Section 5: Communication (Required)

WHY

A written safety and health program is just words on paper if management and employees are not aware of it and don’t understand it. Employees cannot follow safety rules, identify hazards, use correct work procedures and protective equipment, or work to achieve goals if they do not have the necessary knowledge to do so. Furthermore, if employees are afraid to discuss safety and health concerns with management or have no clear method of reporting their concerns to management, safety and health hazards can go undetected. Uncorrected hazards can adversely affect employee morale and productivity, even if an accident, injury or illness does not occur as a result.

HOW

While communication regarding safety and health issues should be a continual process, there are times when it is especially critical such as:

* in a new-employee job orientation;
* whenever material, process or procedural changes are implemented; and
* whenever the employer notices deficiencies in safe work practices.

Communication can take several forms. One of the most commonly used methods is training—safety training should go beyond the minimum required by OSHA regulations such as Employee Right-to-Know, 70E. Document when and how training and communication is accomplished.

* Supervisors should receive at least as much safety and health training as their employees, if not more.
* Training content should be based on clearly stated goals and objectives.
* The goals and objectives should reflect the knowledge and skills employees need to do their jobs safely and be as specific as possible.
* Training content should be directly applicable to the hazards, procedures and equipment the employees encounter on the job. Employees are often more receptive to training if they see how they can apply the training to their work.
* Training content must cover emergency procedures as well as normal day-to-day activities.
* Review the following sections and select those you want to use (the “Employee Training Policy” section is NOT optional). You will need to create your own documents, specific to your company.
* Employee Training Policy (REQUIRED BY OSHA) *See following page.*
* Procedures for Safety Trainers
* Policy for Monthly Safety Inspections and Meetings
* Policy for Weekly Supervisor/Crew Safety Meetings
* Agenda for Annual Safety Meeting
* Agenda for Monthly Safety Meetings
* Agenda for Weekly Supervisor/Crew Meetings
* Forms:
	+ Safety Training Certificate
	+ Employee Safety Record Card
	+ Employee Safety Contacts
	+ Supervisor’s Crew Safety Meeting Minutes
	+ Safety Meeting Report
	+ Safety Meeting and Training Documentation Form
	+ Training Documentation Forms
	+ Employee Safety Orientation Checklist

**Sample**

 **Employee Training Policy**

The policy for this company will be to use as many techniques as possible to communicate to the employees about how to be safe.

New employees will receive training in safety policies and procedures as part of new employee orientation.

Employee training relating to the company safety program will be administered by the safety coordinator in company-wide safety meetings held several times per year.

These meetings will address general safety procedures as well as employees responsibilities relating to the safety program. Additional training relating to specific job site hazards and conditions will be provided in job site safety meetings.

Following any training, employees will be required to complete and sign a form attesting to the training received. This form must contain the employees name, date of training, and brief description of the training.

All employees are expected to report unsafe conditions to (name of responsible person) at any time of their employment, without fear of negative consequences for reporting.

A safety meeting will be held to assist in identifying the potential hazards. A variety of other safety topics will also be discussed, including employee training. The job supervisor must complete a report after each meeting and return it to the office along with signatures of all employees attending. Employee attendance at these meetings is mandatory.

The job supervisor is responsible to ensure that adequate training related to safety conditions are communicated by all employees.

Companywide safety meetings will also be held (periodically, quarterly, monthly). These meetings will focus on employee training and will also cover general safety guidelines and procedures.

**Sample**

**Procedures for Safety Trainers**

**1. Be Prepared**

* Identify your objectives. What behavior are you trying to change?
* Develop an outline.
* Rehearse your presentation.
* Select audio/visual support material (videos, handouts, etc.).
* Arrange for needed audio/visual equipment.
* Make sure training room is comfortable and free of distractions.
* Announce meeting well in advance.

**2. The Presentation**

* Warm up the audience.
* Make them want to listen. Why listen to you? What's in it for them?
* Emphasize group participation. Employ interactive exercises to get them involved.
* Encourage questions. Get the group to answer their own questions.
* Repeat your main points. Repetition leads to increased retention.
* Test them. See what they learned. Ask questions. Have them do it. No written tests.

**3. Follow Up**

* Observe employee behavior.
* Recognize positive improvements in behavior.
* If unsatisfactory improvement, does problem lie with training, motivation, or other?

**Policy for Weekly (or Regular) Supervisor’s/Crew Safety Meetings**

NOTE: Write *weekly* only if you know that you will do this weekly.

**Purpose of Meetings**

Assist in the detection and elimination of unsafe conditions and work procedures.

**Procedures**

Weekly Meetings:

* These meetings should be held according with the various circumstances involved or when necessary to clear working procedures. No set pattern will suit all cases. It is important that the crew leader talk daily on accident prevention and act immediately on witnessing an unsafe act.

Monthly Meetings:

* Safety meetings should be held at least once per month.
* The attendance and subjects discussed shall be documented and kept on file for as long as the employee remains with firm.
* Minutes should be made available to the employees by posting or other means.

Scope of Activities

* Certain employees, as may be designated by their supervisors, will assist in:
	+ Conducting in-house safety inspections with supervisor concerned.
	+ Uncovering trends in accident investigation.
	+ Reviewing accident reports to determine means or elimination.
	+ Accepting and evaluating employee suggestions.
	+ Reviewing job procedures and recommend improvements.
	+ Monitoring the safety program effectiveness.
	+ Promoting and publicizing safety

Suggested Topics for Weekly Safety Meetings

* Review the Company Safety Program
* Hazardous Conditions/Materials
* SDS books
* Accidents and Injuries
* Emergency Procedures
* Lockout/Tagout Program
* Operation/Maintenance of Tools and Equipment
* Personal Protection Equipment
* Disposal of Hazardous Materials
* Tool Box Talks Series (e.g., ladder safety, eye & face safety, etc.)
* Pocket Guide to First-Aid
* Pocket Guide to Construction Site Safety
* OSHA Posters
* Drivers Safety Policy
* Return to Work Policy

**Sample**

**Agenda for Annual Safety Meetings**

NOTE: Owner should run the meeting, or be at the meeting as featured speaker.

1. Safety and Health Policy (give them time to read and ask questions).

* Furnish a copy to employees
* Tell where it is posted (next to OSHA workplace poster)

2. Objectives for Safety and Health for the year.

3. Review inspection and accidents.

* People are your most important asset

4. Give safety awards and/or recognition to employees:

* who have stayed safe all year
* who have done something special in safety

5. Ask for ideas and suggestions.

* Give results of prior suggestions

**Sample**

**Agenda for Monthly Safety Meetings**

*NOTE: Write* ***monthly*** *only if you will actually do this monthly.*

We will hold safety meetings as often as the need arises.

Meeting Agenda:

1. Discussion of accidents that happened during the last month. For each accident, determine:

 **What** happened:
**Why** it happened:

 **How** to prevent another similar accident:

2. Any new safety/hazard information received from the local, state or federal authorities is presented to the employees.

3. New jobs, equipment, or other situations that may pose safety hazards, are discussed.

4. Classes and instruction pertaining to safety will be presented.

5. Employee suggestions are heard, discussed, and acted upon.

6. Discuss potential hazards discovered including areas, tools, behaviors

7. Develop procedures for correcting hazards

8. Other safety topics to discuss

 A.

 B.

9. Employee training on:

 A.

 B.

 C.

10. Complete and post meeting minutes

11. Report completed

12. Employees sign for attendance

**Agenda for Weekly Supervisor/Crew Meetings**

NOTE: Put weekly only if you will do this weekly.

* Report on daily site inspections, corrections detected and progress on corrections
* Review and Train on SDS sheets
* Tool Box Talk Series
* Cover a Safety Topics
* Employees Sign They Have Attended
* Supervisors Report Completed
* Minutes Completed and Posted

**Safety Training Certificate**

|  |  |
| --- | --- |
| Employee Name | Social Security # |
| Employee's Position |
| Title of Training Program |
| Trainer's Name | Trainer's Title |
| Training Date Length: ( ) to ( )  | Language |

Purpose of Training (check one):

* Start-up of New Program
* General Safety Orientation
* Job-Specific Safety Training
* New Chemical, Equipment or Procedure
* Supervisors’ Safety Orientation
* Newly Reported Hazard

Description of Training:

Employee Signature: Trainer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Safety Record Card**

 (Employee is to sign and return this card)

Name (print)

Address

Phone

Social Security Number

Person to be contacted in case of an emergency

Phone

I agree to report any injury received during the course of my work to my supervisor. I have received a copy of *The Safety Rules* and agree to follow the rules.

Employee Signature

**Employee Safety Courses** (Select the safety course received):

* First-Aid
* OSHA 10-hour course
* NFPA 70E
* Other:

**Employee Safety Contacts.** List the Tool Box Talks & Topic, Job Safety Analysis, etc. the employee has received, and the date. On-the-job safety training is also to be listed.

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| --- | --- |
|  **Date** | **Safety Topic** |
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**Employee Safety Record Card (continued)**

**Employee Name:**

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| --- | --- |
| **Date** | **Safety Topic** |
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**Supervisor’s Crew Safety Meeting Minutes**

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| --- | --- |
| Firm Name | Address |
| Date | Time | # Employees |
| Subject Discussed |
| Minutes: |
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| Crew Leader Comments: |
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**Safety Meeting Report**

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| --- | --- |
| Job Location | Job Number |
| Number of Employees Present | Date |
| Subjects Discussed |
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| Suggestions/Recommendations: |
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| Action Taken/Supervisor Comments: |
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**Safety Meeting and Training Documentation Form**

Company Name: Division:

Job Name: Job Number:

* Safety Meeting
* Safety Training or Safety Tool Box Talks

Topics Discussed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Time:

**Attendance Roster**

*Employee Signature Required*

|  |  |  |
| --- | --- | --- |
| 1 | 13 | 25 |
| 2 | 14 | 26 |
| 3 | 15 | 27 |
| 4 | 16 | 28 |
| 5 | 17 | 29 |
| 6 | 18 | 30 |
| 7 | 19 | 31 |
| 8 | 20 | 32 |
| 9 | 21 | 33 |
| 10 | 22 | 34 |
| 11 | 23 | 35 |
| 12 | 24 | 36 |

Supervisor’s Signature: Date:

Safety Director’s Signature: Date:

**Training Documentation Form**

|  |
| --- |
| **Training Session Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| Employee Name: | Date of Training: |
| Job Site (if applicable): | Substances/hazards covered: |
| Department Trainer(s): |
| Special precautionary requirements covered: |
| Employees Signature attesting to the training: Date: |
|  Employee Name: | Date of Training: |
| Job Site (if applicable): | Substances/hazards covered: |
| Department Trainer(s): |
| Special precautionary requirements covered: |
| Employees Signature attesting to the training: Date: |
| Employee Name: | Date of Training: |
| Job Site (if applicable): | Substances/hazards covered: |
| Department Trainer(s): |
| Special precautionary requirements covered: |
| Employees Signature attesting to the training: Date: |
| Employee Name: | Date of Training: |
| Job Site (if applicable): | Substances/hazards covered: |
| Department Trainer(s): |
| Special precautionary requirements covered: |
| Employees Signature attesting to the training: Date: |
| Employee Name: | Date of Training: |
| Job Site (if applicable): | Substances/hazards covered: |
| Department Trainer(s): |
| Special precautionary requirements covered: |
| Employees Signature attesting to the training: Date: |

**Employee Safety Orientation Checklist**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Hired:

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

Once completed and signed by both supervisor and employee, it serves as documentation that orientation has taken place. Place a check in each box to indicate that the subject has been covered.

**Explain the Company Safety Program, including:**

* Read owners safety policy
* Read and receive copy of safety manual
* Orientation
* On-the-job Training
* Safety meetings – Attendance mandatory
* Accident investigation, reporting, and anticipation
* Function of the safety committee
* Personal Protective Equipment (PPE) required.
* MSDS sheet and where they are kept

**Line of Communication and Responsibility of Immediately Reporting Accidents.**

* When to report an injury
* How to report an injury
* To whom an injury should be reported
* Filing an accident report form

**Overview**

* General overview of operations, procedures, methods and hazards are they relate to the specific job and duties.
* Pertinent company safety rules and State safety and health codes.
* Vehicle Safety

**First-Aid Supplies**

* Obtaining treatment
* Location of facilities
* Location and names of first aiders

**Emergency Plan**

* Exit locations and evacuation routes
* Use of firefighting equipment (extinguishers, hoses)
* Specific procedures (medical, chemical, fire, etc.)

**Personal Work Habits**

* Serious consequences of horseplay and fighting
* Inattention
* Smoking policy
* Good housekeeping practices
* Proper lifting techniques

The appropriate elements have been discussed to the satisfaction of both parties, and both the supervisor and the employee accept responsibility for maintaining a safe and healthy work environment.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*Note to employee: Do not sign unless all items are covered and all questions have been answered.*