



**HAMPTON TEDDER  
ELECTRIC  
WORKPLACE  
INJURY  
AND  
ILLNESS  
PREVENTION  
PROGRAM**

Rev. October 2024

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# INTRODUCTION

# INTRODUCTION

Title 8, CCR (California Code of Regulations) 3203 and Fed/OSHA requires all California, Nevada and Arizona employers to “*establish, implement and maintain an effective Injury and Illness Prevention Program*” in writing and must include the following:

- Section I. The identity of the person or persons with the authority and responsibility for implementing and maintaining the plan, as well as the company safety policy.
- Section II. A method for ensuring employee compliance with the plan.
- Section III. A system for communicating with employees on matters of safety and health.
- Section IV. An Occupational Health and Safety Training Program.
- Section V. Scheduled, periodic inspections to identify hazards and a system for correcting unsafe conditions and work practices.
- Section VI. A procedure for conducting injury and illness investigations.
- Section VII. A system of documentation and record keeping.
- Section VIII. A system to allow employees access to the program.



## **SECTION I.**

# **ASSIGNMENT OF RESPONSIBILITY AND POLICY STATEMENT**

# ASSIGNMENT OF RESPONSIBILITY

Cal/OSHA & Fed/OSHA require that companies designate and identify a person or persons with authority and responsibility to implement a Workplace Injury and Illness Prevention Program.

Such person(s) will be in management and will have their authority and responsibility for safety and health clearly defined. Once assigned, they will understand they are accountable for ensuring workplace safety.

Tom Ayers, William Beckham, Cruz Velazquez, and Linc McNitt will see to it that our company's managers and supervisors will assume their respective responsibility for the safety and health of their assigned staff. Those responsibilities will include, but will not be limited to:

- Review safety policies and procedures; become familiar with functions and responsibilities of supervision and the interrelationships with other departments.
- Develop sound technical knowledge of all applicable Cal/OSHA Safety Orders and Regulations; also stay current with requirements made by other government agencies.
- Maintain an occupational training program covering hazards basic to all types of employment and those unique to each worker's job assignment.
- Review and correct unsafe or unhealthy work practices in a timely manner (also document this on approved company forms).
- Facilitate regular safety meetings and schedule annual safety training with all employees.
- Schedule compliance training as required.
- Keep records of all employee training, corrective action plans, workplace inspections, and electronic field inspection reports (EFIR). Submit all documentation to the Safety Department for company record keeping.



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President

10/23/2024

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Date

# SAFETY POLICY STATEMENT

It is the policy of Hampton Tedder Electric Inc. that injury and illness prevention shall be considered of primary importance in all phases of operations and administration.

It is the intention of the company's top management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees.

The prevention of injury and illness is an objective affecting all levels of the organization and its activities. It is therefore, a basic requirement that each supervisor make the safety of employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt how to do a job safely, it is their duty to ask a qualified person for assistance.

Employees are expected to assist management in injury and illness prevention activities. Unsafe conditions must be reported. Fellow employees that need help should be assisted. Everyone is responsible for the housekeeping duties that pertain to their jobs.

Any injury that occurs on the job, even a slight cut or strain, must be reported to management as soon as possible. In no circumstance, except an emergency, should an employee leave a shift without reporting an injury that occurred.

When you have an injury and illness, everyone loses; you, your family, your fellow workers and the company. Please work safely. It's good for everyone.



\_\_\_\_\_  
President

10/23/2024

\_\_\_\_\_  
Date



# DESIGNATED SAFETY PROGRAM COORDINATORS

The following document is the Workplace Injury and Illness Prevention Program to meet the written program requirements of Cal/OSHA & Fed/OSHA Standard 8 CCR §3203 for the employer described below.

**Employer's Name:** Hampton Tedder Electric, Inc. (HTE)

**Address:** Corporate Office for HTE: 4571 State St., Montclair, CA 91763  
Nevada Division: 4113 Wagon Trail Ave., Las Vegas, NV 89118  
Arizona Division: 3747 West Roanoke Ave Phoenix, AZ 85009

**Telephone:** HTE California: (909) 628-1256  
Nevada Office: (702) 646-7449  
Arizona Office: (480) 967-7765

## Management Approval and Persons Responsible:

Adoption: This Workplace Injury and Illness Prevention Program is hereby approved and supersedes any previous program that has been in effect since March 23, 1998

Signature of Management Official: \_\_\_\_\_  
Printed Name: Christine Tedder



Title: President - HTE

Persons responsible for implementing this injury and illness prevention program:

|                                  |                        |
|----------------------------------|------------------------|
| Name: Tom Ayers - HTE            | Title: Safety Director |
| William Beckham – HTE California | Vice President         |
| Cruz Velazquez – Nevada          | Division Manager       |
| Linc McNitt – Arizona            | Vice President         |

Other persons may assist the above-named person's as designated by management or the responsible person.

# SYSTEM TO IDENTIFY AND PREVENT SAFETY & HEALTH HAZARDS

*Identifications of Hazards:* This WIIPP's system to identify safety and health hazards include using information from Cal/OSHA & Fed/OSHA standards and other relevant material in this program to discover any potential hazards in the workplace. In addition, potential hazards may be identified by reviewing causes of injury and illness (OSHA Log 300 and Worker's Compensation Employer's Report of Occupational Injury or Illness, also known as the "Employer's First Report"), periodic scheduled inspections, investigating injuries, illnesses and accidents, and considering information provided by employees.

*Prevention of Hazards:* Compliance with any applicable Cal/OSHA & Fed/OSHA standards will be assured to address hazards covered by such standards. In addition, any unsafe or unhealthy condition or work practice that is discovered will be corrected in a timely manner based on the following:

- If the hazard discovered may cause a serious injury or illness, it shall be corrected immediately or employees removed from: the areas, source of exposure, unsafe exposure, or unsafe piece of equipment.
- If the hazard is one that is easily abated, it shall be corrected immediately.
- Other hazards shall be corrected in a timely manner.

Documentation used in discovering the hazard will be used to confirm abatement.

# ELEMENTS INCLUDED IN EMPLOYER'S WIIPP

This WIIPP includes all of the following elements consistent with 8 CCR §3203 and other applicable Cal/OSHA & Fed/OSHA standards:

*Workplace Injury and Illness Prevention Program Requirements:* This WIIPP includes all of the following minimum elements consistent with the injury and illness prevention standard.

- A system to identify and prevent safety and health hazards.
- Periodic scheduled inspections.
- Investigation of injuries, illnesses and accidents.
- Employee safety training.
- Communication with employees regarding safety and enforcement of safety rules.
- Record keeping consistent with applicable requirements.

Other Mandatory Cal/OSHA & Fed/OSHA Standards: This WIIPP and Safety Manual include information that addresses certain standards, which apply to all employees

- Emergency action planning, including medical emergencies.
- Fire prevention and fire emergency planning.
- Work surface and workspace safety.
- Office and Commercial establishment safety, including ergonomics (repetitive motion injuries) and office chemical safety

# PERIODIC SCHEDULED INSPECTION OF WIIPP DOCUMENTATION

*Responsibility and Frequency on Inspections:* Periodic scheduled inspections are conducted by, or under the direction of, the person responsible for implementing the WIIPP at the following frequency:

- ❖ Office Area: Weekly
- ❖ Other Areas – indicate area and frequency:

| Area                        | Inspection Frequency |
|-----------------------------|----------------------|
| <u>Field Work Locations</u> | <u>Daily</u>         |
| <u>Warehouse Locations</u>  | <u>Weekly</u>        |

*Documentation of Inspection:* Inspection forms will be completed by the inspector for each inspection, noting the area inspected, person or persons conducting the inspection, findings and deficiencies noted. Correction of deficiencies, and other mandatory Cal-OSHA & Fed-OSHA Standards, shall be accomplished in a timely manner, and indicated on the inspection checklist.



## **SECTION II.**

# **EMPLOYEE COMPLIANCE**

# **EMPLOYEE COMPLIANCE POLICY**

Cal/OSHA & Fed/OSHA requires that companies include a system for ensuring that employees comply with safe and healthful work practices.

Substantial compliance with this provision includes recognition of employees who follow safe and healthful practices, i.e., incentive programs; training and retraining and programs; disciplinary actions; infraction notices; or any other means that ensure employee compliance with safe and healthy work practices.

# CODE OF SAFE PRACTICES

## OFFICE

It is our policy that everything possible will be done to protect employees, customers and visitors from accidents. Safety is a cooperative undertaking requiring participation by every employee. Failure by any employee to comply with safety rules will be grounds for corrective discipline. Supervisors shall insist that employees observe all applicable Company, State and Federal safety rules and practices and take action as is necessary to obtain compliance.

To carry out this policy, employees shall:

1. Report all unsafe conditions and equipment to your supervisor or safety coordinator.
2. Report all incidents, injuries and illnesses to your supervisor or safety coordinator immediately.
3. Means of egress shall be kept unblocked, well lit, and unlocked during work hours.
4. In the event of fire, sound alarm and evacuate.
5. Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Gather at the designated location.
6. Only trained workers may attempt to respond to a fire or other emergency.
7. Exit doors must comply with fire safety regulations during business hours.
8. Stairways should be kept clear of items that can be tripped over and all areas under stairways that are egress routes should not be used to store combustibles.
9. Materials and equipment will not be stored against doors or exits, fire ladders or fire extinguisher stations.
10. Aisles must be kept clear at all times.
11. Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
12. All spills shall be wiped up promptly.
13. Files and supplies should be stored in such a manner as to preclude damage to the supplies or injury to personnel when they are moved. Heaviest items should be stored closest to the floor and lightweight items stored above.

14. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
15. Never stack material precariously on top of lockers, file cabinets or other high places.
16. Never leave desk or cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
17. Do not open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets.
18. Always use the proper lifting technique. Never attempt to lift or push an object which is too heavy. You must contact your supervisor when help is needed to move a heavy object.
19. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
20. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
21. Individual heaters at work areas should be kept clear of combustible materials such as drapes or waste from wastebaskets. Newer heaters, which are equipped with tip-over switches, should be used.
22. Appliances such as coffee pots and microwaves should be kept in working order and inspected for signs of wear, heat or fraying of cords.
23. Fans used in work areas should be guarded. Guards must not allow fingers to be inserted through the mesh. Newer fans are equipped with proper guards.
24. Equipment such as scissors, staplers, etc., should be used for their intended purposes only and should not be misused as hammers, pry bars, screwdrivers, etc. Misuse can cause damage to the equipment and possible injury to the user.
25. Cleaning supplies should be stored away from edible items on kitchen shelves.
26. Cleaning solvents and flammable liquids should be stored in appropriate containers.
27. Solutions that may be poisonous or not intended for consumption should be kept in well-labeled containers.



# CODE OF SAFE PRACTICES

## CONSTRUCTION

1. All persons shall follow these safe practices rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the supervisor or superintendent.
2. Supervisors shall insist on employees observing and obeying every applicable Company, State or Federal regulation and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain compliance.
3. All employees shall be given frequent injury and illness prevention instructions. Instructions shall be given at least every 10 working days.
4. Anyone known to be under the influence of drugs or intoxicating substance which impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.
5. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
6. Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with equipment.
7. No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that they might unnecessarily expose the employee or others to injury.
8. Employees shall not enter manholes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation unless it has been determined that it is safe to enter.
9. Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to the supervisor or superintendent.
10. Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
11. Workers shall not handle or tamper with any and all equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their superintendent.
12. All injuries shall be reported promptly to the supervisor or superintendent so that arrangements can be made for medical or first aid treatment.

13. When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
14. Inappropriate footwear or shoes with thin or badly worn soles must not be worn.
15. Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.
16. Employees shall cleanse themselves thoroughly after handling hazardous substances and follow special instructions from authorized sources.
17. Hod carriers should avoid the use of extension ladders when carrying loads. Such ladders may provide adequate strength, but the rung position and rope arrangement make such climbing difficult and hazardous for this trade.
18. Work shall be so arranged that employees are able to face a ladder and use both hands while climbing.
19. Gasoline shall not be used for cleaning purposes.
20. No burning, welding, or other source of ignition shall be applied to any enclosed tank or vessel, even if there are openings, until it has first been determined that no possibility of explosion exists and authority for the work is obtained from the supervisor or superintendent.
21. Any damages to scaffolds, false work, or other supporting structures shall be immediately reported to the supervisor and repaired before use.
22. Lock-out / Tag-out. This procedure shall be used to prevent exposure to hazardous electrical energy. It establishes the minimum requirements for Lock Out Tag Out of electrical energy sources. It provides procedures for ensuring conductors, circuits, energized parts of equipment are disconnected from energy sources and that stored energy sources are controlled. Control includes release of stored energy as well as the prevention of re-accumulation of energy.
  - a. Process to control hazardous energy
  - b. Protects personnel working on equipment from unexpected release of hazardous energy
  - c. Lock Out / Tag Out is composed of two primary components
    - i. De-energization removes / isolates all energy sources
    - ii. Controls and prevents re-energization. Lock & Tag open switch positions that are open to isolate employees to the exposure to unwanted energy.
23. Test Before You Touch, employees are expected to know the status of lines, and always test for the presence of voltage, ground the conductor or equipment, proving it dead. Employees shall always protect themselves and coworkers from backfeed by physical openings, isolating workers from backfeed, wearing low voltage / high voltage rubber gloves, or by shunting or grounding lines and equipment.

24. Grounding: Grounding is required for protection of the worker when working on de-energized high voltage lines or equipment. The use of personal grounds will minimize exposures associated with making contact lines, equipment, or objects having hazardous difference of electrical potentials. Workers should avoid contact with applied grounds whenever possible to minimize exposures to hazardous conditions. All grounds shall be applied using approved live line tools and removed using approved live line tools. Never begin working on electrical equipment unless you have first proven by electrical testing instruments that the power is off, and then you apply personal protective grounds. NOTE: Remove grounds before turning power on!
25. Always wear approved company issued Personal Protective Equipment (PPE). Appropriate FR clothing based on the ARC flash requirements, with shirts tucked in, sleeves rolled down and buttoned, hard hats, approved safety glasses, faces shields / goggles along with FR balaclavas.

## **USE OF TOOLS AND EQUIPMENT**

26. All tools and equipment shall be maintained in good condition.
27. Damaged tools or equipment shall be removed from service and tagged “DEFECTIVE”.
28. Pipe or Stillson wrenches shall not be used as a substitute for other wrenches.
29. Only appropriate tools shall be used for a specific job.
30. Wrenches shall not be altered by the addition of handle-extensions or “cheaters”.
31. Files shall be equipped with handles and not used to punch or pry.
32. A screwdriver shall not be used as a chisel.
33. Wheelbarrows shall not be pushed with handles in an upright position.
34. Portable electric tools shall not be lifted or lowered by means of the power cord. Ropes shall be used.
35. Electric cords shall not be exposed to damage from vehicles.
36. In locations where the use of a portable power tool is difficult, the tool shall be supported by means of a rope or similar support of adequate strength.

## **MACHINERY AND VEHICLES**

37. Only authorized persons shall operate machinery of equipment.
38. Loose or frayed clothing, long hair, dangling ties, finger rings, etc., shall not be worn around moving machinery or other areas where they may become entangled.
39. Machinery shall not be serviced, repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safeguards to protect the person performing the work.
40. Where appropriate, lock-out procedures shall be used.
41. Employees shall not work under vehicles supported by jacks or chain hoists without protective blocking that will prevent injury if jacks or hoists should fail.
42. Air hoses shall not be disconnected at compressors until the hose line has been bled.
43. All excavations shall be visually inspected before backfilling to ensure that it is safe to backfill.
44. Excavating equipment shall not be operated near tops of cuts, banks, or cliffs if employees are working below.
45. Vehicles shall not operate where there is a possibility of overturning in dangerous areas like edges of deep fills, cut banks, and steep slopes.
46. When loading where there is a probability of dangerous slides or movement of material, the wheels or treads of loading equipment, other than that riding on rails, should be turned in the direction which will facilitate escape in case of danger, except in a situation where this position of the wheels or treads would cause a greater operational hazard.

# ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF CODE OF SAFE PRACTICES

TO ALL EMPLOYEES:

A COPY OF THE CODE OF SAFE PRACTICES IS PROVIDED. THESE GUIDELINES ARE PROVIDED FOR YOUR SAFETY.

IT IS THE RESPONSIBILITY OF \_\_\_\_\_  
(Name)

TO PROVIDE AND REVIEW THIS CODE WITH EACH EMPLOYEE. IT IS THE EMPLOYEE'S RESPONSIBILITY TO READ AND COMPLY WITH THIS CODE.

A COPY OF THE CODE OF SAFE PRACTICES IS PROVIDED FOR YOU TO KEEP. PLEASE SIGN AND DATE BELOW AND RETURN ONLY THIS PAGE TO:

\_\_\_\_\_  
(Name)

-----

I HAVE READ AND UNDERSTAND THE CODE OF SAFE PRACTICES.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE PRINTED NAME

\_\_\_\_\_  
EMPLOYEE SIGNATURE

# **NOTICE OF SAFETY INFRACTION**

Cal/OSHA requires that we discipline employees who fail to comply with our Code of Safe Practices and general safety regulations. The following Notice of Safety Infraction will be used to document all failures to comply with the requirements.



# **INCENTIVE PROGRAM**

It is the policy of: Hampton Tedder Electric Inc. to award employees for safe work practices. Awards come in the form of promotions, bonuses and recognition.



# **EMPLOYEE PERFORMANCE EVALUATION REPORT (MERIT REPORT)**

Employee Performance Evaluations deal directly with the employee's safety awareness, with a possibility for comment. The safety portion of the report will be aided by the information from the Daily Crew Audits and the Safety Reminders.

Information on the past safety performance of an employee is reviewed.

Insert E

## H.T.E. / H.T.T.S. / U.E.S. / I.Q.

### Employee Performance Evaluation Report

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Reason for Report:  Probationary  
 Special, Explain: \_\_\_\_\_

INSTRUCTIONS FOR RATER: Evaluate the employee on total time in this job and your observation of current actual performance, not hearsay, potential, or personality. Rate the employee's performance for the entire review period, not just recent work. Remember the specific job requirements when considering each factor. In each section, check the ONE statement that most nearly describes the employee's performance. Use the "Comments" section to explain your rating, supporting it with specific examples. If a different wording in any category will better meet your needs, you may substitute your own phrases as necessary, or delete or add individual words. Don't let your evaluation of one factor influence you on any other factor. Review your completed evaluation with the employee. Discuss the employee's best performance areas, and those which you can assist the employee to improve.

#### QUALITY

Comments: \_\_\_\_\_

- Work is usually error-free and up to the established standard for the work group.
- Work is consistently high-quality, with few errors.
- Work contains more errors than can be normally expected; work needs frequent checking.

#### OUTPUT

Comments: \_\_\_\_\_

- Maintains an unusually high output of work; always accomplishes objectives on time and seeks out new work on own initiative.
- Needs improvement in amount of work produced, is below group average.
- Output of work meets the established standard for the work group.

#### LEARNING & RETAINING

Comments: \_\_\_\_\_

- Learns new work slowly and needs a great deal of instruction; adaptability to change is below group average.
- May occasionally need instructions repeated but meets established standards in learning new work; usually adapts to change.
- Learns rapidly, remembers instructions easily, and is usually adaptable to change.

**EMPLOYEE & CUSTOMER CONTACT**

Comments: \_\_\_\_\_

***\*If this job does not require employee/customer contact, check here and proceed to Item No. 5***

Readily earns the cooperation of others and is exceptionally skillful in influencing the actions and decisions of others.

Gets the necessary cooperation from others to get the job done.

Fails to maintain some relationships successfully and needs to develop a more cooperative working relationship with others.

**ATTENDANCE**

Comments: \_\_\_\_\_

Is frequently late or absent; health may be interfering with ability to perform on the job.

Can always be relied upon to be at work on time; rarely absent.

Is absent occasionally, with valid explanation; health appears normal.

**SAFETY**

Comments: \_\_\_\_\_

Does not consistently demonstrate safe work habits; needs constant reminding.

Is aware of safety procedures and follows them; may need occasional reminding.

Consistently demonstrates enthusiastic safety awareness.

**APPROVED:**

**Crew Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACKNOWLEDGED:**

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PROMOTION PROCEDURES**

Our promotion procedures are established. It should be mentioned at this point that all employees should be mindful of Management's emphasis on safety.

***THERE IS A DIRECT RELATIONSHIP BETWEEN PROMOTIONS AND SAFETY!***

To be most effective, this activity must be explained long in advance of any promotion to allow the greatest possible amount of time to be used by the employee to demonstrate his/her relative response to the promotion / safety relationship.



## **SECTION III.**

# **EMPLOYEE COMMUNICATION**

# **SAFETY COMMUNICATION POLICY**

It is our company's policy to maintain open communication between management and staff on matters pertaining to safety. Employee thoughts regarding safety are considered important, and we encourage your active participation in our company safety program. Employee should feel free to express any safety concerns or suggestions during safety meetings, individually to their supervisor, or in writing on the safety suggestion form. (This will allow employees to remain anonymous if they so desire; however, this will make it difficult to provide employees special recognition if their suggestion is put to action.) Be assured that all safety suggestions will be given serious consideration, and that each will receive a response.

In turn, the company will provide current safety news and activities, safety reading materials, signs, posters, and a bulletin board for easy access to them all.

# COMMUNICATIONS WITH EMPLOYEES ABOUT SAFETY AND ENFORCEMENT OF SAFETY WORK PRACTICES

*Practices Policy and Responsibility:* A system to communicate with employees about safety and to assure compliance with safe work practices is in effect. Communications are implemented through safety meetings, anonymous notification procedures, one-on-one counseling, and disciplinary procedures.

The person responsible for the WIIPP shall assure that effective employee communications are maintained through the following methods:

- ❖ Explanation of the WIIPP and its procedures.
- ❖ Description of any new hazards that have been introduced or identified through inspection or investigation of injuries, illnesses or accidents.
- ❖ Consideration of employee safety suggestions and questions (including anonymous ones) and a response provided.

*Employee Compliance:* Employees are required to comply with safe work practices. If noncompliance is observed, the following disciplinary measure will be used as appropriate to assure future compliance. The methods used should be selected based on the gravity of the violation and the frequency of such violation, and be administered according to progressive employee relations policies:

- ❖ Private counseling by the person responsible for implementing the WIIPP or the employee's supervisor;
- ❖ Loss of incentives, negative effect on performance evaluation and similar personnel actions;
- ❖ A written warning or warnings; and
- ❖ Suspension or termination.

*Documentation of Safety Communications and Enforcement:* Each instance of employee communication is documented. The documentation includes the following:

- ❖ Weekly safety meetings are documented through a sign-in sheets.
- ❖ Written employee safety suggestions are maintained on file along with the response, including information on how the response was provided to the employees.
- ❖ Actions taken to enforce compliance with safe work practices in any case that exceed verbal counseling will be documented in the employee's personnel record by the person responsible for the WIIPP.
- ❖ Daily job tail-gate safety report (Mtg.).

# EMPLOYEE SAFETY COMMUNICATION FORMS & THEIR PURPOSE

1. Job Assignments / Work Orders  
Description of job and its safety concerns.
2. Daily Tailboard Meeting / Safety Meeting Minutes  
A daily jobsite discussion on job conditions for that day.
3. 10-Day Meeting / Safety Meeting Minutes  
A jobsite discussion of safety topics chosen by management.
4. Crew Audits  
Managements unscheduled job site inspection on jobsite conditions.
5. Safety Reminders  
Disciplinary reminders to individuals and their supervisors to improve safety conditions (minor infractions).
6. Safety Suggestions  
Employee suggestions to improve our safety program.
7. Incident Report for Near Miss  
To report unsafe acts and near miss incidents.



# 1. JOB ASSIGNMENTS / WORK ORDERS

## Supervisor To Foreman

Each time a job package is assigned, safety messaging, specific instructions about safety should be made simultaneously. On small simple jobs for crews, an admonition to be safe would suffice. On large packages for crews, a sentence directed at the major safety concerns would be appropriate. For more complex jobs, a detail discussion about safety requirements may be reasonable.

To maximize the effectiveness of the safety admonition, it must operate like clockwork - each and every job assignment is issued with an express concern for a job completed safely. The reasons for adding a safety admonition to all job assignments is to assure the first thoughts that go into a job assignment are closely linked to the critical observable actions for safety considerations. This link must be made by the supervisor who operates as one source of constant reinforcement of the company's commitment to safety.

The safety admonition is not intended to operate as anything more than a reminder to initiate the day on a safety thought.

## 2. SAFETY MEETING MINUTES

### 2. Daily Tailboard Meeting

Before starting any work period, the foreman or employee in charge will call the entire crew for a conference or a "Tailboard Meeting" to complete the Hampton Tedder Electric Tailboard. This conference should accomplish the following:

- 1) Each worker will understand the purpose of the job.
- 2) Each worker will understand what he/she is to do.
- 3) Each worker will understand what the other members of the crew are to do.
- 4) Each worker will understand the foreman's manner of executing the work.
- 5) Each worker will understand the hazards or trouble spots involved and will know how the employee in charge is proposing to overcome such problems.
- 6) Each worker will understand existing hazards involved with the job.

The foreman or employee in charge will encourage questions, comments, and suggestions by the crew members; and fill out the Tailboard, which will be turned in daily and documented.

### 3. 10-Day Meeting - Every 10 days each field employee will attend a safety meeting.

10 Day Safety Meetings are held as a forum on Safety. At each meeting we present new information, review accidents, answer or research questions fielded from employees, show any applicable films, and related Safety Suggestions.

In addition to completing the "Daily Tailboard Meeting", the foreman or employee in charge will also discuss the "Safety Topic" that was given out by the Safety Department for that particular day's discussion. This discussion will be noted on the Safety Meeting Minutes along with any questions that the crew may have had. If the foreman or employee in charge is unable to answer the question, it is their responsibility to get the answer from the Safety Department and include that answer in the following mornings Tailboard Meeting.

### **3. HTE TAILBOARD FORM**



**TRANSFORMER BANK MAKE UP**

- Single Phase  or Three Phase   
 WYE  or WYE\Delta   
 Open Delta   
 Closed Delta   
 Rotation   
 Voltage Check   
 Voltage Reads \_\_\_\_\_

| Risk Assessment |  |  |
|-----------------|--|--|
|                 | <input type="checkbox"/> 1. Rare         | Likelihood of an incident or accident, causing physical harm or equipment damage is extremely Rare.  |
|                 | <input type="checkbox"/> 2. Minor        | Minimum barriers are in place to prevent an incident, accident or equipment damage from occurring. Work area protection devices are in place to safely protect employees and the general public. |
|                 | <input type="checkbox"/> 3. Moderate     | Reasonable care taken and adequate protective measures are exercised to adequately safe guard against any undesirable or unplanned incident from occurring.                                      |
|                 | <input type="checkbox"/> 4. Serious      | Lack of control measures or barriers in place to adequately and safely protect employees from serious harm, injury and/or significant equipment damage.  |
|                 | <input type="checkbox"/> 5. Catastrophic | No precautions, barriers, or protective devices in place to adequately control and prevent significant injury, circuit interruptions, or severe equipment damage from occurring.                 |

**UNDERGROUND CABLE MAKE UP**

- All Pins on 200 Amp elbows are installed   
 GF and Foreman have collaborated before power is restored   
 Lines and Equipment are OK and safe to energize

Additional Notes:

|   |
|---|
| <b>Job Scope Change / Re-Tailboard:</b> |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

| Crew Members | Crew Signatures | Condition/Scope Change (Initials) |
|--------------|-----------------|-----------------------------------|
|              |                 |                                   |
|              |                 |                                   |
|              |                 |                                   |
|              |                 |                                   |
|              |                 |                                   |
|              |                 |                                   |
|              |                 |                                   |
|              |                 |                                   |
|              |                 |                                   |

**SUBCONTRACTORS**

| Crane Operations:   | Crane Op. Initials           | HTE Initials |
|---|------------------------------|--------------|
| Subcontractor Completed their own Tailboard?                | <input type="checkbox"/> Yes |              |
| HTE/Sub Joint-Tailboard?<br>(Crane Op. Leads Crane Portion) | <input type="checkbox"/> Yes |              |
| Lift Plan Completed and Reviewed by HTE?                    | <input type="checkbox"/> Yes |              |

| Traffic Control (Select One): | TC Initials              | HTE Initials |
|-------------------------------|--------------------------|--------------|
| No Permit Required            | <input type="checkbox"/> |              |
| Permit Required and Reviewed  | <input type="checkbox"/> |              |



| <b>HTE / HTTS Job Hazard Analysis</b>   |                      |   |
|---|----------------------|---|
| Employee: _____   | Work Order #: _____  |   |
| Date: _____   | Location: _____      |   |
| Description of Work:<br>_____   |                      |   |
| Roster (By signing, employees acknowledge they have reviewed all hazards and controls identified)   |                      |   |
| 1) _____  | 2) _____             | 3) _____  |
| 4) _____  | 5) _____             | 8) _____  |
| 7) _____  | 8) _____             | 9) _____  |
| 10) _____   | 11) _____            | 12) _____   |
| <b>Emergency Action Plan</b>  |                      |   |
| Emergency Phone Number(s): _____  |                      | Location of Phone: _____  |
| First Aid Station: _____  |                      | Safety Shower/Eye Wash: _____   |
| Location/Type of Extinguishing Equipment: _____   |                      | Equipment Shutdown Procedure (if Applicable): _____   |
| Evacuation Route: _____   | Assembly Area: _____ | Wind Direction: _____   |
| Has a pre-job walk down been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, do not proceed until the walk down is conducted) |                      |   |
| <b>General Hazard Assessment</b>  |                      |   |
| Potential Hazard(s)   |                      | Methods to Control / Eliminate Hazards Identified   |
| Hand Injury <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Wear protective gloves, make sure guards are in place, use proper tool, identify pinch points   |
| Fall Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Inspect fall protection prior to use. Wear full body harness w/ doubled locking shock absorbing lanyard. Ensure adequate anchor point. Install railing if possible            |
| Eye Injury <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Safety glasses. Upgrade to face shield / chemical goggles or combination when needed  |
| Lifting Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Know your limits. Use lifting / carrying devices. Inspect rigging. Use assistance as needed   |
| Falling Objects <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Rope off areas / attach proper signs, install netting as needed. Wear hardhat.  |
| Head Injury <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Identify low hanging objects with tape / tags. Wear proper head protection.   |
| Chemical Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Wear chemical resistant clothing, gloves, face shields. Report all spills / leaks.  |
| Excessive Noise <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Wear appropriate hearing protection. (Ear plugs, muffs, or combination)   |
| Heat/Cold Stress <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | (Heat) Drink plenty of fluids. Utilize Work-Rest Cycles. (Cold) ensure adequate clothing. Construct wind barriers. Limit exposure times. Avoid wet conditions.                |
| Slippery Surfaces, Tripping Hazards <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Use absorbent. Dry Area. Warn others. Baricade area if not corrected. Hang cords and hoses overhead or use traffic ramp.  |
| Foot Injury <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Wear steel toe boots. Identify uneven surfaces. Take measures to eliminate hazards.   |
| Hot Processes / Objects / Surfaces <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Wear protective gloves, face shields and / or heat suits, as needed. Apply proper barriers for protection against heat sources  |
| Respiratory Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Determine if IDLH atmosphere. Monitor air quality as needed. If possible, ventilate area to eliminate hazards. Determine proper respirator required for hazard(s).            |
| Electrical Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Use GFCI, low voltage lighting. Have electrician connect or disconnect equipment to eliminate hazards. Ensure proper grounding of equipment.                                  |
| Confined Space Entry <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Identify all hazards of space. Determine if a confined space permit is required. Ensure atmosphere has been monitored for hazards. Ventilate as needed. Verify proper egress. |
| Stored Energy (LOTO Required) <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | Verify isolation of energy sources with authorized employee prior to beginning work. Ensure affected personnel are notified.  |
| Rotating Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Remove / secure loose clothing, long hair, or jewelry. Establish proper clearance for body position. Ensure barricades / guards are in place. Lockout equipment if possible.  |





## 4. CREW AUDITS

Crew Audit Reports are used to document job site conditions as found during an unscheduled job site inspection.

Crew Audits will be conducted by the following:

- A. Safety
- B. Management
- C. Project Managers
- D. Supervisors
- E. Foreman

Those required to conduct Crew Audits will be trained on the process and on the documentation. The foreman's supervisor will visit crews regularly as part of their routine schedule to monitor compliance with basic safety principles. This form is used to document the activities that are being performed in an acceptable manner. This has, in effect, made every safety rule and work procedure into a measurable objective. Any areas of safety performance that are found unacceptable are easily identified and further action may be necessary.

The following information should be recorded:

|                               |  |
|-------------------------------|--|
| <i>Location</i>               | of the Crew  |
| <i>Foreman</i>                | Name   |
| <i>Activity of Progress</i>   | Brief description of what work was in progress at the time of the visit. Applicable boxes are checked on the form. |
| <i>Safety Reminder Issued</i> | If no unsafe acts or procedures were apparent, the reporting is finished.  |

Frequency: during management site visits with a goal of two per month per Project Manager, minimum of one per month.



# Field Observations

## Add Field Observation

[Reports & Charts](#)

Save & close

Cancel

### Job Details

**Foreman**

Search and select

**Structure #**

**Work Type**

### Basic Information

**Location of observation**

  
  
  

**Date and Time of Observation \***



**Observation By \***

Search and select

|                                   |                         |
|-----------------------------------|-------------------------|
| <b>Crew Size</b>                  |                         |
| <input type="text"/>              |                         |
| <b>Work being performed *</b>     |                         |
| <input type="text"/>              |                         |
| <b>Worksite Image 1</b>           | <b>Worksite Image 2</b> |
| <input type="text"/>              | <input type="text"/>    |
| <b>Highest Risk Rating</b>        |                         |
| <input type="text"/>              |                         |
| <b>Corrective Action Required</b> |                         |
| <input type="text"/>              |                         |

**Tailboard**

|                             |                                       |                      |
|-----------------------------|---------------------------------------|----------------------|
| <b>Tailboard Completed?</b> | <b>Job Hazard Analysis Completed?</b> | <b>Proper PPE</b>    |
| <input type="text"/>        | <input type="text"/>                  | <input type="text"/> |
| <b>Temperature</b>          | <b>Extended Hours?</b>                |                      |
| <input type="text"/>        | <input type="text"/>                  |                      |
| <b>Tailboard Comments</b>   |                                       |                      |
| <input type="text"/>        |                                       |                      |

**Tools**

|   |   |
|---|---|
| <b>Tools inspected and in good condition?</b> | <b>Rubber gloves been inspected and field tested?</b> |
| <input type="text"/>                          | <input type="text"/>                                  |
| <b>Tools Comments</b>                         |   |
| <input type="text"/>                          |   |

Overhead-Energized Primary

|   |   |   |
|---|---|---|
| <b>Circuit Identified</b><br><input type="text"/> | <b>Insulate/Isolate</b><br><input type="text"/> | <b>Adequate Cover</b><br><input type="text"/>                 |
| <b>Rubber Gloving</b><br><input type="text"/>     | <b>No Test Orders</b><br><input type="text"/>   | <b>Phasing/Voltage Test Completed</b><br><input type="text"/> |
| <b>Grounding</b><br><input type="text"/>          | <b>EPZ</b><br><input type="text"/>              | <b>Back Feed</b><br><input type="text"/>                      |
| <b>Switching</b><br><input type="text"/>          | <b>Wire Stringing</b><br><input type="text"/>   |   |
| <b>Risk Rating</b><br><input type="text"/>        |   |   |
| <b>Cal Rating</b><br><input type="text"/>         |   |   |
| <b>Overhead-Energized Primary Image 1</b>         | <b>Overhead-Energized Primary Image 2</b>       | <b>Overhead-Energized Primary Image 3</b>                     |
| <b>Comments</b><br><input type="text"/>           |   |   |

### Transformer Installation

|  |   |   |
|--|---|---|
| <b>Proper Transformer Test Performed</b><br><input type="text"/> | <b>Risk Rating</b><br><input type="text"/>                                  | <b>Transformer Turns Ratio (TTR) Test Performed</b><br><input type="text"/> |
| <b>Three Phase Bank Installed</b><br><input type="text"/>        | <b>Was Rotation Taken Prior to De-Energizing</b><br><input type="text"/>    | <b>Single Phase Transformer Installed</b><br><input type="text"/>           |
| <b>Unloaded Voltage Test Performed</b><br><input type="text"/>   | <b>Energizing Multiple Transformers on Tap Line</b><br><input type="text"/> |   |

|  |   |
|--|---|
| <b>Transformer Installation Image 1</b>  | <b>Transformer Installation Image 2</b> |
| <b>Comments</b>  |   |
| <input type="text"/> <div style="float: right;"> <input type="button" value="↑"/><br/> <input type="button" value="↓"/><br/> <input type="button" value="↕"/> </div> |   |

### Overhead-Secondary

|  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| <b>Insulate/Isolate</b>  | <b>Cover Needed</b>               |                                   |
| <input type="text"/>   | <input type="text"/>              |                                   |
| <b>Rubber Gloving</b>  | <b>Back Feed</b>                  |                                   |
| <input type="text"/>   | <input type="text"/>              |                                   |
| <b>Risk Rating</b>   |                                   |                                   |
| <input type="text"/>   |                                   |                                   |
| <b>Overhead-Secondary Image 1</b>  | <b>Overhead-Secondary Image 2</b> | <b>Overhead-Secondary Image 3</b> |
| <b>Comments</b>  |                                   |                                   |
| <input type="text"/> <div style="float: right;"> <input type="button" value="↑"/><br/> <input type="button" value="↓"/><br/> <input type="button" value="↕"/> </div> |                                   |                                   |

### Underground

|                                 |                             |                                   |
|---------------------------------|-----------------------------|-----------------------------------|
| <b>Circuit Identified</b>       | <b>Confined Space</b>       | <b>Atmospheric Test Completed</b> |
| <input type="text"/>            | <input type="text"/>        | <input type="text"/>              |
| <b>Lines Tested for Voltage</b> | <b>No Test Orders</b>       | <b>Grounding</b>                  |
| <input type="text"/>            | <input type="text"/>        | <input type="text"/>              |
| <b>Conductor Pulling</b>        | <b>Pinch Points Avoided</b> |                                   |
| <input type="text"/>            | <input type="text"/>        |                                   |
| <b>Risk Rating</b>              |                             |                                   |
| <input type="text"/>            |                             |                                   |

|  |
|--|
| <input type="text"/>   |
| <b>Cal Rating</b><br><input type="text"/>  |
| <b>Underground Image 1</b>   <b>Underground Image 2</b>   <b>Underground Image 3</b> |
| <b>Comments</b><br><input type="text"/>  |

**Work Area Protection**

|  |  |  |
|--|--|--|
| <b>Traffic</b><br><input type="text"/>     | <b>Work Area Coned Off</b><br><input type="text"/> | <b>Trucks Barricaded</b><br><input type="text"/> |
| <b>Risk Rating</b><br><input type="text"/> |  |  |
| <b>Work Area Protection Image 1</b>        | <b>Work Area Protection Image 2</b>                |  |
| <b>Comments</b><br><input type="text"/>    |  |  |

**Ladders**

|   |   |  |
|---|---|--|
| <b>Ladder in good condition?</b><br><input type="text"/>  | <b>Ladder setup properly?</b><br><input type="text"/> | <b>Ladder made secure?</b><br><input type="text"/> |
| <b>Employee maintaining 3 points of contact or using fall protection?</b><br><input type="text"/> |   |  |
| <b>Ladders Image 1</b>  | <b>Ladder Comments</b>                                |  |

|  |  |
|--|--|
|  |  |
|--|--|

**Fall Protection**

|   |  |  |
|---|--|--|
| <b>Used and Work Properly</b><br><input type="text"/> | <b>Harness/Lanyards Worn in Aerial Lifts</b><br><input type="text"/> | <b>Skids/Bucksqueeze</b><br><input type="text"/> |
|---|--|--|

**Risk Rating**

**Fall Protection Image 1**

**Comments**

**Human Performance**

|   |  |  |
|---|--|--|
| <b>Three Way Communication Taking Place</b><br><input type="text"/> | <b>Situational Awareness</b><br><input type="text"/> | <b>Competent Person Identified</b><br><input type="text"/> |
|---|--|--|

|  |   |
|--|---|
| <b>Observer Identified</b><br><input type="text"/> | <b>Employees Knowledge of Job</b><br><input type="text"/> |
|--|---|

**Risk Rating**

**Human performance Image**

**Comments**

### Housekeeping

|   |   |  |
|---|---|--|
| <b>Jobsite</b><br><input type="text"/>  | <b>Vehicles/Equipment</b><br><input type="text"/> | <b>Risk Rating</b><br><input type="text"/> |
| <b>Housekeeping Image 1</b>             | <b>Housekeeping Image 2</b>                       |  |
| <b>Comments</b><br><input type="text"/> |   |  |

### Vehicle Inspection

|  |  |  |
|--|--|--|
| <b>Boom Tested</b><br><input type="text"/> | <b>Bucket Truck Dielectrically Certified</b><br><input type="text"/> | <b>Risk Rating</b><br><input type="text"/> |
| <b>Comments</b><br><input type="text"/>    |  |  |

### Quality Ranking

On a scale of 1 to 10, 10 being best, Rate the quality of the following:

|  |   |
|--|---|
| <b>Tailboard Quality</b><br><input type="text" value="1"/> | <b>Job Planning Quality</b><br><input type="text" value="1"/> |
| <b>Grounding Quality</b><br><input type="text" value="1"/> | <b>Cover Quality</b><br><input type="text" value="1"/>        |

### Signature

|  |
|--|
| <b>Corrective Action Required? *</b><br><input type="text"/> |
| <b>Corrective Action Comments</b><br><input type="text"/>    |

Empty text area with scrollbars.

**Signature**  
Empty signature text box.

**Field Observation form complete**

**Send me a copy of my responses**

**Save & close**

Cancel



## **5. SAFETY REMINDERS**

This report is used as a disciplinary reminder sent to individual employees and their supervisors to improve safety conditions, prior to issuing a notice of safety infraction.

The Safety Reminder Form is used to record and notify individuals who violate safety rules. Individuals may be subject to disciplinary actions, up to, and including termination.

The Safety Reminder is essential documentation to aid further correlation of information gathered. Without this check on our safety training, we would blindly guess the educational needs related to safety. The most significant bi-product of this plan is to review all work procedures to further check the fact that every job to be done has a procedure to follow that will safely accomplish the assigned task.

Further, there will be unsafe conditions that will arise from time to time that need documentation, i.e., tools or hardware that do not perform as expected, and so forth. These conditions must be documented for follow-up.

It is our experience that the vast majority of unsafe acts cease shortly after the employees witness a genuine commitment to safety by management.

Insert B

**H.T.E. / H.T.T.S. / U.E.S. / I.Q.**

**Safety Reminder**

Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Employee: \_\_\_\_\_

Classification: \_\_\_\_\_

Foreman: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Unsafe Act: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unsafe Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loss Severity Potential\*: \_\_\_\_\_

Reported By: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By Whom: \_\_\_\_\_

\* - 1) No Injury 2) Minor Injury 3) Moderate 4) Serious 5) Fatal

Was it necessary to issue a Notice of Safety Infraction?  Yes  No

## **6. SAFETY SUGGESTIONS**

This form is to be used by employees for their suggestion's to improve our safety program, it may be submitted anonymously.

Safety Suggestion Forms are available in several visible locations around the offices. We strongly encourage all employees to use this form as a means to communicate anything that could benefit our safety program, either as an addition to or possible revision of. The forms received will be added to the documentation process to ensure all inquiries and/or recommendations are responded to. This is not intended as a substitution for the flow of information from employees to foreman to management, but rather as an added avenue for information flow.

The Safety Suggestions are reviewed at a meeting by management affected by the suggestion, as well as a representative of Safety. At this meeting, present policy is discussed in relation to the subject of the suggestion. An answer is generated, published with the question in the Monthly Safety Report, and discussed as a topic at a safety meeting.

The purpose of the Safety Suggestion form is to prevent accidents and provide information to improve our safety program. It will not be used as a disciplinary tool.

Insert C

**H.T.E. / H.T.T.S. / U.E.S. / I.Q.**

**Safety Suggestion**

We welcome your ideas, suggestions, and observations toward all safety related matters. Please be as specific as possible.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What Corrective Action Could or Should Be Taken: \_\_\_\_\_

---

---

---

---

---

---

---

---

Name (Optional)<sup>1</sup>: \_\_\_\_\_

<sup>1</sup> W.I.I.P.P. 11. "The purpose of the "Safety Suggestion" form is to prevent accidents and provide information to improve our safety program. ***It will not be used as a disciplinary tool.***"

# 7. INCIDENT REPORT FOR NEAR MISS

This report is to be used to report unsafe acts and near miss incidents.

Incident Report for Near Miss forms are available in several visible locations around the offices. The purpose of this form is to create an avenue, anonymously if preferred, for all employees and management to report any unsafe act or unsafe condition that can possibly be harmful to an individual or crew. The forms received will be added to the documentation process to ensure all incidents are responded to. This is not intended as a substitution for the flow of information from employees to foreman to management, but rather as an added avenue for information flow.

The Incident Report for Near Misses will be reviewed by management and a representative of Safety. At this meeting, present policy is discussed in relation to the subject of the Near Miss. A solution is generated, published with the general content of the observation in the Monthly Safety Report, and discussed as a topic at a safety meeting.

The purpose of the Incident Report for Near Miss form is to prevent accidents and provide information to improve our safety program. Safety Reminders may be issued as result of a Near Miss Report.

Insert D

## H.T.E. / H.T.T.S. / U.E.S. / I.Q.

### Incident Report for Near Miss

We welcome your observations toward all safety related matters. Please be as specific as possible.

Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_\_

Employee: \_\_\_\_\_

Location: \_\_\_\_\_

Classification: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Unsafe Act: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loss Severity Potential:  Minor  Moderate  Serious  Fatal

What Corrective Action Could or Should Be Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (Optional)<sup>1</sup>: \_\_\_\_\_

<sup>1</sup> W.I.I.P.P. 11.6 "The purpose of the "Incident Report for Near Miss" is to prevent accidents and provide information to improve our safety program."



# SECTION IV.

  

# TRAINING

# EMPLOYEE SAFETY TRAINING POLICY

- A. Tom Ayers, William Beckham, Cruz Velazquez, and Linc McNitt shall assure that supervisors receive training to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.
- B. Supervisors are responsible to see that those under their direction receive training on general work place safety as well as specific instructions with regard to hazards unique to any job assignment.

When a supervisor is unable to provide the required training, he / she should notify the assigned person and request that such training be given to the employee by others.

- C. To insure that all employees receive appropriate training, all company employees will participate in:
- Scheduled safety meetings.
  - Additional training as job duties or work assignments are expanded or changed.
  - Defensive driving when company vehicles are to be used.
  - Other training programs as appropriate.

Further training will be provided whenever employees are exposed to new processes, machinery, chemicals, and / or previously unrecognized hazards.

Records of all the above training will be kept by the

Safety Department  
Name

at

HTE Corporate Office – Montclair, CA  
Location



# SAFETY TRAINING FOR EMPLOYEES

*Policy and Responsibility:* Employees have been provided training in safe work practices and prevention of injuries and illnesses when the WIIPP was first established and whenever a new hazard is identified or an employee is reassigned or newly hired prior to exposure to any potential hazards.

Field foreman (job site supervisors) have the responsibility to familiarize themselves with the ever changing safety / health hazard requirements, and responsibility for direction and safety of the employees under their control. Training is conducted through the National Electrical Contractors Association (NECA), International Brotherhood of Electrical Workers (IBEW), the employer, and previous work experience.

The person responsible for implementing the WIIPP is responsible for assuring the employee training is provided and documented. Supervisors and other designated employees may assist in providing training.

*Documentation of Training:* Training is documented in the following manner:

- ❖ Each employee's personnel records contain a form that indicates the status of the employee's training. The form indicates that WIIPP training was provided and when training was received for new hazards, new assignments or to meet refresher requirements.
- ❖ Training sessions will be documented with a sign-in sheet that indicates the date, subject of training, trainer and attendees. This form will be used to update individual employee training records.
- ❖ Journeyman Workers training can include a (4) year apprenticeship, implemented by the International Brotherhood of Electrical Workers (I.B.E.W.) through the Joint Apprentice Training Committee (J.A.T.C.). The apprenticeship includes on-the-job-training and classroom training or an equivalency test administered by the IBEW and classroom training.
- ❖ All Non-Journeyman Workers work under the direct supervision of journeymen. Training is on-the-job, supervised by a journeyman.
- ❖ At no time is a journeyman or non-journeyman worker to attempt any work that he/she is not fully certain that he/she is fully qualified and certified to perform safely, with regard to his or her own personal safety, safety of co-workers and safety to property.





## **SECTION V.**

# **INSPECTIONS AND CORRECTIONS OF HAZARDS**

# MONTHLY SAFETY REPORT REVIEW

Inspections and corrections of hazards policy – All forms will be inspected monthly with corrective action taken as soon as possible.

A statistical report will be generated based on all of the below information and distributed to all employees. The Monthly Safety Report will also include information about any accidents (to include first aid, injury, and auto) that we may have had, and will be broken down by division.

*A. Daily Tailboard – Safety Meeting Minutes Evaluation*

Information from the Tailboard - Safety Meeting Minutes is evaluated. This includes verifying, on a day-by-day basis, that everyone who was on the job that day signed the Safety Meeting Minutes, and that the “Tailboard Meeting” guidelines have been followed.

*B. 10 Day Safety Meeting Evaluation*

Information from the 10 Day Safety Meeting Minutes is evaluated. This includes verifying that all employees on site signed the sheet, that the Safety Topic which was handed out was discussed, and that the “10 Day Meeting” guidelines have been followed.

*C. Crew Audit Evaluation*

On a monthly basis, information derived from Crew Audits is evaluated. This includes looking for any potential accidents that could reoccur because of similar circumstances elsewhere, trends, etc.

*D. Safety Reminders*

Information from all Safety Reminders that were given out is compiled and cross-checked to see if there are any patterns of unsafe employees or trends that need to be addressed.

*E. Safety Suggestions*

Information from all Safety Suggestions is compiled and cross-checked to verify that they were addressed in a timely manner per the guidelines.

*F. Incident Report for Near Miss*

Information from all Incident Report for Near Misses is compiled and cross-checked to verify that they were addressed in a timely manner per the guidelines.

G. Notice of Safety Infraction

Information from all Notice of Safety Infractions that were given out is compiled and cross-checked to see if there are any patterns of unsafe employees or trends that need to be addressed.

H. Training

Regularly scheduled training will occur and be documented.



## **SECTION VI.**

# **INJURY AND ILLNESS INVESTIGATION**

# INVESTIGATION OF INJURIES, ILLNESSES AND ACCIDENTS

*Policy and Responsibility:* Any injuries, illnesses, or accidents will be investigated to determine if any preventable safety or health hazard contributed to the occurrence. Members of Hampton Tedder Management and the Safety Department will conduct the investigation within a timely manner after being advised of the incident. If a reportable serious injury or death results, the Safety Department will ensure that a report is made to any client within two (2) hours and Cal/OSHA within eight (8) hours. Any hazardous conditions or work practices that contributed to the injury, illness, or accident will be abated according to the policy and Mandatory Cal/OSHA & Fed/OSHA Standards.

*Documentation of Investigation:* Each investigation of an injury, illness or accident will be documented to indicate information about the incident, the investigation's findings, whether a workplace hazard contributed to the incident, how the hazard will be abated and the investigator. The investigation can be documented by using the Workers' Compensation form "Employer's First Report" or the "Report of Accident and Investigation".

*Corrective Action Program:* After Root Cause analysis has concluded, the findings will be distributed company wide and discussed in a safety stand-down meeting with all construction crews and management. If the findings require policy or procedural changes, training will be administered, and Standard Operating Procedures (SOP's) updated and distributed. Safety and quality control teams will monitor all crews and report on the crews' conformance to all policy changes.

Corrective actions for safety violations will range from re-training to employee disciplinary action up to and including termination.

# BASIC RULES FOR INJURY, ILLNESS AND ACCIDENT INVESTIGATION

- ❖ The purpose of an investigation is to find the cause of an injury, illness or accident, prevent future occurrences, not to fix the blame. An unbiased approach is necessary to obtain objective findings.
- ❖ Visit the scene as soon as possible (when it is safe to do) – while facts are fresh and before witnesses forget important details.
- ❖ If possible, interview the injured worker at the scene.
- ❖ All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk to anyone who has knowledge of the injury, illness or accident even if they did not actually witness it.
- ❖ Consider taking signed statements in cases where facts are unclear or there is an element of controversy.
- ❖ Document details graphically. Use sketches, diagrams and photos as needed and take measurements when appropriate.
- ❖ Focus on causes and hazards. Develop an analysis of what happened, how it happened and how it could have been prevented. Determine what caused the incident itself, not just the injury.
- ❖ Every investigation should include an action plan. How will you prevent such injuries, illnesses or accidents in the future?
- ❖ If a third party or defective product contributed to the injury, save any evidence. It could be critical to the recovery of claims costs.
- ❖ Every employer shall report immediately (within 8 hours) to the nearest District Office of the Division of Occupational Safety and Health and serious injury, illness, accident, or death, of an employee. The company must report severe injuries and/or fatalities using one of the following methods: (a) by telephone or in person to the OSHA Area Office that is nearest to the site of the incident, (b) by telephone to the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742), or by electronic submission using the reporting application located on OSHA's public web site at [www.osha.gov](http://www.osha.gov). Serious injury, illness or accident means any injury, illness or accident which requires inpatient hospitalization for more than 24 hours for other than observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement. Supervisors must give an injured employee a claim form within 24 hours of knowledge of injury.



Insert F

# H.T.E. / H.T.T.S. / U.E.S. / I.Q.

ARIZONA DIVISION  
947 S. 48TH STREET, STE. 101  
TEMPE, AZ 85281  
Ph (480) 967-7765 • Fx (480) 967-7762

CORPORATE HEADQUARTERS  
4571 STATE STREET  
MONTCLAIR, CA 91763  
Ph (909) 628-1253 • Fx (909) 628-6375

NEVADA DIVISION  
4920 ALTO AVENUE  
LAS VEGAS, NV 89115  
Ph (702) 646-7449 • Fx (702) 632-0079

## REPORT OF ACCIDENT AND INVESTIGATION

|           |           |                 |                          |                     |
|-----------|-----------|-----------------|--------------------------|---------------------|
| DIVISION: | LOCATION: | DATE OF INJURY: | TIME (use 24 hr. clock): | # OF HOURS ON DUTY: |
|-----------|-----------|-----------------|--------------------------|---------------------|

### INJURED, ILL OR INVOLVED EMPLOYEE

|  |  |   |                                   |  |                |
|--|--|---|-----------------------------------|--|----------------|
| FIRST NAME:  | INT:   | LAST NAME:  | SOCIAL SECURITY NO.               | SEX:<br>F <input type="checkbox"/><br>M <input type="checkbox"/> | DATE OF BIRTH: |
| EMPLOYEE'S USUAL OCCUPATION:   | OCCUPATION AT TIME OF ACCIDENT (if different): |   | SUPERVISOR'S NAME (please print): |  |                |
| NATURE OF INJURY/ILLNESS:  | PART OF BODY:                                  | OBJECT INVOLVED:                                      | PERSON IN CONTROL OF OBJECT:      |  |                |
| FIRST AID GIVEN BY:  | ATTENDING PHYSICIAN:                           | HOSPITAL:   |                                   |  |                |
| EMPLOYEE CATEGORY:<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary | LENGTH OF EMPLOYMENT:<br>_____ Yrs.            | TIME IN OCCUPATION AT TIME OF INCIDENT:<br>_____ Yrs. |                                   |  |                |

### BUSINESS ACTIVITY

|                                     |   |  |                                 |                                    |
|-------------------------------------|---|--|---------------------------------|------------------------------------|
| <input type="checkbox"/> SUBSTATION | <input type="checkbox"/> DIST. OVERHEAD | <input type="checkbox"/> DIST. UNDERGROUND | <input type="checkbox"/> ADMIN. | <input type="checkbox"/> SUBTRANS. |
|-------------------------------------|---|--|---------------------------------|------------------------------------|

### WITNESSES AND OTHER INJURED, ILL OR INVOLVED

| NAME | PHONE NO. | NAME | PHONE NO. |
|------|-----------|------|-----------|
|      |           |      |           |
|      |           |      |           |

LOCATION (where did the accident occur?): \_\_\_\_\_

(CLEARLY DESCRIBE WHAT HAPPENED) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                          |            |            |                |                |
|--------------------------|------------|------------|----------------|----------------|
| DID EMPLOYEE LEAVE WORK? | DATE LEFT: | TIME LEFT: | DATE RETURNED: | TIME RETURNED: |
|--------------------------|------------|------------|----------------|----------------|

WHAT ACTS, FAILURE TO ACT AND/OR CONDITIONS CONTRIBUTED DIRECTLY TO THIS INCIDENT? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## SUPERVISOR / MANAGER INVESTIGATION

| EVALUATION OF RISK   |   |  |   |  |  |  |  |
|--|---|--|---|--|--|--|--|
| LOSS SEVERITY POTENTIAL  | PROBABLE OCCURRENCE RATE  | COST OF CONTROL  | DEGREE OF CONTROL ACHIEVED                                      |  |  |  |  |
| <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate | <input type="checkbox"/> Negligible <input type="checkbox"/> Moderate | <input type="checkbox"/> Minor <input type="checkbox"/> Medium | <input type="checkbox"/> None <input type="checkbox"/> Moderate |  |  |  |  |
| <input type="checkbox"/> Low <input type="checkbox"/> Severe       | <input type="checkbox"/> Low <input type="checkbox"/> High            | <input type="checkbox"/> Low <input type="checkbox"/> High     | <input type="checkbox"/> Low <input type="checkbox"/> Complete  |  |  |  |  |

| ACTION PLAN TO PREVENT RECURRENCE OR SIMILAR ACCIDENTS? |                   |                   |
|---|-------------------|-------------------|
| ACTION  | DATE INTERMEDIATE | DATE FINAL ACTION |
|   |                   |                   |
|   |                   |                   |
|   |                   |                   |
|   |                   |                   |

| MANAGEMENT REVIEW AND CONTROL  |  |
|--|--|
| Please Explain "NO" Answers  |  |
| <b>EVALUATE:</b>   |  |
| • Was notification made promptly? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | • Was investigation thorough? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Is the report clear and specific? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                               | • Was investigation timely? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| COMMENTS: _____  |  |
|  |  |
|  |  |
| <b>DETERMINE:</b>  |  |
| • Are the rules/standards adequate? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                             |  |
| • Were actions taken/planned appropriate to prevent recurrence? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| COMMENTS: _____  |  |
|  |  |
|  |  |
| SUPERVISOR: _____  | DATE: _____  |
| MANAGER: _____   | DATE: _____  |
| SAFETY PREVENTION COMMENTS: _____  |  |
|  |  |
|  |  |

| FACTORS TO CONSIDER DURING THE INVESTIGATION  |  |   |
|---|--|---|
| <b>Possible Casual Factors</b>  |  |   |
| <ul style="list-style-type: none"> <li>• Failure to warn</li> <li>• Speeding</li> <li>• Not obtaining clearance</li> <li>• Unsafe design</li> <li>• Environmental conditions (rain, wind, etc.)</li> <li>• Bypassing / defeating safety device</li> </ul> | <ul style="list-style-type: none"> <li>• Alcohol / drugs</li> <li>• Improper lifting practices</li> <li>• Defective tools / equipment</li> <li>• Fire hazard</li> <li>• Toxic Agents</li> <li>• Inadequate lighting</li> </ul> | <ul style="list-style-type: none"> <li>• Poor housekeeping</li> <li>• Horseplay / misconduct</li> <li>• Improper guards</li> <li>• Noise</li> <li>• Congestion</li> </ul>                   |
| <b>Possible Enabling Factors</b>  |  |   |
| <ul style="list-style-type: none"> <li>• Operating without authority</li> <li>• Personnel selection deficiencies</li> <li>• Engineering controls not adequate</li> <li>• Deficient job procedures</li> </ul>  | <ul style="list-style-type: none"> <li>• Personal protective equipment inadequate</li> <li>• Failure to appreciate the risk</li> <li>• Lack of job safety standards</li> </ul>   | <ul style="list-style-type: none"> <li>• Inadequate skill training</li> <li>• Communication failure</li> <li>• Lack of rule enforcement</li> <li>• Failure to evaluate the risks</li> </ul> |

# **PROPERTY DAMAGE REPORT**

Whenever any property is damaged, the employee(s) involved will complete a Property Damage Report and deliver it to his / her immediate supervisor. The supervisor obtains the proper signatures before delivering the original report to be processed.

All incidents of property damage shall be reported promptly and investigated by the safety committee.

Insert G

**H.T.E. / H.T.T.S. / U.E.S. / I.Q.**

**Property Damage Report**

Date of Accident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Time of Accident: \_\_\_\_\_

Job #: \_\_\_\_\_      Pictures Taken?: \_\_\_\_\_

Reported By: \_\_\_\_\_      Foreman: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Location: \_\_\_\_\_

**Description of Accident**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cause of Damage**

\_\_\_\_\_  
\_\_\_\_\_

Property Owned By: \_\_\_\_\_

**Future Damage Prevention**

\_\_\_\_\_  
\_\_\_\_\_

**Total Repair Costs: \$** \_\_\_\_\_

Investigated By: \_\_\_\_\_

Log #: \_\_\_\_\_

# VEHICLE DAMAGE REPORT

Whenever a company-used vehicle is damaged, the employee(s) involved will complete a Vehicle Damage Report and deliver it to his/her immediate supervisor. The supervisor obtains the proper signatures before delivering the original report to be processed.

All incidents of vehicle damage shall be reported promptly and investigated.

Insert H

## H.T.E. / H.T.T.S. / U.E.S. / I.Q.

### Vehicle Damage Report

Instructions: All damage to vehicles must be reported on this form. Form MUST be completed and signed, then immediately given to your supervisor.

Vehicle #: \_\_\_\_\_ Type of Vehicle: \_\_\_\_\_

Assigned To: \_\_\_\_\_ Reported By: \_\_\_\_\_

Date of Damage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pictures Taken?: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

What Happened?: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: \_\_\_\_\_

Estimate: \$ \_\_\_\_\_ From: \_\_\_\_\_

Log #: \_\_\_\_\_

# **DISCIPLINE**

After an investigation, any employee found willfully violating safety rules would be subject to discipline, up to, and including termination.



## **SECTION VII.**

# **RECORD KEEPING**



# RECORD KEEPING AND POSTING REQUIREMENTS

*Policy and Responsibility for WIIPP Record Keeping:* Accurate record keeping allows us to learn from past experiences. Records documenting implementation of the WIIPP will be maintained by the person responsible for the program. The following records will be maintained for the periods indicated, at a minimum:

- ❖ The written WIIPP ..... Indefinitely
- ❖ OSHA Log 300 Forms ..... 5 Years
- ❖ Inspection Forms ..... 1 Year
- ❖ Investigation Forms ..... 1 Year  
(If 300 Log injury, 5yr.)
- ❖ Employee Training Forms:
  - Personnel Records ..... Duration of Employment
  - Training Sign-Up Sheets ..... 1 Year
- ❖ Records Relating to Employee Communication and Enforcement:
  - Safety Meeting Sign-Up Sheets ..... 3 Years
  - Employee Sugg. /Question & Responses ..... 3 Years
  - Disciplinary Actions ..... 3 Years
- ❖ All Other Safety Records Other Than Those:
  - Subject to the Access Standard ..... 3 Years
- ❖ Medical and Employee Exposure Records:
  - Subject to the Access Standard ..... Duration of Employment  
Plus 30 Years

*Poster Policy:* It is the policy of the employer that all posters required by federal and state occupational safety and health and labor laws and regulations will be posted in the workplace.

*Annual Summary:* HTE must post a copy of the annual summary in each establishment in a conspicuous place or places where notices addressed to HTE employees are customarily posted. HTE must ensure that the posted annual summary is not altered, defaced or covered by other material. The annual summary must be posted no later than February 1<sup>st</sup> of the year following the year covered by the records and the posting kept in place through April 30<sup>th</sup>. A designated HTE executive must certify that the OSHA 300 log has been examined, indicating that he/she reasonably believes based on his/her knowledge of the process by which the information was recorded that the annual summary is correct and complete. When all information is found to be correct, the Hampton Tedder Electric executive will sign the OSHA 300A Summary.

# MAINTAINING THE INJURY AND ILLNESS PROGRAM

*Reviewing and Updating the WIIPP:* The WIIPP will be periodically reviewed by the person responsible for implementing it. This person shall verify effective implementation of each element of the WIIPP.

*New Employees:* Each new employee hired (person subject to the direct supervision of the employer) will be subject to the WIIPP. Each employee transferred to a new job will be trained in the safety aspects of the new assignment. The person responsible for implementation will assure that each new employee is aware of the WIIPP and provided training on any provisions applicable to the new or any transferring employee's position.

## **Section VIII.**

# **Employee Access**

# Employee Access

Hampton Tedder employees or their designated representatives have the right to examine and receive a copy of our IIPP. This will be accomplished by:

Providing unobstructed access through a company server, website, and/or USB flash drive (received during new hire orientation), which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic or printed means to communicate with management or coworkers.

Employees will have it communicated to them, their right and procedure how to access the programs during new hire orientation and additionally when a copy is requested.

Any copy provided to an employee or their designated representative need not include any of the records of the steps taken to implement and maintain the written IIP Program.

Where Hampton Tedder Electric has distinctly different and separate operations with distinctly separate and different IIPPs, we may limit access to the IIPP applicable to the employee requesting it.

An employee must provide written authorization in order to make someone their “designated representative.” A recognized or certified collective bargaining agent will be treated automatically as a designated representative for the purpose of access to the company IIPP. The written authorization must include the following information:

- The name and signature of the employee authorizing the designated representative.
- The date of the request.
- The name of the designated representative.
- The date upon which the written authorization will expire (if less than 1 year).