

# Health & Safety Orientation for New Employees



The safety and health of all Hilscher-Clarke employees is a prime concern to management and a vital element to our continued success and growth. Because of this Hilscher-Clarke is committed to providing safe and healthful working conditions for its employees, sub-contractors, vendors and visitors. Hilscher-Clarke will conduct all operations and activities in a manner that protects human health and quality of life.

- All Hilscher-Clarke employees are expected to comply with the company's safety policies and procedures.
- Safe work practices and behavior will play an essential role in individual "Employee Performance Evaluation's".
- Management will strive to create an environment where a genuine concern for safety is accomplished through example, involvement, training, equipment, and employee recognition.
- Management will accomplish "safety in the workplace" by constantly *evaluating* the work site/areas, employee training, and its daily operating procedures. In order to ensure the safety of its employees, visitors, and contractors, management will *control* any changes that may effect these issues and individuals.
- Hilscher-Clarke will establish, implement and seek to continuously improve sound occupational health and safety policies and programs that comply with or exceed all applicable health and safety laws and regulations. Where existing laws and regulations are deemed inadequate, the company will adopt its own health and safety standards.
- Hilscher-Clarke has outlined, in its individual safety policies and procedures, a means and method of communication for employee's to voice their concerns on safety issues and policies. We strongly encourage any and all employees to voice their concerns and ideas about safety practices and policies.

We believe that most accidents can be avoided by using sound work practices and personal initiative. Supervisory personnel in charge of each aspect of our operations, will teach and guide employees unfamiliar with safe conditions and practices. Additional information on various safety topics and issues can be found in the individual safety policies and procedures, and the Appendix sections of these policies. Each employee shall be responsible for his/her performance and adhering to our safety rules.

The prevention of employee injuries is of the utmost importance to Hilscher-Clarke and a key ingredient to the continued success and growth of our organization. We urge all our employees to join with us to make Hilscher-Clarke the safest possible place to work.

## Basic Instructions For New Employees

To ensure an effective program, employees must be trained in safe work practices. Supervisory Personnel (or the designated "Competent Person") are responsible for seeing that these practices are followed and that updated training occurs as needed.

All new employees, including permanent, temporary, and part-time employees receive, at a minimum, the following instruction [See New Employee Safety Orientation Checklist (includes supervisory personnel's instructions and guidelines for presentation)]:

- Reporting procedures for fire, police, or medical emergencies.
- Evacuation procedures during an emergency. *This will be specific to the area the employee is assigned to work in.*
- The locations of fire alarm pull stations (in existing structures) and fire extinguishers. Employees should not attempt to use a fire extinguisher unless they have been specifically trained (including hands-on) to do so.
- Procedures for reporting all accidents and incidents to their immediate supervisor (or designated Competent Person) and filling out a the "Company's" First Report of Injury/Illness Report form, which is available from their immediate supervisor or Office Staff.
- Procedures for reporting unsafe conditions or acts to their immediate supervisor or Competent Person (Appendix C – Hazard Notification Form) and, when possible, taking action to correct unsafe conditions [i.e., wiping up small, non-toxic spills, removing debris from designated walkways, observing PPE requirements (Appendix F)].
- The location and identification of first-aid kits (if applicable emergency eye wash stations) and the company's trained designated First-Aid Responders.
- Description of the "Company's" Hazard Communication Program, including identification of areas where hazardous materials are stored or used.
  - Location and availability of Material Safety Data Sheets (MSDSs);
  - An explanation of Hazard Communication Labeling requirements and any labeling system used at the work station, work site and/or existing structure (i.e., HMIS or NFPA);
- Identification and explanation of all warning signs and labels used in their immediate work area.
- Instruction in the use, care, storage and replacement of any Personal Protective Equipment (PPE) employees may be required to use.
- If applicable, who the site's Competent Person is, what the Competent Person's role and responsibilities for the work site are.



## Instruction/Explanation for New Employee Safety Check List Form

In order to provide consistency Hilscher-Clarke has developed the following basic guidelines to be utilized during the orientation process. If additional information is needed consult the "Company's" individual safety programs/policies or contact Hilscher-Clarke designated Safety Representatives, who will then direct you as to how to proceed with the training.

**Reporting Emergencies** – To report a situation requiring the attention of police, medical or fire personnel, dial the numbers listed on the Emergency Instruction sheet posted in your work area. Additional phone numbers and/or instructions will be posted by each phone. (At this point show the employee our Emergency Instruction sheet on the next page and review the each listing on the example below).



<b>Emergency Instructions for</b>		
<b>The following people are responsible in the event of an emergency situation:</b>		
Specific Area of Responsibility	Name	Extension
FIRST AID	John Doe	Cell Phone (330)555-1111
FIRE	Local Fire Department	Dial 911
SPILL RESPONSE		Dial 911
<b>Emergency Phone Numbers</b>		
Fire Department: City of Akron	Dial 911.	
Police Department: City of Akron	Dial 911.	
Ambulance Service: Same as Fire Dept.	Dial 911.	
Universal Emergency: Same as Fire Dept.	Dial 911.	
<b>First Aid Responders &amp; First Aid Stations</b>		
<b>Primary 1<sup>st</sup> Aid Station is located at:</b> Supervisor's Truck		<b>Secondary 1<sup>st</sup> Aid Station is located at:</b> Not Available
1 <sup>st</sup> Aid Provider & Hours Available: John Doe 7:00am to 3:00pm	1 <sup>st</sup> Aid Provider & Hours Available:	1 <sup>st</sup> Aid Provider & Hours Available:
1 <sup>st</sup> Aid Provider & Hours Available:	1 <sup>st</sup> Aid Provider & Hours Available:	1 <sup>st</sup> Aid Provider & Hours Available:
<p><b>When an emergency evacuation is announced and if time permits:</b></p> <ol style="list-style-type: none"> <li>1. Shut off all power to machinery, fans, and equipment.</li> <li>2. Turn off all natural gas operations (heaters only).</li> <li>3. Close all windows (if applicable) and clear all blocked aisles.</li> <li>4. Walk rapidly, <b>DO NOT RUN</b>, to the nearest "EXIT".</li> <li>5. Wait in designated meeting areas for further instructions.</li> </ol> <p>Hilscher-Clarke will have trained and authorized Fire Personnel assigned to fight incipient or small fires with a fire extinguisher. Do not attempt to fight an incipient or small fire, with a fire extinguisher unless you have been trained and authorized.</p>		
<p><b>Designated Meeting Area (Except During Tornadoes):</b></p> <p><b>Immediately across the street. Wait on the sidewalk for your immediate supervisor, or a designated representative from Hilscher-Clarke. Do not leave the area until you have been told you can leave by your immediate supervisor, our designated safety representative, or any other member of Management staff.</b></p>		

# Emergency Instructions

The following people are responsible in the event of an emergency situation:

Area of Responsibility	Name	Phone & Extension

## EMERGENCY RESPONSE PHONE NUMBERS ARE:

Fire Department		
Police Department		
Ambulance Service		
Universal Emergency		

### First Aid Stations & First Aid Providers Are:

First Aid Areas Are Located At:		
Designated First Aid Providers Are:		

**When an emergency evacuation is announced and *if* time permits:**

1. Shut off all power to machinery, fans, and equipment.
2. Turn off all natural gas operations (heaters only).
3. Close all windows (if applicable) and clear all blocked aisles.
4. Walk rapidly, **DO NOT RUN**, to the nearest "EXIT".
5. Wait in designated meeting area for further instructions.

Hilscher-Clarke will have trained fire personnel assigned to fight incipient or small fires with the fire extinguishers. **Do not** operate a fire extinguisher unless you have been properly trained.

**Our Designated Meeting Area (except during a Tornado) is:**

## Instruction/Explanation for New Employee Safety Check List Form (cont.)

**Emergency Evacuation** – Walk new employees through the appropriate emergency evacuation route for their work area. Also point out the secondary emergency evacuation route to be used if the primary route is blocked. Show them where to assemble after evacuation. Discuss special evacuation needs and plans with injured and/or disabled employees.

**Local Fire Alarm Signaling Systems (if applicable i.e., existing structure)** – If in an existing facility, show new employees where fire alarm pull stations are and instruct them in their use (if applicable). Let them know that activating the pull station sounds an alarm in the building to alert other occupants to evacuate. It also automatically signals local police and fire departments, showing the location of the emergency. Let them know what the alarm sounds like.

- Tell your new employee(s) that they must leave the building immediately upon hearing the alarm, closing doors behind them.
- When employees discover a fire they should first, pull the nearest fire alarm and then exit the alarmed area. If possible, employees should follow up with a telephone call, to the emergency numbers posted, from a safe location to provide more details.

### Portable Fire Extinguishers

Show the employee(s) where portable fire extinguishers are located. Tell them to use a portable fire extinguisher *only if*:

- They have been trained to use them;
- The fire alarm has been sounded first;
- The fire is small (i.e., waste basket size), and
- They have a clear evacuation route

### Reporting Accidents & Incidents

Tell your new employee to immediately report accidents, incidents, near misses, motor vehicle accidents and any unsafe conditions or acts to their immediate supervisor or designated Competent Person.

- Explain that after they immediately report on-the-job accidents or illnesses, they have to fill out the Hilscher-Clarke First Report of Injury/Illness report form.
- Explain the form and tell them where the forms are located. All accidents, illnesses or near misses (incidents) must be reported on this form even if no personal injury was sustained.
- Reporting all accidents/illnesses and incidents helps Hilscher-Clarke initiate effective safety programs and accident prevention measures.
- All automobile accidents in “Company” owned vehicles must also be reported, not only to the employee’s immediate supervisor, but also to the local police department immediately (911), whether or not there appears to be personal injury or property damage.
- Along with immediately reporting unsafe conditions and acts to their immediate supervisor or designated Competent Person, employees may complete and submit a “Hazard Notification” form. Explain and show the form to the employee. Also explain that employees should take responsibility for correcting unsafe conditions when feasible, i.e., wiping up small nontoxic spills and removing tripping hazards.

### Workers’ Compensation and Hilscher-Clarke Managed Care Organization (MCO)

Tell employees that work-related injuries or illnesses resulting in medical expenses or time loss are covered by Ohio State’s Workers’ Compensation. To establish a Workers’ Compensation claim, employees must fill out a state First Report of Injury (FROI-01) form at their medical provider’s office when they receive medical care for a work-related injury or illness.

- Explain, also that **Workers Compensation Managed Care** is the process which ensures that injured workers receive the quality medical care needed to enable them to return to work, or to a functional lifestyle, as quickly and safely as possible. Hilscher-Clarke MCO, works with health care providers to provide the most appropriate, cost effective health care if an employee sustains a work related injury or illness.

## **Workers' Compensation and Hilscher-Clarke Managed Care Organization (MCO)**

- If an employee needs immediate emergency medical care, for a work related injury/illness, go to the nearest medical facility. If immediate emergency medical care is not needed, reference the MCO's *group listings* available from your immediate supervisor, or Human Resources. Choose the appropriate medical facility (organized by county) and transport the employee to this facility for treatment. If you cannot locate a facility, call the toll free customer service line for additional help in directing the employee to the appropriate medical care provider for treatment. A complete directory is available at the main office.
- The employee will then be given a *Workers' Compensation Information Card* (Human Resources will need to fill in Hilscher-Clarke risk number). The employee is to present this card every time he/she receives treatment for the injury/illness. The employee is also to have a new Physician's Work Recommendation Form completed for each office visit/treatment for the work related injury/illness, which is then to be presented to the employee's immediate supervisor within 24 hours of completion.

## **Work Related Injury/Illness Sustained Out of State:**

- The Ohio Bureau of Workers' Compensation has created an extensive network of certified providers in Ohio. In addition, the BWC has certified a limited number of out-of-state providers. If an employee sustains a work related injury/illness while working out of state, the initial treatment is covered, regardless of whether the provider is certified by the Ohio BWC or not. Should the employee continue to receive treatment out of state, the provider must be BWC certified or the employee is responsible for payment. Any questions about certification should be addressed to the customer service number(s) listed on the back of the *Workers' Compensation Information Card*.

## **First Aid:**

First aid is the immediate emergency treatment provided for injury or sudden illness before professional medical care is available. Never minimize the seriousness of an injury or illness. If in doubt seek medical attention.

- Tell new employees where first aid kits are located. If safety showers or eye wash stations are located at the work station, work site and/or existing structure(s), or existing facility, show new employees where they are and instruct them in their proper use.
- Explain to employees that in the event of an emergency requiring first aid, immediately call for emergency services. ***Do not attempt to render first aid unless you have been trained and certified, otherwise injuries may be aggravated.***
- First aid kits are available for treatment of minor cuts, scratches and burns. The availability of first aid kits ***is not a substitute*** for obtaining medical treatment. Routine administration of first aid for other than minor cuts and scratches must be performed by ***certified*** licensed medical personnel. Any employee claiming to be certified in the administration of First Aid and CPR needs to present a copy of their certification. This information should then be made available to the Safety Manager (who will validate and copy the employee's certification) for placement in the employee's personnel file.

## **HAZCOM (Worker Right-to-Know):**

Inform new employees that "all" divisions and sections of the Company are included with this program. Show the employee where the written program and MSDS's (Material Safety Data Sheets) are kept for review by any affected employee.

- Inform new employees that if MSDS's are not available, or new chemicals are being introduced into the work area and they do not have MSDS's, they should contact their immediate supervisor or designated "Competent Person" immediately.

## **Workers' Compensation and Hilscher-Clarke Managed Care Organization (MCO)**

### **Employee Health & Safety Training Form:**

Use this form to indicate the Health and Safety-training classes the new employee will be required to take for their particular job. Recommended classes could also be marked, but priority must be given to arranging the required health and safety training classes.

### **Workplace Safety Practices and Rules:**

Conduct an on-the-job review of the practices necessary to perform the initial job assignment(s) in a safe manner. Employees should understand that supervisory personnel will provide job safety instruction and inspection on a continuing basis.

### **Toolbox Talks & Employee Training Handouts:**

Various information handouts have been created and will be distributed during weekly/monthly safety meetings. These contain pertinent information concerning the topic being discussed and are to be retained by the employee for future reference.

## Hazard Notification Form

Date

Work station, work site and/or existing structure(s)/Existing Structure Location

Hazard Reported by:

Job Title

Hazard Location

Description of Hazard

Corrective Action Taken

Person Correcting Hazard

Date

**Route to Supervisor, Competent Person, and Safety Manager as appropriate.**

## Employee Health & Safety Training Check List

Mark training/courses that the employee needs to take. Retain documents verifying that the training requirements have been met.

**To be completed first week of employment**

Employee Name	Date Hired	Orientation Date
Employee ID #	Position/Job Assignment	
Check One: <input type="checkbox"/> New Employee <input type="checkbox"/> Transfer <input type="checkbox"/> Rehire <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____		

**As Required By Job (✓ check courses employee is required to have & Fill in course provider)**

✓	Course	Provided By/ On (insert date)	✓	Course	Provided By/ On (insert date)
	New Hire Orientation			Housekeeping	
	Bloodborne Pathogen Exposure Control			Hazcom	
	Chemical Spill Clean-up			Hearing Protection/ Conservation	
	Chemical Waste Disposal			Lead/Cadmium Metals Exposure	
	Confined Space Entry; Permit & Non-Permit			Lockout/Tagout (Energy Control)	
	Compressed Gas Safety			Motorized/Powered Personnel Lifts	
	CPR			Personal Protective Equipment	
	Electrical Safety			Respiratory Protection and Fit Testing	
	Fall Protection			Tool Safety	
	Fire Extinguisher Training			Traffic Control & Flagging	
	First Aid/CPR			Vehicle Safety	
	Forklift Operator Safety Certification			Welding/Hot Work	
	Ground Fault Protection (GFCI)				

# Hilscher-Clarke

First Report of Injury/Illness (also used to report Property Damage)  
Must Be Completed Within 24 Hours of Event (Items in red are an OSHA Requirement)

## Employee's Section

<b>Name</b>		<b>SS #</b>	<b>Phone #</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Sex (circle one)</b>		<b>Date of Birth</b>
		<b>Zip</b>	<b>M</b>	<b>F</b>	<b>Date of Hire</b>
<b>Check if the answer is yes.</b>			<b>Describe body part(s) affected, or injured, and how affected or injured:</b>		
<input type="checkbox"/> <b>Were you injured in an accident?</b>	<input type="checkbox"/> <b>Did the accident involve property damage?</b>				
<input type="checkbox"/> <b>Are you reporting an occupational illness?</b>	<input type="checkbox"/> <b>Was a motorized vehicle (i.e. towmotor, truck, car) involved?</b>				
<b>Date of Injury or Illness</b>	<b>Time of Event:</b> <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> (check if cannot be determined)		<b>Time Employee Began Work</b>		
<b>Exact location of accident/illness (Work Site, Department, Building, Floor, Geographical Location):</b>					
<b>Activity you were performing when injury or illness occurred, or immediately prior to injury or illness; include any tools, materials or equipment you were using at the time (an example would be, climbing a ladder while carrying roofing materials):</b>					
<b>Was this part of your normal duties?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, explain why you were performing these duties?</b>			<b>List Witnesses:</b>		
<b>Report prepared by (if different from injured/ill employee):</b> _____ _____ (Name) (phone number)					
<b>Employee Signature</b>			<b>Date:</b>		

## Supervisor's Section

<b>Name of Supervisor Completing This Form (please print):</b>	<b>This accident/illness was reported to me on:</b>
<b>Telephone No.</b> _____	_____ at _____ (date) (time include am/pm)
	<b>by:</b> _____
<b>Describe body part(s) affected, or injured, and how affected or injured (example - 2<sup>nd</sup> degree burn, lower left forearm):</b>	

**Supervisor's Section (cont.)**

**How the injury or illness occurred** (an example would be ... employee stepped back to inspect work and slipped on some scrap metal, as worker fell, worker fell onto the hot metal plate):

**What object or substance directly harmed the employee** (example - acetylene cutting torch, metal plate) If this questions does not apply, you may leave it blank:

**Employee was working:**

- Alone
- With a crew or fellow worker
- Other (explain:)

**Workday Phase:**

- Performing Work
- Meal/Break Period
- Entering/Leaving
- Chronic Exposure
- Other (explain):

**Injury/Illness Severity:**

- No Treatment Required
- First Aid Only
- Emergency Room Only
- Employee Hospitalized Overnight as an In-Patient
- Other Medical Treatment Facility (explain):

**If the employee died, when did death occur? (Date of Death):**

**Supervision at time of accident/illness:**

- Directly Supervised
- Indirectly Supervised
- Not Supervised
- Supervision Not Feasible

**Witness Names & Phone Numbers:**

**Signature of Supervisor Completing This Form:**

**Exact Title of Supervisor**

**Date**

**Information on Health Care Provider**

**If treatment was given away from the work station, work site and/or existing structure(s), this section must be completed.**

**Treated by** (Name of physician or other health care provider):

**Name of Treatment Facility:**

**Address of Treatment Facility:**

**State:**

**Zip:**

**Was Employee Treated in an Emergency Room?**

- Yes  No

**Was employee hospitalized overnight as an in-patient?**

- Yes  No

**Any misc. information in regards to Health Care Provider and Facility:**

# Safety Habits To Live By!

## Use Equipment Safely:

- ♦ Do not use equipment that has been damaged or improperly modified.
- ♦ Always use equipment according to the manufacturer's specifications.
- ♦ Operate equipment only if qualified.
- ♦ Keep equipment clean and in good repair.
- ♦ Make sure equipment maintenance and repairs are performed by trained personnel.



## Practice Good Housekeeping:



- ♦ Keep trash and loose objects picked up and dispose of them regularly.
- ♦ Stay organized. Store all materials, tools, and equipment in their place.
- ♦ When you see something lying around where it could trip an individual or fall on them, put it in a safe place. Don't wait for someone else to do it.
- ♦ A wet or greasy walkway may cause an accident. If you see a treacherous spot, make it your business to do some sweeping, mopping, or scraping.

## Respect Machinery:

- ♦ If you put something in a machine's way, it will crush it, pinch it or cut it.
- ♦ Make sure all guards are in place. Only trained and authorized employees may remove a machines guards.
- ♦ Never hurry beyond your ability to think and act safely.
- ♦ Never repair or adjust machinery while it is in motion. Always Lock & Tag out when maintenance is required.
- ♦ Read and obey all safety warnings posted on or near machines.
- ♦ Operate machinery and vehicles within rated capacity and at safe speeds.
- ♦ Never refuel machinery while running. Clean up any spills prior to energizing.
- ♦ Do not wear loose clothing or jewelry.
- ♦ Keep long hair in a hair net or under a hard hat.

