time that the safety controls employed do not adequately protect W. W. Gay personnel or subcontractors against the hazard; they will leave the area at once.
1.5 DISCIPLINARY PROGRAM & ENFORCEMENT

Safety Violation Notices shall be issued to any W. W. Gay Mechanical Contractor, Inc. employee, affiliated subcontractor or to anyone on a W. W. Gay Mechanical Contractor, Inc. jobsite violating OSHA safety requirements, W. W. Gay mandatory safety rules (W. W. Gay Mandatory Safety Rules Pages 8-12) or jobsite specific safety requirements. Safety Violation Notices may be issued by a Foreman, Supervisor, or any management employee responsible for meeting safety goals. Any violation of Safety Rules may result in suspension, reassignment or termination depending on the safety infraction.

The type of violation notice issued depends on the judgment of the employee’s supervisor; however, as a guideline, the Violation Notices may be issued in the following manner:

1. Written Verbal Warning for 1st Infraction—A written verbal notice of the safety infraction signed by the employee and supervisor. At the time the violation notice is issued, the safety requirement will be reviewed with the employee and corrections made immediately.

2. Written Warning for 2nd Infraction—A written notice of the safety infraction signed by the employee and supervisor. The employee will be counseled again regarding the safety requirement and mandatory refresher safety training provided. The employee may also receive time off without pay to determine their commitment to working safely.

3. Written Warning for 3rd Infraction—A third written notice of the safety infraction signed by the employee. Refresher safety training will be mandatory if the decision is made to retain the employee after a third infraction.

Any employee receiving three (3) Safety Violations within a six (6) month period is subject to termination. A copy of all Safety Violation Notices issued will be offered to the employee. The jobsite Supervisor will retain a copy and the original will be given to the W. W. Gay Safety Office to be kept on file.

1.6 ACCIDENT/NEAR MISS REPORTING AND INVESTIGATION

Supervisors: If a jobsite accident or injury occurs involving a W. W. Gay employee, his/her supervisor will:
1. Take care of the victim(s) FIRST.
2. Immediately complete and sign a “First Report of Injury or Illness” form and fax it
1. to (904) 394-7661 OR
2. Bring it to the W. W. Gay Safety Office within 24 hours of the Injury or Accident.

The “First Report of Injury or Illness” form is mandatory even if medical treatment is not required. W. W. Gay Supervisors will complete this form ANY TIME a Company employee reports an injury to them. If the injured employee does not want or require medical treatment, the Supervisor will note “For Information Only” at the top of the form and get it to the Safety Office within 24 hours. In an accident involving personal injury or property damage, the person(s) involved are required to submit themselves to a drug test. Refusal of the drug test will treated as “Positive” and the employee subject to termination.

If you are involved in a traffic accident while driving a W. W. Gay vehicle, you are to call the police, file a report, and obtain the names/contact numbers of any witnesses along with the Tag # of all vehicles involved. A copy of the police information must be sent to the W. W. Gay Jacksonville Safety Office as soon as possible. Drug Tests are mandatory within four (4) hours after any vehicular or jobsite incident.

Near Miss Incidents: In the event of a Near Miss, the W. W. Gay supervisor will fill out a W. W. Gay Near Miss Incident Report and notify the Safety Office right away. Receiving Near Miss information quickly provides an opportunity to address hazards BEFORE an incident with more serious consequences occurs.

The Supervisor will ensure that a W. W. Gay First Aid kit is present on all jobsites, either in the Company trailer(s), conex or service truck. All W. W. Gay service trucks will carry a W. W. Gay First Aid kit. First Aid kits will be properly stocked at all times.

Employees: All employees will inform their supervisor IMMEDIATELY of any injury, no matter how slight. Failure to report an injury immediately is a violation of W. W. Gay Mechanical Contractor, Inc. mandatory safety rules and subject to disciplinary action including termination. If injured, employees must let their supervisor know the following:
1. How they hurt themselves.
2. What they were doing at the time.
3. When and where the injury occurred.
4. Who they were working with at the time.
5. Any other information such as witness names to aid investigation of the accident.

Any employee who fails to report an injury the day it occurred may forfeit the ability to file a workman’s compensation claim for that injury. A drug test is mandatory within four (4) hours of any injury.

W. W. Gay Safety Office: The Safety Office will maintain records of accidents and injuries for the purposes of regulatory compliance, accident tracking and trend analysis. Accidents, injuries and near misses will be reviewed and/or investigated by the Safety Department in order to make corrections when applicable and to prevent recurrences.

2.0 REQUIRED NOTIFICATIONS

2.1 IN CASE OF SERIOUS INJURY OR DEATH

• After the injured employee has been transported to the hospital, notify the Safety Department at the W. W. Gay Jacksonville Office (904-388-2696) as soon as possible.
  • Fill out the First Report of Injury or Illness and fax or bring it to the Safety Office.
  • If available, get statements from witnesses. Insure that witnesses put the date and time on their statements and sign them.
  • Take photographs of the area and anything relevant nearby if possible.
  • NO ONE except the designated Company Representative is to make any statement concerning the incident. Mr. Frank Houser is the designated Company Representative.

2.2 IN CASE OF INSPECTION BY FEDERAL INSPECTOR

• Immediately notify the Safety Department at the W. W. Gay Jacksonville Office when a Compliance Officer (OSHA Inspector) or Federal Inspector visits a W. W. Gay jobsite or office.
• The W. W. Gay Supervisor will ask to see the OSHA Inspector’s credentials and the purpose of his/her visit. Make certain the Inspector has been sent to visit your worksite.
• The Company is entitled to an opening conference. Ask the Inspector for a reasonable time (usually one hour) so that a representative from the Safety Department can arrive when possible.

3.0 MANDATORY SAFETY RULES

3.1 SCOPE

Compliance with all applicable Federal, State, Local, Company and Customer safety requirements is mandatory. The W. W. Gay Safety Department will assist Project Managers and jobsite Supervisors with any compliance issues. Supervisors will insure that their employees on specific jobsites are aware of and in compliance with safety requirements for that site.

SUPERVISOR NOTE: Call the Safety Department any time the practices of another contractor onsite put W. W. Gay personnel or subcontractors at risk. Call the W. W. Gay Safety Department any time that compliance with a safety rule creates or has the potential to create a greater hazard for W. W. Gay personnel or subs.

3.2 W. W. GAY SAFETY RULES

3.2.1 Hard hats: Hard hats with bills forward (unless welding) will be properly worn at all times while working. Hard hats will be marked as meeting ANSI requirements specified in Z89.1-1969. Metal hard hats will not be allowed. Alterations or modifications of the hard hat and liner are not allowed.

Crane operators in an enclosed cab have the option of not wearing a hard hat due to the possible obstruction of view. If the operator exits the cab, a hardhat will be worn at all times.

3.2.2 Eye Protection: Eye protection appropriate for the task being done will be properly worn at all times while working. Where safety glasses or prescription safety glasses with Hard side-shields do not provide enough eye protection, supervisors will require the use of tighter fitting safety glasses, goggles, etc. Face-shields will be worn over Safety/Prescription Glasses during all cutting/grinding/drilling
operations. All Eye and Face protective equipment will be marked as meeting ANSI requirements specified by ANSI Z87.1-1968

3.2.3 Fall Protection: No W. W. Gay employee or personnel from an affiliated subcontractor will come within six (6) feet of an unprotected edge higher than six (6) feet without fall protection. On jobsites where fall protection is required at four (4) feet or higher, the stricter requirement applies. The Competent Person on all jobsites will refer to the W. W. Gay Fall Protection Program (Appendix 7) for specific information regarding fall protection.

3.2.4 Clothing/Footwear: Shirts with sleeves and long pants will be worn at all times while working. Protective outer coats or sleeves will also be worn during all hot-work. Work boots appropriate for the jobsite and task being performed will be worn. Employees on all industrial jobsites will wear work boots with protective toecap/foot protection marked as meeting either the ANSI Z41 standard or ASTM F/2413 standard. Tennis shoes are not allowed.

3.2.5 Body Jewelry: No pierced jewelry of any kind shall be worn by W. W. Gay employees or affiliated subcontractors while working. No loose jewelry which can be caught or pulled shall be worn.

3.2.6 Tools/Equipment: All tools and equipment, including extension cords, will be inspected daily before use for safety. Defective tools and equipment will not be used; they will be Tagged and Removed from service. All tools and equipment will meet or exceed the applicable safety standard. Electrical cords and power tools will be properly grounded with GFCI’s in place.

3.2.7 Compressed Gases: Compressed gas cylinders will be upright and secured at ALL times, full or empty, no exceptions. When regulators are removed, the caps will be replaced and tightened immediately. The bottles are now considered “in storage.” If not separated by a fire-rated wall, fuel and oxygen cylinders in storage will be separated by no less than 20 feet of distance. Flashback Arrestors will be installed at the regulators on all fuel and oxygen cylinders. LP cylinders will be filled only by trained, authorized persons.
3.2.8 **Hot Work:** A functional fire extinguisher inspected within the previous year will be immediately available in all areas of work where open flames are used or sparks are produced such as welding, cutting or grinding. Combustible materials will be removed from the surrounding areas and/or fire blankets used. Welding blinds will be used in all high traffic areas. Fire-watches will be posted as required.

3.2.9 **Floor Openings:** Covers will be placed and secured over any floor opening two (2) inches or larger. The cover will be clearly marked.

3.2.10 **Excavations:** All open Excavations will be clearly barricaded on all sides to ensure workers are aware of the hazard. The type of barricade used will be based on the specific safety requirements of the job, but not less than DANGER tape to prevent unauthorized entry. Rods or posts supporting any barricade will be protected if they present an impalement hazard. The Competent Person onsite will refer to the W. W. Gay Excavation & Trenching Program (Appendix 6) for specific information regarding safety controls in excavations.

3.2.11. **Ladders:** All ladders will meet OSHA/ANSI standards and will be visually inspected before use for cracks, loose or broken rivets, missing foot cleats, warping or any other defect. Defective ladders will not be used. They will be Tagged and Removed from service. Ladders in use will extend at least three (3) feet above the landing surface.

Stepladders will be fully opened before use. No employee will stand on the top rung or top of any stepladder. All extension ladders will be placed at a 4:1 ration (1 foot back horizontally for every 4 feet in height). Extension ladders will be secured to avoid displacement. No ladder will be loaded beyond its capacity.

3.2.12 **Hearing Protection:** Employees continuously exposed 8 hours a day to jobsite noise levels roughly the level of a passing train, a lawn mower, or louder are required to wear hearing protection. The rule of thumb is if you have to raise your voice to be heard when speaking to someone three (3) feet away, hearing protection is needed. Hearing protection is also required any time the jobsite
noise level is uncomfortable to the employee. Reference: 29 CFR 1926.52 Table D-2 Permissible Noise Exposures

3.2.13 Unsafe Conditions: All unsafe conditions, unsafe actions and near misses will be reported to the W. W. Gay supervisor immediately so corrective action can be taken. The W. W. Gay Safety Staff will be notified after any near miss, or if unsafe conditions/actions on a jobsite cannot be corrected immediately by the Competent Person.

3.2.14 Drinking Water: An adequate supply of Drinking (Potable) Water will be provided for Company employees on all jobsites. Drinking Water containers are for water and ice ONLY. The containers will be equipped with a tap and the lids will be tightly closed, or taped/dated as required. The use of a Common Drinking Cup is not allowed. Tampering with the Drinking Water supply or Container(s) will result in immediate termination.

3.2.15 OSHA Poster: All jobsite office areas (W. W. Gay trailers or Conex’s) will display the required OSHA poster for employees. The OSHA 300A Annual Summary of Work-Related Injuries and Illnesses from the previous year will also be posted in these areas from 1 February through 30 April each year.

3.2.16 Safety Documents: All jobsite office areas (W. W. Gay trailers or Conex’s) will have a copy of the W. W. Gay Safety Program, the W. W. Gay Hazard Communication Program and the MSDS sheet for all hazardous chemicals onsite. These documents shall be available for any Company employee.

3.2.17 Prohibited Items: Firearms, Alcoholic Beverages, Illegal Drugs and Glass containers of any type are strictly forbidden on all jobsites, in any Company vehicle or on Company property.

3.2.18 Lifting Safety: All employees will exercise care when physically lifting/handling materials. Extra personnel will be used to help with heavy or awkward loads in order to prevent lifting injuries. Lifting assistance is mandatory for loads in excess of 75 lbs. Mechanical equipment for lifting materials will be used whenever possible.
3.2.19 Toolbox Talks: W.W. Gay personnel and affiliated subcontractors will conduct weekly toolbox talks. Subcontractors may perform their own or attend W. W. Gay’s. A copy of the topic discussed and a list of attendees will be kept for safety records. If subcontractors conduct their own, their supervisor will provide W. W. Gay with a copy of the topic for the week and list of attendees. Weekly toolbox talk records will be turned into the Safety Department on a weekly basis.

3.2.20 Housekeeping: All W. W. Gay employees and affiliated subcontractors will keep their work areas clean. Housekeeping shall be a part of each day’s work and traffic areas kept clear of trip/fall hazards.

3.3 COMPANY VEHICLE SAFETY

(refer to Fleet Safety Program Appendix 10 for specific requirements)

All W. W. Gay Mechanical Contractor, Inc. company vehicles and the equipment they carry will be inspected daily for safety by the authorized driver. Every company vehicle will contain the following:

1. A properly stocked First Aid kit.
2. A charged fire extinguisher inspected within the last year.
3. A current company insurance card and the vehicle registration information.
4. The SDS sheet for all compressed gases, fuels or chemicals on the vehicle.
4.0 EMPLOYEE ACKNOWLEDGMENT
I have read and understand the W. W. Gay Mechanical Contractor, Inc. Safety Program and its provisions. I further understand that this program is issued for informational purposes and that it is not intended to create, nor does it represent, a contract of employment.
I further state that I understand compliance with the Safety Program is a Condition of Employment. If I violate the requirements of the Safety Program or fail to report an injury to my supervisor immediately, I understand that I will be subject to termination.

__________________________  ________________
Employee’s Printed Name & Last 4 SSN  Date

__________________________  ________________
Employee’s Signature  Date

Failure to read and/or sign in no way relieves any W. W. Gay Mechanical Contractor, Inc. employee of the responsibility to comply with the health and safety requirements of the company’s Safety Program.

Supervisor’s Certification

On______________________________, I furnished and covered with the employee named above a copy of the company’s safety program entitled the W. W. Gay Mechanical Contractor, Inc. Safety Program.

__________________________  ________________
Supervisor’s Signature  Date

*Supervisor and Employee sign document after meeting requirements.
*Detach this document and provide the Safety Program to Employee.
*Make a copy of this document for supervisory files.
*Give the original to the W. W. Gay Safety Department.
5.0 APPENDICES

W. W. Gay Specific Programs

*NOTE-Refer to W. W. Gay Procedures for specialized information

5.1 Appendix 1: Aerial Work Platform Program (1926.452-453, ANSI 92.2-1969)

No W. W. Gay employee or affiliated subcontractor will operate or use an aerial manlift, scissor lift or any elevated work platform without being trained in the safe operation and use of that equipment by a qualified trainer. The training will thoroughly address the relevant ANSI Standard (A92.2-1969) as well as OSHA 1926.453. Personnel on aerial lifts and elevated work platforms will be able to produce proof of training at all times if using them. Authorized operators will be aware of the load limits of the lift and ensure the limits are not exceeded at any time. All aerial lifts and elevated work platforms will meet design and construction specifications established by ANSI (A92.2-1969) and may not be modified in any way without PRIOR written approval from the manufacturer.

Authorized operators will inspect the lift for safety before each use. Tire conditions, structural members and hydraulic lines will be examined and lift controls tested. If any defect is found, the lift will be tagged out of service and not used again until repairs are made. The lift will have a backup alarm audible over the surrounding noise level; otherwise a spotter will be used at all times when backing. The ground and area above where the lift will travel will be inspected for hazards such as open holes, slopes, overhead obstructions and electrical lines. A minimum safe approach distance or clearance of ten (10) feet will be maintained between electrical lines of 50 kilovolts or less. This includes any part of the lift or its load. An inspected, properly worn and properly anchored personal fall arrest system will be used at all times by personnel in an aerial manlift. No employee in an aerial manlift will climb on the rails or the edge of the basket. W. W. Gay personnel or subs are not required to use fall arrest/restraint equipment on a scissor lift unless the following conditions apply:

1. The work platform is extended beyond the wheelbase.
2. Workers take one or both their feet off the work platform to stand on the toe board or mid-rail. Supervisors will consult with the Safety
Department and the Customer beforehand to ensure no safer method is available.

3. The customer’s safety procedures require fall arrest/restraint equipment for any scissor lift use.

4. The scissor lift is within six (6) feet of a guardrail or safety cable protecting a leading edge and elevated above the guardrail or safety cable.

5.2 Appendix 2: Assured Equipment Grounding Program (1926.404)

The W. W. Gay Mechanical Contractor, Inc. Assured Equipment Grounding Program is designed to eliminate workplace injuries resulting from the most common form of electrical shock hazard, the ground fault.

The company accomplishes this by combining the use of Ground Fault Circuit Interrupters (GFCI’s) with an assured equipment grounding program. The Competent Person (or designee) at each W. W. Gay jobsite and shop area will ensure that GFCI’s are present on all 120-volt, 15-20 amp receptacle outlets which are not part of the permanent wiring of the structure. If the receptacle is not GFCI protected, a portable GFCI will be use at all times by employees. No exceptions!

Inspections and Testing

The Competent Person (or designee) at each W. W. Gay jobsite and shop area will ensure that employees make daily visual inspections of the following before use and no less than once per month:

1. Cord sets-including the cap, plug and receptacle of all cord sets.
2. Tools and Equipment-any tool or equipment using a cord and plug electrical connection.
3. GFCI’s-receptacle and portable will be tested before use and at least once per month.

Assured Grounding Test Kits with the monthly color codes are available for Competent Persons at the C & G warehouse. Contact the Safety Department for Assured Grounding and GFCI training as needed.

The Competent Person’s inspection will ensure that grounding pins are attached and functional on all cords and tools, unless the tool is double insulated. If any external defect(s) is observed such as damaged insulation, strain relief at plugs or connections, deformed/missing pins or if there is
an indication of possible internal damage to cords or tools, the equipment will be taken out of service immediately and given to the tool room for repair (if possible). Any tools and equipment that have been repaired will be visually inspected and tested by a Competent Person for electrical continuity before being placed back in service. If damage is suspected to a cord or tool, the electrical continuity will be checked before it is used again.

The Competent Person will keep a record of this inspection and testing in a log or other effective means. The records will include the identity of the cord set, tools or equipment tested, whether it passed or failed and the last date tested. The records will be available for any affected employees.

5.3 Appendix 3: Bloodborne Pathogen Exposure Control Plan (1910.1030 also refer to First Aid Program 1926.50)

The purpose of the W. W. Gay Bloodborne Pathogen Exposure Control Plan is to identify conditions where company personnel may be exposed, or reasonably anticipate occupational exposure, to infectious materials. These materials include, but are not limited to: blood and bodily matter or fluids, or any substance/surface that may contain these materials. This plan applies to all materials listed above as well as any other potentially infectious materials.

It is the company’s policy to eliminate or reduce the risk of occupational exposure to bloodborne pathogens through training and site specific controls. The W. W. Gay Safety Department coordinates with jobsite supervisors to identify work activities such as rendering first aid, sanitary line tie-ins, lift station and sewer maintenance, hospital renovations, etc. where employees are at risk of exposure to infectious materials.

Exposure determinations are made without regard to the use of personal protective equipment and include jobsite supervisors and foremen responsible for providing First Aid and CPR. Safety personnel are also included in exposure determinations.

Once identified, employees are trained on the hazards of bloodborne pathogens. The training includes: Labels and signs which serve as warnings of infectious materials, engineering and work practice controls to
eliminate/reduce the risk of exposure, required use of Universal Precautions and company-provided personal protective equipment, proper handling/disposal of infectious materials, spill kit use, decontamination, hand-washing/sanitation and exposure emergency response. At risk employees are trained prior to work activities involving infectious hazards and the training updated annually. The training records are kept on file no less than three (3) years. All employees have access to the W. W. Gay Exposure Control Plan via the company Safety Program. The Hepatitis B vaccine is offered at company expense to all at risk employees. Employees who decline the vaccine sign the required Declination Form (29 CFR 1910.1030 Appendix A) If employee medical surveillance records are obtained as a result of occupational exposure to infectious materials, the records are kept for the duration of employment plus thirty (30) years (29 CFR 1910.1020). Records are available and transferable on request of the employee. Medical records must have the written consent of the employee before release.

5.4 Appendix 4: Confined Space Program (1926.21 & 1910.146)

All vessels, manholes, excavations of four (4) feet deep or greater as well as any structure which a person may enter and not intended for human occupancy will be considered a confined space. No W. W. Gay employee will enter, supervise entry or attend the entry of a confined space without certification of training by the W. W. Gay safety department.

The safety department will train all employees whose work is regulated by the OSHA Confined Space standard before initial assignment, before a change in duties or when new conditions develop. Confined space training addresses following areas: similarities and differences between enclosed spaces, confined spaces and permit-confined spaces, discussion of hazards and controls, lockout-tagout and isolation of the space, confined space duties, video presentations of relevant materials and practical exercises in air-monitoring, permitting and non-entry rescue. All employees will be trained to perform any confined space duty.

1. **Entry Supervisor**-identifies the space as a “confined or permit-required” confined space.

   Coordinates safety equipment and hazard controls with the safety department. Develops on-site or off-site confined space rescue plans
with the customer and emergency responders as needed. Completes the W. W. Gay Confined Space permit. Ensures that “acceptable entry conditions” exist through lockout-tagout and purge/isolation of the space as needed before any entry is made. Conducts a safety briefing with all participants prior to entry reviewing hazard controls, air-monitoring, communication and emergency procedures. Prevents any unauthorized access to the space and protects entrants from external hazards via traffic controls. Closes the Confined Space permit when the work is finished, when an emergency occurs or when conditions warrant. If an emergency situation or hazard occurs not covered by the controls in place, the permit will be closed and no further entry made until the issue is safely addressed. Either the Entry Supervisor, the confined space Attendant, or both, will be First Aid/CPR certified. A copy of all Confined Space permits will be given to the customer and the original provided to the safety department.

2. **Attendant** - the confined space attendant will have no responsibility other than monitoring the personnel and conditions within the space. The attendant will conduct continuous or periodic air-monitoring and remain in constant communication with the authorized entrant(s). No attendant will leave a confined space for any reason with entrants in it unless relieved by another trained attendant. No attendant will monitor more than one space at a time. Attendants will summon entrants out of the space immediately when entry conditions become unacceptable and the safety controls will be reevaluated. The attendant will perform non-entry rescue if entrants are disabled. In both cases, the Entry Supervisor will be notified immediately and emergency response called as needed.

3. **Authorized Entrant** - all entrants will have the opportunity to participate in and review all safety measures employed to create and maintain acceptable entry conditions within the confined space. Entrants may review air-monitoring results at any time and may exit the confined space whenever they feel it is no longer safe. No entrant will enter a confined space until the entry supervisor authorizes it and an attendant is in place for a permit-required space.
All cancelled Confined Space permits will be kept on file with the safety department for one (1) year and reviewed at least once a year to identify program areas that need revision.

5.5 Appendix 5: Electrical Safety Program (1926.416)

All W. W. Gay employees who face a risk of electric shock in their work activities will be trained in safety-related work practices concerning electricity. Supervisors and foremen (Competent Persons) on jobsites will ensure employees:

1. Are aware of the specific electrical equipment/circuit hazards in their work areas.
2. Comply with the company’s Assured Equipment Grounding requirements. (Appendix 2)
3. Use only approved electrical conductors and equipment.
4. Know the location of underground electric lines before excavating.
5. Maintain appropriate clearance distances between energized lines and equipment. (see Minimum Safe Approach Distances below).
6. If minimum safe approach distances cannot be maintained, the electrical hazard will be insulated or deenergized and grounded with energizing circuits locked/tagged out (see Lockout/Tagout Program Appendix 16). All electrical lines and equipment which have not been locked or tagged out will be considered as live.

Minimum Safe Approach Distances

All W. W. Gay personnel without specialized electrical training and certification will maintain a clearance of at least ten (10) feet voltage to ground between energized lines/equipment of 50,000 volts (50 kV) or less. The distance will be increased by six (6) inches for every 10,000 volts over 50kV. This clearance includes personnel, equipment, vehicles and conductive materials. All materials which do not have an insulation rating for the voltage involved will be considered conductive.

W. W. Gay employees with specialized electrical training and certification are the only persons authorized to troubleshoot or work on electrical circuits/equipment which has not been deenergized. Persons performing this work will comply with the requirements of
the NFPA70E and use appropriate personal protective equipment, insulated tools and shielding materials.

No employee will enter a space containing exposed energized parts without enough lighting to perform the work safely avoiding direct or indirect contact with electrical components. Passageways will be kept clear of extension cords. No electrical conductor will be fastened with staples, nails or wire. All ladders used by W. W. Gay employees will have non-conductive side rails (fiberglass). Conductive jewelry may not be worn at any time when working with electrical equipment or conductors.

5.6 Appendix 6: Excavation & Trenching Program (1926.651-652)

A Competent Person will supervise all excavation and trenching operations. Prior to any digging, the Supervisor onsite will ensure that locates have been done and recorded. Equipment operators onsite will be familiar with the locations. Below four (4) feet in depth, the atmosphere in an excavation/trench will be checked daily or more often if an atmospheric hazard is detected. Below five (5) feet in depth, engineered systems (sloping, shoring, trench box) will be used to protect employees from cave-in. Ladders for emergency escape will be no more than 20 feet from any employee in the excavation.

All excavations/trenches will be inspected daily by the Competent Person prior to employee entry, after every significant rainfall and whenever a hazard to safety occurs.

All excavations/trenches left open will be protected by approved barricades or hazard warnings.

5.7 Appendix 7: Fall Protection Program (1926.501-503)

Fall protection training for all W. W. Gay employees is mandatory. Each employee will be able to recognize fall hazards in the workplace, understand controls to eliminate/reduce those hazards and know when those controls must be used. Employees will be protected by fall restraint systems (guardrails, safety cables) or use personal fall arrest systems when exposed to a fall hazard of six (6) feet or greater. Employees will also use fall protection at heights less than six (6) feet when required at specific jobsites.
Fall protection training will include the proper inspection, use, care and application of fall restraint/fall arrest systems. All fall protection equipment will be provided at company expense and will comply with relevant ANSI (Z359), ASTM or OSHA requirements. Supervisors and/or safety staff members will inform employees of site specific fall hazards and mandatory controls. Retraining is required if a training deficiency is noted, changes in the workplace present a new fall hazard, or if fall protection systems used on a jobsite do not protect employees adequately.

All fall protection training will be conducted by a qualified member of the safety staff and certification records will include the employee’s name, the date(s) of training and the instructor’s name. Training records will be kept on file in the safety department.

A qualified member of the safety department will also prepare all site specific fall protection plans. Supervisors will inform the safety department if changes to a site specific fall protection plan are needed. All changes to a fall protection plan must be approved by a qualified person.

**Non-Conventional Fall Protection**

Non-conventional fall protection systems may be used, when permitted, on occasions where conventional fall protection systems (guardrails, safety cables, safety nets) are not present on a jobsite, on a roof without a parapet at least four (4) feet high, or when a specific unprotected fall hazard develops in the course of work. The following procedures apply:

1. W. W. Gay site supervisors (Competent Persons) will call the Safety Department to assist in evaluating the hazard(s) and develop a plan to protect employees.

2. Any time that horizontal lifelines (ratlines) are used as a secure anchorage for personal fall arrest systems, the Competent Person will ensure the anchorage is engineered for the number of persons expected to use it (5,000 lbs. per person attached). When ratlines are vertical anchorages, such as swing stage scaffold or similar work platforms, the connector to the body harness will be capable of locking in both directions.

3. The use of self-retracting lifelines (yo-yo’s) is preferred as a connector when employees must position themselves beyond the
distance allowed by a fall harness lanyard. Only lifelines with locking snaphooks at both ends may be used as a connector. Each employee will be attached to his/her own lifeline. 

4. Inspected and approved rigging (nylon straps, wire rope chokers, etc.) may be used as connectors, when permitted, so long as the configuration of the rigging and the secure anchorage will support 5,000 lbs. per person attached. 

5. A Controlled Access Zone/Warning Line & Safety-Monitoring system may be used, if permitted, when secure anchorages for personal fall arrest are not present or cannot be used. These are the least desirable systems to employ and will not be used unless no safer methods are available. A safety monitor will be used every time these systems are needed.

**Controlled Access Zones**-Supervisors will coordinate with the safety department to ensure that all zones where fall hazards exist are identified and marked by controls lines which meet the regulatory standard.

**Safety Monitoring**-the designated safety monitor will be a Competent Person and have no duties other than ensuring the safety of authorized employees within the zones.

The safety monitor will:

1. Warn all employees who appear unaware of a fall hazard or act in an unsafe manner.
2. Be close enough for verbal communication with all authorized employees.
3. Keep each person in sight and remain on the same walking/working surface.

The safety monitor will not leave the area unless relieved by another Competent Person, or unless all authorized employees exit the area, too. All employees working within a controlled access zone will comply promptly with safety monitor warnings. No employee will enter an area that requires a safety monitor if the monitor is not present.

**Rescue Planning**

Prior to an individual’s use of a personal fall arrest system, prompt rescue shall be planned for and include:
1. Suspension trauma hazard awareness.
2. The use of self-rescue lanyards when available.
3. Presence of other employees in the area to see the emergency.
4. The immediate availability of rescue equipment (ladders, aerial manlifts, etc.)

** No employee will use a personal fall arrest system as a means of fall protection without other persons in the immediate area (within voice range) that can recognize the emergency and provide help in a timely manner.

**Post-Fall Actions**

Any employee involved in a fall at a jobsite will be examined by a medical professional or hospitalized as needed. All components of a personal fall arrest system loaded by a fall will be taken out of service immediately and will not be used again.

**Near Fall Actions**

All near falls will be reported immediately to the safety department for investigation to determine the root cause, steps required to prevent recurrence and to assess failures within the fall protection plan or make changes as needed.

5.8 Appendix 8: Fire Prevention Program (1926.150-153)

All employees will receive training familiarizing them with fire hazards in the workplace and the general principles of portable fire extinguisher types and use. Incipient (early) fires ONLY will be fought by W. W. Gay employees. The training will be provided on initial assignment and renewed annually unless specific hazards or site safety inspections indicate additional training is needed. A portable fire extinguisher appropriate for the hazard(s) and the work area will be immediately available for all work activities which use an open flame or produce sparks/slag. Carbon Dioxide (CO2) fire extinguishers will be used whenever hotwork is performed near electronic equipment. The safety department will be notified whenever there is a potential fire hazard near a combustible metal or for any specific fire prevention concerns.

Supervisors will visually check all portable fire extinguishers on each jobsite at least once per month to confirm that they are in good working
order and have been inspected within the last year according to National Fire Protection Association requirements (NFPA 10A-1970). The visual inspection will be recorded on the **W.W. Gay Fire Extinguisher Inspection form** and a copy sent to the safety department.

**5.9 Appendix 9: First Aid Program (1926.50)**

The W. W. Gay Supervisor (Competent Person) on every jobsite will be certified by the American Red Cross or equivalent organization to perform immediate first aid and cardiopulmonary resuscitation (CPR). During pre-planning operations, project managers will ensure their designated supervisors for a job are First Aid/CPR certified and that their certifications are current. The safety department has three (3) qualified First Aid/CPR instructors to provide training and certifications as needed. Automated external defibrillator (AED) training is also available.

No less than a First Aid kit meeting the requirements of ANSI Z308.1-1998 will be available in each W. W. Gay job trailer, Conex, or service truck onsite. The supervisor will review the specific requirements of the workplace to determine if additional types of First Aid supplies appropriate for the job are necessary. First Aid kits will be easily accessible, adequately stocked at all times and inspected by a Competent Person once per week.

Supervisors and foremen will ensure their personnel working on a jobsite are aware of the nearest eyewash station/shower (when available), bathroom facilities, or water supply for flushing eyes and skin. A copy of the **W.W. Gay Workman’s Compensation Treatment Centers** and emergency numbers will be conspicuously posted in all office trailers/conex’s. The safety department can also be called to identify the nearest facility.

When an employee is injured, the Competent Person will:

1. Call 911 or the emergency response number for the jobsite IMMEDIATELY if the victim is not breathing, unconscious or routine first aid cannot stop or slow bleeding. Provide rescue breathing/CPR if needed until emergency responders arrive.
2. If the victim is breathing, stop or slow any bleeding. If he/she is able to drive safely, the supervisor will direct the victim to the nearest W.
W. Gay approved treatment center. If the supervisor believes the victim cannot or should not drive, transportation will be provided.

First Aid providers will employ Universal Precautions and personal protective equipment such as latex gloves when an injury involves bleeding or body fluid(s). The site where the injury occurred will be inspected for blood/body fluid spills and any spill cleaned up and the area decontaminated by a trained person (see Bloodborne Pathogen Program). The clean-up and decontamination waste will be disposed of in a BIOHAZARD bag or receptacle.

5.10 Appendix 10: Fleet Safety Program

The purpose of the W. W. Gay Fleet Safety program is to promote the safety of our employees and the public good by providing clear guidelines for the operation and inspection of company vehicles and the equipment they carry.

**Authorized Drivers**: will comply with all traffic laws, D.O.T. regulations and Company rules concerning the vehicles they operate. Each driver will operate the vehicle in a safe and courteous manner. The authorized driver is responsible for ensuring all tools, equipment and material are adequately secured before operating the vehicle. CDL drivers are responsible for keeping medical, drug and alcohol evaluation certifications current.

All drivers will check their vehicles daily for safety and ensure they carry the fire extinguisher, first aid kit, accident forms and safety documentation, including MSDS information, required on their assigned vehicle.

All persons who drive company vehicles will have their driver’s license information reviewed before operation and annually afterwards by the Safety Department. Driving privileges are contingent on the information received.
IN CASE OF AN ACCIDENT

See if anyone is hurt, first. Call 911 to report the accident and/or injuries. Provide any First Aid you are trained to give. Call Ed Lewis at 904-394-7994 and fill out the accident report found in the W. W. Gay vehicle glove-box. Get names of all parties involved and a copy of any information the police obtain from the parties involved and/or witnesses. A drug test must be taken within four (4) hours of any accident. Provide Ed Lewis with all the paperwork as soon as possible.

REMEMBER-All accidents MUST be reported to police, regardless of severity!!

5.11 Appendix 11: Forklift Program (1910.178)

Every W. W. Gay employee who operates a powered industrial lift truck, either a Rough Terrain Forklift (telescopic handler) or Counterbalanced Forklift (warehouse lift), will be trained under the requirements of the relevant OSHA standard. No employee will operate a lift truck without certification of training by an authorized instructor. Training/certification outside of the Company is acceptable so long as operators are able to show competency to Safety Department instructors and provide proof of training within the last three (3) years.

Only employees who are eligible to drive company fleet vehicles will be certified to operate lift trucks. If supervisors need an employee trained, his/her driver’s license information must be provided to the Safety Department first and the employee determined eligible before training will be scheduled. Specific training is required for every type of lift truck; certification on one type DOES NOT authorize operation of another.

Authorized powered industrial truck instructors conduct classroom or field lift training that includes:

1. A record of training with the employee’s name, training/evaluation date and instructor name.
2. Lecture and discussion of the principles of balance, center of gravity and load center.
3. Video and power-point presentations demonstrating vehicle controls, lift characteristics and jobsite/terrain hazards (ramps, power lines, obstructions, etc.).
4. Operator workbook exercises on pre-operational inspection, fueling and maintenance.
5. A written examination.
6. Practical evaluation on the specific lift vehicle type with trainee operational and lift exercises.

Trainees who demonstrate the knowledge and competency to operate the lift truck safely receive a W. W. Gay certification card which expires in three (3) years. Refresher training is required if an operator is involved in a near miss or accident, a training deficiency is noted, or if the lift technology changes. An operator’s certification may be revoked by the Safety Department if he/she is observed operating the lift in an unsafe manner.

5.12 Appendix 12: Hand & Power Tool Program (1926.300-307)

All hand and power tools will be inspected daily before use and maintained in a safe condition. Any tool(s) with a visible defect or which could potentially cause injury will be repaired and reinspected by a Competent Person. Otherwise, it will be tagged and physically removed from service immediately. All power tool connections will have a ground plug or the tool itself will be double-insulated. GFCI’s will be used with all power tools. Removing or altering a guard or safety device on any tool is FORBIDDEN and will result in disciplinary action.

Employees using grinders or any tool which exposes their eyes/face to sparks, abrasive dust, or any other hazard will wear a face-shield at all times in addition to protective eyewear. If an employee is exposed to hazardous fumes, ventilation to eliminate or reduce the hazard will be used. The Safety Department will also be notified in order to determine if respiratory protection is needed. Supervisors will ensure that personal protective equipment appropriate for the tool and the task is available for employees and that it is used.

5.13 Appendix 13: Harassment Program

W. W. Gay is committed to providing all employees with a work environment free of unlawful harassment, discrimination or violence. This company will not tolerate any form of discrimination, harassment or violence against its employees by anyone; including co-workers, supervisors, senior management, vendors, customers or third parties.
Everyone at W. W. Gay is responsible for ensuring the workplace is free from prohibited conduct. Everyone is expected to avoid any behavior that could be reasonably interpreted as harassing, discriminatory or violent.

5.14 Appendix 14: Hearing Conservation Program (1926.52)

The purpose of this program is to protect our employees from potential damage to their hearing from occupational noise exposures. It covers all employees who may be exposed to occupational noise levels equal to or exceeding an eight (8) hour time weighted average of eighty-five (85) decibels. However, the company may apply the program to employees whose exposure is less than the 85 decibel action level in order to ensure its success.

The W. W. Gay Safety Department and jobsite supervisors are responsible for the implementation of the Hearing Conservation program and have the authority to make necessary changes on worksites for the protection of employees. The Safety Department will assess jobsites where occupational noise exposures are expected and determine if engineering or administrative controls can be used to eliminate/reduce exposure risks. Testing will include area sampling and, when necessary, dosimeter testing. Employees affected by testing or their representatives will have the opportunity to observe any noise measurements as they are conducted. All employees affected will be notified if a hazard to their hearing exists.

In any job area where engineering or administrative controls cannot decrease noise exposure levels below 85 decibels, hearing protection will be provided for employees. The use of hearing protection is mandatory at that action level. The Safety Department will conduct initial assignment and annual refresher training for employees exposed to action level noise. Training will include changes in personal protective equipment and work processes. All training, testing and evaluations will be recorded and kept on file in the Safety Department.

5.15 Appendix 15: Ladder Safety Program (1926.1053)

All W. W. Gay portable ladders, including job-made ladders, will comply with the relevant OSHA standards and ANSI specifications. A Competent Person will train every employee in the proper positioning and safe use of
ladders as well as the hazards associated with them. Refresher ladder safety training is required by the Safety Department when:

1. The nature of fall hazards in the workplace change.
2. A deficiency in training is noted.
3. A near miss or accident involving a ladder occurs.

The Competent Person will visually inspect all ladders daily before use. A ladder showing any visible defect (bent or damaged rungs and feet, broken or missing rivets, cracks, etc.) will be tagged with information about the defect(s) and removed from service immediately.

Extension ladders will be secured to prevent displacement and all ladders used will extend no less than three (3) feet above landing surfaces. This includes excavations. The ladder rated capacity, 300 lbs. on W. W. Gay stepladders, will not be exceeded at any time and all ladders will be used for their intended purpose. Safe work practices involving ladders are to be observed whenever they are used. Employees will erect them on stable surfaces and ensure stepladders are fully opened and locked.

No employee will stand on the top or top two (2) rungs of a stepladder. Three points of contact will be maintained at all times on any ladder and drop lines used to hoist or lower materials/tools. The base area around all ladders will be kept clear of materials, tools, leads, etc., which could cause injury to an employee climbing or descending.

5.16 Appendix 16: Lockout/Tagout Program (1910.147)

The W. W. Gay supervisor (Competent Person) onsite will control the release of hazardous energy before employees begin work on any equipment, machinery, piping, within a confined space or excavation. A Lockout/Tagout (LOTO) procedure will be used every time there is a potential for steam, hydraulic, electrical or any other type of energy to enter the work area and injure employees. All energy sources connected to the work area will be locked out and tagged.

The customer’s LOTO procedure may be used only if it is as good as or better than W. W. Gay’s. If a “Clearance” LOTO program is used, supervisors will ensure that specified controls are in place before beginning work.
The Safety Department will control the company LOTO program. It will be enforced by onsite supervisors and foremen in conjunction with company safety inspectors/trainers. A qualified instructor from the Safety Department will train supervisors and designated Competent Persons in recognition of hazardous energy types and sources as well as the methods and means for controlling them. 25

All training or retraining will be documented and a record maintained with the Safety Department. Only trained and authorized persons with knowledge of energy hazards and LOTO procedures will participate in the shutdown of any equipment. The jobsite supervisor is responsible for company employees working under the protection of a group LOTO system or device; this also applies when different trades or departments from the company must be protected. All employees working in, or who may be in, areas where energy controls are used will be instructed in the purpose and use of the controls.

If an energy source can be locked out, a lock with key will be used to hold an energy isolating device in a safe position. Each authorized employee working in an area where hazardous energy could be released will have his/her own lock on the device with an identification tag attached on the lock. At no time will employees give someone else their key or allow another person to remove their lock. At energy sources where no LOTO safety device can be attached and locked, a “DO NOT OPERATE” tag signed and dated by the Competent Person onsite will be attached directly on any switch, valve, lever, etc., so it is immediately obvious to anyone attempting to operate the device.

The Competent Person will verify LOTO of energy sources prior to the start of work and ensure all stored or residual energy has been purged, released, disconnected or otherwise rendered safe. If there is the potential for energy to reaccumulate after LOTO application, supervisors will periodically verify isolation of locked and tagged systems. If machinery or equipment must be tested temporarily or LOTO devices removed prior to the completion of work, the following steps are mandatory:

1. Clear the area of all tools and material.
2. Clear all employees from the area.
3. Remove LOTO locks and devices.
4. Energize the equipment/machinery.

Once the testing is completed, supervisors will ensure residual energy is purged again and LOTO control measures before work resumes. Company safety personnel will conduct periodic inspections to ensure procedures and requirements of the LOTO program are being followed. LOTO inspections will be documented and performed no less than annually. Retraining is required by the Safety Department any time that there is a change in the company LOTO program, a change in job assignments or a new hazard is introduced.

5.17 Appendix 17: Mobile Crane Program (1926.550)

The purpose of the W. W. Gay Crane program is to establish and enforce a comprehensive crane safety program for the protection of personnel and property. It is designed to verify operator training & certifications, document crane inspections and coordinate crane setup/operations in order to prevent crane accidents by planning for all aspects of the crane lift. Any W. W. Gay personnel or subcontractor performing work which requires setup and use of a crane will comply with this Crane Program.

The designated Competent Person for the crane activity, either the job supervisor or crane operator, will follow all manufacturer’s recommendations and limitations concerning load capacities, operating speeds and preventative maintenance. All hazard warnings/special instructions will be visible to the operator(s) who will comply with them. At no time will recommended load limits be exceeded or equipment modified without prior written approval from the manufacturer. Each crane cab will have a legible load chart securely fixed in a location obvious to the operator.

At no time will an operator allow any part of the crane or its load to come within a minimum safe approach distance of ten (10) feet of a power line carrying fifty kilovolts (50 kV) or less. An additional six (6) inches distance is required for every 10 kV higher. (see Appendix 5) If crane operations cannot meet or exceed these minimum safe approach distances from power lines, then the power lines will be deenergized or other protective measures used before work begins.

The Florida Mechanical Systems office will document and maintain records of monthly critical item inspections (brakes, hooks, rope/hoisting...
equipment, etc.) as well as annual crane, hoisting equipment and load-test inspections. All cranes and equipment will be inspected by a designated Competent Person prior to use ensuring the machinery and rigging are safe to operate/use. Any deficiencies will be repaired or defective parts replaced. All crane cabs will contain a charged dry chemical or CO2 fire extinguisher that has been inspected within the past year. Air monitoring will be performed within crane cabs whenever operations are conducted in enclosed/unventilated areas. Oxygen, combustible and toxic gas results will be recorded and operations will cease any time air quality is not within permissible exposure limits for unprotected personnel.

W. W. Gay crane operators will be certified by the National Commission for the Certification of Crane Operators (NCCCO) or equivalent organization. Additionally, certified operators will possess current certifications under DOT requirements for annual medical and drug/alcohol screening. Operators who do not meet these requirements will not operate cranes on any project. All persons flagging a crane operator by line of sight will employ the signals standardized by OSHA and ANSI (B30.5). Any time that line of sight flagging is not possible, operators and flaggers will use dedicated radios for communication. Cellphone/NEXTEL use for crane flagging is forbidden.

**Critical Lifts:** Any crane lift that exceeds 70% of the crane’s capacity at the working radius, requires the use of more than one crane, involves hoisting human beings or employs special hoisting equipment will be considered a critical lift. The Safety Department must be informed of any critical lifts scheduled.

**5.18 Appendix 18: PPE Program (1926.95-98, 1926.100-102, 1926.104)**

All W. W. Gay employees who use personal protective equipment (PPE) will be trained in the proper inspection, use and care of that equipment. The Safety Department and onsite supervisors (Competent Persons) are responsible for this training which will include when PPE is necessary, limitations of it, proper fit and useful lifetime of the equipment.

The company will provide PPE free of charge to employees with the exception of footwear with non-specialty safety toes (regular steel-toed boots/shoes), footwear with built-in metatarsal guards, ordinary work clothing and non-specialty prescription safety eyewear. Replacement PPE
will also be provided without cost to the employee. At no time will
defective or unsanitary PPE be used by any employee.

PPE purchased by the employee can be used for company purposes if it
meets or exceeds relevant ANSI/ASTM standards and has been inspected
by a member of the Safety Department for adequacy and sanitation.
Inspections will be documented and kept on file along with records of all
training.

Refresher training for employees is required when:

1. There are changes in the PPE used.
2. Changes in the workplace make previous training obsolete.
3. An employee demonstrates inadequate knowledge or skill
   concerning the equipment.

W. W. Gay safety policy requires the use of properly worn hardhats and
safety eyewear at all times while working. The Safety Department will
conduct Hazard Analyses as needed on specific jobsites to determine the
correct PPE for the tasks involved. Employees will use the PPE appropriate
for the task at all times. Protective equipment will be increased if the
equipment being used proves insufficient. (i.e. use a faceshield over safety
glasses whenever cutting, grinding, etc.)

5.19 Appendix 19: Respiratory Protection Program (1926.103, 1910.134)

W. W. Gay will make every effort to protect employees from harmful
airborne substances. Whenever it is feasible to do so, we will accomplish
this through:

1. Engineering controls such as ventilation.
2. Substitution with a less harmful substance.
3. Limiting the duration of exposure to the hazard.

Note: Call the Safety Department to verify Exposure Limits for
unprotected personnel.

Any time that these controls, either individually or combined, cannot
adequately protect employees from harmful atmospheres, the company
Respiratory Protection Program will apply. The Program is designed
comply with all regulatory requirements and to identify, evaluate and
control exposure to respiratory hazards. It includes medical screening of
affected employees, selecting and providing respirators appropriate for
the hazard(s), fit-testing and training. Before using a respirator, employees will be trained on various types and their limitations, inspection procedures for the respirator selected in addition to proper wear and storage. The program and any medical surveillance required will be administered by the company Risk Manager. Hazard assessments, respirator selection, training, fit-testing and record-keeping will be carried out by the Safety Inspectors/Trainers. The Safety Department will be notified any time the need for respirators is expected on a jobsite.

If an onsite supervisor or the Safety Department determines that respirators are needed to protect employees, the designated employees will be sent out for a confidential medical evaluation and pulmonary function test. The OSHA medical questionnaire required for respirator use will also be completed at that time. The evaluation will be performed during work hours and at company expense. Once a medical professional has approved the employee(s) for respirator wear, the Safety Department will provide the appropriate training and qualitative fit-testing of a NIOSH approved respirator appropriate for the hazard(s). Fit-test records will indicate the type and size of the respirator, the filters used (if any) and the sensitivity/fit-test agents used. Safety trainers will ensure the quality of the seal of any respirator around the face of the wearer and prohibit items (facial hair, etc.) that may compromise the seal. Wearers will be trained to perform positive and negative seal checks every time the respirator is donned.

At no time will oxygen be used in any W. W. Gay supplied air respirators (escape bottles, SCBA’s, etc.). They will only be filled with Grade D or better “breathable air.” At no time will any W. W. Gay employee with or without a respirator enter an IDLH (immediately dangerous to life and health) atmosphere. The Respiratory Protection Program will be subject to annual review and updated with retraining for employees provided based on PPE changes, exposure conditions, personal health changes, etc. Records of training and fit-testing will be retained in the Safety Department and available for review in accordance with the relevant OSHA requirement. Records of medical evaluations will be retained with the health care provider.
5.20 Appendix 20: Rigging and Material-Handling Program (1926.251)

All rigging and material-handling equipment will be inspected prior to use daily and at the beginning of each shift as necessary to ensure that it is safe and in compliance with OSHA requirements. This includes wire rope, hemp rope, shackles, straps, lifting hooks and keepers, bolts, retaining pins, chokers, etc. Defective equipment will be taken out of service immediately and removed from the work area. No rigging equipment will be loaded beyond the manufacturer’s recommended safe working load for any configuration and all manufacturers’ tags on rigging equipment will be attached and/or legible.

The throat opening on any lifting hook, ball or load block assembly, chain fall, etc. will contain a keeper or other device that prevents accidental slippage/release of the rigging or load. Tag lines appropriate for load(s) will be used whenever possible unless their use creates an unsafe condition. At no time will employees walk or work under a suspended load.

5.21 Appendix 21: Scaffold Program (1926.451)

All employees that construct or work on scaffolds will be trained on related hazards by a qualified person. The Safety Department will train designated supervisors as Competent Persons who will provide employees working under him/her with basic safety information concerning scaffold hazards and controls prior to construction or use. The training will address:

1. Falls and fall protection.
2. Electrical safety.
3. Struck by hazards.
4. Load capacity
5. Other relevant topics.

The Competent Person will inspect all scaffolding prior to use each day and as needed if it is modified or conditions change. The Competent Person will attach an inspection tag on scaffold sections that will be dated and initialed by him/her upon each inspection. Scaffold sections will be re-tagged, dated and initialed whenever modified or conditions change.

1. Red Tag-No personnel allowed on scaffold.
2. Yellow Tag-Fall protection required for personnel on scaffold.
3. Green Tag-Scaffold meets all regulatory requirements for safety.

All Green-tagged scaffolding will contain toe-boards, ladder access extending at least three feet above the highest working surface and a guardrail system meeting the regulatory standard. Walking/working surfaces will be fully planked. Scaffolds that exceed four (4) times the base width in height will be secured vertically to prevent tipping and horizontally depending on its length. The Safety Department will provide retraining or additional training for personnel any time that a deficiency is noted, scaffold systems utilized change, hazard conditions change or as required.

5.22 Appendix 22: Welding & Hot Work Program (1926.350-354)

All employees using welding equipment or oxygen/fuel-gas torches for cutting will be trained in the hazards and qualified in the safe operation of their equipment. Before welding/cutting, any work using an open flame or producing sparks/slag is permitted, the designated Competent Person will ensure that it can be safely performed and a hot-work permit completed as required. No welding or hot-work will be conducted if it cannot be done safely. Protective blinds for welding operations will be erected as needed to protect employees working nearby, personnel in high-traffic areas and as required by the customer.

All welding/cutting equipment will be inspected by the operator prior to use. Oxygen and fuel cylinders will have flash arrestors attached to the regulator on every bottle. Oxygen regulators will be free of oil, dust or residue before attachment. Welding leads will be inspected for exposed conductors and broken/cracked insulation. Any equipment or safety defect found will be reported to the Competent Person and use of the equipment discontinued until repairs are made by a qualified person and safety assured after reinspection. All compressed gas cylinders will be upright and secured in place at all times, full or empty, in use or in storage. Cylinder safety caps will be replaced as soon as regulators are removed. Capped cylinders are considered “in storage” and oxygen cylinders will be separated from fuel products or flammable gases by at least twenty (20) feet of distance or a five (5) foot one-half hour fire rated wall.
Particular emphasis will be placed on fire safety. All fire hazards or combustible materials will be removed from the area if the object(s) to be welded or cut cannot be readily moved. Whenever fire hazards cannot be removed, they will be guarded or otherwise protected from heat, sparks and slag. A fire watch with no other assigned duties is mandatory when:

1. Combustible materials are closer than 35 feet.
2. Wall or floor openings within 35 feet expose combustible materials.
3. Combustible materials are farther than 35 feet but may be easily ignited.
4. Combustible materials are adjacent to a metal partition, roofs, or ceilings.
5. Welding/Hot-work is performed in a location where other than a minor fire could occur.

All fire watches will have an ABC or CO2 fire extinguisher readily available and will be trained in how to use it. The fire extinguisher will be properly charged and inspected within the past year. A fire watch will be maintained for at least one-half hour after the welding/hot-work operations are completed. The time may be increased based on the safety requirements of the specific customer.

Ventilation/Exhaust systems to eliminate harmful fumes, gases and dusts will be used whenever possible. This is particularly important when welding/hot-work takes place in confined spaces and/or involves work on stainless steel, cadmium, lead base or other exotic metals and coatings. Respiratory protection and air-monitoring may also be required when ventilation/exhaust cannot eliminate or reduce the hazard to permissible exposure levels. The Safety Department will be notified in these situations.
SAFETY FORMS
## Accident Investigation Report

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<th>Employee Injury or Illness</th>
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<th>Fleet or Property Damage</th>
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<td>Object/Equipment/Element Inflicting Injury or Illness</td>
<td>Object Inflicting Damage</td>
<td>Registration No.</td>
</tr>
<tr>
<td>Person with Most Control of Object/Equipment/ETC.</td>
<td>Person with Most Control – Inflicting Damage</td>
<td></td>
</tr>
<tr>
<td>Job or Activity at Time of Accident</td>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Exact Location</td>
<td>Date of Occur.</td>
<td>Time</td>
</tr>
</tbody>
</table>

Describe clearly how the accident occurred (what happened?) For all motor vehicle accidents, draw a diagram on the other side.

The cause of the accident: What acts, failure to act, and/or conditions contributed most directly to this accident? Describe an unsafe act and/or unsafe conditions.

Explain specifically why these acts and/or conditions existed?

Loss Severity Potential
- Major
- Serious
- Minor

Probable Recurrence Rate
- Frequent
- Occasional
- Rare

What action has or will be taken to prevent recurrence? (List items, then place an “X” by items completed and date)

Superintendent of Injured Person Date Reviewed by Manager Date

65
MONTHLY AIR COMPRESSOR
DAILY INSPECTION REPORT

Location: ___________________________  Inspection Date: ___________________________  Manufacturer: ___________________________
Model: ___________________________  Inspector: ___________________________  Hour Meter Readings: ___________________________
Equipment #: ___________________________  Company Name: ___________________________  Serial: ___________________________

Verify that all items are Satisfactory, Unsatisfactory, Comments (explain below if needed) or Not Applicable, as appropriate. Air Compressors not in safe operational condition shall be removed from service.

<table>
<thead>
<tr>
<th>Safety Checklist</th>
<th>S</th>
<th>U</th>
<th>C</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
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<tr>
<td>Battery Water</td>
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<tr>
<td>Oil Level</td>
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<tr>
<td>Cooling System</td>
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<tr>
<td>Engine Smoking</td>
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<tr>
<td>Radiator and Hoses</td>
<td></td>
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<tr>
<td>Hydraulic Fluid</td>
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<td>Hydraulic Hoses</td>
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<tr>
<td>Hydraulic Cylinders</td>
<td></td>
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<tr>
<td>Hydraulic Hose Fittings</td>
<td></td>
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<tr>
<td>Gauges</td>
<td></td>
<td></td>
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<tr>
<td>Tires and Wheel Chocks</td>
<td></td>
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<tr>
<td>Fan Belts</td>
<td></td>
<td></td>
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<tr>
<td>Automatic Shutdown System</td>
<td></td>
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<tr>
<td>Front and Rear Seals</td>
<td></td>
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<tr>
<td>Safety Valves</td>
<td></td>
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<tr>
<td>Anti-Freeze</td>
<td></td>
<td></td>
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</tbody>
</table>

Comments:

[Blank space for comments]
CHAIN/ LEVER OPERATED HOIST
INSPECTION RECORD
(QUARTERLY)

Location: ____________________________

Company Name: ______________________

Inspection Date: _____________________

Inspector: ___________________________

<table>
<thead>
<tr>
<th>Equipment (Type &amp; Model)</th>
<th>Serial # or Equipment #</th>
<th>Capacity</th>
<th>Chain</th>
<th>Hook Latch</th>
<th>Appearance</th>
<th>Case</th>
<th>Load Tested</th>
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</tbody>
</table>

Comments:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
**CONFINED SPACE ENTRY PERMIT**

**PART I** General Information
Date: ________  Time: ________  Space To Be Entered: ____________________________

Location/Building: ____________________________
Purpose of Entry: ____________________________
PWQ Number: ______________  Work Permit Number: ____________________________
Date/Time Permit Expires: ____________________________

**PART II** Pre-Entry
Emergency Point of Contact: ____________________________
Means of Notification: Phone, # ____________________________
Radio, Call ID ____________________________

Suspected Atmospheric Contaminant: ____________________________
Suspected Flammable Gas, Vapor, Dust: ____________________________
Material Previously Stored/Processed Within Space: ____________________________
Materials To Be Utilized During Entry: ____________________________

**PART III** Atmospheric Test Results (** Test Results After Ventilation**)

<table>
<thead>
<tr>
<th>Elements of Test</th>
<th>PEL</th>
<th>Test Results</th>
<th>Date/Time</th>
<th>** Test Results</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Oxygen</td>
<td>-19.5 23.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% LEL</td>
<td>≥ 10 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td>35 PPM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrogen Sulfide</td>
<td>10 PPM</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sulfur Dioxide</td>
<td>5 PPM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ammonia</td>
<td>25 PPM</td>
<td></td>
<td></td>
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</tbody>
</table>

Test Instrument: ____________________________  Calibration Date: ____________________________
Calibrated By: ____________________________

**PART IV** Isolation and Preparation

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Requirements</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
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<tbody>
<tr>
<td>Continuous/Periodic Air Monitoring</td>
<td></td>
<td></td>
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<td>Full Body Harness</td>
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<tr>
<td>Lockout/Tagout</td>
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<td>Respiratory Protection</td>
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<tr>
<td>Purge/Flush</td>
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<td></td>
<td></td>
<td>Communication System</td>
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<tr>
<td>Ventilation - General/Exhaust</td>
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<td>Protective Clothing</td>
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<tr>
<td>Explosive Proof Lighting</td>
<td></td>
<td></td>
<td></td>
<td>Traffic Controls</td>
<td></td>
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</tr>
</tbody>
</table>

**PART V** Personnel Working in Confined Space

All Personnel Accounted for: Yes/No
(Attach list should additional space be required)

**PART VI** Confined Space Entry Authorization

Personnel Briefed On Hazards Of Entry: Yes/No  By ____________________________  Date: ____________________________
Manager In Charge of Work: ____________________________  Date: ____________________________
CS Entry Supervisor: ____________________________  Date: ____________________________
Attendant: ____________________________  Date: ____________________________

**PART VII** Periodic Atmospheric Test Results (Document every 2 hours)

<table>
<thead>
<tr>
<th>Elements of Test</th>
<th>PEL</th>
<th>Test Results</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Oxygen</td>
<td>-19.5 23.5%</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td>% LEL</td>
<td>≥ 10 %</td>
<td>/ /</td>
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</tr>
<tr>
<td>Carbon Monoxide</td>
<td>35 PPM</td>
<td>/ /</td>
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<tr>
<td>Hydrogen Sulfide</td>
<td>10 PPM</td>
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<tr>
<td>Sulfur Dioxide</td>
<td>5 PPM</td>
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<tr>
<td>Ammonia</td>
<td>25 PPM</td>
<td>/ /</td>
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</tbody>
</table>
**W.W. Gay Mechanical Contractors, Inc.**

**DAILY HAZARD & JOB SAFETY ANALYSIS**

Date: _______________  

Job Name: _______________  

Job #: _______________  

Task #: _______________

Work Group: _______________  

Start: _______________  

Stop: _______________

Task Description: _______________

---

**Supervisor**  

**Firewatch**  

**Safety Watch**

---

### Work Activity Hazards

- Airborne Particulates
- Chemical Exposure
- Cold/Hot Surfaces
- Congested Areas
- Confined Spaces
- Cranes/Heavy Lifts
- Cranes/Vehicle Work Platforms
- Electrical Shock
- Excavation Hazard
- Fall Potential
- Fire/Explosion Hazard
- High Noise
- Heat Stress
- Hot Tap
- Housekeeping
- Inadequate Anchorage(s)
- Inhalation/Ingestion Hazards
- Ladders/Scaffolding Inspection
- Lifting Hazards to Backs/Body
- Line Breaking/Equip. Opening
- Overhead Hazards
- Oxygen Deficiency
- Pinch Points
- Poor Access/Egress
- Pressurized System/Piping
- Poor/Restricted Lighting
- Rigging Hazards
- Sharp Objects/Punctures
- Slip/Trip Hazards
- Weather Hazards/Ice, Rain, Wind
- Welding/Burning Hazards
- Overhead Power Lines
- Underground Hazards
- Other

### Particulate/Chemical Exposure Hazards

- N/A
- Acids
- Anhydrous Ammonia
- Asbestos
- Asphalt
- Benzene
- Caustic
- Chlorine
- Condensate/Boiler Feed
- Concrete Dust
- Diesel
- Gasoline
- Hydrogen Sulfide (H₂S)
- Lead Paint
- MEK
- Natural Gas
- Steam
- Toluene
- Water Contaminated
- Other

### Specialized Procedures & Equipment

- N/A
- Supplied Air Respirators/SCBA
- Chemical Suit
- Electrical Lockout
- Confined Space Entry
- Asbestos Abatement
- Excavations/Shoring
- Crane-Suspended Platform
- Work on Energized Electrical or Mechanical System
- Lockout/Tagout & Isolation of Systems (Block/Bleed)
- Scaffolding
- Crane/Lift Study
- Hot Tap
- Housekeeping
- Line Breaking (Isolate & Depress)
- Other-Notify Safety Dept.

---

**Work Permits Required**

- N/A
- Hot Work
- Confined Space Entry
- Excavation
- Line-Breaking
- Area Entry
- Personnel Basket
- Other

---

**Personnel Protection Devices**

- Anchorage(s)
- Barricades (Tape/Signs)
- Fire Blanket/Extinguisher/Hose
- Fire Watch/Safety Attendant
- Ventilation/Fresh Air
- Equipment Grounding/GFCI
- Ladders/Scaffolding
- Positioning System
- Fall Protection System/Device
- Safety Shields/Netting
- Safety Shower/Eye Wash
- Vapor Proof/Explosive-Proof Lighting
- Other

---

**Emergency Action Plan**

**Emergency Contact Number(s)**

**Evacuation Route(s) & Assembly Area**

**Identified with Personnel? Yes / No**

**MSDS Available:** Yes / No

---

*Form Date-4 May 2007*
<table>
<thead>
<tr>
<th>Equipment and Location</th>
<th>Equipment Serial Number</th>
<th>Date Tested</th>
<th>Good</th>
<th>Bad</th>
<th>Date Repaired</th>
<th>Date Tested</th>
<th>OHMS Reading</th>
<th>Inspected By</th>
<th>Remarks Include Repairs</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
This inspection record does not relieve employees of the responsibility for making a pre-job inspection of the fire extinguishing equipment prior to use.

<table>
<thead>
<tr>
<th>Fire Extinguisher Number</th>
<th>Location of Extinguisher</th>
<th>Fully Charged (OK or N/A)</th>
<th>Pin (OK or N/A)</th>
<th>Handle</th>
<th>Hoses and Fittings (OK or N/A)</th>
<th>General Condition (OK or Corroded, OK or N/A)</th>
<th>Rusty or Pitted (OK or N/A)</th>
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Comments:
**FIRST REPORT OF INJURY OR ILLNESS**

**FLORIDA DEPT. OF LABOR & EMPLOYMENT SECURITY**  
**DIVISION OF WORKERS' COMPENSATION**  
For assistance call 1-800-342-1741  
or contact your local EAO Office  
Report all deaths within 24 hours (904) 488-3044

**PLEASE PRINT OR TYPE**

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
<th>Date of Accident (Month/Day/Year)</th>
<th>Time of Accident</th>
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</thead>
<tbody>
<tr>
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</table>

**EMPLOYEE INFORMATION**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Injured Body Part Affected</th>
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<tbody>
<tr>
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</table>

**DATE OF BIRTH**

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<th>F</th>
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<table>
<thead>
<tr>
<th>Employment Information</th>
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<tbody>
<tr>
<td>Company Name: W.W. Gay Mechanical Contractor, Inc.</td>
</tr>
<tr>
<td>D.B.A.:</td>
</tr>
<tr>
<td>Street: 524 Stockton St.</td>
</tr>
<tr>
<td>City: Jacksonville, State: FL, Zip: 32204</td>
</tr>
<tr>
<td>Telephone: 904-388-2696</td>
</tr>
</tbody>
</table>

**FEDERAL I.D. NUMBER (FEIN)**

| 59-0977396 |

**DATE FIRST REPORTED (Month/Day/Year)**

**NATURE OF BUSINESS**

| Construction |

**POLICY/MEMBER NUMBER**

| Self-Insured Audit #9910 |

**DATE EMPLOYED**

|  |

**LAST DATE EMPLOYEE WORKED**

|  |

**RETURNED TO WORK**

|  YES | NO |

**IF YES, GIVE DATE**

|              |

**DATE OF DEATH (If applicable)**

|  |

**AGREE WITH DESCRIPTION OF ACCIDENT?**

|  YES | NO |

**WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP?**

|  YES | NO |

**LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP**

|  |

**RATE OF PAY**

| $  |

**PER**

| HR | WK | PER | DAY | MO |

**Number of hours per day**

|  |

**Number of hours per week**

|  |

**Number of days per week**

|  |

**NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL**

**CARRIER INFORMATION**

<table>
<thead>
<tr>
<th>1. Case Denied—DWC-12, Notice of Denial Attached</th>
<th>2. Medical Only which became Lost Time Case (Complete all info in #3)</th>
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</thead>
<tbody>
<tr>
<td>3. Lost Time Case – 1st day of disability</td>
<td>Salary continued in lieu of comp?  YES</td>
</tr>
<tr>
<td>Date First Payment Mailed</td>
<td>Comp Rate</td>
</tr>
</tbody>
</table>

**REMARKS:**

|  |

**CARRIER NAME, ADDRESS & TELEPHONE**

| Commercial Risk Management, Inc. |
| P.O. Box 18366 |
| Tampa, Florida 33679-8366 |
| 813-289-3900 |

**Is employer self-insured?**

|  YES | NO |

**CARRIER CODE #**

| 0042 |

**EMPLOYEE'S RISK CLASS CODE**

|  |

**EMPLOYER'S SIC CODE**

|  |

**SERVICE CONTRACT CODE #**

|  |

**CARRIER FILE #**

| 0042 |

|  |

**LEG Form DWC-1 (11/84)**
FORKLIFT TRUCK INSPECTION REPORT

Company Name: ___________________________ Inspection Date: ___________________________
Manufacturer: ___________________________ Model: ___________________________
Inspector: _______________________________ Equipment #: ___________________________
Serial#: _________________________________

Verify that all items are Satisfactory, Unsatisfactory, Comments (explain below if needed) or Not Applicable as appropriate. Forklifts not in safe operational condition will be removed from service.

<table>
<thead>
<tr>
<th>Safety Checklist</th>
<th>S</th>
<th>U</th>
<th>*C</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clutch Operation</td>
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<tr>
<td>Inching Control</td>
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<tr>
<td>(Auto Transmission)</td>
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<tr>
<td>Shifting Control</td>
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<tr>
<td>Steering</td>
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<tr>
<td>Service Brake</td>
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<tr>
<td>Parking Brake</td>
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<tr>
<td>Tilt Control</td>
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<td>Lift Control</td>
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<tr>
<td>Attachment Control</td>
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<tr>
<td>Hydraulic Hoses</td>
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<tr>
<td>Fork Condition</td>
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<td>Chain Pulley</td>
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<td>Data Plates Legible</td>
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<tr>
<th>Convenience Check</th>
<th>S</th>
<th>U</th>
<th>*C</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Cooling System</td>
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<tr>
<td>Lights- Head, Tail &amp; Warning</td>
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<tr>
<td>Horn</td>
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<td>Battery Water</td>
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<td>Tires</td>
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<td>Oil Level</td>
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<td>Gauges</td>
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<tr>
<td>Hydraulic Fluid</td>
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<tr>
<td>Fire Extinguisher</td>
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<td>Back Up</td>
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<tr>
<td>Alarm</td>
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<tr>
<td>Chain Lubrication</td>
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<tr>
<td>Seat belt</td>
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</table>

Operating Instructions:
1. Do not raise wheels with boom.
2. Do not tow machine.
3. Do not perform maintenance.
4. Notify your immediate supervisor if maintenance is required.

Comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
WEEKLY LADDER INSPECTIONS

INSPECTED BY: ____________________________ COMPANY NAME: ____________________________
LOCATION: ____________________________ DATE: ____________________________

This inspection record does not relieve employees of the responsibility for making a pre-job inspection of the ladders and equipment prior to use. Non-conductive ladders shall comply with ANSI 14.5.

Inspection of all ladders shall visually determine the following:
- Rungs and side rails free from defects
- Side rails free of sharp edges
- Joints between rungs and rails tight
- Rungs free of oil and grease
- Safety shoes in good condition
- Hardware and fittings securely attached and in good operation
- Ladders properly identified
- Extension ladders must have a safety catch to lock the position of extension
- ½ inch rope for securing ladder and rope condition

<table>
<thead>
<tr>
<th>Ladder Number</th>
<th>Step or Extension Ladder &amp; Size</th>
<th>Foot pads or Steps (OK or N/A)</th>
<th>Rungs or Steps (OK or N/A)</th>
<th>Risers (OK or N/A)</th>
<th>Support Risers (OK or N/A)</th>
<th>Safety Rope (OK or N/A)</th>
<th>Spreader Braces (OK or N/A)</th>
<th>Gusset or Rung Bracing (OK or N/A)</th>
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<tbody>
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Comments: ____________________________________________________________
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HAZARDOUS ENERGY CONTROL
LOCKOUT/ TAGOUT INSPECTION

Inspected By: __________________________  Company Name: __________________
Area: ________________________________  Date: ____________________________

**** This inspection record does not relieve employees of the responsibility for making a pre-job inspection of the Hazardous
Energy Control Procedures in place to ensure compliance is met. *****
*** Fill in all Lockout sections with either “Yes”, “No”, or “N/A” ***
** If “No” is used, you must provide detailed explanation in comments section below. **

<table>
<thead>
<tr>
<th>System Location</th>
<th>Electrical Lockout</th>
<th>Instrumentation Lockout</th>
<th>Piping Lockout</th>
<th>Hydraulic Lockout</th>
<th>Pneumatic Lockout</th>
<th>Other Lockout</th>
<th>Inspectors Initials</th>
<th>Date of Inspection</th>
</tr>
</thead>
<tbody>
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</table>

Comments:

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**JLG/ MANLIFT EQUIPMENT OPERATOR DAILY INSPECTION REPORT (DAILY)**

Equipment inspection checklist to be filled out at the beginning of each shift using this equipment.

- **Company Name:**
- **Inspection Date:**
- **Manufacturer:**
- **Model:**
- **Inspector:**
- **Equipment #:**
- **Serial #:**

Verify that all items are Satisfactory, Unsatisfactory, Comments (explain below if needed) or Not Applicable as appropriate. JLG’S/ MANLIFT’S not in safe operational condition will be removed from service.

<table>
<thead>
<tr>
<th>Safety Checklist</th>
<th>S</th>
<th>U</th>
<th>*C</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot Operated</td>
<td></td>
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<tr>
<td>Lift Control Up &amp; Down</td>
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<tr>
<td>Swing Control Right and Left</td>
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<tr>
<td>Basket Handrail, Gate &amp; Gate Latches</td>
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<tr>
<td>Boom Extension Control In &amp; Out</td>
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<tr>
<td>Basket Floor Condition-Mud, Trash or Other</td>
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<tr>
<td>Non essential Materials</td>
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<tr>
<td>Emergency Power Control</td>
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<tr>
<td>Exhaust System</td>
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<tr>
<td>Operate within stated capacities only</td>
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<tr>
<td>Instrument Panel</td>
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<tr>
<td>Steering</td>
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<tr>
<td>Basket Level Control</td>
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</table>

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<tr>
<th>Safety Check</th>
<th>S</th>
<th>U</th>
<th>*C</th>
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</thead>
<tbody>
<tr>
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<td>Oil Level</td>
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<tr>
<td>Battery</td>
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<td>Water</td>
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<td>Horn</td>
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<td>Tires</td>
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<tr>
<td>Turntable</td>
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<td>Fire</td>
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<td>Extinguisher</td>
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</tbody>
</table>

**Operating Instructions:**

1. Do not raise wheels with boom.
2. Do not tow machine.
3. Do not perform maintenance.
4. Notify your immediate supervisor if maintenance is required.

**Comments:**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
NEAR MISS INCIDENT REPORT

Date: ___________________  Date of Incident: ___________________  Job #: ___________________

Incident Location: ________________________________________________________________

General Contractor: ______________________________________________________________

Describe the Incident: _____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Names of Persons Involved: _________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Describe any Damage to Property/Equipment _______________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What needs to be done to avoid the Incident occurring again? _________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Form Completed by: _______________________________________________________________

(WW Gay Safety Dept.-Jan. 2008)
# NYLON CHOKER INSPECTION (MONTHLY)

**JOB NUMBER:**

**INSPECTOR:**

**LOCATION:**

**DATE:**

<table>
<thead>
<tr>
<th>Sling Number</th>
<th>Broken or Cut Fibers</th>
<th>Variation in Roundness</th>
<th>Rotting or Brittle Wear</th>
<th>Excessive Wear</th>
<th>Kinked or Distorted</th>
<th>Corrosion</th>
<th>Heat Damage</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Yes</td>
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</table>

**COMMENTS:**

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PORTABLE ELECTRICAL TOOLS
INSPECTION REPORT
(MONTHLY)

Date: ____________

Company: ___________________ Area: ____________ Inspector: ____________

<table>
<thead>
<tr>
<th>Description Number</th>
<th>Type</th>
<th>Visual Condition</th>
<th>Case Condition</th>
<th>Cord Condition</th>
<th>Blade Condition</th>
<th>Guard Condition</th>
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Denotes:

E = Excellent
G = Good
S = Satisfactory
P = Poor
N = Non-Existant
B = Broke or Bent
Retractable Reel Lifeline
Inspection Report

AREA: ___________________________ INSPECTOR: ___________________________ DATE: ___________________________

<table>
<thead>
<tr>
<th>Description</th>
<th>Cable or Webbing Condition</th>
<th>Casing Condition</th>
<th>Choker and Shackle Condition</th>
<th>Carabiner Condition</th>
<th>Safety Latch Condition</th>
<th>¼” Rope for Lowering</th>
<th>Nut, Bolt Assembly Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Good</td>
<td>Bad</td>
<td>Good</td>
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COMMENTS: ____________________________________________
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SAFETY HARNESS INSPECTION  
(QUARTERLY)

INSPECTED BY: ___________________________  COMPANY NAME: ___________________________
DATE: ___________________________

This inspection record does not relieve employees of the responsibility for making a pre-use inspection of the harness and lanyard. Verify all items are by a Satisfactory (S) or Unsatisfactory (U). Any harness found to be unsatisfactory shall be removed from service and returned to the Tool Room.

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Stitching</th>
<th>Hardware Buckle/ D Ring</th>
<th>Rivets</th>
<th>Lanyards</th>
<th>Tongue(s)</th>
<th>Webbing</th>
<th>Inspectors Initials</th>
<th>Date of Inspection</th>
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<tbody>
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This inspection record does not relieve employees of the responsibility for making a pre-use inspection of the harness and lanyard.
SCISSOR/VERTICAL LIFT
PRE-SHIFT INSPECTION REPORT

DATE: ___________________________ EQUIPMENT I.D.#: ___________________________

OPERATOR'S NAME OR I.D.#: ___________________________ HR. METER READING: ___________________________

SHIFT: ___________________________

PRE-SHIFT INSPECTION: Before use each day or at the beginning of each shift, the aerial platform shall be given a visual inspection and functional test including but not limited to the following:

<table>
<thead>
<tr>
<th>DAILY INSPECTION CHECK LIST</th>
<th>OK</th>
<th>NEED ATTENTION/REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. &quot;OPERATING&quot; AND &quot;EMERGENCY&quot; CONTROLS</td>
<td></td>
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<tr>
<td>2. SAFETY DEVICES</td>
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<td>3. PERSONAL PROTECTIVE DEVICES, INCLUDING FALL PROTECTION</td>
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<tr>
<td>4. AIR, HYDRAULIC AND FUEL SYSTEM(S) LEAKS</td>
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<tr>
<td>5. CABLES AND WIRING HARNESS</td>
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<tr>
<td>6. LOOSE OR MISSING PARTS</td>
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<tr>
<td>7. TIRES AND WHEELS</td>
<td></td>
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<tr>
<td>8. PLACARDS, WARNINGS, CONTROL MARKINGS AND OPERATING MANUAL(S)</td>
<td></td>
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<tr>
<td>9. OUTRIGGERS, STABILIZERS, EXTENDIBLE AXLES AND OTHER STRUCTURES</td>
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<tr>
<td>10. GUARD RAIL SYSTEM.</td>
<td></td>
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<tr>
<td>11. ITEMS SPECIFIED BY MANUFACTURER.</td>
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</tbody>
</table>

Any problems or malfunctions that affect the safety of operations shall be repaired prior to the use of the aerial platform.

SUPERVISOR

ADDITIONAL REMARKS:

______________________________
______________________________
______________________________
______________________________

IVES & ASSOCIATES
SLING INSPECTION (MONTHLY)

JOB NUMBER: ___________________________  INSPECTOR: ___________________________

LOCATION: ___________________________  DATE: ___________________________

<table>
<thead>
<tr>
<th>Sling Number</th>
<th>Broken Wires at End</th>
<th>Broken wires in one (1) rope lay</th>
<th>Broken wires in one (1) strand</th>
<th>Excessive Wear</th>
<th>Kinked or Distorted</th>
<th>Corrosion</th>
<th>Heat Damage</th>
<th>Other</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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COMMENTS:

_________________________________________________________________________
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_________________________________________________________________________
WELDING MACHINES AND PORTABLE GENERATORS
DAILY INSPECTIONS

INSPECTED BY: ________________________________  COMPANY NAME: ________________________________
LOCATION: ________________________________  DATE: ________________________________

This inspection record does not relieve employees of the responsibility for making a pre-job inspection of the equipment prior to use.

- Condition of welding leads/cables
- Condition of post conditions
- Condition of electrode holder
- Operating Condition
- Condition of trailer hitch assembly

<table>
<thead>
<tr>
<th>Equipment Number and Type</th>
<th>Ground Cable (OK or N/A)</th>
<th>GFCI Outlets (OK or N/A)</th>
<th>Fire Extinguisher (OK or N/A)</th>
<th>Tires and Wheel Chocks (OK or N/A)</th>
<th>Oil Level (OK or N/A)</th>
<th>Gauges (OK or N/A)</th>
<th>Battery Condition (OK or N/A)</th>
<th>Cooling System (OK or N/A)</th>
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Comments: ________________________________________________________________

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