

Employee Safety and Training Plan

for

Papa Bear Farms

Revised: Sept. 2020

Retail Transport-Only

SAFETY PROGRAM AND POLICY

General Policy

Papa Bear Farms is committed to providing a safe and enjoyable workplace that is free of recognized safety hazards. We strive to maintain a high standard of safety throughout all our operations and to ensure that no employee is required to work under any conditions, which are hazardous or unsanitary.

Each individual within our organization is responsible for safety. By accepting mutual responsibility to operate safely, we will all contribute to the safety and well being of our fellow co-workers.

Responsibilities

Responsibilities for safety and health include the establishment and maintenance of an effective communication system between workers, supervisors and management.

Specific safety and health responsibilities for company personnel are as follows:

- A. **Owners and Managers.** Owner and manager participation in and support of safety and health programs are essential. Managers will participate in safety meetings, accident investigations and work site inspections. Managers will be accountable for safety and injury prevention performance in their specific work areas.

- B. **Supervisors.** The safety and health of the employees they supervise is a primary responsibility of our supervisors. Supervisory duties include:
 - 1. Ensure that all safety and health rules, regulations, policies and procedures are understood by conducting pre-job safety orientations with all workers and reviewing rules as the job or conditions change or when individual workers show a specific need.
 - 2. Require the proper care and use of all required personal protective equipment.
 - 3. Identify and eliminate job hazards expeditiously through monthly safety inspections.
 - 4. Inform and train all employees on the hazardous chemicals they MAY encounter under normal working conditions or during an emergency situation.
 - 5. Conduct monthly safety meetings.
 - 6. Receive and take initial action on employee suggestions.
 - 7. Train employees (new and experienced) in the safe and efficient methods of performing their jobs and operating equipment.
 - 8. Review injury trends and establish prevention measures.
 - 9. Attend safety meetings and actively participate in addressing any safety suggestions.
 - 10. Encourage employee participation in the safety and health program.

- C. **Employees.**
 - 1. Follow all job safety rules which apply to their specific jobs.
 - 2. Report hazardous conditions to their supervisor.
 - 3. Attend and take active part in safety meetings.
 - 4. Report all on the job injuries promptly.

5. Report all equipment damage to supervisor immediately.
6. Follow instructions - ask questions of your supervisor when in doubt about any part of the job.
7. Observe and comply with all safety signs and regulations.
8. Only operate equipment you are qualified to operate. When in doubt, ask for directions.
9. Bring any safety concerns to the attention of management.

GENERAL SAFETY RULES

1. Always store materials in a safe manner. Tie down or support piles if necessary to prevent falling, rolling or shifting.
2. Do not block aisles, traffic lanes, fire exits, gangways or stairs.
3. Avoid shortcuts - use ramps, stairs, walkways, ladders, etc.
4. Do not use tools with split, broken or loose handles, burred or mushroomed heads. Keep cutting tools sharp and carry all tools in a container.
5. All electrical power tools (unless double insulated), extension cords and equipment shall be properly grounded.
6. All electrical power tools and extension cords shall be properly insulated. Damaged cords shall be replaced.
7. Know the location and use of fire extinguishing equipment and the appropriate emergency response procedures.
8. Proper guards or shields must be installed on all power tools before use. Do not use any tools without the guards in their proper working condition.
9. Do not operate any power tool or equipment unless you are trained in its operation and authorized to use it.
10. Use tools only for their designed purpose.
11. Do not remove, deface or destroy any warning, danger sign or barricade, or interfere with any form of protective device or practice provided for your use or which is being used by others.

SAFETY DISCIPLINARY POLICY

Our company believes that in order to maintain a safe and healthy workplace that the employees must observe all company policies as they relate to safety on the job. The following disciplinary policy is in effect and will be applied to all safety or health violations.

The following steps will be followed unless in the unlikely event that the seriousness of the violation would dictate going directly to Step 2 or Step 3.

1. A first time offense will be discussed orally between the supervisor and the employee. This will be done as soon as possible.
2. A second time offense will be followed up in written form and a copy of this written documentation entered into the employee's personnel folder.
3. A third time violation will result in time off or possible termination, depending upon the seriousness of the violation.

EMPLOYEE ORIENTATION SAFETY CHECKLIST

Employee's Name _____

Job _____ Date Hired _____

This checklist is a guideline for conducting employee safety orientation for employees new to ***(Add company name here)*** . Once completed and signed by both supervisor and employee, it serves as documentation that orientation has taken place.

Place a check in each box to indicate that the subject has been covered.

Explain the Company Safety Program. Including:

- 1. Orientation
- 2. On the job training
- 3. Safety meetings
- 4. Incident investigation and injury reporting
- 5. Disciplinary action procedures

Personal protective equipment required.

Line of communication and responsibility

General overview of operation, procedures, methods and hazards as they relate to the specific job and duties.

Pertinent safety rules.

First aid supplies, equipment, and training.

Emergency action plan.

How, when, and to whom, to report all injuries.

Disciplinary procedures for violation of safety rules.

Other items _____

NOTE TO EMPLOYEE: DO NOT SIGN unless ALL items are covered and ALL questions are answered satisfactorily.

Date _____

Supervisor's signature _____

Date _____

Employee's signature _____

PERSONAL WORK RULES

- Report every injury, no matter how slight, to your supervisor immediately.
- Horseplay, fighting, gambling, possession of firearms and possession or use of alcoholic beverages or drugs, except as prescribed by a qualified physician, are strictly forbidden.
- Running on any agricultural site is strictly prohibited except in extreme emergencies.
- Wear clothing suitable for the weather and your work. Torn, loose clothing, cuffs, sleeves, etc. are hazardous and could cause injuries.
- Jewelry (rings, bracelets, neck chains, etc.) should not be worn.
- Hair must be worn at a length which will prevent it from being snagged or caught in the work process. Hair longer than shoulder length must be restrained, and up and out of the way. Simply tying back the hair may be more hazardous and may result in full scalping versus a partial loss of hair should it be caught in equipment.
- Proper eye protection must be worn where you are exposed to flying objects, dust, harmful rays, chemicals, flying particles, etc.
- Proper footwear must be worn on all agricultural sites; safety boots are highly recommended. The wearing of sport shoes, sandals, dress shoes and similar footwear is prohibited.
- Always use gloves, aprons or other protective clothing when handling rough materials, chemicals, and hot or cold objects.
- Special safety equipment is for your protection. Use it when required. Keep it in good condition and report loss or damage of it immediately.

PROCEDURE FOR INJURY OR ILLNESS ON THE JOB

A. Owner or supervisor immediately take charge.

1. Call 911 or local EMT service.
2. Provide first aid as needed.
3. Arrange for transportation depending on seriousness.
4. Notify management if not already present.
5. Do not move anything unless necessary, pending investigation of incident.
6. Accompany or take injured person to doctor, hospital, home, etc. (depending on extent of injuries).
7. Take injured person to family doctor if available.
8. Remain with injured person until relieved.
9. When the injured person's immediate family is known by the management or supervisor, they should properly notify these people, preferably in person or have an appropriate person do so.

B. Documentation

1. Minor injuries (requiring doctor / outpatient care). After the emergency actions following an incident, an investigation of the incident will be conducted by the supervisor. The findings shall be documented on an incident investigation form.
2. Management is required to notify the Department of Labor –OSHA, within 8 hours, when a fatality occurs. Serious injuries also need to be reported within 8 hours to OSHA when 3 or more employees are hospitalized in an in-patient status as a result of the same event. OSHA's toll-free number is **1-800-321-OSHA(6742)**.

Near Misses

1. All near misses (close calls) shall be reported to supervisor and investigated.
2. Near misses will be reviewed at monthly safety meetings or sooner if the situation warrants.

Safety Meeting

Company Name		Address	
Date	Time	# of employees attending	
Subjects discussed			

Minutes:

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Attendees:

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Trainer Comments:

EMPLOYEE'S REPORT OF INJURY FORM

Instructions: This form can be used to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This information will help identify and correct hazards before they cause serious injuries. This form should be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Employer:
Your signature (optional):	Date:

EMERGENCY PREPAREDNESS	
<input type="checkbox"/>	Are emergency numbers, including the name of the nearest emergency medical facility, posted in accessible areas?
<input type="checkbox"/>	Are fire extinguishers kept in each building near the exits, near flammable material storage, and hazardous operations ?
<input type="checkbox"/>	Are extinguishers visually inspected monthly and serviced annually to ensure proper charge?
<input type="checkbox"/>	Have employees received hands-on training on how to use a fire extinguisher to extinguish incipient stage (i.e., beginning, initial) fires?
<input type="checkbox"/>	Are exit doors and exit pathways maintained clear?
<input type="checkbox"/>	Are exit doors labeled as exits and equipped with illuminated exit signs?
<input type="checkbox"/>	Are manure pits fenced and/or posted with signs stating "Warning, Manure Pit, Do Not Enter" or similar language?
PERSONAL PROTECTIVE EQUIPMENT/HAZARD ASSESSMENT	
<input type="checkbox"/>	Has a Personal Protective Equipment (PPE) assessment form been completed and requirements established for the use of PPE?
<input type="checkbox"/>	Are safety glasses with sideshields, at a minimum, required in the shop and during other activities where there is the hazard of eye injuries due to flying particles, dirt, etc?
<input type="checkbox"/>	Is there an emergency station eyewash provided in the shop and emergency eyewash bottles provided in vehicles where there is the potential for eye contact with injurious or corrosive materials (i.e., cleaners, dirt, solvents, etc.)?
<input type="checkbox"/>	Are steel-toed shoes/boots required in the shop and during other activities where there are potential foot injuries due to crushing or puncture (i.e., heavy equipment, vehicles, material handling)?
BACK INJURY PREVENTION/SAFE LIFTING	
<input type="checkbox"/>	Have employees been trained in safe lifting/back injury prevention techniques (i.e., posture, help with lifts, use carts and tools, minimize twisting, etc.)
Housekeeping/Walking-Working Surfaces	
<input type="checkbox"/>	Is adequate lighting/emergency lighting provided in the shop?
<input type="checkbox"/>	Are floors free of debris, clutter, and slip/trip hazards?
<input type="checkbox"/>	Are storage shelves/racking rated for the weight of the load and anchored to the wall and floor?
<input type="checkbox"/>	Are stacked materials stable, aligned, and stacked to a safe height?
LADDERS	
<input type="checkbox"/>	Are damaged ladders repaired or replaced (i.e., bent rungs, broken welds, missing feet)?

<input type="checkbox"/>	
<input type="checkbox"/>	Are ladders firmly secured to roof, platform, object when climbing (i.e., prevent sliding/slipping)?
Vehicle Use Policy	
<input type="checkbox"/>	Is there a written vehicle policy that requires drivers to wear seat belts and prohibits the use of cell phones while driving?
<input type="checkbox"/>	Are employee motor vehicle records (MVRs) reviewed at time of hire and on an annual basis?
<input type="checkbox"/>	Are employees that operate powered vehicles (i.e., forklifts, scissors-lifts, bobcats) properly trained and has this training been documented?
Comments/Other Observations	