APPENDIX 1

HCS Corporation

Employee Discipline Actions for Safety Policy Violations

FIRST SAFETY VIOLATION – *(Verbal)* 1st written warning documented.

Elements

1. Non-Imminent Danger to Life and Health (IDLH) violation
2. Violation contrary to the training and / or New Hire Orientation given by HCS Corporation.
3. Violation must occur by choice of employee NOT by management direction.
4. Violation must be reviewed by Superintendent and/or Project Manager to determine level of discipline. (Verbal reprimand by the Superintendent, warning letter into file, suspension, etc.)
5. Superintendent's action to be reviewed by Corporate Management pertaining to Safety Violation.

SECOND SAFETY VIOLATION – 2nd Written Warning / Suspension

Elements

1. Repeat of FIRST VIOLATION or IDLH situation.
2. Violation contrary to training or policies of HCS Corporation.
3. Must be reviewed by Superintendent and/or Project Manager to determine level of discipline greater than FIRST SAFETY VIOLATION discipline.
4. Re-training of employee mandatory. (New Hire Orientation as well as task specific training pertinent to SECOND SAFETY VIOLATION.
5. Superintendent's action to be reviewed by Corporate Management pertaining to Safety Violation.

THIRD SAFETY VIOLATION – Termination/Written warning/Suspension

Elements

1. Repeat of SECOND SAFETY VIOLATION or IDLH situation.
2. Violation contrary to training or policies of HCS Corporation
3. Superintendent's action to be reviewed by Corporate Management pertaining to Safety Violation and re-evaluate additional training needs if necessary.

APPENDIX 2

HCS Corporation

Employee Discipline Report

Job Name: _____ Job Number:_____

The following warning and disciplinary action was issued today and is made part of the personnel file for:

Employee Name: _____

Position: _____ Date: _____

---

1. Offense: _____

_____

2. Facts leading to the warning. Be specific as to date, time, witnesses, and detailed explanation: _____

_____

_____

3. Corrective action to be taken by employee: _____

_____

4. Next disciplinary action that will be taken: _____

_____

5. Comments: _____

_____

Superintendent: _____

Employee: _____

Witness: _____

Date:_____

Send copy to HCS Corporation Office

APPENDIX 3.1

HCS Corporation

Job Hazard Analysis

Prepared By: _____ Date: _____

Job: _____ Job Duration: From _____ To _____

Job Location: _____

Superintendent: _____ Foreman: _____

Job Description: _____

_____

_____

_____

Tools/Equipment Required for Job: _____

_____

_____

_____

Potential Hazards	PPE and Safety Equipment
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Procedure to Eliminate or Control Hazard

_____

_____

_____

_____

Employees Involved

_____

_____

_____

APPENDIX 3.2

HCS Corporation

Job Hazard Analysis

Page:_____ of:_____ Date:_____

Contract Name:_____ Contract #:_____

Contractor:_____ Phase #:_____

Contractor's Representative:_____ Location:_____

ACTIVITY/OPERATION	POTENTIAL UNSAFE CONDITION, ACT OR HAZARD	PREVENTATIVE OR CORRECTIVE ACTION

APPENDIX 4

HCS Corporation
Employee Responsibilities

General Safety Rules

1. Practical jokes, horseplay, scuffling or any other conduct that would subject an employee to risk is prohibited.

2. Only safe, approved work methods and procedures will be used. Employees will not take unnecessary risks while performing work activities.

3. Injuries, no matter how minor, will be reported as soon as it is possible.

4. Containers of solvents, sealers, paint thinners or adhesives will be labeled, properly covered and stored in approved areas.

5. Compressed gases will be identified and properly stored in upright positions and will be separated as required.

6. Traffic lanes, aisles, stairways, exits and fire doors will be kept free of slippery substances and kept clear of parts, materials, equipment and rubbish at all times.

7. All extension ladders will be secured when in use.

8. Do not use the two top steps for standing on any stepladder.

9. Ladders must extend 36” above the landing or step off point.

10. Ladders will be free of defects.

11. Stairways, aisles, walkways, breaker panels, firefighting equipment and material storage areas will be kept clear and free from obstruction or debris.

12. Work locations will be kept clean and orderly at all times.

13. Combustible waste, such as oil-soaked rags and waste material, will be disposed of in approved metal containers with tight-fitting metal lids when inside of buildings. Containers will be emptied daily.

14. Flammable liquids, such as gasoline, naphtha, lacquer, thinner, etc., will not be used for general purpose cleaning.

15. Protective gloves, aprons, face shields or glasses should be worn when pouring or handling acids or corrosive solutions.

16. All employees will dress in a manner appropriate to their occupation and the hazards of their job. In the operations area, employees must abide by established uniform codes.

17. Eye protection will be worn by all employees at all times on the job-site. Specific eye protection will be used by employees performing specialized work that creates hazardous conditions for their eyes. Employees will wear chemical goggles when working with chemicals that may be splashed into the eyes.

18. Welding safety gear will be worn at all times. Full leathers, shields, burning goggles are required.

19. There will be no consumption of alcoholic beverages or other intoxicants on Company owned property, on HCS Corporation jobsites, or in Company vehicles. The use of alcoholic beverages, narcotics or other intoxicants will be grounds for termination.

20. One hundred percent (100%) fall protection will be used at all times when employees are exposed to a fall over 6 feet. Failure to do so will result in suspension without pay pending an investigation into the circumstances surrounding the incident.

21. All electrical equipment shall be used with GFCIs and in good working condition. Any equipment failing daily electrical inspections shall be repaired or taken out of service.

APPENDIX 5

HCS Corporation

Subcontractor's Notice of Safety Violations

Date of Notice:_____ Job Name/Number:_____
Inspection by:_____ Date of Inspection:_____
Firm and Superintendent Name:_____

Your company is in violation (or needs to review requirements) of the following safety regulation. **IMMEDIATE CORRECTION (or action) IS REQUIRED**. A written response, to the project Superintendent, is required within 5 working days. This notice should be distributed to all applicable parties.

1. [ ] Safety posters /Emergency numbers.
2. [ ] First-aid kit
3. [ ] Hazcom requirements.
4. [ ] Housekeeping / Clean-up.
5. [ ] Personal protection equipment. (Head, feet, hand, eye, ear, and lung.)
6. [ ] Body harnesses and lanyards.
7. [ ] Fire extinguishers / prevention plan.
8. [ ] Access / egress and illumination.
9. [ ] Flammable liquid / gas storage.
10. [ ] Signs, barricades, and walkways.
11. [ ] Material storage and rigging.
12. [ ] Tools - hand and power.
13. [ ] Powder actuated tools.
14. [ ] Welding and cutting equipment.
15. [ ] Electrical - tools / lock-out.
16. [ ] Electrical - GFCI.
17. [ ] Electrical - cords / wiring.
18. [ ] Scaffolding / railing.
19. [ ] Floor and wall opening.
20. [ ] Crane / hoists.
21. [ ] Aerial lifts / power equipment.
22. [ ] Motor vehicles.
23. [ ] Excavation and trenching
24. [ ] Demolition.
25. [ ] Rollover / overhead protection.
26. [ ] Concrete / steel / masonry
27. [ ] Stairways / ladders.
28. [ ] Other:
29. [ ] Other:

Comments:_____

_____

_____

_____

_____

_____

_____

CC: Subcontractor's Corporate Office, General Superintendent, and HCS Corporation Corporate Office.

APPENDIX 6

HCS Corporation

Needs Assessment and Pre-Construction Checklist

The following is a list of items that should be used as a guide during your pre-job planning activities. This list is not comprehensive. Specific job-site activities should be added as necessary.

1. Posting Requirements:

_____ a. Telephone numbers of ambulance, doctor, fire department and/or hospital.
_____ b. Federal requirements.
_____ c. Safety Poster.
_____ d. Crane signal poster. (If applicable)
_____ e. State Requirements.

2. First-Aid and Medical:

_____ a. List of approved doctors or clinics. (Available from corporate office)
_____ b. Well stocked first-aid kit present on job-site.
_____ c. At a minimum, one person on each shift with a valid First-aid/CPR certification.
_____ d. At least one litter capable of lowering an injured person from an elevated work area by crane is on the job-site. (If applicable)

3. Personal Protective Equipment:

_____ a. Adequate supply of hard-hats.
_____ b. Adequate supply of safety glasses.
_____ c. Adequate supply of prescriptive glasses side shields.
_____ d. Full body harnesses for employees.
_____ e. Adequate supply of hearing protection.
_____ f. Gloves/hand protection.
_____ g. Foot guards.

4. Warning and Danger Signs:

_____ a. Hard hat area.
_____ b. First-aid stations.
_____ c. No Smoking.
_____ d. Workman working above.
_____ e. Fire extinguisher.
_____ f. “Right to Know Labels”.
_____ g. Out of order tags.
_____ h. Caution Tape.
_____ I. Do not enter.

_____ j. SDS location.
_____ k. Overhead electrical lines.
_____ l. First Link Safety Services representative's placard.
_____ m. Eye Protection required.

5. Fall Protection:

_____ a. An adequate supply of guardrails (2x4), posts scaffold post brackets, and plywood to provide protection at slab edges and floor openings.
_____ b. An adequate supply of portable ladders, in good condition and of the right height.
_____ c. An adequate supply of scaffold grade planking.
_____ d. Mobile scaffolding is provided with positive locking casters, guardrails, and a ladder.
_____ e. Adequate body harnesses and lanyards.

6. Falling Material:

_____ a. A safe access route to the work site has or will be provided and may include.
- Covered walkways at entry of multi-story jobs.
- Ramps, stairs, and/or ladders.
- Personnel hoists.

_____ b. A plan has been developed under demo operations that provides for a watchman and warning signs, barricades and/or roping off area.
_____ c. A system has been devised to prevent material from accidentally falling from the building.
_____ d. All personnel that will be designated a “competent person” have had proper training in that particular operation.

7. Employee Training:

_____ a. All employees that are to work at elevations six foot or above have been trained in proper tie-off techniques.
_____ b. All employees who will be using powder actuated tools have a certificate verifying training.
_____ c. All employees who will be operating heavy equipment have been certified, as applicable.
_____ d. All employees who will be operating laser equipment have been trained.
_____ e. All employees who will be operating forklifts have been certified.

8. Electrical:

_____ a. Adequate ground fault circuit interrupters (GFCI) are on site.
_____ b. Extension cords are of proper size, include grounding and are free of cuts.
_____ c. All power tools are fully grounded or double insulated and will be used with a GFCI.

9. Housekeeping:

_____ a. Trash containers will be provided and emptied frequently.
_____ b. All materials are separated and stacked at proper heights.
_____ c. A trash container is provided for the disposal of drinking cups.

10. Fire prevention:

_____ a. A fire prevention plan has been developed for the job-site.
_____ b. Fire extinguishers are available on the job-site.
_____ c. A fire escape plan has been developed and is posted.

11. Excavations:

_____ a. Adequate shoring is on site.
_____ b. A certified shoring plan is on-site. (If applicable)
_____ c. A competent person has been designated on site.

12. Cranes:

_____ a. A qualified employee has been designated to conduct a daily inspection of the crane.
_____ b. Rigging equipment of the right type and quantity will be provided and inspected daily.
_____ c. Controls have been instituted that will prevent any crane from coming in contact with any energized electrical lines.
_____ d. All cranes have a barrier with warning signs to provide protection near the swing radius.
_____ e. Operator is certified.
_____ f. Copy of the annual inspection is in the crane and on file.
_____ g. Crane has safety belt, fire extinguisher and crane signal poster.

13. Anticipated Hazards:

_____ a. Pictures have been taken of existing building conditions.
_____ b. Pictures have been taken of surrounding area i.e. streets, businesses, buildings, houses, wells, ponds, and vegetation.
_____ c. Checks have been made for asbestos, lead and other possible hazardous substances.

14. Miscellaneous:

____ a. Drawings and plans showing all form work details will be available on the job-site.
____ b. Drawings and plans for outrigger scaffolds are on the job-site.
____ c. Certified copies of shoring plans are on the job-site.
____ d. Arrangements have been made for site lighting. (If applicable)
____ e. Arrangements have been made for adequate supply of drinking water and toilet facilities.

Job Name: _____ **Job Number:**_____

Foreman: _____ **Date:**_____

Superintendent: _____ **Date:**_____

Project Manager: _____ **Date:**_____

Vice President: _____ **Date:**_____

Send a completed copy within 30 days after job start-up to the HCS Corporation Corporate Office.

APPENDIX 7

HCS Corporation
Employee Orientation

A. Purpose: Orientation of new employees, re-hires, part-time employees and those transferred from another facility within HCS Corporation, will begin the first day of employment on the new job. This program will provide an introduction of HCS Corporation policies and rules and will include a thorough safety briefing. The orientation should include a tour of the facilities to acquaint the employee with the entire operation. The employee should also be advised how his/her job is important to the total operation.

B. Procedure: The immediate Superintendent of the employee will thoroughly instruct him/her in job safety requirements. A Safety Orientation checklist follows. The checklist must be completed by checking each item as it is covered, signing by the Superintendent and employee and returning it to the corporate office for placement into the employee's file. The employee responsibility list contained in Appendix 1 will also be reviewed with the employee by the Superintendent.

C. All new employees will be given training prior to actually working on site at a project. This training will be a hands on explanation of the Corporate Safety Program as well as any specific production training needed for the safe completion of a task.

HCS Corporation

Employee Orientation Checklist

EMPLOYEE'S NAME _____

JOB ASSIGNMENT _____ DATE HIRED _____

Circle One: New Employee Transfer Re-hire Part-Time

[ ] 1. Purpose of orientation.

[ ] 2. Report accidents to Superintendent immediately.

[ ] 3. First Aid.
- A. Obtaining treatment.
- B. Location of facilities.
- C. Location and names of trained first aid personnel.

[ ] 4. Potential hazards on the job and in the Department.
- A. What they are.
- B. How to use safely.
- C. Care and use of personal protective equipment.

[ ] 5. What to do in event of emergencies.
- A. Exit locations and evacuation routes.
- B. Use of firefighting equipment (extinguishers, hoses).
- C. Specific procedures (medical, chemical, fire, etc.).

[ ] 6. The total safety program.
- A. Function of Safety Committees and meetings.
- B. Introduce to Safety Committee representative.
- C. Safety policy and rules and their value.
- D. Read and understands the safety rules in Appendix 4 – Employee Responsibilities

[ ] 7. Personal work habits.
- A. Proper lifting techniques.
- B. Horseplay, good housekeeping, smoking policy.
- C. Safe work procedure.

[ ] 8. Vehicle safety.

I have instructed this employee on the items checked and believe he/she can perform assigned duties safely.

Date _____ Superintendent _____ Employee _____

APPENDIX 8.1

HCS Corporation
Emergency Procedures

1. Establish procedures for the sounding of alarms.

2. The alarms will be capable of being perceived above ambient noise or light levels by all employees in the affected portions of the workplace.

3. The alarms will be distinctive and recognizable as signals to evacuate the work area or to perform actions designated under the disaster plan.

4. The alarm system will be maintained in operating condition except when undergoing repairs or maintenance. A back up alarm, such as employee runners or telephones, will be provided when systems are out of service.

5. Fire protection equipment will be properly located and mounted at all times.

6. Employees will be familiar with both location and operation of all fire protection equipment and systems in the vicinity of their work area.

7. Only ABC type extinguishers are to be used.

8. Establish emergency escape procedures and escape route assignments.

9. Establish procedures to be followed by employees who remain to operate critical department operations before they evacuate.

10. Establish procedures to account for all employees after evacuation has been completed.

11. Designate refuges or safe areas that will provide sufficient space to accommodate the employees during evacuation and for necessary first aid treatment.

APPENDIX 8.2

HCS Corporation, Inc.

Emergency Evacuation Plan

NOTICE

Emergency Evacuation Plan

Jobsite Name: _____

Jobsite Address: _____

These are general emergency response procedures

1. Call 911 to summon local emergency units.
2. Alert fellow workers
3. Alert site office personnel: _____
4. Evacuate the building in an orderly manner
5. Assemble in groups to a safe holding area
6. Remain in holding area until a head count is taken

Holding Area is at the HCS Corporation Job Trailer Entrance

REPORT ANY MISSING EMPLOYEE TO EMERGENCY PERSONNEL IMMEDIATELY

Employees are strictly forbidden to re-enter an evacuated building site until the all clear is given by emergency response personnel and an authorized supervisor.

In the Event of an Emergency please call 911

Safety Consultant – First Link Safety – (208) 861-2708
Dig line – 811
Power Provider – _____
Gas Provider – _____
Water Provider – _____

APPENDIX 9

HCS Corporation

Fire Extinguisher Safety

Choosing to evacuate the workplace rather than providing fire extinguishers for employee use will most effectively minimize the potential of fire-related injuries. Additionally, training employees to use and maintain portable fire extinguishers requires considerable resources. On the other hand, you will want to consider the availability of a public fire department and the time it may take to respond as well as the vulnerability of egress routes when you're making a policy decision on this issue.

Risk Assessment

Prior to fighting any fire with a portable fire extinguisher, those involved must perform a risk assessment that evaluates the size of the fire, the evacuation route the fire extinguisher users will use and the atmosphere in vicinity of the fire.

Characteristics of fires that CAN BE extinguished with portable fire extinguishers:	**Characteristics of fires that SHOULD NOT be extinguished with portable fire extinguishers:**
• The fire is limited to the original materials ignited • It is contained in a wastebasket or other receptacle • The flames are no higher than the fire fighter's head • The fire has not depleted the oxygen in the room • Heat is being generated but the room temperature is only slightly increased • Smoke may be accumulated on the ceiling but visibility is good • There is a clear evacuation path behind the fire fighter as he uses the extinguisher	• The fire involves flammable solvents and has spread over more than 60 square feet • It cannot be reached from a standing position • It is partially hidden behind a wall or ceiling • The fire cannot be fought without respiratory protection • The radiated heat is easily felt on exposed skin making it difficult to approach to within 10-15 feet of the fire • Smoke is filling the room very quickly decreasing visibility • Fire, heat or smoke may block the evacuation path

Do you know how to extinguish a fire? According to OSHA regulations, no one at a workplace should use a fire extinguisher unless they have been trained to do so. Though this may seem restrictive, there are several good reasons for this rule. If an untrained person tries to extinguish a blaze, some serious mistakes can happen. Any of these mistakes can cause the fire to become worse, or injure or kill the individual. This week's Toolbox Talk features instructions on proper use of portable fire extinguishers.

There are four things to remember when it comes to using a fire extinguisher: **Use Your Judgment, Communicate, Ready the Extinguisher,** and **Use It**. You must also know what to do if your efforts fail.

Use Your Judgment --When you see smoke or fire you should use your own good judgment before you decide to extinguish the blaze. Ask yourself these questions:

- Is the fire limited in size and spread?
- Will you have an escape route if something goes wrong?
- Do you know the location of the nearest fire extinguisher?
- If you are confident the fire is controllable and your safety is ensured, attempt to put it out. If the answer to any of these questions is *no*, evacuate the area immediately.

Communicate -- Once you have decided to extinguish the blaze, make every reasonable attempt to tell at least one other person what you are doing. This person should report your activity to someone else as soon as possible.

Ready the Extinguisher --You must select the proper extinguisher. Fire extinguishers are classified according to the type of fires they extinguish. It is very important to use the proper extinguisher. Some extinguishers are rated for more than one class. Some are for only one type of fire. Just be sure the extinguisher you're using is rated for the fire you're extinguishing.

- Class A: Use on ordinary combustibles such as wood, cloth, paper, rubber, and many plastics.
- Class B: Use on flammable liquids such as gasoline, oil, grease, tar, oil-based paint, lacquer, and flammable paint.
- Class C: Use on energized electrical equipment including wiring, fuse boxes, circuit breakers, machinery, and appliances.
- Class D: Use on flammable solids such as magnesium.

- Quickly but carefully remove the extinguisher from its mounting bracket. It may be heavy, so use caution when lifting it.
- Stand about six feet from the fire.
- Extend the nozzle toward the fire.
-

Use It --Once the extinguisher is ready, you are ready to release the extinguishing agent. This must be done properly. For example, if you squeeze the handle before you have aimed the nozzle properly, valuable time and extinguishing agent will be wasted.
A technique to remember for using an extinguisher is published by the National Fire Protection Association (NFPA). It is known as the **P.A.S.S.** *Technique*.
The **P.A.S.S.** Technique:

Pull out the pin that secures the handle.
Aim the extinguisher nozzle at the base of the fire.
Squeeze the handle. (Do not be startled by the noise or velocity of the agent as it is released.)
Sweep the agent stream from side to side across the base of the fire until it is completely out. Be alert for re-ignition. If this happens, douse the fire until the extinguisher is empty.

Once the fire is out, back carefully away from the scene. This will enable you to know immediately if the fire re-ignites. Knowing how to use a fire extinguisher the right way is an important skill. Sometimes, though, in spite of your best efforts, your attempt may fail. The last point to remember about using a fire extinguisher is what to do if your efforts fail. It is really quite simple. If you cannot extinguish the blaze or it recurs repeatedly, **evacuate the area immediately**.

Inspection

Make sure your extinguishers have been properly inspected.
Monthly: Have someone at your company who has been designated to inspect and initial the tag on the extinguisher every month. Look for damage to the extinguisher including dents, damage to gauge, reading of the gauge, pin in place, cracks or damage to hose, no obstructions around the extinguisher, etc.

Yearly: The employer shall assure that portable fire extinguishers are subjected to an annual maintenance check. Stored pressure extinguishers do not require an internal examination. The employer shall record the annual maintenance date and retain this record for one year after the last entry or the life of the shell, whichever is less. The record shall be available to the Assistant Secretary upon request.
In addition to an external visual examination, the employer shall assure that an internal examination of cylinders and shells to be tested is made prior to the **hydrostatic tests**.

APPENDIX 10

HCS Corporation
Safety Bulletin Board

A. Purpose: In addition to the methods defined below, the bulletin board is another method to increase employees' awareness of safety and health and communicate management's safety message.

B. Procedure: The following consideration should be made for bulletin board effectiveness:

1. Placed in a spot where there is greatest employee exposure (lunchroom, break room, job trailer, near time clock, etc.)
2. Posting should be neatly arranged.
3. Posters, Safety Committee minutes and other information that becomes dated or worn should be changed periodically.
4. A specific safety bulletin board or portion of an existing board should be designated and that spot reserved **EXCLUSIVELY** for safety material.
5. **The superintendent** is responsible for maintaining the bulletin board as recommended above.

C. The following items are required to be posted:

1. Employer /Employee notifications
2. Safety bulletins and posters.
3. Emergency telephone numbers.
4. Evacuation layout drawing.
5. Accident Procedures
6. Changes in operations (processes/hazards) as applicable.
7. Names of employees First Aid trained and certified.
8. Any inspection reports by OSHA /State Compliance officers.
9. State Workman's Compensation Compliance poster.
10. OSHA 300A Summary (February 1st – April 30th).
11. First Link Safety Services representative placard.

To print the required OSHA Posters, please go to the links below!

http://labor.idaho.gov/ftp/requiredposters.pdf

http://www.dol.gov/vets/programs/userra/USERRA_Private.pdf

APPENDIX 11

HCS Corporation
Accident Procedures

A. Definition and Purpose: ALL ACCIDENTS that may or may not involve personal injury, no matter how minor, will be reported PROMPTLY to:
   a. The immediate Superintendent
   b. HCS Corporation Corporate office (Glenn Wiedmeier)
   c. First Link Safety

An accident or injury investigation and evaluation are required (refer to appendix 12.1 or 12.2). Every accident includes a sequence of contributing causes. By eliminating the first event, it is possible to avoid a repeat performance of an accident. The removal of a single cause can prevent a recurrence. During the Superintendent's evaluation, he/she must determine the possible consequences that could take place if the situation is not corrected and take appropriate action based upon those findings (i.e., investigate, report, correct, etc.).

B. Medical Emergency Procedure:

The telephone number of emergency services will be posted near the phone and on the safety bulletin board**.** A HCS Corporation official or designee will accompany the employee to the doctor or hospital. A post-accident drug screen will be performed as soon as medically possible.

C. Documentation Procedures:

1. MINOR INJURIES (requiring designated doctor/outpatient care – **use the designated physicians listed in appendix 11.2**)

   After the emergency actions following an accident, an investigation of the accident (refer to Appendix 12.1) will be conducted by the immediate Supervisor in conjunction with any witnesses to the accident, to determine the causes. The findings of the investigation will be documented on an accident investigation form. Distribution of the completed form will be as follows:

   a. Copy to the Superintendent.
   b. Copy to Corporate Management (Glenn Wiedmeier).
   c. Copy to First Link Safety

2. MAJOR INJURIES (fatality or multiple hospitalization – **use 911 service to closest emergency care center**)

a. Superintendent, Corporate Management and First Link Safety are to be notified immediately. An investigation under the direction of management will be conducted. Corporate Management and the Superintendent of the injured person(s) will be included in the inspection party. The corporate office should be contacted within the hour of the incident.

NOTE: Any equipment involved in an accident resulting in an immediate fatality is not to be moved until a representative of OSHA investigates the accident and authorizes removal. If, however, it is necessary to move the equipment to prevent further accidents or to remove the victim, the equipment may be moved as required.

3. NEAR-MISS (likelihood of personal injury or property damage)

To the greatest extent possible, all "near-miss" accidents will be investigated by Corporate Management (if situation warrants), and the Superintendent. Documentation will be made on the firm's accident investigation form. A near-miss accident is defined as an unplanned event where damage resulted to equipment but there was no personal injury to employees OR where damage did not result but the likelihood of personal injury to the employee was great. If the conditions that permitted the near miss or "close-call" to exist are not eliminated, they will continue to be available to cause additional accidents that could eventually result in personal injury to the employee.

Aids to Accident Investigation should include the following:

- Camera equipment
- First aid kit
- Tape recorder
- Gloves
- Tape measure
- Large envelopes
- High visibility tape (barrier)
- Emergency Phone Numbers
- Clipboard, pen and graph paper
- Injury Report forms
- Scissors
- Scotch tape
- Sample containers with labels
- Personal protective equipment
- Flashlight
- Tags for labeling

APPENDIX 12.1

HCS Corporation

Injury Report

Time of Accident: _____ Date Reported: _____

Date of Accident: _____ Project Number: _____

1. Name: _____ **Time employee began work:** _____
2. Age: _____ Sex: _____
3. Job Title: _____
4. Date/Time loss began: _____
5. Date of hire: _____
6. Job at time of accident: _____
7. Length of time on job: _____
8. Specific body part(s) affected: _____
9. Type of injury: (Puncture, sprain, etc.) _____
10. Was first-aid required? Yes No
11. Lost time involved? Yes No
12. Property damage? Yes No
13. How did accident occur? _____
_____
_____
14. Was personal protective equipment needed? Yes No
15. Was protective equipment used? Yes No
16. Describe damage: _____
_____
_____

17. What unsafe acts contributed to the accident? _____
_____
_____

18. Corrective action to be taken for unsafe acts: (Discipline, Training, etc.) ____
_____
_____

19. What unsafe conditions contributed to the accident? _____
_____
_____

20. Had the condition been reported previously? Yes No

21. Who was the condition reported to? _____

22. Was the accident caused by anyone not employed by HCS Corporation? Yes
No

23. Who? _____

24. Witnesses: _____
_____
(Attach a written statement from witnesses)

25. Corrective actions for unsafe acts: _____
_____
_____

26. Actions to prevent accident recurrence: _____
_____
_____

27. Person responsible for corrective action: _____

28. Dates to have corrective actions completed:

29.

_____ _____
Superintendent Date

Forward copy to HCS Corporation Corporate Office

APPENDIX 12.2

HCS Corporation

Near Miss Report

DATE_____ TIME OF INCIDENT_____ FACILITY_____

LOCATION WHERE NEAR MISS OCCURRED:_____

_____

DESCRIPTION OF EVENT: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CORRECTIVE ACTION:_____

_____

_____

_____

_____

_____

_____

EMPLOYEE NAME (PRINT)

_____

EMPLOYEE SIGNATURE/DATE

_____

MANAGER SIGNATURE/DATE

_____

SAFETY OFFICER SIGNATURE/DATE

APPENDIX 12.3

HCS Corporation

Incident Report

IDENTIFICATION

1. Company or Branch _____ 2. Department _____

3. Date of Accident _____ 4. TIME _____ a.m. p.m. 5. Date Reported _____

6. Name of Injured _____ 7. Age _____

8. Job Title _____ 9. Experience _____ (yrs./months)

10. Sex: M ☐ F ☐ 11. Start Date:_____

12. On Premises _____ 13. Off Premises _____

14. Employee Death: Yes ☐ No ☐

15. Person treating injury (Physician/Hospital name and address)

_____

_____

_____

16. Did the injury result in Lost Time? _____ Change in Duties?_____

INJURY

17. Accident Type _____

18. Source (The object or substance inflicting injury) _____

19. Nature of Injury _____

20. Part of Body _____

PROPERTY DAMAGE

21. What was damaged? _____

22. Nature of damage _____

23. Source - Object inflicting damage _____

24. Estimated Cost of repair _____

25. Description (describe what happened—who was involved, where, when, why, how)

_____

_____

26. CAUSE (identify unsafe acts or conditions - Contributory Factors, Base Cause, Lack of control)

_____

_____

EVALUATION

27. Severity potential Major ☐ Serious ☐ Minor ☐

28. Recurrence potential Frequent ☐ Occasional ☐ Rare ☐

29. Have similar accident(s) occurred before? _____

30. Reasons for recurrence _____

31. CORRECTION (describe steps taken to prevent future accidents)

_____

_____

FOLLOW-UP (Filed a copy of the report for follow-up)

32. Immediate ☐ 7 days ☐ 30 days ☐ 60 days

Activity (list actions taken and dates) _____

_____

Signature of Employee: _____ Date: _____

Supervisor _____ Date: _____

Investigator _____ Date: _____

APPENDIX 13

HCS Corporation

Occupational Injury and Illness Record Keeping

A. Purpose: In accordance with applicable requirement of the OSHA standards, corporate management will ensure the appropriate records are kept as follows:

1. Maintain a Log and Summary of Occupational Injuries and Illness on OSHA 300 form. Recordable cases include:

    a) Every occupational death.

    b) Every occupational illness.

    c) Every occupational injury that involves:

    - Unconsciousness;
    - Inability to perform all phases of the regular job;
    - Inability to work full time on a regular job;
    - Temporary assignments to another job;
    - Medical treatment OTHER than first aid.

2. Keep copies of all reports generated when an employee is injured on the job.

3. From February 1st to April 30th, post the completed Summary portion of the OSHA 300 for the previous year.

4. Maintain records for five years following the year to which they relate.

5. Enter each recordable injury and illness on the log as early as practicable, but no later than six working days after receiving the information that a recordable case has occurred.

6. Copies of the OSHA 300A Summary & Logs are to be provided to each job location.

B. Responsibility: The individual or function responsible for maintaining records and ensuring proper posting is the Superintendent of the project.

APPENDIX 14

HCS Corporation
OSHA Inspection Form

1. Who did the inspector first contact on the job-site?

Name:_____ Position:_____

2. Did the inspector talk with workers/other personnel before showing his/her credentials? Yes_____ No_____

3. Did the inspector take any pictures before he/she arrived and introduced himself/herself? Yes_____ No_____

4. Were other company's personnel working at the job-site, and did the inspector ask for them to be present at the opening conference? Yes_____ No_____

5. Name the other companies inspected and whether subcontractors, vendors, or others: _____
_____
_____
_____

6. Who was present at the opening conference? (Include those in 5 above if they were present): _____
_____
_____
_____

7. What was the purpose of the visit as explained by the inspector?
_____
_____
_____
_____
_____

8. Was there a complaint? _____
_____

9. Were you given a copy of the complaint? Yes _____ No _____

10. Did the inspector review record keeping under OSHA?

Yes _____ No _____

11. How were employee representatives selected? _____
_____

12. What trades did they represent? _____
_____
_____

13. Other Comments: _____
_____
_____

14. Who was present during the actual site inspection? _____
_____
_____
_____

15. Was the employee paid for the time spent? Yes _____ No _____

16. Comments by the inspector? Briefly list them. _____
_____
_____
_____
_____

17. Were pictures taken? Yes _____ No _____.

Write down exact locations and of what? _____
_____
_____

18. Was any portion of the job shut down? Yes _____ No _____

If “Yes”, for how long?
_____
Comments: _____
_____

19. Who was present at the closing conference? _____
_____
_____
_____

20. Did the inspector allege that violations were found? Yes ____ No ____

21. If yes, name them:

SERIOUS:

_____
_____
_____
_____
_____

OTHER-THAN-SERIOUS:

_____
_____
_____
_____
_____

COMMENTS:

_____
_____
_____
_____
_____

TIME SCHEDULE OF INSPECTION

Date inspector arrived: _____ Time inspector arrived: _____
Time opening conference began: _____
Time opening conference ended: _____
Time inspection began: _____
Time inspection ended: _____
Time closing conference began: _____
Time closing conference ended: _____

Site location: _____
Signed: _____
Date: _____

APPENDIX 15

HCS Corporation

Employee Chemical Hazard Communication Training Acknowledgment

I, _____, have attended HCS Corporation Chemical Hazard Communication Training (GHS) orientation, and understand the requirements and responsibilities of the Hazcom/GHS program.

_____
Employee's Signature

_____
Today's Date

_____
Project Manager or Superintendent's Signature

_____
Today's Date

APPENDIX 16

HCS Corporation

COMPETENT PERSON FORM

PROJECT NAME:_____

Designated Competent Person Acknowledgement Form
(10 Hour OSHA Certification # Required for Designated Competent Person)

Definition
A Competent Person is a person who has the ability and has been reasonably trained to recognize hazards and has the authority to correct them.

Responsibility
The designated Competent Person is responsible for recognizing and correcting safety hazards. This person has the authority to stop work in the event of any potential safety concern on the job site. This representative is considered the contact person on safety related issues and shall be on site full time when hazard exists.

This form must be completed by the subcontractor and the subcontractor's designated Competent Person(s). Where a subcontractor is responsible for multiple crafts, it is necessary to maintain additional designated Competent Persons and forms for each additional tier. Each subcontractor on a site must submit this complete form prior to beginning work on the project and update it any time there is a change in the designated representative(s).

Acknowledgement
I, _____ representing,
(Subcontractor Supervisor – Print Name)
_____, have assigned the below listed personnel to be the
(Company Name)
Competent Person(s) in the areas indicated and I acknowledge that this individual(s) has been thoroughly trained and is experienced in hazard recognition and has the authority to stop work and correct hazards in the event of a potential hazardous or imminent danger situation.

_____ _____
(Subcontractor Supervisor – Signature) Date

I acknowledge that I have been thoroughly trained and have the experience to perform duties as a competent person in the areas indicated for _____ and I understand

that I have the responsibility and authority to correct hazards and to stop work in the event of a potential hazardous or imminent danger situations.

AREA OF COMPETENCY

a. Asbestos
b. Respiratory Protection
c. Cranes /Derricks
d Fall Protection
e. Demolition
f. Underground Protection
g. Tilt Panel Operations
h. Hearing Protection
i. Scaffolding
j. Electrical
k. Ladders
l. Tunnel/Shafts
m. Material/Personnel Hoists
n. Bolting/Riveting/Fitting
o. Sling
p. Lead
q. Excavations
r. First Aid/CPR
s. Concrete/Forms
t. Welding/Cutting
u. Confined Space
v. Compressed air
w. Mechanical Demo
x. Ionizing Radiation
y. Caissons/Cofferdams

Competent Person	Signature	Area of Competency (List adjacent letters)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX 17

HCS Corporation

Hot work Permit

Contractor: _____ Date: _____
Project: _____
Work Location: (Be Specific) _____
Individual available on site who is responsible to monitor employee safety and implementation of this plan: _____

ATTENTION

Before approval of any hot work plan, A HCS Corporation representative will inspect the work area and confirm that precautions have been taken to prevent fire in accordance with NFPA No 51B.

PRECAUTIONS:

1. Cutting and Welding Equipment in good working condition.
2. Fire extinguisher available within 25 feet.
3. Local Fire Department phone # posted.
4. Floors swept clean of combustible material.
5. Combustible floors wetted down, and/or shielded.
6. No flammable materials stored near work area.
7. Wall and floor opening covered.
8. Covers suspended beneath work to collect sparks.
9. Atmospheric monitoring completed within 35 feet of work.

WORK IN CONFINED SPACE

1. Confined Space Permit.
2. Equipment cleaned of all liquid combustibles.
3. Containers purged of vapors.

FIRE WATCH

1. Provided during and 30 minutes after work process finished.
2. Fire extinguisher and water immediately available.

Special Precautions

Final check-up is to be made 30 minutes after completion of any operation unless a formal designated fire watch person is assigned.

The location where this work is to be done has been examined, necessary precautions taken, and permission is granted for this work.
Plan Issue Date: _____ Expires: _____
Signed: _____
(Individual responsible for authorizing Hot Work)

FINAL CHECK

Work area and all adjacent areas to which sparks and heat might have spread (including floor above, below and opposite sides of walls) were inspected 30 minutes after the work was completed and found fire safe.

Signed: _____ Time/Date: _____
(Individual responsible for authorizing Hot Work)

APPENDIX 18

HCS Corporation

Confined Space Entry Permit

Date:		
Site location or description:		
Purpose of entry: _____ _____		
Entry Supervisor(s) in charge of crews:	Type of crew (welding, plumbing, etc.)	Phone #:
Permit duration:		
Communication procedures (including equipment): _____ _____		
Rescue procedures (also see emergency contact phone numbers at end of form): _____ _____		

REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME	REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME
Lockout/De-energize/Try-out			Supplied Air Respirator (N/A if alternate entry)		
Line(s) Broken-Capped-Blank			Respirator(s) (Air Purifying)		
Purge-Flush and Vent			Protective Clothing		
Ventilation (Continuous/positive)			Full Body Harness w/ "D" ring		
Secure Area (Post Signage and 15' warning lines for fall hazards)			Emergency Escape Retrieval Equipment		
Lighting (Explosive Proof)			Lifelines		
Hotwork Permit			Standby safety personnel (N/A if alternate entry)		
Fire Extinguishers			Resuscitator—Inhalator (N/A if alternate entry)		
Add other specific information, if needed, or attach additional instructions or requirements. See the following examples in bold print.					
Line(s) to be bled/blanked:					
Ventilation equipment:					
PPE clothing:					
Respirator(s):					
Fire extinguisher(s):					
Emergency retrieval equipment:					

AIR MONITORING										
Substance Monitored		**Permissible Levels**		**Monitoring Results (including time)**						
Time monitored (put time) Percent Oxygen		Record the time 19.5% to 23.5%								
Lower Explosive Limit (LEL/LFL)		Under 10%								
Carbon Monoxide (CO)		Under 50 ppm								
Hydrogen Sulfide (H2S)		Under 10 ppm								
Toxic 1:		_____ PEL	____STEL							
Toxic 2:		_____ PEL	____STEL							

REMARKS:

_____

Air Tester Name	**ID#**	**Instrument(s) Used** (For example: oxygen meter, combustible gas indicator, etc.)	**Model # or Type**	**Serial# or Unit**

ATTENDANTS AND ENTRANTS

Attendant(s) (Required for all confined space work except alternate entry)	**ID#**	**Confined Space Entrant(s)**	**ID#**

REMARKS:

_____

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED

Department or phone number: _____

EMERGENCY CONTACT PHONE NUMBERS:

AMBULANCE:	FIRE:	SAFETY:	RESCUE TEAM:	OTHER:
_____	_____	_____	_____	_____

APPENDIX 19

HCS Corporation
Pre-Excavation Checklist

Project:
Project Name:_____ Project Number:_____
Location:_____
Competent Person:_____

Employee Training and Pre-Excavation Briefing:
Does this job require special training? Yes___ No___
Safe Excavation and rescue training conducted on: Date:_____
Mandatory pre-excavation briefing conducted on: Date:_____

Soil Classification:
Will the competent person classify the soil based on its properties and site conditions? Yes___ No___
If yes, continue. If no, then the soil is assumed to be Type "C".

Based on a visual observation, which best describes the soil in the excavation?
Type "A"___ Type "B"___ Type "C"___

Based on a visual observation, which describes the moisture condition of the soil?
Dry Soil___ Moist Soil___ Wet Soil___ Saturated Soil___

Based on at least one manual test, what classification is the soil in this excavation?
Stable Rock___ Type "A"___ Type "B"___ Type "C"___

What manual test was used to determine the soil type?
Plasticity (ribbon roll, ball test)___ Dry Strength___ Thumb Penetration___ Other (penetrometer, shear vane)___

Underground Installations: (Existing Utilities / Obstructions)
Have the estimated locations of all underground installations been determined prior to excavation?
YES___ NO___ N/A___

Have Utility companies been contacted and advised of proposed work?
YES___ NO___ N/A___

If underground installations are exposed, will they be protected, supported, or removed while the excavation is open?
YES___ NO___ N/A___

Access and Egress:
Are stairways, ramps, or ladders positioned within 25 feet of employees? YES___ NO___ N/A___

Exposure to Vehicular Traffic:
Are personnel who are exposed to either public or project traffic wearing reflective or high visibility vests?
YES___ NO___ N/A___

Exposure to Falling Loads:
Are employees prohibited from standing underneath loads handled by lifting or digging equipment?
YES___ NO___ N/A___

Protection of Employees from Loose Rock, Soil, or Equipment:

Are employees protected from falling rock, soil, or equipment by placing these materials a minimum of 2 feet from the edge of the excavation or behind a retaining device?

YES___ NO___ N/A___

Fall Protection:

Are standard guardrails provided on walkways and bridges that cross over 6 ft. and deeper excavations?

YES___ NO___ N/A___

Are all excavations that are accessible to the public adequately barricaded or covered when unattended?

YES___ NO___ N/A___

Inspections:

Are daily inspections of excavations being performed by the competent person?

YES___ NO___ N/A___

Are inspections being performed by a competent person after every rainstorm or other hazard-increasing occurrence?

YES___ NO___ N/A___

Are employees removed from the excavation if the competent person finds evidence of a situation that could result in a possible cave-in, protective system failure, hazardous atmosphere, or other hazardous conditions?

YES___ NO___ N/A___

Shielding or Shoring:

Have all shielding, shoring, or other protective systems been designed by a registered professional engineer and accompanied by tabulated data from the manufacturer?

YES___ NO___ N/A___

Are shielding, shoring, and other protective systems checked each day to detect movement and possible failure?

YES___ NO___ N/A___

Protection from Cave-ins:

Are employees protected from cave-ins (sloping, shoring, or use of trench boxes) when working in excavations deeper than 5' (under normal conditions)?

YES___ NO___ N/A___

Equipment Inspection:

Has the heavy equipment onsite been inspected prior to use (movement alarms, backup alarms, horns, seatbelts, windows, load charts, tires, brakes, parking brakes, fluids, mirrors, etc.)?

Have all the electrical equipment been inspected for deficiencies (power tools, extension cords, etc.)?

YES___ NO___ N/A___

I have inspected the excavation described in this checklist:

_____ _____ _____

Worksheet completed By: (Signature of Competent Person) (Date)

Send a Copy to Corporate Office

APPENDIX 20

HCS Corporation

OSHA Requirements for Excavations

OSHA 29 CFR Part 1926.650-652 Subpart P-Excavations

OSHA's excavation standard contains many different requirements as well as several appendices that can be confusing at first glance. The following information summarizes the main requirements in order to help contractors prepare the job site for OSHA inspections.

- Prior to digging, the contractor shall locate and identify all underground utilities such as sewer, telephone, fuel, electric, water lines, etc. that may be encountered during the excavation.
- The contractor must designate a competent person or qualified person to assess the excavation and determine that it is safe for project personnel to enter and work.
- All surface encumbrances such as signs, trees, fences, poles, sidewalks, etc. that create a hazard to employees must be removed or supported during the excavation.
- All excavating must maintain a minimum of 10 feet from overhead power lines rated 50 kV or less, with 0.4 inches of clearance added for every kV over 50.
- Support systems shall be provided to ensure the stability of adjacent structures endangered by excavation operations.
- If excavation is over 5 feet deep, a protective system such as a trench shield shall be used to prevent a cave-in.
- The contractor must provide a safe means of entering or exiting any excavation over 4 feet deep.
- A means of egress from a trench such as a ladder, ramp, or stairway shall be located within 25 feet of workers.
- In excavations over 4 feet in depth, the potential for the accumulation of hazardous gases or vapors must be realized.
- Shielding systems shall be installed and removed in a manner that protects employees from cave-ins, structural collapses, or being struck by members of the support system.
- Shielding systems shall be installed in a manner to restrict lateral or other hazardous movement of the shield in the event of a sudden collapse.
- The bottom of the shielding system cannot be positioned greater than 2 feet above the bottom of the excavation.
- Shielding systems and their components shall be securely connected to prevent predicable failures.
- The removed spoil shall not be stockpiled closer than 2 feet from the excavation's edge.
- Backfilling shall progress together with the removal of support systems from excavations.

- Any excavation left unattended must be barricaded, fenced or otherwise protected against accidental entry by pedestrians.
- Employees exposed to vehicular traffic must wear a high visibility vest, and the excavation must be protected from traffic.
- If employees must cross over an open excavation a safe means must be provided so that employees do not have to jump across the trench.
- No workers shall enter or work in excavations where standing water is visible unless adequate protection is used.
- No employee shall be permitted underneath loads handled by lifting or digging equipment.
- If the competent person finds evidence of a hazardous situation that may result in a cave-in, protective system failure, a hazardous atmosphere, or other hazardous conditions, exposed employees shall be removed from the hazardous area until the necessary precautions have been taken to ensure safety.

APPENDIX 21

HCS Corporation

Safety Training Attendance Form

The undersigned individuals have received training concerning the subject matter described below. Their signature indicates that they clearly understand the conditions, requirements, rights, and responsibilities that are associated with the subject matter and related policies, programs, and standards as may be applicable.

Subject of Training Session: _____

Date: _____ Job: _____

TRAINER

_____ _____

Printed Name *Signature*

ATTENDEES

Printed Name *Signature*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Length of Training Session: 15 30 45 60 minutes (circle one)

APPENDIX 22

HCS Corporation
Safety Committee

A. **Purpose:** To assist in the detection and elimination of unsafe conditions and work procedures. A safety and health committee will be established with representation from employees and management.

B. **Procedure:** The following guidelines will be followed:

1. Committee members will be selected by HCS Corporation management to represent employee safety concerns.
2. **One-third of safety committee members will be rotated, at least, annually. Ideally, 1 member from each of the 3 groups will be rotated. Should a vacancy occur on the committee, a new member will be selected by corporate management. The goal will be to maintain 9 safety committee members, 3 from field/hourly employees, 3 superintendents and 3 office employees.**
3. The meetings will be held quarterly at the HCS Corporation corporate office.
4. The attendance and subjects discussed will be documented and maintained on file for a period of three years. Written information and directives will be distributed to Project Superintendents, and Project Managers. Information shall be relayed to employees will be addressed in the weekly project safety meeting and will be posted on the safety bulletin board.
5. The Project Managers and Superintendents are responsible for auditing individual projects for compliance with new directives.

C. **Scope of Activities:**

1. Conduct in-house safety inspections with supervisor involved.
2. Implement & ensure training for fire & evacuation procedures.
3. Assist in accident investigation to uncover trends.
4. Review accident reports to determine means or elimination.
5. Assist in implementation of hazardous materials communications.
6. Accept and evaluate employee suggestions.
7. Review job procedures and recommend improvements.
8. Monitor the safety program effectiveness.
9. Promote and publicize safety.

D. **Documentation:** All Safety Committee activities will be documented and available for review by employees and regulatory agencies.

E. **<u>Implementation:</u>** Members of the Safety Committee will, **choose 1 job each month and assist the supervisors of that job in conducting self-inspections** of their respective work areas to determine what hazardous conditions and/or practices exist. An inspection checklist should be utilized. Other sources that can be consulted or utilized in conducting inspections include:

1. General Safety and Health Standards.
2. Employee suggestions.
3. Previous accident experience of this company.
4. First Link Safety.

Findings of the self-inspection will be reviewed and discussed at the next scheduled Safety Committee meeting. Unresolved problems resulting from this inspection will be forwarded through the Safety Committee organizational process.

F. **<u>Follow up:</u>** The over-site of the recommendations by the committee may be accomplished by one of the following options:

1. Carrying out the recommendations.
2. Explaining why no action can be taken.
3. Proposing an alternative.

APPENDIX 23

HCS Corporation, Inc.

Stretch and Flex Program Stretches

Shoulder Shrug with High Reach

1. Lift (shrug) shoulders as high as possible while slowly raising your arms to fully extend position above head.
2. At the same time, lift the body up onto your toes (for as long as comfortable). While reaching high, extend and spread fingers.
3. Hold this position for 10 seconds and then slowly lower arms to the side into a neutral body position. Relax while breathing slowly and rhythmically. Concentrate on your breathing rate for at least 5 breathing cycles.

Target: Biceps, lats, forearms, and muscles that support the spine. Particularly good for using hand tools and light lifting tasks.

Neck Stretch

1. Keep your neck as straight as possible while relaxing your shoulders. Tilt your head to the right, slowly lower head toward right shoulder.

2. Repeat in four positions: right, left, front and back each time returning to the upright position.

3. Be sure to do this slowly and do not hold your breath. There should be a complete breath cycle with each position of the head!

Target: Neck muscles and stress reducer. Particularly good for equipment operators, office personnel, and engineers.

Tricep Stretch

1. Bring right hand to upper back between shoulder blades from above shoulder.
2. Place left hand on the triceps (muscle on the underside of the arm) near the elbow.
3. Gently pull right elbow up and back with left hand, moving the right hand down center of upper back as far as comfortable. This should not cause pinching in the neck. Repeat on opposite side.

Target: Triceps and shoulders, particularly good for light lifting, carrying or pushing such as laborers, and mail clerks.

Upper Trunk Stretch

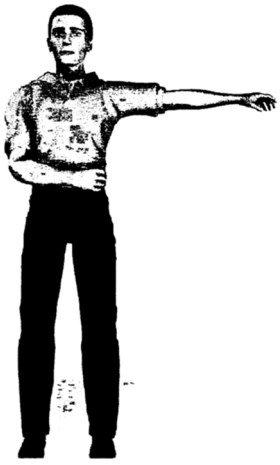
1. Place Hands on back of hips.
2. Slowly arch upper body backward to a comfortable position. Hold while continuing to breathe.
3. Return to neutral position and repeat two more times.

Target: Lower back, abdominals. Particularly good for truck drivers, equipment operators, laborers.

Shoulder Rotation Stretch

1. Keeping knees slightly bent, clasp hands behind back.
2. Slowly bend forward from waist to a comfortable angle while lifting arms upward and behind your back.
3. Hold position for one breath cycle and slowly return to upright position. Repeat 2 more times.

Target: Shoulders and upper back. Particularly good for carpenters, office workers.



Trunk Rotation

1. Extend left arm out to side and grasp left hip with right hand.
2. Rotate upper body to the left while pulling on hip with right hand.
3. Release tension and change to other side. Repeat on opposite side.

Target: Lower back and trunk support muscles. Particularly good for laborers, mechanics, and iron workers.

Lateral Rotation Stretch

1. Stand upright with feet slightly apart for balance. Extend left arm out to side and grasp left hip with right hand.
2. Rotate upper body to left while pulling on hip with right hand, then bend slowly from waist to left side to a comfortable angle.
3. Return to upright position and change hand locations to other side. Repeat on opposite side.

Target: Lats, lower back muscles, abdominals, and upper leg muscles. Particularly good for laborers, iron workers.

Lateral Stretch

1. Place right hand on waist, extend left arm overhead and bend upper body sideways to the right.
2. Hold position for one breath cycle and return to upright position.
3. Repeat two more times and change hand position to other side. Repeat on opposite side.

Target: Lats and triceps plus shoulder mobility. Particularly good for masons, riggers, machinists.

Single Leg Stretch

1. Cross leg, keeping both knees slightly flexed.
2. Bend forward slowly from the waist and place both hands on the forward knee. Continue bending forward as far as possible.
3. Hold position for one breath cycle.

Warning: discontinue this exercise if you become dizzy or lose your balance. Change leg position and repeat.

Target: Hamstrings, lower back muscles and stability. Particularly good for laborers, masons, and mechanics.

Single Quadriceps Stretch

1. With your left hand holding onto a stationary object for support, grasp your right ankle behind hips with right hand.
2. Pull ankle upward to stretch the quadriceps muscle. Warning: do not attempt this exercise if you have problems with balance or severe knee injuries. If you have knee injuries, you may elect to lift the lower leg behind you and hold the position for 10 seconds. Repeat on opposite side.

Target: Quadriceps and also helps body balance and ankle strength. Particularly good for laborers, flaggers, and ironworkers.

Calf Stretch

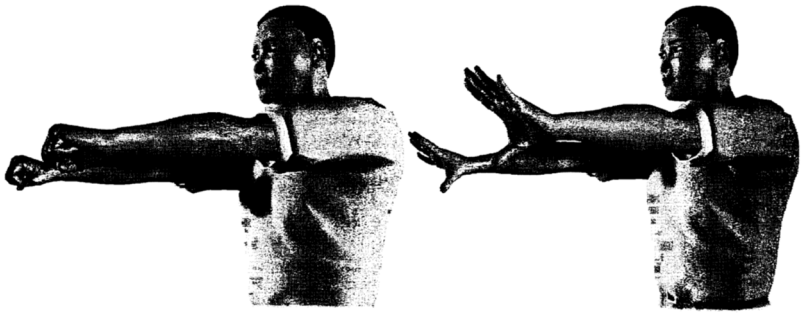
1. Stand in upright position, left leg forward.
2. Flex the upper trunk forward and place both hands on left knee.
3. Keeping both feet flat on the floor, slowly push hips and body forward as far as possible as though you are leaning into something. The stress should be on the calf muscles in the back of the right leg if you keep your feet flat. Repeat on opposite side.

Target: Calves, lower back muscles. Particularly good for operators, teamsters, maintenance workers.

Wrist Extension

1. Palms together with fingers apart, press momentarily together and release.
2. Stretch arms out forward and make a fist in each hand. Hold 5 seconds and open hands wide.
3. Force your thumbs down while keeping fingers pointing toward the sky, wrists are bend back and elbows should be locked. You should feel a slight burn in the upper muscles (extensor muscles) of the forearm. These muscles are frequently less used and developed than the flexor muscles in the forearm which leads to unbalance and potential wrist injuries.
4. Hold 10 seconds and release. Return your arms to the neutral position at your side and shake out your hands.

Target: Exterior muscles. Particularly good for carpenter, administrative professionals, machinists, and maintenance workers.



APPENDIX 24

HCS Corporation

Respirable Crystalline Silica Exposure Control Plan

Project Name: _____

Competent Person: _____

Person completing the plan: _____

Date: _____

Description of tasks that have the potential to expose workers to silica at a level greater than the action level of 25 micrograms / cubic meter:

_____

_____

Description of control measures put in place to control the silica exposures for the tasks (these may be specified Exposure Control Methods mandared from Table 1 of the Silica Standard):

_____

_____

_____

Work Practices (remember to include those tasks required for controls to be fully & properly implemented such as cleaning vacuum system filters regularly):

_____

Housekeeping Methods:

_____

Procedures to restrict unauthorized entry into silica work areas:

_____