Sample Written Program

For

RETAIL STORES

ON THE JOB

SAFETY

BEGINS HERE
NOTICE

This program is provided to give assistance in developing a written safety program. Because industrial firms differ in many respects, each individual business should tailor their own program and formulate safety procedures and rules applicable to their own conditions and work environment.

This program should be considered a basic guide in establishing a formal/written Safety Program. Additional information on specific topics can be obtained by visiting the Occupational Safety & Health Administration web site: osha.gov

This sample program is provided by your Frankenmuth Insurance Loss Control Department. The information and suggestions contained in this material has been developed from sources believed to be reliable. However, Frankenmuth Insurance accepts no legal responsibility for the correctness or completeness of this material, or its application to specific factual situations.

We’ve tried to keep the format simple. You can change fonts, print size, add page numbers, footers and heading. Some word processors do not transfer these items easily, so we’ve tried to keep it simple for you.
RETAIL STORE SAFETY PROGRAM

FOR

(Company Name)
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SAFETY & HEALTH POLICY STATEMENT

(COMPANY NAME) believes that NO JOB OR TASK IS MORE IMPORTANT THAN WORKER HEALTH AND SAFETY and NO JOB IS SO IMPORTANT THAT YOU CANNOT TAKE THE TIME TO DO IT SAFELY.

If a job represents a potential safety or health threat, every effort will be made to plan a safe way to complete the task in a safe manner.

Every procedure must be a safe procedure. Shortcuts in safe procedures by management and employees will not be tolerated.

If an employee observes any unsafe or unprotected exposure, which may pose a potential threat to their safety & health, he or she must inform management immediately.

If a job can not be done safely..............It will not be done.

Every employee is entitled to a safe and healthful place in which to work.

____________________________
President
SAFETY & HEALTH GOALS

The following goals have been established for COMPANY NAME:

(1) Provide workers with a safe work environment.
(2) Conduct routine/regular workplace inspections.
(3) Provide Personal Protective Equipment.
(4) Develop and implement safe work procedures and rules.
(5) Provide on-going safety training
(6) Enforce safety rules and appropriate discipline.
(7) Provide on-going property conservation practices.
(8) Provide a vehicle safety program (See separate Vehicle Safety Program).
(9) Provide Customer safe conditions
(10) Provide an Emergency Plan
NEW EMPLOYEE ORIENTATION

All new employees must attend our Safety Orientation Session prior to starting work within their assigned area. This session will be conducted under the direction of the Safety Coordinator and in coordination with Human Resources.

Upon completion of the Safety Orientation Session, each new employee will be required to acknowledge that they have received, understand, and will abide by the (COMPANY NAME) Safety Program. All participants must sign a statement verifying that they have completed the session. This report will be filed in the employee's personnel file.

The following topics will be covered in the Safety Orientation Session:

● Company History
● Safety Program/Policy & Work rules
● Responsibilities
● Safety Education/Training
● Safety Audit/Inspections
● Accident Reporting/Investigation Requirements
● First Aid & Bloodborne Pathogens
● Personal Protective Equipment
● Tool & Equipment Use
● Material Handling
● Lockout-Tagout
● Machine Guarding
● MVR Requirements
● Hazard Communication
● Emergency Action
● Customer Safety
● Return-to-work & Light Duty Assignments

All new hires will be provided an opportunity to ask any question that pertains to their job duties and employment at (COMPANY NAME).
SAFETY & TRAINING

All in-house Safety & Training sessions will be coordinated by_____________________/Title:_____________________. Supervisors are required to be trained in Accident Investigation Procedures by the Safety Coordinator.

Operators of forklift trucks are to be trained in-house in accordance with federal/state requirements. Operators must attend classroom instruction as well as "behind the wheel training".

All employees who work with, or are exposed to, hazardous chemicals are to be trained in Hazard Communication, in accordance with federal and state regulations.

All employees who wear Personal Protective Equipment (PPE) will be trained in the proper use of such equipment.

First-aid training and Bloodborne Pathogen (BBP) training will be conducted by______________________ Hospital and the local chapter of the American Red Cross.

Employees who move furniture are required to get the appropriate moving equipment, and additional employee assistance. Proper securing of the furniture and establishing a safe path of travel is critical.

Employees who operate company vehicles are required to participate in an in-house Defensive Driving Program.

All production, shipping, and warehouse employees are required to attend a 4 hour in-house safety training session on an annual basis. This partial day session is held each January in the conference room. The Safety Coordinator will decide the topic material; however each annual session is to place emphasis on material handling and machine guarding.

All employees, at time of hire, are to be trained in Emergency Action and proper evacuation of building in case of an emergency. Each employee is to be given instruction/training on where to exit and where to locate in the event of an emergency. Customer safety is also included in this training.

Supervisors are to meet with the Safety Coordinator on a quarterly basis to discuss training needs and goals.
EMPLOYEE RESPONSIBILITIES

Each employee is responsible to follow established policies and procedures. Regular attendance is required of all. Following directions is critical. Responsibility does not end with just taking care of you.

Unsafe working conditions and acts must be reported to management.

It is the responsibility of each employee to work in a professional and safe manner.
ACCIDENT INVESTIGATION/REPORTING

All injuries/illnesses must be reported to management as soon as possible.

It is the policy of (COMPANY NAME) to have all injuries/illnesses/property damage investigated by Supervisors within 24 hours of incident. A formal Accident Investigation Form (available from the Safety Coordinator) must be forwarded to the Safety Coordinator as soon as possible.

It is also important that all incidents (accidents not resulting in an injury or property damage) be reported, no matter how slight.

The Safety Coordinator will conduct an accident investigation of all accidents.
PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) includes all clothing and accessories designed to protect against workplace hazards. In some situations the only available protection for employees will be the use of PPE and often in emergencies, PPE will be required for the safety of the workers.

As required by federal and state regulations, personal protective equipment is essential for the protection of eyes, ears, face and other body parts when working around hazardous machinery and equipment. All PPE must meet established standards (ANSI, NIOSH, OSHA, etc).

All Personal Protective Equipment (PPE) is provided by COMPANY NAME. Employees are not allowed to provide their own PPE unless authorized by the Safety Director. As a general rule, only company provided PPE is allowed.

Hazard Assessments have been completed throughout the production and warehouse areas of (COMPANY NAME). PPE is required in the following areas:

Warehouse

All employees (and visitors) are required to wear approved hard hats and eye protection. Steel-toed shoes/boots required of warehouse workers.

Approved eye protection required of all who are involved in any furniture repair.

(COMPANY NAME) will reimburse employee (maximum - $100) each 24 months for the purchase of approved steel-toed boot/shoe.

(COMPANY NAME) will provide prescription eye wear (approved safety eye protection) for those individuals required to wear safety glasses and normally wearing prescription eye wear. We will pay for safety glasses, but not the prescription lenses. See Safety Coordinator for additional information.
SAFETY RULES

All safety rules must be obeyed. Failure to do so will result in strict disciplinary action.

- All injuries must be reported as soon as possible.
- No horseplay, alcohol, or drugs allowed on premises.
- No alcohol usage allowed during lunch break.
- Personal Protective Equipment must be worn as prescribed by management.
- All tools/equipment must be maintained in good condition.
- Only appropriate tools shall be used for specific jobs.
- All guards must be kept in place.
- No spliced electrical cords/wiring allowed.
- Only authorized personnel can operate forklift vehicles.
- Smoking allowed only in lunchroom.
- Seat belt use required of all drivers/passengers.
- No radio head sets will be worn and they may interfere with safety communications.
- No electrical cords will be allowed under any carpeting or in any customer traffic areas.
SAFETY COMMITTEE

The primary purpose of the Safety Committee is to promote safety awareness and reduce the potential for injury/loss throughout (COMPANY NAME).

The Safety Committee is to be chaired by the Safety Coordinator and include representatives from each department and each shift (total number of committee members not to exceed six individuals). Members can be volunteers or appointed. Membership is limited one year and new members will be rotated in every six months. Meetings are to be scheduled, when possible, for the same day each month (2\textsuperscript{nd} Tuesday of each month – 3:00 p.m.). All meetings are to take place in the conference room. Each meeting should have a set agenda and minutes of each meeting recorded. A copy of the minutes shall be forwarded to top management within 48 hours of meeting.

Each Safety Committee Meeting shall include a review of the prior month’s minutes as well as a review of the prior month’s injury/illness log and investigations of losses/claims. Past injuries/claims/losses need to be reviewed for any patterns or trends.

General functions of the Safety Committee can include:

1. Identifying workplace hazards through planned inspections
2. Enforcement of Safety Rules
3. Measuring safety performance
4. Reducing frequency/severity of injuries
5. Creating safety policies
6. Developing and monitoring safety programs

Specific tasks of the Safety Committee can include:

1. Conducting self-inspections of the workplace
2. Review employee reports of hazards
3. Assist in safety training
4. Creating safety incentive programs
5. Publish/distribute safety newsletter
6. Inspect PPE
7. Post safety posters/slogans on bulletin board
8. Identify Light Duty Jobs

The Safety Committee of (COMPANY NAME) was formed to promote safety throughout our organization. The benefits of a Safety Committee are numerous and (COMPANY NAME) believes that this is a forum for problem solving. The Safety Committee has an open door policy and welcomes suggestions.
EMERGENCY ACTION PLAN

The Emergency Action Plan is in place to ensure employee safety from fire and other emergency. At the time of an emergency, all employees should know what type of evacuation is necessary and what their role is in carrying out the plan. In some emergencies total and immediate evacuation will be necessary. In other emergencies only partial evacuation may be necessary.

When a fire is detected it is necessary that the fire alarm pull station be activated as soon as possible. The fire alarm will notify the emergency response team who will perform assigned duties. The activation of the alarm will also notify the local fire department.

In the event of bomb threat, toxic chemical release, hazardous weather, or other emergencies – notification will be made over the public address system.

In the event of fire, bomb threat, or toxic chemical release; employees are to proceed to the nearest available and safe exit and leave the building as soon as possible. Floor plans (maps) and exits have been posted in each department.

It is of critical importance that all employees and visitors are accounted for.

All employees will meet outside the building in the Parking Lot located at ___________. A secondary location is _______________________

In the event of Weather emergencies all employees (and visitors) are to leave their assigned area and meet at ________________________________.

Again, it is of critical importance that all employees and visitors are accounted for.

Supervisors within each area shall take a head count at the designated meeting areas. It is the responsibility of each supervisor to advise fire and police departments of any missing persons.

There will be evacuation training each April and October (full evacuation to designated areas).
SAFETY DISCIPLINE

Management personnel at all levels are responsible for taking action when a violation is observed. If a violation is observed, they must take action immediately to correct the violation and enforce this disciplinary policy. Employees who fail to follow safety rules and regulations established to protect them and their fellow employees endanger themselves and others.

Visitors and contractors on site are also required to abide by the safety rules and regulations.

The following procedures will be followed when a violation is observed:

**FIRST VIOLATION***

Verbal warning with written confirmation in personnel file.

**SECOND VIOLATION***

Written warning and ½ day suspension (written confirmation in personnel file).

**THIRD VIOLATION***

Written warning and one week suspension (written confirmation in personnel file).

**FOURTH VIOLATION***

Termination (written confirmation in personnel file).

*As warranted by type of violation (use of drugs/alcohol, criminal activity, etc.) termination of employment may take place after any such violation.
The purpose of this Lockout/Tagout (LOTO) procedure is to assure that employees are protected from unintended machine motion or unintended release of energy which can cause injury.

All Supervisors shall be trained by the Safety Director in LOTO procedures. Each Supervisor will in turn enforce all established procedures of the program and train their employees.

Prior to setting up, adjusting, repairing, servicing, or performing maintenance work on equipment, machinery, tools, or processes, the supervisor shall instruct employees of the steps to be taken to assure that they are not exposed to injury due to unintended machine motion or release of energy.

All Supervisors shall assure that the locks and devices required for compliance are provided to employees in their charge.

Only safety locks/tags issued by Supervisors shall be used in the LOTO program.

One key for each lock issued shall be retained by the employee to whom it was issued. The Supervisor shall retain a second key.

The Safety Coordinator shall be contacted for specifics of the (COMPANY NAME) LOTO program.
HAZARD COMMUNICATION

The following Hazard Communication Program has been established by (COMPANY NAME):

HAZARD DETERMINATION

The Safety Coordinator will be relying on Material Safety Data Sheets (MSDS’s) from suppliers to meet determination requirements.

LABELING

The Safety Coordinator will be responsible for seeing that all containers received are properly labeled. All labels shall be checked for Identity, Hazard and Name of Responsible Party.

Supervisors will be responsible for seeing that all portable containers used in their work areas are labeled with identity and hazard warnings.

MATERIAL SAFETY DATA SHEETS

The Safety Coordinator will be responsible for compiling the master MSDS file. This file will be kept in the office of the Safety Coordinator. Copies of the MSDS’s for all hazardous chemicals to which employees may be exposed will be kept in a three ring notebook in the ________________... Material Safety Data Sheets are available for employee review during regular business hours. Individual copies of MSDS’s are available from the Safety Coordinator upon request.

EMPLOYEE INFORMATION TRAINING

The Safety Coordinator shall coordinate and maintain records of training conducted for each employee of (COMPANY NAME).

Before starting work, or as soon as possible thereafter, each new employee will be required to attend a training session on the (COMPANY NAME) Hazard Communication Program. Any time there is a new/additional hazardous chemical introduced into the workplace there will be additional training. In the training sessions each employee will be given training/instruction on:

1. Chemicals and their hazards in the workplace.
2. How to lessen or prevent exposure to these chemicals.
(3) What *(COMPANY NAME)* has done to reduce their exposure.
(4) Procedures to follow if they are exposed.
(5) How to read/interpret labels and MSDS’s.
(6) Where to located and obtain MSDS’s.
(7) What Personal Protective Equipment, if any, is required.

*(COMPANY NAME)* is prohibited from discharging, or discrimination against, any employee who exercises his/her rights regarding information about hazardous chemicals in the workplace.

Before any new hazardous chemical is introduced into the workplace, each employee will be given information/training pertaining to that chemical.

**INFORMING CONTRACTORS**

It is the responsibility of the Safety Coordinator to provide any contractor, conducting operations on premises (who has employees in the exposed workplace), a copy of the *(COMPANY NAME)* Hazard Communication Program. It is also the responsibility of the Safety Coordinator to obtain chemical information from visiting contractors who may bring their hazardous chemicals to *(COMPANY NAME).*
EMPLOYEE CONFIRMATION OF SAFETY PROGRAM

This is to certify that I, ________________________________, have read and will observe the safety practices as outlined in this booklet and other rules presented to me during my employment with (COMPANY NAME). I understand that the safety practices listed are not the only procedures and/or rules that I will be called upon to follow.

I also understand that it is a requirement of my employment that any injury/illness be reported to my supervisor immediately.

SIGNED _________________________________________

WITNESS _________________________________________

DATE _______________________

This form to be filed in personnel file

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