

Panel Masters, Inc. Safety Program

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Safety Division, Vision and Mission

The Vision (What we are aiming for):

To create an entire work force able to; recognize hazards, confidently report those risks, and participate in mitigating or eliminating those risks.

Mission (How we will do it):

1. Educating our employees in safe working habits and conditions
2. Accountability in safe working practices
3. Providing a safe outlet for risk reporting

All employees should be able to bring a potential safety risk to their immediate supervisor without fear of being disciplined. Recognizing risks and reporting them makes every employee safer. If sufficient trust has not been built between an employee and their immediate supervisor, every employee has two additional options to report unsafe working conditions:

Safety Director: Joel Grosshans, 303-666-8800

Director of Human Resources: Heidi Grosshans, 303-666-8800

4. Providing an avenue for innovation.

All PMI employees are encouraged to bring suggestions for improving our safety procedures to the attention of the Safety Director. Emails titled “**My job would be safer if**” can be sent to:

JRG@panelmastersinc.com

Safety Policy Statement

The safety policy at Panel Masters is designed to recognize that the most valuable thing we can do for our employees is give them the best opportunity to be accident free. Our firm belief is that every task can be completed in such a way as to maximize production while minimizing hazards to ourselves, our co-workers, and the general public. Panel Masters, Inc. requires that its employees, as a condition of employment, comply with all applicable safety regulations as listed in this safety manual.

This manual will outline the expectations for all personnel and will guide you to sources for more information about a wide range of topics. It is our firm belief that together we will continue to be a company that understands **HOW** to be safe, **WHY** we are safe, and **WHAT** to do to ensure that we **ARE** safe.

Primary responsibilities of each team member:

Safety Director and Human Resources Staff:

The primary responsibilities:

- Oversee implementation of the organization's safety program.
- Provide a monthly report to all supervisors with reported safety concerns, accidents, and near misses and the corrective action that was taken.
- Coordinate new employee orientation and safety training programs.
- Review **Employee Safety Handbook** with new hires.
- Assist the organization in compliance with government standards concerning safety and health.
- Assist supervisors with accident investigation.
 - Injured workers should complete an **Employee Accident Report**
 - Supervisor shall complete a **Management Accident Investigation Report**
 - Use findings to steer corrective actions in training, tools, equipment, safety rules, and work practices.
- Identify unsafe conditions and practices and determine remedies.
- Annually review and update the organization's safety program and safety rules.

Safety Director for Panel Masters, Inc.:

Joel Grosshans

Office: 303-666-8800

e-mail: jrg@panelmastersinc.com

Supervisory Personnel:

The primary responsibilities:

- Integrate safety into the day-to-day activities of all employees.
- Report accidents, and near misses within 24 hours of occurrence.
- Provide safety orientation to new hires
- Facilitate weekly safety training to all employees
- Perform a monthly site-specific safety inspection

All Employees:

The primary responsibilities:

- Participate in and understand all safety training
- Report and correct safety concerns
- Report accidents, and near misses within 24 hours of occurrence
- Participate in Accident investigations
- Wear all required personal protective equipment, at all times.
- Abide by all Panel Masters safety rules at all times

MONTHLY SITE SAFETY ASSESSMENT

Site: _____ Date: _____ Inspected by: _____

| INSPECTION ITEM | YES | NO | N/A | COMMENT/CORRECTIONS |
|---|-----|----|-----|---------------------|
| GENERAL | | | | |
| Job Safety & Health Poster posted. | | | | |
| Records of recent inspections and safety meetings available. | | | | |
| Adequate provisions for first aid and or medical attention. | | | | |
| Communications and emergency numbers. | | | | |
| HOUSEKEEPING & FACILITIES | | | | |
| Drinking water and single service cups available. | | | | |
| Adequate toilet facilities. | | | | |
| Trash containers provided. | | | | |
| Regular disposal of trash and waste. | | | | |
| Nails removed or bent down. | | | | |
| Materials stored properly. | | | | |
| PERSONAL PROTECTIVE EQUIPMENT | | | | |
| Eye protection being used and adequate. | | | | |
| Head protection utilized as needed. | | | | |
| Safety lanyards available and being used properly. | | | | |
| Gloves being used when needed. | | | | |
| Proper clothing being worn. | | | | |
| Respiratory protection available and used | | | | |
| Hearing protection available and used. | | | | |
| FALL PROTECTION | | | | |
| Guardrails protecting open-sided floors, holes/openings, scaffolds, runways, etc. | | | | |
| Ladders and scaffolds properly constructed. | | | | |
| Ladders extended 36" above landing and tied off. | | | | |
| Erection and dismantling of scaffolds supervised by a competent person. | | | | |
| Floor holes provided secured covers. | | | | |
| Ladders and scaffolds being used in accordance with manufacturer's manual. | | | | |
| HAND & POWER TOOLS | | | | |
| Proper tools being used for the job. | | | | |
| Tools being maintained in safe condition. | | | | |
| Mechanical guards in place. | | | | |
| ELECTRICAL | | | | |
| Ground fault-protected circuits. | | | | |
| Electrical cords in good repair and grounded. | | | | |
| Bulb guards for temporary lights. | | | | |
| EXCAVATIONS/TRENCHING | | | | |
| Properly supervised by a "competent person." | | | | |
| Proper shoring and/or sloping of excavations. | | | | |
| Adequate ladders or ramps provided for access/egress | | | | |
| Proper utility services identifications and locations made before job starting. | | | | |
| Materials and equipment stored at least 2' from the edge. | | | | |

Other comments or recommendations:

EMPLOYEE NOTICE OF SAFETY VIOLATION

| | |
|--------------------|--|
| Project: | |
| Employee: | |
| Supervisor: | |

You are hereby advised of the following safety violation:

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

Necessary corrective action:

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

I _____ have read or have been read and understand the reason for this disciplinary action and now understand the safety rules for Panel Masters, Inc..

I agree to act in accordance with the safety rules at all times while working, and I understand that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

I also understand that by law, workers' compensation benefits can be reduced by 50% if an injury is a result of a safety rule violation.

| | |
|----------------------------|--|
| Employee Signature: | |
| Date: | |

| | |
|------------------------------|--|
| Supervisor Signature: | |
| Date: | |

Panel Masters, Inc.

Safety Training and Hazard Awareness

NEW-EMPLOYEE SAFETY ORIENTATION

Statistics show that employees with less than one year of experience account for more than 30 percent of workplace injuries. As such, educating new employees about our organization's safety policies and expectations is a critical part of an effective safety culture and can help reduce workplace injuries.

The purpose of new-employee safety orientation is to give new employees the same information that our current employees already know about our organization's safety rules and safety expectations.

The ***New Employee Safety Orientation Checklist*** outlines specific topics that need to be discussed and reviewed with new employees.

ONGOING SAFETY TRAINING AND HAZARD AWARENESS

TOOLBOX TALKS

Weekly toolbox talks will be held on site by each crew. Participation is mandatory and attendance must be documented.

JOB HAZARD ANALYSIS AND PRE-TASK PLAN

A job hazard analysis is a technique that focuses on job tasks as a way to identify hazards before they occur. It focuses on the relationship between the worker, the task, the tools, and the work environment. Once hazards are identified, steps can then be taken to eliminate or reduce them to an acceptable risk level.

The ***Job Hazard Analysis and Pre-Task Plan*** form can assist in guiding a crew through the JHA process.

JOB-SPECIFIC TRAINING

Additional and more in-depth training is required for employees performing certain specific duties. Such duties may include:

- Using a personal fall arrest system
- Operating a forklift, scissor lift, or aerial lift
- Operating earth moving equipment
- Rigging loads for overhead lifting
- Entering permit required confined spaces
- Supervising or entering excavation operations

Do not perform any of the above activities unless you have received the proper training. If asked to perform any of these duties, decline the request and contact your supervisor or the company safety coordinator, to discuss obtaining proper training.

Panel Masters, Inc.

JOB HAZARD ANALYSIS AND PRE-TASK PLAN FORM

| | |
|---------------------------|---------------------|
| Company: | Panel Masters, Inc. |
| Date: | |
| Emergency Phone: | |
| Job Name: | |
| Plan Completed By: | |

| Today's Tasks |
|---------------|
| |
| |
| |

| High Risk Activities For Today |
|--------------------------------|
| |
| |
| |

| <input checked="" type="checkbox"/> Potential Hazards |
|---|
| Trips/Slips/Falls |
| Strains/Soft Tissue Injuries |
| Particles in Eye |
| Falls over 6' |
| Fire |
| Cave-in |
| Electric Shock |
| Live Utilities |
| Working With Chemicals |
| Elevated Loads |
| Struck By Mobile Equip. |
| Struck By Mobile Equip. |
| |

| <input checked="" type="checkbox"/> Hazard Elimination |
|--|
| Keep Area Picked Up |
| Get Help/Lift Properly |
| |
| Safety Glasses |
| Fall Protection |
| Fire Extinguishers Stocked |
| Inspected by Comp. Person |
| Inspect Cords and Tools |
| Current Locates |
| |
| Proper Container Labels |
| Inspect Rigging |
| Make Eye Contact |
| Pre-Shift Inspections |
| |

| <input checked="" type="checkbox"/> Hazard Elimination |
|--|
| Boots With Good Soles |
| 3-Point Contact On/Off Equip. |
| Face Shields |
| Guardrails/Fences |
| Flammables in Safety Cans |
| Sloping/Shoring/Shielding |
| GFCI Protection |
| Signage Under Power Lines |
| SDSs on File |
| Trained/Qualified Riggers |
| High-Vis Vests |
| Trained/Qualified Operators |
| |

| | |
|--|--|
| Additional Hazards, Safety Controls, or Comments: | |
| | |

| Crew Members This Plan Was Reviewed With (Print): | Crew Signatures: |
|---|------------------|
| | |
| | |
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| | |

SAFETY RULES, POLICIES, AND PROCEDURES

ENFORCEMENT POLICY

OBJECTIVE

Safety rules are provided as guidelines for safe operations. All employees must follow these rules as a condition of employment.

The following rules, policies, and procedures are not intended as an exhaustive or comprehensive assessment of applicable law, nor do they preclude any contractor's or worker's responsibility to be adequately informed of, and in compliance with, any and all applicable safety and health regulations.

SCOPE

This policy applies to all employees and contractors on any Panel Masters, Inc. work site.

PROCEDURE

All employees will be given a copy of the safety rules upon initial employment. All employees must sign and return the acknowledgment form and review the safety rules and ask any questions. The safety rules will be periodically reviewed by management to ensure they are applicable and current.

ENFORCEMENT

Employees will be subject to disciplinary action for violations of safety rules. Employees shall be afforded instructive counseling and/or training to assure a clear understanding of the infraction and the proper conduct under organizational guidelines. Nothing in this policy or this safety program will preclude management from terminating an employee for any safety violation. This is not a progressive discipline system and any safety violation may lead to an employee's termination without prior instruction or warning.

Management reserves the right to impose any of the following disciplinary actions it deems appropriate:

- Verbal warning with documentation in personnel file.
- Written warning outlining nature of offense and necessary corrective action with documentation in personnel file.
- Temporary suspension
- Termination.

Management, including supervisory personnel, shall be subject to the above disciplinary action for the following reasons:

- Repeated safety rule violations by employees under their supervision.
- Failure to provide adequate training prior to job assignment.
- Failure to report accidents and provide first aid to employees injured at work.
- Failure to control unsafe conditions or work practices.
- Failure to maintain good housekeeping standards and cleanliness in their departments.

GENERAL SAFETY RULES

1. **ACCIDENT REPORTING:** Immediately report all accidents or near misses to your supervisor.
2. **HAZARD REPORTING:** Employees are responsible for notifying a supervisor immediately of any unsafe condition and/or practice.
3. **ALCOHOL OR CHEMICAL SUBSTANCES:** It is **NOT** acceptable for any employee to be in the workplace in an impaired state. No illegal drugs, marijuana, or alcohol are allowed on any worksite. Employees will notify their supervisor of any prescription drugs that might affect their judgment.
4. **OTHER IMPAIRMENTS:** Employees with specific medical conditions that may cause temporary impairment are required to notify their supervisor of the possibility of impairment so that the supervisor may watch for signs of impairment. Sleep deprivation, hypoglycemia, hyperthermia and hypothermia are included in this category.
5. **SEAT BELTS:** All employees who drive or ride in company vehicles or are on company business and drive their own vehicles must wear seat belts.
6. **HORSEPLAY:** Wrestling, running, pushing, throwing any item in play or other disorderly conduct is forbidden while on the job.
7. **MACHINERY:** Report broken or malfunctioning equipment to your supervisor immediately. Only trained, authorized employees are permitted to service or repair equipment and then only after deactivating all energy sources and locking out equipment. Only authorized machinery with all required guards will be used. If you are not familiar with the safety operation of a piece of machinery, ask your supervisor for instruction.
8. **HAZARDOUS MATERIALS:** Follow proper use and handling procedures for all hazardous materials. Do not use a chemical if you are not familiar with the hazardous properties or have not received and been trained on the required protective equipment.
9. **HOUSEKEEPING:** All employees are required to keep their work area clear of debris or other tripping or slipping hazards. All debris must be disposed of properly in designated areas.
10. **DRINKING WATER:** Always drink from regular water fountains or approved water coolers. Water from any other source may be unsafe to drink.
11. **HYGIENE:** It is each employee's responsibility to maintain personal hygiene particularly when working with hazardous chemicals. Eat or smoke only in designated areas, and always wash your hands before eating.
12. **SMOKING:** Smoking is prohibited on certain jobsites.
13. **MUSIC:** Music radios and earphones are prohibited on the jobsite.
14. **WEAPONS:** Firearms and other weapons are prohibited on all jobsites.

HAZARD COMMUNICATION PROGRAM

RESPONSIBILITIES:

The Safety Coordinator, Caden Grosshans, is responsible for administering the hazard communication program:

This person is also responsible for:

- Reviewing the potential hazards and safe use of chemicals
- Maintaining a list of all hazardous materials and a master file of SDS
- Providing new-hire and annual training for employees
- Maintaining training records
- Monitoring the air concentrations of hazardous chemicals in enclosed work environment
- Proper selection and care of personal protective equipment including: location of supply, proper use and replacement
- Directing the cleanup and disposal operations of the spill control operations
- Identifying hazardous chemicals used in non-routine tasks and assessing their risks
- Informing outside contractors who are performing work on company property about potential hazards
- Reviewing the effectiveness of the hazard communication program and making sure that the program satisfies the requirements of all applicable federal, state or local hazard communication requirements
- Contacting vendors to obtain SDS's for chemical products

The purchasing agent, Jobsite Superintendents, is responsible for:

- Ensuring that all containers are properly labeled
- Reviewing incoming chemical materials to verify correct labeling
- Holding chemical materials in the receiving area until receipt of the SDS for the product
- Maintaining a current copy of the SDS book in their truck.

Employees are responsible for the following aspects of the hazard communication program:

- Identifying hazards before starting a job
- Reading labels and SDS
- Notifying their supervisor of torn, damaged, or illegible labels or unlabeled containers
- Using controls and/or personal protective equipment provided by the company to minimize exposure
- Following company instructions and warnings pertaining to chemical handling and usage
- Proper care of personal protective equipment including: proper use, routine care and cleaning, storage, and replacement
- Knowledge and understanding of the consequences associated with not following company policy concerning the safe use of chemical products
- Participating in training

CHEMICAL INVENTORY LIST:

Attached to this program is a list of hazardous chemicals used, produced, and/or stored at Panel Masters, Inc.

This list will contain the chemical name, trade name, the location or work area where the chemical is used, hazard classifications, and the protective equipment and precautions for each chemical product. This list will be updated annually and whenever a new chemical is introduced to the workplace.

Copies of the chemical inventory list are available in the Superintendent's Truck, located in the back pocket of the driver's seat, and at the corporate offices.

LABELING AND OTHER FORMS OF WARNING:

Original chemical product containers or packaging containing hazardous chemicals will be labeled with the following information:

- Trade name or chemical name of the hazardous substance
- Appropriate hazard warnings in the form of words, pictures or symbols that convey the hazard of the substance in the container
- Target organs affected by the chemical
- Name and address of the chemical product manufacturer

When a chemical is transferred from the original container to another, it will be appropriately labeled. The only exception is when the chemical will be used exclusively by the employee making the transfer and within his/her shift.

Where an area may have a hazardous chemical in the atmosphere, i.e., where extensive welding occurs, the entire area will be "labeled" with a warning placard.

Systems that contain hazardous chemicals will be noted on a flow chart or other document used in training and will be available to all employees.

Panel Masters, Inc. will use the following labeling and hazard warning system: manufacturer's labels attached to all containers

SAFETY DATA SHEETS:

A safety data sheet (SDS) must be available before a chemical is used.

SDSs will be obtained from chemical suppliers. The name on the SDS will be the same as that listed on the chemical inventory list. SDS for chemicals or process streams produced by the company will be developed and provided by the Safety Coordinator.

The Safety Coordinator will maintain the master file of all original SDSs. Hard copies of the master file will be located in the Corporate offices.

All new and revised SDSs will be obtained by the purchasing agent and forwarded to the Safety Coordinator. All copies will then be updated.

If problems arise in obtaining an SDS from a supplier, a phone call will be made to verify that an SDS has been sent. This call will be logged and a letter will be sent the same day. We will maintain a written record of all efforts to obtain SDSs. If these efforts fail to produce an SDS, the Area Office of OSHA will be contacted for assistance.

INFORMATION AND TRAINING:

Employees included in the hazard communication program will receive the following training prior to exposure to hazardous chemicals and when new chemical hazards are introduced to the work area:

- Requirements of the OSHA Hazard Communication Standard, 29 CFR 1910.1200 (General Industry) or 29CFR 1026.59 (Construction Industry)
- The names of the hazardous chemicals used in the work area.
- The appearance and odor of hazardous chemicals when released in the work area.
- The physical and health hazards associated with exposure to the chemicals used in the work area.
- The measures employees can take to protect themselves, i.e., work practices, personal protective equipment, etc.
- How to use the company's labeling system.
- The locations of the chemical inventory list and SDSs.
- The content and use of SDSs.
- Good work practices and procedures to minimize exposure.
- Emergency and spill clean-up procedures.

NON-ROUTINE TASKS:

The Safety Coordinator and the immediate supervisor of an employee performing a non-routine task, such as cleaning machinery and other process equipment, is responsible for ensuring that adequate training has been provided to the employee on any hazards associated with the non-routine task. Employees share in this responsibility by ensuring that their immediate supervisor knows that the non-routine task will be performed.

Special work permits are required for the performance of certain non-routine tasks, such as entry to confined spaces, breaking and opening piping systems, and welding and burning. For some special tasks, employees are required to follow special lock-out/tag-out procedures to ensure that all machinery motion has stopped and energy sources are isolated prior to and during the performance of such tasks.

CONTRACTORS:

Prior to beginning work, the Safety Coordinator will inform contractors with employees working on company property, of any hazardous chemicals that the contractor's employees may be exposed to while performing their work. The Safety Coordinator will also inform contractors of any engineering control measures to be employed by the contractor or personal protective equipment to be worn by the contractor's employees.

Furthermore, the Safety Coordinator will advise contractors that they must comply with all OSHA standards while working on company property. Appropriate controls will be established with the contractor to ensure that company employees are not exposed to safety and health hazards from work being performed by the contractor and that company operations do not expose contractor's employees.

The Safety Coordinator will inform contractors of the availability and location of SDSs for any chemical to which contractor's employees may be exposed while performing their work.

RECORDKEEPING:

Records pertaining to the hazard communication program will be maintained by the Safety Coordinator. The Safety Coordinator will keep the following records:

- Chemical inventory lists
- Hazardous material reviews
- Copies of letters requesting SDSs
- Training records

Warnings issued to employees for not following the hazard communication program

CRYSTALLINE SILICA EXPOSURE CONTROL PLAN

The purpose of this plan is to establish methods and rules to limit exposure of Panel Masters employees to respirable crystalline silica. Exposure to respirable crystalline silica can cause silicosis, lung cancer, other respiratory diseases, and kidney disease.

Tasks Involving Risk

Panel Masters employees perform several tasks that, if done incorrectly, can expose them to unacceptably high levels of crystalline silica dust. Included in this plan, is a table listing potentially harmful tasks, proper methods for completing those tasks, and proper protective equipment to be used during performance of those tasks. These means and methods are to be utilized by all Panel Masters employees, at all times while performing these tasks. Failure of any employee to comply with these safety requirements is considered a serious violation of safety and may be grounds for termination of employment at Panel Masters.

Competent Persons

Panel Masters Competent Persons responsible for implementing and administering this plan are: Joel Grosshans, Panel Masters' Safety Director, and Heidi Grosshans, Director of Human Resources. Any questions about the plan should be directed to these Competent Persons.

Housekeeping

Certain housekeeping practices inherently cause airborne crystalline silica that may exceed permissible levels. Refer to the Task Table for proper methods for performing these tasks and restrictions concerning how these tasks are to be performed.

Medical Exams

All workers who are required to wear a respirator for 30 or more days per year are entitled to a medical exam, every three years, paid for by Panel Masters. This exam will include chest X-rays and lung function testing.

Training

Panel Masters employees will receive training, through our regularly scheduled weekly toolbox talks, on work operations that result in crystalline silica exposure and ways to limit that exposure. To ensure that all employees remain vigilant, and so new-hires get the proper training, this training will be a recurring theme in future toolbox talks each year. Employees are also encouraged to ask questions about any task they think might cause exposure.

Recordkeeping

A section will be included in all future Daily Logs for field supervisors to record workers' exposure and amount of time each worker was required to use a respirator. This information will be used to determine frequency of the required medical exams for those workers exposed to higher levels of silica. It will also aid in evaluating the effectiveness of our Exposure Control Plan.

Subcontractors

All Panel Masters subcontractors are required, by contract, to become informed of and abide by all OSHA safety regulations. Field supervisors will report all observed safety infractions by subcontractors to the Competent Persons immediately.

Additional Information

Additional information on OSHA's silica rule can be found at www.osha.gov/silica.

TASK TABLE

| Task | Procedures and Protection | |
|--|--|---|
| | Outdoor | Indoor |
| Cutting | | |
| Sawcutting Concrete | Dry cutting is not permitted. | Dry cutting is not permitted. |
| | Wear NIOSH respirator (dust mask) | Wear NIOSH respirator (dust mask) Assure proper ventilation Limited access area |
| Grinding Concrete | Dry grinding is not permitted. | Dry grinding is not permitted. |
| | Wear NIOSH respirator (dust mask) | Wear NIOSH respirator (dust mask) Assure proper ventilation Limited access area |
| Housekeeping | | |
| Sweeping | Minimize airborne dust Wear NIOSH respirator (dust mask) | Use oil-based floor sweep Wear NIOSH respirator (dust mask) Assure proper ventilation |
| Powered Air Cleanup (blowers & air compressors) | Wear NIOSH respirator (dust mask) Limited access area Notify other workers in area | Not permitted indoors |
| Formwork | | |
| Form Handling | Minimal silica dust exposure Perform only in ventilated areas | Minimal silica dust exposure Perform only in ventilated areas |
| Form Setting | Minimal silica dust exposure Perform only in ventilated areas Use oiled forms | Minimal silica dust exposure Perform only in ventilated areas Use oiled forms |
| Form Stripping | Minimal silica dust exposure Handle forms to minimize airborne silica | Minimal silica dust exposure Handle forms to minimize airborne silica |
| Form Cleaning (by hand) | Minimal silica dust exposure Handle forms to minimize airborne silica | Minimal silica dust exposure Handle forms to minimize airborne silica |
| Form Cleaning (Wire Knots & Grinders) | Wear NIOSH respirator (dust mask) Limited access area Notify other workers in area | Not permitted indoors |
| Grouting, Sacking & Patching | | |
| Mixing Materials | Keep materials from becoming airborne Wear NIOSH respirator (dust mask) | Keep materials from becoming airborne Wear NIOSH respirator (dust mask) |
| Material Handling | Watch for torn packages Handle all packages as if they are open | Watch for torn packages Handle all packages as if they are open |

BLOODBORNE PATHOGEN EXPOSURE CONTROL

The following exposure control procedures are provided to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees of Panel Masters, Inc. are generally not exposed to the hazard of bloodborne pathogens. However, employees may on occasion provide first aid to other workers on site. In which case, the following exposure control measures should be taken:

Administrative controls

- Trained Responders - Only employees trained and certified to render first aid should do so as certified first aid training includes specific instruction on universal precautions, exposure control methods, and personal protective equipment.
- If possible, have the injured person clean, bandage, and/or apply direct pressure to his or her own wounds to avoid exposure.
- Universal precautions - All human blood and bodily fluids are to be treated as though they are known to be infected with Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens.
- Thoroughly wash hands after rendering first aid involving bodily fluids.

Personal protective equipment

- Disposable gloves are to be worn whenever an employee anticipates handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or when they are torn, punctured or otherwise lose their ability to function as an exposure barrier.

Housekeeping

- Contaminated surfaces should be disinfected as soon as possible with a solution of 1-part bleach to 10-parts water.
- Potentially contaminated wastes should be discarded or bagged in containers that are:
 - Closeable
 - Puncture-resistant (if containing glass or other contaminated sharps)
 - Leak-proof (if the materials have the potential to leak)
 - Red in color or labeled with the appropriate biohazard warning label



FALL PROTECTION

The following fall protection policies are intended to address the most common duties, methods, and specifications of fall protection in construction environments. Please refer to 29 CFR 1926 Subpart M for complete regulatory requirements.

DUTY TO HAVE FALL PROTECTION

- Employees on walking/working surfaces with unprotected sides or edges more than six feet above lower levels must be protected by at least one of the following:
 - Guardrails
 - Personal fall restraint system
 - Personal fall arrest system
- Employees must be protected from falling through wall openings and floor holes more than six feet above lower levels by at least one of the following:
 - Guardrails
 - Personal fall restraint system
 - Personal fall arrest system
 - Covers that are secured, marked “HOLE” or “COVER,” and capable of supporting at least two times the maximum intended load on the cover.

DEFINITIONS

- **Floor hole** - A void or gap 2 inches or more in the least dimension in a floor, roof, or other walking/working surface.
- **Wall openings** - A gap or void 30 inches or more high and 18 inches or more wide, in a wall or partition, through which employees can fall to a lower level.
- **Walking/working surface** - Any surface, whether horizontal or vertical on which an employee walks or works, including, but not limited to, floors, roofs, ramps, bridges, formwork and concrete reinforcing steel. The term does not including ladders, scaffolds, vehicles, or trailers, on which employees must be located in order to work.

GUARDRAILS

- Guardrails must be between 39 and 45 inches high and posts must not exceed 8' centers. It must have a mid-rail, and if open to workers below, a 3.5" high toe board.
- Top rails must be capable of withstanding a 200-pound downward or outward load.
- The minimum requirements for wooden rails are 2" x 4" stock for posts and top rail, with 1" x 6" mid-rails. The material should be selected to avoid defects and splinters.

PERSONAL FALL RESTRAINT AND FALL ARREST SYSTEMS

- Employees must be trained on proper use of personal fall protection systems prior to use.
- Harnesses, lanyards, anchors, and other fall protection equipment are to be inspected prior to each use for damage and deterioration. Damaged or defective equipment must be removed from service immediately and reported to your supervisor.
- Fall arrest anchor points must be installed per manufacturers' specifications and be capable of supporting at least 5,000 pounds.
- Fall restraint anchor points must be installed per manufacturers' specifications and be capable of supporting at least 1,000 pounds.
- Lanyards are to be attached at the center of the wearer's back.
- Personal fall arrest systems must be rigged to limit free fall to no more than six feet.
- Personal fall arrest systems must be rigged to prevent a fallen worker from contacting a lower level.

- Personal fall restraint systems must be rigged to restrain the worker before he/she reaches the fall hazard.
- Fall protection equipment is to only be used for employee protection and not to hoist materials.

WARNING LINES (NON-ROOFING OPERATIONS)

- Warning lines may be used level walking/working surfaces or on roofs with a 4 in 12 pitch or less.
- Warning lines must be set up along all sides of the unprotected area unless protected by guardrails or parapets at least 39 inches tall.
- Warning lines must be set at least **15 feet** from the roof edge.
- Warning lines must be between 34 and 39 inches off the working surface. This includes any sag in the line.
- Stanchions must be capable of withstanding a tipping force of at least 16 pounds.
- The line must be flagged every six feet and must have at least 500 pounds of tensile strength.
- Workers are not allowed beyond the perimeter of the warning line unless protected by personal fall arrest systems, personal fall restraint systems, or guardrails.

IMPALEMENT HAZARDS

- Any impalement hazards onto which workers may fall require guarding. Such hazards may include:
 - Vertical rebar
 - Form stakes
 - Small diameter conduit and plumbing stub-ups
- Guarding may include caps, covers, or bending the rebar over.
- Mushroom-shaped rebar caps lacking any steel reinforcement are not intended for impalement protection and must not be used for this purpose. Use of mushroom-shaped caps are acceptable for scratch protection only.



LADDER SAFETY

GENERAL

- Inspect ladders before each use. Ladders found defective should be immediately removed from service. Those with weak, cracked, or missing rungs or side rails should be destroyed.
- Ladders should not be painted except for company identification. This is to avoid covering visual defects.
- Workers should always face the ladder when ascending or descending.
- Tools and objects that could cause workers to lose balance and fall should be hoisted up and down using a hand line.
- Operations that cannot be performed while maintaining full balance and control from a ladder are prohibited and should be performed from scaffolding or an aerial lift.
- Only one person may be on a ladder at one time.
- Ladders should not be used within 10 feet of overhead power lines.

DUTY RATINGS

For construction operations, all ladders should be either Type 1, Type 1A, or Type 1AA

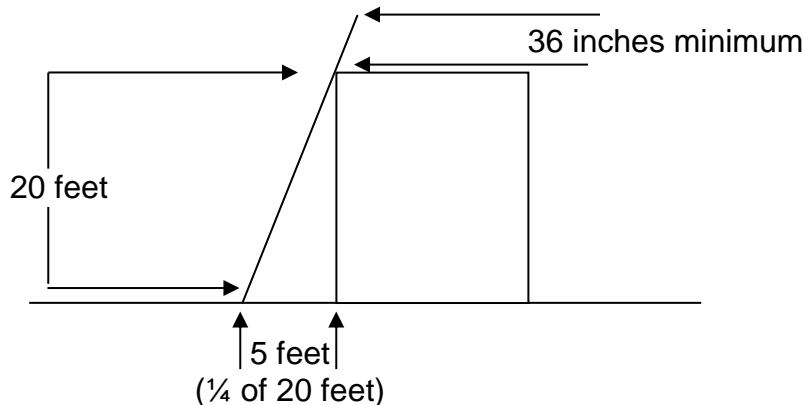
| Ladder Type | Rated Capacity | Duty Rating Description |
|-----------------|----------------|------------------------------------|
| Type 1AA Ladder | 375 lb. | Extra-heavy-duty industrial ladder |
| Type 1A Ladder | 300 lb. | Heavy-duty industrial ladder |
| Type 1 Ladder | 250 lb. | Heavy-duty industrial ladder |
| Type 2 Ladder | 225 lb. | Medium-duty commercial ladder |
| Type 3 Ladder | 200 lb. | Light-duty household ladder |

STEPLADDERS

- Spreaders should always be fully engaged during use.
- Stepladders are not to be used as straight ladders (leaned against a wall for use).
- The platform and top rung of a stepladder are not to be used to stand on.

STRAIGHT AND EXTENSION LADDERS

- Extension ladders are not to be taken apart in order to use the two sections separately.
- Straight and extension ladders are to be placed at a 1:4 ratio so the base of the ladder is placed at a distance $\frac{1}{4}$ that of the ladder's working height.
- If accessing an upper landing, ladder must extend at least 36 inches past the landing surface.
- Ladders must be tied off at the top to avoid tipping.



SCAFFOLDING

GENERAL

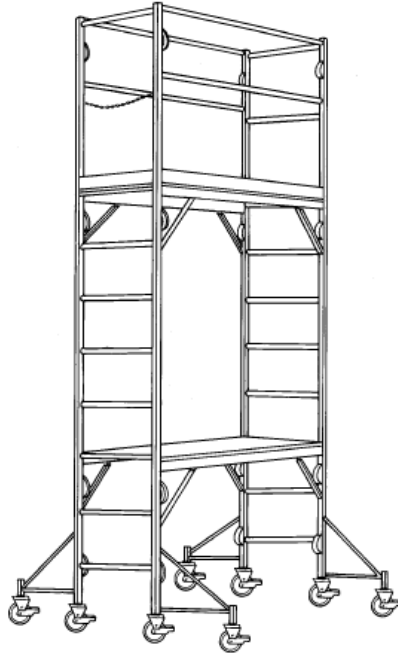
- Employees must be trained in proper use of scaffolding prior to use.
- Scaffolds must be erected, moved, dismantled, or altered only under the supervision of a competent person. Follow the manufacturer's instructions when erecting the scaffold.
- Scaffolding must be inspected for visible defects by a competent person before each work shift and after any change in the scaffolds construction.
- Scaffolds cleared for use must be tagged to confirm the competent person's pre-shift inspection.
- Do not use any scaffold if untagged, tagged "Out of Service," or not tagged that day by a competent person.
- Unless cleated or otherwise restrained, scaffold planks must extend at least 6 inches, but no more than 12 inches beyond its support.
- Scaffold work platforms must be fully decked.
- Supported scaffold frames must bear on base plates or casters.
- Base plates must bear on mud sills or other adequate firm foundation.
- Lock all casters on rolling scaffolds before using.
- Do not use unstable objects such as barrels, boxes, loose brick or concrete blocks to support scaffolds or planks.
- Do not use a scaffold above 10 feet without safety harnesses or guardrails in place.
- Brackets used for cantilevered loads shall only be used to support personnel. Materials must not be staged on cantilevered sections.
- Do not climb the cross braces for access to the scaffold. Use a ladder.
- Keep both feet on the decking. Do not sit or climb on the guardrails.
- Keep the scaffold free of scraps, loose tools, tangled lines and other obstructions.
- Areas under and around active overhead masonry operations should be cordoned off to prevent foot traffic from passing under or near the scaffold.

SUPPORTED SCAFFOLD BRACING

- Ties and braces shall be installed according to the scaffold manufacturer's recommendations or as specified below:
 - Supported scaffolds with a height to base ratio over 4:1 must be tied and braced to prevent tipping.
 - Bracing must be repeated vertically at locations of horizontal members every 20 feet or less thereafter for scaffolds 3 feet wide or less, and every 26 feet or less thereafter for scaffolds greater than 3 feet wide.
 - The top guy, tie or brace of completed scaffolds shall be placed no further than the 4:1 height from the top.
 - Such guys, ties and braces shall be installed at each end of the scaffold and at horizontal intervals not to exceed 30 feet.

MOBILE INTERIOR (PERRY, BAKER) SCAFFOLDS

- Mobile scaffolds over one frame high require outriggers.
- Mobile scaffolds are not to be stacked more than three frames high.
- When outriggers are used, casters must be installed under each caster and frame leg.
- All casters must be locked prior to climbing the scaffold.
- Workers must dismount before moving the scaffold.



RAMPS

- Ramps must be at least 18 inches wide.
- Ramps and walkways 6 feet or more above lower levels must be equipped with guardrails.
- Ramp incline must be no more than 1 foot vertical for every 3 feet of horizontal.
- Ramps inclined more than 1 foot for every 8 feet must be cleated every 14 inches or less.

PERSONAL PROTECTIVE EQUIPMENT

GENERAL

- Proper clothing must be worn and appropriate personal protective equipment must be used. The supervisor will inform employees of the specific personal safety equipment that must be used for the job.
- All safety equipment must be inspected for defects daily and before each use. If a defect is discovered, it must be reported to the supervisor immediately.

HEAD PROTECTION

- Hard hats are required at all times on jobsites.
- The outer shell must be free of cracks or other damage and the suspension inside must be free of defects.
- Baseball caps are not allowed to be worn under hard hats.
- The hard hat's suspension must not be worn backwards. The shell may be reversed if allowed by the hard hat manufacturer.

EYE/FACE PROTECTION

- ANSI-approved eye protection marked Z87+ is required at all times on jobsites.

FOOT PROTECTION

- Hard-soled work boots are required.

HIGH VISIBILITY APPAREL

- High visibility vests meeting ANSI/ISEA 107-2004 Class 2 or Class 3 requirements are required at all times on jobsites. T-Shirts meeting these same Class 2 or Class 3 requirements may be worn on Panel Masters, Inc. job sites where the General Contractor does NOT require that safety vests be worn.
- Vests must remain buttoned/zipped at all times to ensure 360 visibility.
- Vests lacking proper visibility due to staining or fading must be replaced.

HEARING PROTECTION

- ANSI-approved hearing protection devices such as earmuffs, earplugs or ear canal caps may be required. Supervisor's instruction will dictate when and where such noise protective devices must be worn.

RESPIRATORY PROTECTION

Purpose

The purpose of this plan is to establish a program and procedures for the use of respiratory protection at Panel Masters, Inc.

Responsibilities

The company's Safety Director and Safety Coordinator are responsible for administering the respiratory protection program.

The Safety Director and Safety Coordinator are also responsible for:

- Identifying and evaluating respiratory hazards in the workplace
- Properly selecting and caring for respiratory protective equipment, including storage, issuance, inspection, routine cleaning and maintenance, proper use, and replacement
- Training managers and supervisors whose departments are required to use respiratory protection in the proper selection, use and care of respiratory protection
- Coordinating medical evaluations and maintaining associated medical records
- Performing or making arrangements to perform fit testing and maintaining associated fit-testing records
- Providing initial training for employees and maintaining associated training records
- Consulting with employees to ensure that they are using respirators properly and to identify any problems with respirator fit, appropriate respirator selection, proper respirator use and proper respirator maintenance
- Evaluating the effectiveness of the respiratory protection program and making sure that the program satisfies the requirements of all applicable federal, state or local hazard communication requirements

Managers and supervisors are responsible for:

- Knowing the hazards in their areas that require respiratory protection
- Knowing the types of respirators that need to be used
- Enforcing the use of respiratory protection in areas where it is required
- Ensuring that employees are knowledgeable about the respiratory equipment for the areas in which they work

Employees are responsible for the following aspects of the respiratory protection program:

- Wearing appropriate respiratory protection provided by the company to minimize exposure
- Properly using and caring for respiratory protection equipment, including routine cleaning and maintenance, inspection, storage, and replacement
- Informing the Safety Coordinator of personal changes that may affect their use of respirators
- Participating in training
- Following company instructions and warnings pertaining to respiratory protection and usage
- Understanding the consequences associated with not following company policy concerning the use of respiratory protection

Selection and Use of Respirators

Panel Masters employees are authorized to use:

- **3M Particulate Respirator N95**



The 3M Particulate Respirator N9 features:

- Adjustable Noseclip.
- Cushioning Nose foam
- Welded Strap Attachment
- The naturally contoured facepiece and softspun lining give the respirator added comfort and durability, as well as relieve pressure points.
- NIOSH certified to have a filter efficiency level of 95% or greater against particulate aerosols free of oil.

3M N95 series particulate respirator applications:

- hot, humid and dusty environments
- welding, soldering and brazing
- grinding, sanding, sweeping, bagging, and stone quarrying,
- cement and lime
- polishing and buffing
- for concentrations of particulates up to 10 times the OSHA Permissible Exposure Limit.

Any other respirator that is to be used needs to be cleared through the safety coordinator or safety director.

Based off of exposure assessment studies conducted by NIOSH and referenced in OSHA's publication, *Controlling Silica Exposures in Construction*, Panel Masters, Inc. has elected to require the use of respirators to protect against potential overexposures while performing the following operations:

- Grinding, cutting, and drilling of concrete and masonry products
- Mixing concrete and mortar.

In addition, the following engineering and administrative controls must be implemented whenever feasible:

- Wet cutting/grinding as opposed to dry cutting/grinding
 - Using fresh water as opposed to recirculating used water
 - Ensuring water pump volume is appropriate
 - Ensuring water stream is directed at the edge of the saw blade
- Cutting outdoors as opposed to cutting indoors
- Standing up wind of the grinding, cutting, drilling, or mixing point of operation

Respiratory protection equipment will be used in accordance with the manufacturer's specifications. To ensure the proper use of respirators, respirator users must adhere to the following:

- Employees with facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function will not be permitted to wear tight-fitting facepieces. Employees must be clean-shaven.
- Employees with any condition that interferes with the face-to-facepiece seal or valve function will not be permitted to wear tight-fitting facepieces.

- If an employee wears corrective glasses, goggles or other personal protective equipment, such equipment must be worn in a manner that does not interfere with the seal of the facepiece to the face of the user.
- Employees who wear tight-fitting respirators are required to perform a user seal check each time they put on the respirator.
- Each disposable respirator will be used until the cartridge or filter media requires replacement or until the facepiece is dirty.
- The service lives of disposable respirator canisters, cartridges and filter media will be based upon manufacturer's recommendations or visual inspection.

Medical Evaluations

Prior to being fit-tested or using a respirator in the workplace, each employee will have a medical evaluation to assess his or her ability to wear a respirator.

Our designated medical provider will perform the medical evaluations. Medical evaluations will be performed by using a medical questionnaire, which will be reviewed by a physician or other licensed health care provider. Medical evaluations may include a physical exam, under certain conditions.

Additional medical evaluations will be performed under the following conditions:

- An employee reports medical signs or symptoms that are related to his or her ability to use a respirator.
- A physician or other licensed health care provider, a supervisor, or the respiratory program administrator informs the company that an employee needs to be reevaluated.
- Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation.
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

Fit Testing

Before an employee is required to use any respirator with a negative- or positive-pressure tight-fitting facepiece, the employee will be fit-tested with the same make, model, style and size of respirator that will be used in the workplace.

- Employees using tight-fitting facepiece respirators must pass the appropriate qualitative fit test or quantitative fit test.
- Employees using tight-fitting facepiece respirators will be fit-tested prior to initial use of the respirator whenever a different respirator facepiece (size, style, make or model) is used, and annually thereafter.
- An additional fit test will be conducted whenever there are changes in the employee's physical condition (e.g., facial scarring, dental changes, cosmetic surgery, eyeglasses or an obvious change in body weight) that could affect respirator fit.
- An additional fit test will be conducted when an employee reports that the fit of the respirator is unacceptable. The employee will be allowed to select a different respirator facepiece and will be retested.
- Fit tests will be administered by PMI using a qualitative fit-test protocol meeting OSHA requirements.

Maintenance and Care of Respirators

Panel Masters, Inc. will provide for the storage and replacement of respirators as needed.

The employee is responsible for the care, maintenance and storage of the issued respirators.

Storage

Respirators will be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture and damaging chemicals. Respirators will be stored to prevent deformation of the facepiece.

Inspection

Respirators will be inspected before each use and during cleaning.

Respirator inspections will include a visual check of the shell integrity and cleanliness as well as a check of the elastomeric parts for pliability and signs of deterioration.

Repairs

Respirators that fail an inspection or are otherwise found to be defective will be removed from service and discarded.

Information and Training

Employees included in the respiratory protection program will receive the following training prior to being issued a respirator and on an annual basis thereafter or more often as necessary:

- General requirements of the OSHA Respiratory Protection Standard 29 CFR 1926.103
- Purpose of respiratory protection
- How improper fit, usage or maintenance can compromise the protective effect of the respirator
- Limitations and capabilities of the respirator
- Procedures for inspecting, putting on and taking off, using, and checking the seals of the respirator
- Procedures for maintenance and storage of the respirator
- How to recognize medical signs or symptoms that may limit or prevent the effective use of respirators

Voluntary Use of Respirators

In work areas where respirators are not required, Panel Masters will provide respirators at the request of employees, if it is determined that such respirator use will not in itself create a hazard.

All employees who voluntarily use respiratory protection equipment will be provided with information contained in Appendix D of the OSHA Respiratory Protection Standard "Information for Employees Using Respirators When Not Required."

Employees using a respirator voluntarily must ensure that the respirator is cleaned, stored and maintained so that its use does not present a health hazard to the user.

Appendix D to Sec. 1910.134

Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Recordkeeping

Records pertaining to the respiratory protection program will be maintained by the safety director. The safety director will keep the following records:

- Written copy of the current respiratory protection program
- Respiratory Hazard Assessment Forms
- Medical evaluation records
- Fit-testing records
- Training records

TOOL SAFETY

ELECTRICAL POWERED TOOLS

- Do not remove, pin up, or bypass any tool guard.
- Do not leave tools that are "On" unattended.
- Do not operate spark-inducing tools such as grinders, drills or saws near containers labeled "Flammable" or in an explosive atmosphere such as a paint spray-booth.
- Turn off electrical tools and disconnect the power source from the outlet before attempting repairs or service work. Tag the tool "Out of Service."
- Do not drive over, drag, step on or place objects on a cord.
- Do not operate a power hand tool or portable appliance that has spliced or damaged power cord or missing grounding pin. Ground pins are not required if the tool is labeled by the manufacturer as "Double Insulated."
- Ensure all power tools and extension cords are protected with a functional ground fault interrupter (GFI) outlet or GFI protected circuit breaker.
- Do NOT carry tools by their cords.

FLAMMABLE LIQUIDS

- Flammable liquids must be kept in original factory containers or approved safety cans.
- Flammable liquids containers must be kept closed when not in use.
- Flammable liquids must be stored at least 25 feet from all roof access and exit points.
- No smoking or other sources of ignition are allowed within 50 feet of operations using flammable liquids.
- Immediately clean up any leakage or spillage of flammable liquids and disposed of promptly.
- When pouring flammable liquids from one container to another, the nozzle should be in contact with the container being filled to reduce the risk of static discharge and fire. If maintaining contact is not possible, the containers should be electrically bonded prior to pouring to prevent static buildup and discharge.
- At least one 10-pound ABC extinguisher must be provided within 50 feet of wherever more than 5 gallons of flammable or combustible liquids are being used on the jobsite.

FIRE PREVENTION AND PROTECTION

- At least one 10-pound ABC extinguisher must be provided for each 3000 square feet of work area.
- In multistory buildings, at least one fire extinguisher shall be located adjacent to stairway on each floor.
- Extinguishers must be visually inspected monthly for proper charge, intact valve pins, and current (within the last 12 months) inspection tags.

FORKLIFTS/POWERED INDUSTRIAL TRUCKS

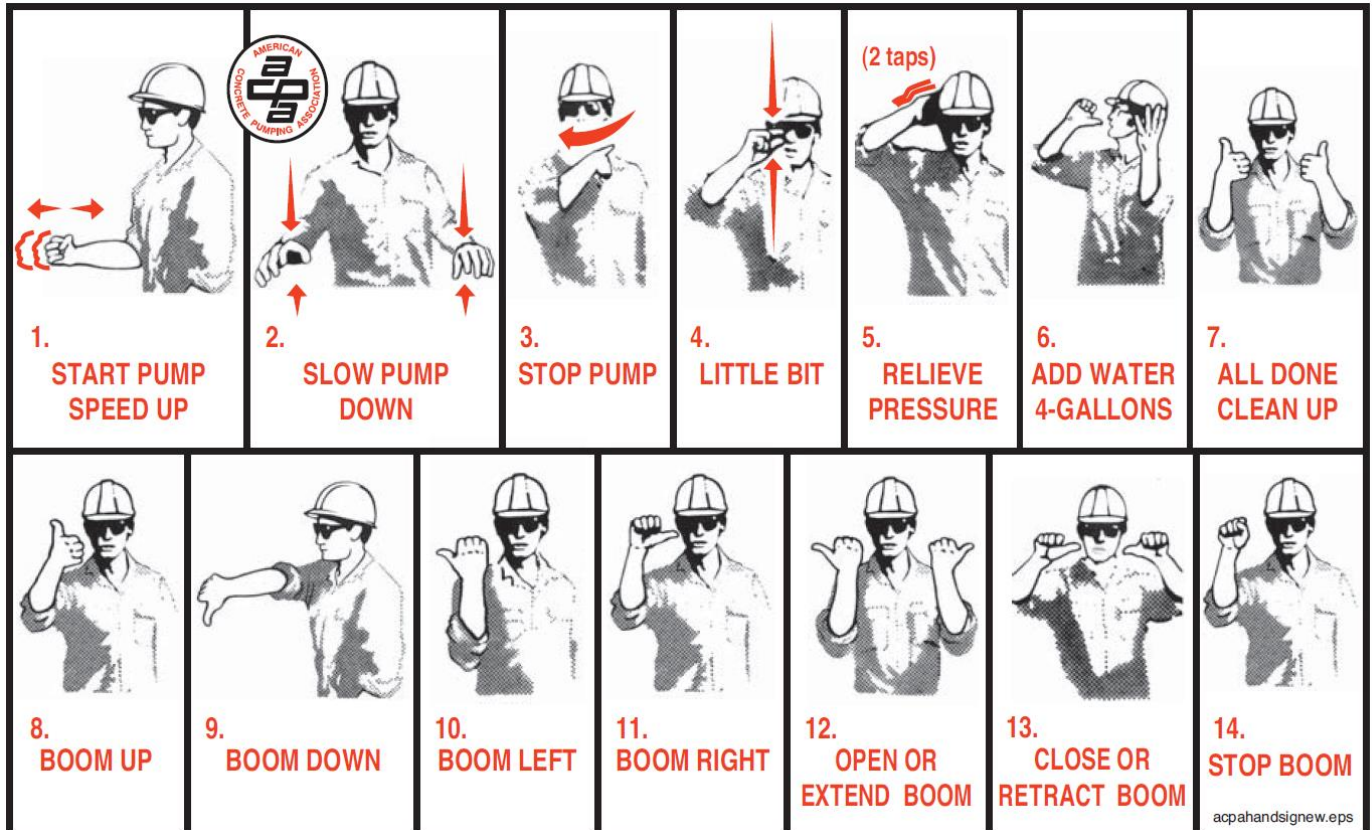
- Only trained and company-authorized personnel may operate forklifts. Contact your supervisor for questions concerning operator training and authorization. Training must be documented and on file with Panel Masters, Inc.
- The operator must inspect the lift prior to use each day for damage, leaks, and properly labeled and functioning controls.
- Always wear the seatbelt while in operation.
- Always know the forklift's capacity prior to operation. Never exceed the rated capacity.
- Always turn off the engine if moving 25 feet or more from the lift truck.
- Never leave a lift truck unattended with the forks suspended.
- Always keep the load against the backrest for maximum support.
- Never allow riders.
- Never use a forklift to elevate workers, unless used in conjunction with an engineered and manufacturer-approved personnel lifting platform securely fastened to the forklift mast.

AERIAL LIFTS AND SCISSOR LIFTS

- Only trained and company-authorized personnel may operate aerial lifts and scissor lifts. Contact your supervisor for questions concerning operator training and authorization. Training must be documented and on file with Panel Masters, Inc.
- The operator must inspect the lift prior to use each day for damage, leaks, and properly labeled and functioning controls.
- Gates and/or chains at the lift's access point must be closed prior to and during operation.
- All employees in an aerial lift must wear a full body harness and attach a lanyard from the harness to the designated fall protection anchor point in the lift basket.
- Lift occupants must keep both feet on the floor of the basket or platform. Standing or working from the toeboard, midrail, or toprail is strictly prohibited.
- Never disconnect or bypass any height/travel interlock switch, backup alarm, or other safety feature.

CONCRETE PUMPING OPERATIONS

- Only one person should signal the pump operator except for the stop signal, which may be given by anyone.
- Never allow a pump boom to come within 20 feet of an overhead power line.
- Before the pour begins, the hose man and the operator should agree on hand signals to be used.



- Stand away from the tip hose or point of discharge when the pump operator:
 - is initially priming the delivery system
 - restarting after moving
 - restarting after adding or removing pipes or hoses
 - any other time that air has been introduced into the delivery system

Stand away from the tip hose until material runs steadily. Compressed air in the line can cause the hose to move violently.

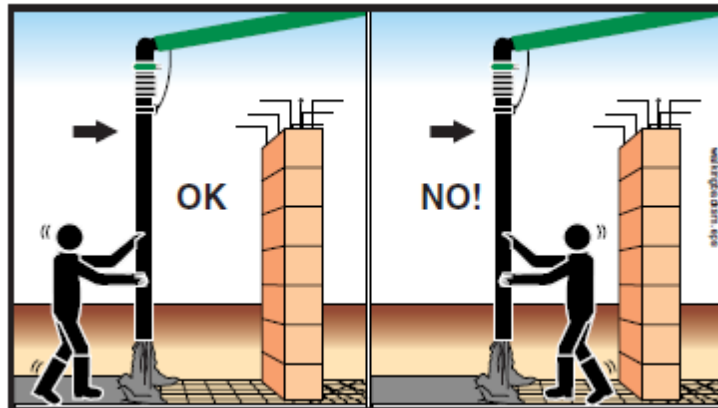
- If the operator tells you that air is coming in the delivery system, get to ground level (if in a high place) and remain well away from the discharge. Be sure that **all** the air is gone before getting near the point of discharge again. It is the operator's job to know when it's safe to go back to normal pumping.



- Never open a pressurized pipeline. The pump operator must release the pressure before you open the line.



- No not walk backwards while guiding the hose.



CRANE OPERATIONS INSPECTIONS

- Upon completion of site assembly, the equipment must be inspected by a qualified person to assure that it is configured in accordance with manufacturer equipment criteria.
- A visual inspection of the crane must be completed by a competent person prior to each shift.
- A documented inspection of the crane must be completed monthly by a competent person.
- A documented comprehensive crane inspection must be performed annually by a qualified person.

SETUP

- The controlling entity of the location (general contractor, property owner, customer) must inform the crane operator of known hazards beneath the equipment set-up area (such as voids, tanks, utilities).
- Ground conditions must be firm, drained, and graded to allow for crane to be set per manufacturer's specifications for support and degree of level.
- The swing radius of any counterweights must be barricaded off to avoid striking workers and equipment.
- Outrigger pads must be solid, sturdy, and be at least three times the area of the outrigger plates.

CRITICAL LIFTS

- The following lifts require a documented **Critical Lift Plan**:
 - Any lift that requires the use of multiple cranes.
 - Any lift that exceeds 75% of the crane's rated capacity in its given configuration.
 - Load suspended or moved over energized power lines.
 - The item to be lifted requires exceptional care in handling because of size, weight, close-tolerance installation, high susceptibility to damage or other unusual factor.

RIGGERS AND SIGNAL PERSONS

- Riggers and signal persons must be trained and deemed "qualified" by Panel Masters, Inc..
 - **Qualified person** means a person who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training and experience, successfully demonstrated the ability to solve/resolve problems relating to the subject matter, the work, or the project.
 - Documentation of the signal person's qualification (training certificate, wallet card, etc.) must be available at the site while the signal person is employed by the employer.
 - The documentation must specify each type of signaling (e.g. hand signals, radio signals, etc.) for which the signal person is qualified.

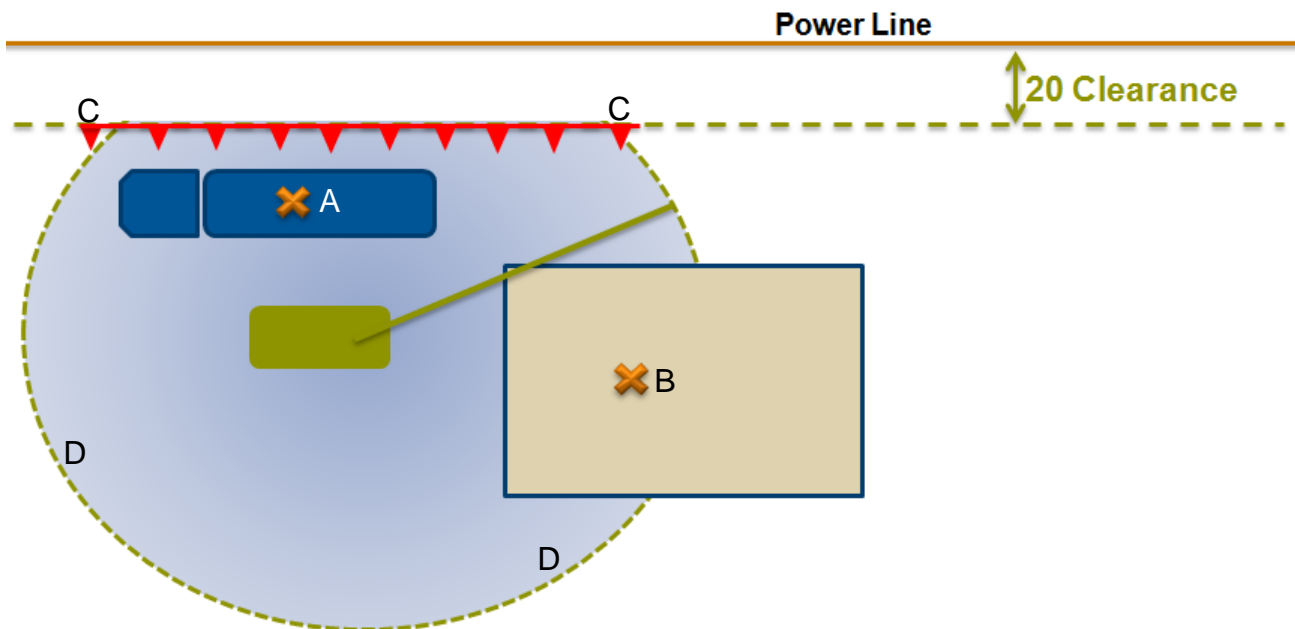
OPERATIONS NEAR OVERHEAD POWER LINES

1. Before beginning crane operations, the work zone must be identified by either:
 - Demarcating boundaries (such as with flags, traffic cones, danger tape, a range limit device, or range control warning device) and prohibiting the operator from operating the equipment past those boundaries.
 - Defining the work zone as the area 360 degrees around the equipment, up to the equipment's maximum working radius.
2. Determine if any part of the crane, load line, or load, if operated up to the equipment's maximum working radius in the work zone, could get closer than 20 feet to a power line. If so, the requirements of one of the following options must be met:
 - **Option (1)--Deenergize and ground.** Confirm from the utility owner/operator that the power line has been deenergized and visibly grounded at the worksite.
 - **Option (2)--20 foot clearance.** Ensure that no part of the equipment, load line, or load, gets closer than 20 feet to the power line by implementing the measures specified in paragraph (b) of this section.
 - **Option (3)--Table A clearance.**

If options (2) or (3) are to be used, refer to OSHA regulation 29 CFR 1926.1408(b) for specific requirements to prevent encroachment and electrocution.

3. Conduct a planning meeting with the operator, rigger, signal person, and other workers who will be in the area of the equipment or load to review the location of the power line(s), and the steps that will be implemented to prevent encroachment/electrocution.

EXAMPLE OF DEMARCATED WORK ZONE NEAR OVERHEAD POWER LINE



- A. Pick point
- B. Set point
- C. Work zone boundary demarcated by elevated flagged line
- D. Work zone boundary defined by maximum working radius of crane

RIGGING EQUIPMENT

- Rigging equipment that is damaged or defective shall be taken out of service and not used.
- Rigging equipment shall not be loaded in excess of their rated capacities.
- Lifting hooks must have functional safety gates.
- Slings shall not be shortened with knots, bolts, or other makeshift devices.
- Wire rope slings shall be immediately removed from service if any of the following conditions are present:
 - ✓ Ten randomly distribute broken wires in one rope lay, or five broken wires in one strand in one rope lay
 - ✓ Wear or scraping of one-third the original diameter of outside individual wires
 - ✓ Kinking, crushing, bird caging or any other damage
 - ✓ Evidence of heat damage
 - ✓ End attachments that are cracked, deformed or worn
 - ✓ Hooks that have been opened more than 15 percent of the normal throat opening measured at the narrowest point or twisted more than 10degrees from the plane of the unbent hook
 - ✓ Corrosion of the rope or end attachments.
 - ✓ Missing or illegible labeling listing the sling's manufacturer and rated capacities.
- Natural and synthetic fiber rope slings shall be immediately removed from service if any of the following conditions are present:
 - ✓ Abnormal wear
 - ✓ Powdered fiber between strands
 - ✓ Variations in the size or roundness of strands
 - ✓ Discoloration or rotting
 - ✓ Distortion of hardware in the sling
 - ✓ Missing or illegible labeling listing the sling's manufacturer and rated capacities.

EARTH AND MECHANIZED MATERIAL HANDLING EQUIPMENT

These rules apply to the following types of earthmoving equipment:

- scrapers
 - loaders
 - crawler or wheel tractors
 - bulldozers
 - off-highway trucks
 - graders
 - agricultural and industrial tractors
 - skid steers
 - similar equipment
-
- Employees must be authorized by the company to operate equipment. Authorization will be granted following documented training and demonstrated proficiency based on the manufacturer's equipment specifications, instruction, and safe work practices. Management is to use the **New Operator Performance Evaluation** form to conduct and document this evaluation for each piece of equipment the employee is to operate.
 - Do not jump from the vehicle; always maintain 3 points of contact.
 - Operators must make a daily inspection of the following items and report any deficiencies to management or maintenance for service:
 - Steering
 - Service and parking brake
 - Mirrors and lights
 - Horn and back-up alarm
 - Tires
 - Windshield wipers
 - Seatbelts must be worn in any vehicle with a roll-over protective structure (ROPS).
 - Parking brakes must be set before exiting the vehicle.
 - Blades, buckets, and other implements must be grounded once the vehicle is parked.

Panel Masters, Inc.

NEW OPERATOR PERFORMANCE EVALUATION



| | |
|-------------------|--|
| Equipment: | |
| Make: | |
| Model: | |

| Pre-Shift Inspection | Yes | No | N/A | Comments |
|------------------------------------|-----|----|-----|----------|
| Inspects tires | | | | |
| Inspects fluids and hoses | | | | |
| Inspects body for physical damage | | | | |
| Checks/adjusts mirrors | | | | |
| Tests parking brake | | | | |
| Tests service brake | | | | |
| Checks gauges for proper operation | | | | |
| Checks backup alarm | | | | |

| Operation | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Uses seat belt | | | | |
| Shows familiarity with controls | | | | |
| Starts, turns, and stops grader smoothly | | | | |
| Operates at reasonable speed | | | | |
| Demonstrates proficiency with blade/bucket/ho | | | | |
| Demonstrates proficiency with aux. implements | | | | |
| Checks blind spots before backing up | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Grounds implements before shutting down | | | | |
| Sets parking brake | | | | |
| Dismounts maintaining 3-point contact | | | | |

| | |
|-------------------------------|--|
| Operator: | |
| Evaluating Supervisor: | |
| Date: | |

DRIVERS

PRE-SHIFT INSPECTION

Each driver is responsible for the safe operation of his/her vehicle. Drivers must make a daily inspection of the following items:

- steering
- service brake
- parking brake
- mirrors and lights
- horn and back-up alarm
- tires
- windshield wipers

Defects in any of the above must be promptly reported to supervision for repair.

GENERAL

- Do not jump from vehicles; always maintain 3 points of contact while accessing or egressing the vehicle.
- Do not operate a vehicle if you are fatigued or ill.
- Do not operate a vehicle if you are taking medication whose container label indicates that the medication may cause drowsiness or other negative side effects.
- Obey all traffic laws at all times.
- Seat belts are required for all drivers and passengers at all times.
- Riding in the back of a pickup is prohibited.

FUELING

- Turn the vehicle off before refueling.
- Do not smoke while refueling a vehicle.
- If you spill fuel on your hands, wash with soap and water.
- Always stay in attendance when truck is being refueled

Drug Free Workplace Policy

Panel Masters, Inc. is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol- and drug-free environment. This organization encourages employees to voluntarily seek help with drug and alcohol problems.

COVERED EMPLOYEES

All

PROHIBITED BEHAVIOR

It is a violation of our drug-free workplace policy to use, possess, sell, trade and/or offer for sale controlled substances or alcohol at work or while conducting company business. The presence of an amount of any controlled substance that results in a positive test is prohibited.

The serving of alcoholic beverages at company-sponsored events is allowed only where each employee understands that consumption of alcohol must be limited so as to avoid intoxication.

CONTROLLED SUBSTANCES

As used in this policy, controlled substances include any drug that is illegal under federal or state law, or that is legally obtainable but has not been legally obtained. The term includes prescribed drugs which are not being used for the prescribed purpose or in the prescribed manner.

** Despite Article XVIII, Section 14, of the Colorado Constitution, marijuana for medical and/or recreational use is a Drug Enforcement Administration listed Schedule I controlled substance and therefore is prohibited.*

NOTIFICATION OF CONVICTIONS

Any employee who is convicted of a criminal drug violation in the workplace must notify the organization in writing within five calendar days of the conviction. The organization will take appropriate action within 30 days of notification.

SEARCHES

Entering the organization's property constitutes consent to searches and inspections. If an individual is suspected of violating the drug-free workplace policy, he or she may be asked to submit to a search or inspection at any time. Searches can be conducted of pockets and clothing, lockers, wallets, purses, briefcases and lunchboxes, desks and work stations, and vehicles and equipment.

DRUG TESTING

To ensure the accuracy and fairness of our testing program, all testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines. Testing will be conducted for the following reasons:

- **POST-ACCIDENT:** Any employee involved in an on-the-job accident requiring professional medical attention or involving property damage over \$1000 will be subject to immediate testing.
- **REASONABLE SUSPICION:** Employees may be subject to testing based on a belief by company management that an employee is using or has used substances in violation of this policy.
- **QUARTERLY:** Panel Masters Inc. performs random quarterly drug testing consisting of 2 employees per quarter.

MEDICATION GUIDELINES

Employees are expected to manage potential impairment during working hours due to the legitimate use of medications. There are numerous over-the-counter and prescription drugs that may negatively impact safe work performance. Therefore, employees are expected to consult with their personal physician or other health care professional to determine if use of such medication will have any potential negative impact on safe job performance. Use of medication that may pose a threat to workplace safety must be discussed with the employee's supervisor.

CONSEQUENCES

If an applicant violates the drug-free workplace policy, the offer of employment will be withdrawn. The applicant may reapply after six months and will be required to successfully pass a pre-employment drug test.

If an employee violates the policy, he or she will be discharged from employment. Additionally, an employee will be subject to immediate discharge for any of the following:

- Refusing the screening or the test
- Adulterating or diluting the test specimen
- Substituting the specimen with that from another person or sending an imposter
- Not signing required forms
- Refusing to cooperate in the testing process in such a way that prevents or delays completion of the test

CONFIDENTIALITY

All information received by the organization through the drug-free workplace program is confidential. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

SHARED RESPONSIBILITY

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play.

Employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs.

In addition, employees are encouraged to report dangerous behavior to their supervisor.

Claims Management Guide

1. All employees will be provided with an explanation of the workers' compensation system and the benefits it will provide.
2. In the event of a work-related injury or illness, the injured employee must report it to their immediate supervisor or the safety coordinator before the end of the work shift.
3. If the injured employee needs immediate medical attention, they will be driven or sent to the nearest appropriate hospital or clinic.
4. If the injury is not an emergency, an appointment will be made with one of the company's designated medical provider as soon as possible. The designated medical providers for Panel Masters, Inc. are:

| Provider | Address | City | State | Zip | Phone |
|--------------------------------|--------------------------------|-------------|-------|-------|--------------|
| Peak Form Medical Clinic | 695 S Broadway Suite A | Boulder | CO | 80305 | 303-402-9283 |
| Peak Form Medical Clinic | 1093 E. Bridge St | Brighton | CO | 80601 | 303-655-9055 |
| Workwell Occupational Medicine | 1600 Spect Point Rd. Suite 115 | Ft. Collins | CO | 80525 | 970-672-5100 |
| Workwell Occupational Medicine | 3350 Peoria Ave. Suite 190 | Aurora | CO | 80011 | 303-365-4646 |

5. Have injured worker complete an **Employee Accident Report**.
6. Ensure the injured worker receives a copy of Panel Masters, Inc.'s **Post-Accident Designated Provider Notification** and obtain a copy of this notification signed by the injured worker for the claim file.
7. Using the **Management Accident Investigation Report**, the injured worker's supervisor or Caden Grosshans is to document the incident. The supervisor or safety coordinator will be responsible for interviewing the injured employee and all witnesses.
8. The safety coordinator will report the claim by phone to Pinnacol Assurance within 24 hours of the accident at (800) 873-7242. Claims may also be filed over the Internet at www.pinnacol.com. To file a claim, Pinnacol Assurance requires:
 - Policy Number
 - Name of Injured Worker
 - Social Security Number of Injured Worker
 - Date of Injury
 - Occupation of Injured Worker
 - Home Address of Injured Worker
9. If the incident involved any of the following, OSHA (800-321-6742) must be notified within eight hours,
 - Death
 - Hospitalization
 - Amputation
 - Loss of an Eye
10. The safety coordinator will use information from the accident investigation to identify changes that may help prevent future incidents.
11. For lost time claims, the supervisor will contact the injured employee at least once a week to answer questions, keep the injured employee informed of organization activities, and discuss return to work options.

12. The safety coordinator will contact the medical provider after each appointment to keep current on the employees work status, medical progress, and to ensure that appointments are being kept.
13. Modified duty procedures will be as follows:
 - The employee's supervisor who will determine if the employee can return to their regular job duties will evaluate the medical restrictions.
 - If the employee is unable to return to normal job duties, the supervisor will determine if the employee's position can be temporarily modified to accommodate the restrictions.
 - If the job cannot be modified, the safety coordinator will evaluate other tasks or positions the employee may be able to perform until the medical restrictions are lifted.
 - If the employee is unable to return safely to a modified position, the medical restrictions will be re-evaluated after each doctor's visit to ensure the employee is returned to work as soon as possible.
 - Refer to the company's formal **Return To Work Policy** for detailed procedures.
14. An entry will be made on the OSHA 300 Log for all cases involving medical treatment, lost work time beyond the day of the injury, or restricted work duty beyond the day of the injury.
15. Accurate records will be kept for all workers' compensation claims. This file will document all communications regarding the claim and all records from the medical providers and Pinnacol Assurance.



Claims Management Program

The Colorado State Worker's Compensation Statute gives employers the right to designate two primary medical providers for employees injured on the job.

The providers designated for your employment area are:

Peak Form Medical Clinic
695 S Broadway Suite A
Boulder, CO 80305
303-402-9283

Peak Form Medical Clinic
1093 E. Bridge St.
Brighton, CO 80601
303-655-9005

Workwell Occupational Medicine
1600 Spect Point Rd. Suite 115
Ft. Collins, CO 80525
970-672-5100

Workwell Occupational Medicine
3350 Peoria Ave. Suite 190
Aurora, CO 80011
303-365-4646

Any medical care from providers other than our designated providers will be considered unauthorized and will not be covered under the worker's compensation claim.

If your injury occurs outside of regular business hours or is life or limb threatening, please go directly to the closest Emergency Facility or dial 911 for emergency ambulance transportation.

Please be advised that if you are seen at an Emergency Facility, you are required to report to the designated provider as soon as possible for follow-up care. Any follow-up with the Emergency Facility or their providers will be considered unauthorized unless you are referred by the designated provider. Any expenses incurred by unauthorized medical care will be the responsibility of the employee.

I, _____, have received and understand the contents of this memorandum. I also understand that I am to notify my supervisor or another company representative with 24 hours of any on-the-job injury.

Signature: _____ Date: _____



Claims Management Employee's Incident Report

(to be completed by injured worker)

Please complete the information requested below. If you need to be seen by a medical provider because of this incident, you must obtain medical treatment for work-related injuries and illnesses from:

| | | |
|---|-----------|--|
| <p style="text-align: center;">Peak Form Medical Clinic</p> <p style="text-align: center;">695 S Broadway Suite A Boulder, CO 80305 303-402-9283</p> | OR | <p style="text-align: center;">Peak Form Medical Clinic</p> <p style="text-align: center;">1093 E. Bridge St. Brighton, CO 80601 303-655-9005</p> |
| <p style="text-align: center;">Workwell Occupational Medicine</p> <p style="text-align: center;">1600 Spect Point Rd. Suite 115 Ft. Collins, CO 80525 970-672-5100</p> | OR | <p style="text-align: center;">Workwell Occupational Medicine</p> <p style="text-align: center;">3350 Peoria Ave. Suite 190 Aurora, CO 80011 303-827-3158</p> |

IF AN EMPLOYEE IS TREATED BY AN UNAUTHORIZED MEDICAL PROVIDER, THE EMPLOYEE WILL BE SOLELY RESPONSIBLE FOR ALL PAYMENT OF SAID TREATMENT.

Date of incident: _____ Time: _____ Location: _____

Briefly describe incident: _____

Illness or injury which resulted: _____

List all witnesses: _____

I hereby declare under penalty of perjury that all statements contained herein, to the best of my knowledge and belief, are true, correct and complete. Any person who commits Worker's Compensation fraud, upon conviction, shall be guilty of a felony.

Signed: _____ S.S. #: _____ Date: _____

Complete only if you do not wish to seek medical treatment

I understand that I have the right to medical attention pursuant to Worker's Compensation Act. At this time I waive my right to medical attention. I do not believe that I have sustained any permanent impairment as a result of my industrial injury.

Signed: _____ Date: _____



Claims Management Employee's Responsibilities

(To be completed by injured worker)

This sheet is for your information. If you have any questions regarding issues listed here or any others please do not hesitate to contact management at Panel Masters Inc, (303) 666-8800.

1. I understand that under the Colorado Worker's Compensation Statute, my employer, Panel Masters Inc, is entitled to designate a primary medical provider. I am entitled to medical care from this provider in the event that I am injured on the job. My provider is:
 Workwell Occupational or Peak Form Medical Clinic
2. I understand that Panel Masters Inc is my employer and that all bills regarding this Worker's compensation claim should be forwarded to management at the address below.
3. I understand that if I have any questions or concerns regarding my claim, I can call management at Panel Masters Inc.
4. I understand that I am required to comply with all medical treatment recommended to me during my Worker's Compensation Claim.
5. I understand that if I am given work restrictions, every effort will be made to find me a job within these restrictions. If I do not accept this position, my benefits may be terminated and it also may be grounds for termination of employment.
6. I understand that while my claim is active, I am still required to comply with all employment policies outlined by Panel Masters Inc and my supervisor.
7. I understand that I am required to notify management if I receive any state, federal, or any other benefits during the time that my Worker's Compensation claim is open.
8. I understand that I am required to report any personal changes in my address, phone number, or any other information to management at Panel Masters Inc.
9. I understand that it is unlawful for me to receive temporary benefits while I am working, either for the current employer or any other subsequent employer. I must notify management immediately upon my return to work.
10. I understand that, in the event of a good faith overpayment of any benefit, Panel Masters Inc, is entitled to seek reimbursement.

Employee Signature

Date

Witness Signature

Panel Masters Inc
1747A Panorama Point
Lafayette, CO 80026



Claims Management Accident/Incident Investigation Report

(to be completed by Employee's Supervisor)

| | | |
|---|---|--------------------|
| Injured Employee: | Job Title: | Accident Location: |
| <input type="checkbox"/> injury – first aid only <input type="checkbox"/> Injury – medical treatment <input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss – Record only | Date and Time of Accident: ____/____/____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Date and Time Reported: ____/____/____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Witnesses: _____ | |

Analysis: describe conditions that led to the incident

| |
|---|
| Description of Accident: _____ _____ _____ |
| Fundamental Cause: _____ _____ |
| Describe any unsafe acts: _____ _____ |
| Describe any unsafe conditions: _____ _____ |
| Equipment Malfunction? <input type="checkbox"/> yes <input type="checkbox"/> no Describe _____ |

Prevention: controls and/or corrective procedures that may prevent recurrence

| |
|--|
| Actions to be taken to prevent recurrence: _____ _____ |
| Date Action completed: ____/____/____ If not completed state why: _____ |

| | | |
|-------------------|-----------------|----------------------|
| Supervisor: _____ | Job Name: _____ | Date: ____/____/____ |
|-------------------|-----------------|----------------------|

To be completed by the office

Management System Improvements: describe measures taken to improve the system and prevent recurrence.

| | |
|---------------------------|----------------------|
| Action Taken: _____ | Date: ____/____/____ |
| Action Taken: _____ | Date: ____/____/____ |
| Action Taken: _____ | Date: ____/____/____ |
| Report Reviewed by: _____ | Date: ____/____/____ |

SAMPLE ACCIDENT INVESTIGATION QUESTIONS

HOW

How does the injured employee feel now?

How did the injury occur?

How could this accident have been prevented?

WHO

Who was injured?

Who saw the accident?

Who was working with the injured party?

Who had assigned the person to the work task?

Who had trained the person on the hazards and protective measures for this task?

Who else was involved?

WHAT

What were the causal factors of the accident?

What were the injuries?

What was the person doing when injured?

What had the person been instructed to do?

What tools was the person using?

What machinery was involved?

What training had been given?

What specific precautions were necessary?

What protective equipment was being used?

What will be done to prevent a recurrence?

What safety rules were in place to prevent this type of accident?

What protective equipment should have been used?

WHEN

When did the accident occur?

When did the person start this task?

When was the person assigned to this department?

When were the hazards of the operation addressed?

When had the supervisor last checked on job progress?

WHY

Why was the person injured?

Why did the person do what they did?

Why wasn't protective equipment used?

Why weren't specific instructions issued?

Why didn't the person check with the supervisor when they noted things weren't as they should be?

Why did the person continue to work under these circumstances?

WHERE

Where did the accident occur?

Where was the person at the time of the accident?

Where was the supervisor at the time?

Where were fellow workers

Panel Masters, Inc. Return-to-Work Policy

Panel Masters, Inc. has adopted this return-to-work policy with the intent of utilizing eligible injured workers in a productive capacity while they are recovering from an injury. The purpose of temporary modified duty is to provide a progression of job duties that will return injured workers to their regular jobs.

Heidi Grosshans will be responsible for coordinating our return-to-work program.

The attached return-to-work program should be followed when an employee sustains a work-related injury or illness.

1. All injuries will be reported immediately to the employee's direct supervisor, who will notify the designated coordinator. Injuries will be filed via the Internet, phone or fax to Pinnacol Assurance within 24 hours.
2. The injured workers will seek medical attention from the one of the company's designated medical providers.

| Provider | Address | City | State | Zip | Phone |
|--------------------------------|-------------------------------|------------|-------|-------|--------------|
| Peak Form Medical Clinic | 695 S Broadway Suite A | Boulder | CO | 80305 | 303-402-9283 |
| Peak Form Medical Clinic | 1093 E. Bridge St | Brighton | CO | 80601 | 303-655-9055 |
| Workwell Occupational Medicine | 1600 Spect Point Rd Suite 115 | Ft Collins | CO | 80525 | 970-672-5100 |
| Workwell Occupational Medicine | 3350 Peoria Ave. Suite 190 | Aurora | CO | 80011 | 303-365-4646 |

In case of an emergency, the injured worker is to seek medical attention from the nearest medical facility. Follow-up care must be coordinated through a designated medical provider. Pinnacol may not pay for medical expenses incurred by the injured worker, if he or she seeks unauthorized treatment from a non-designated medical provider. When possible, follow-up medical appointments are to be made before or after work hours. Time off for medical appointments will be treated consistently with other personnel policies.

3. The injured worker should deliver a copy of the medical provider's work-status report to the designated coordinator within 24 hours of the medical visit, if feasible.
4. The designated coordinator is responsible for maintaining regular contact with the injured worker and the medical provider, and obtaining recovery status information and work restriction updates.
5. The designated coordinator will maintain a list of modified duty tasks. Once the employer is ready to make a job offer to the injured worker, the coordinator sends the proposed tasks to the treating physician for approval, in accordance with the formal job offer process.
6. During the modified duty period, the designated coordinator will provide to Pinnacol Assurance records of wages paid to the injured worker. If the injured worker is receiving full wages during the modified duty period, the designated coordinator will provide Pinnacol a statement to that effect; no ongoing provision of pay records is then required.
7. Modified duty will be allowed as long as it is realistic for the job to continue, or until the injured worker receives a release to full duty or reaches maximum medical improvement (MMI).

8. The designated coordinator will monitor and document the injured worker's performance while on modified duty.

While on modified duty, the injured worker will be held to all existing personnel policies and will be responsible for maintaining acceptable performance standards as a condition of continued employment.

Modified duty assignments are designed to be temporary and transitional in nature. They will be reviewed jointly by the supervisor, injured worker and relevant staff to address increasing work duties and overall performance. This will be completed at least once a month.

Panel Masters, Inc. FORMAL MODIFIED DUTY PROCESS

To comply with Rule 6 ((6-1) (A) (4)), complete the following steps:

STEP ONE: On company letterhead, write the **Task Letter**. These tasks must be approved by the designated medical provider.

STEP TWO: A copy of the **Task Letter** must be delivered to all parties — physician, injured worker and the injured worker's attorney (if applicable) — in the same manner and on the same day.

Note: The Task Letter must be approved, signed and dated by a licensed treating physician. The licensed physician must cosign signatures from a physician's assistant or nurse practitioner.

STEP THREE: Once the physician approves the **Task Letter**, on company letterhead, write the **Formal Job Offer Letter**. You can choose to either hand-deliver or mail the Task Letter and Formal Job Offer Letter. Once you've decided on a delivery method, follow the steps below.

Hand-Delivered Letters:

Type up the Formal Job Offer Letter

- Letter should be written on company letterhead
- Be sure the letter is filled out completely
- The letter must be signed, dated and delivered at least 3 business days before the injured worker's start date

Make copies of the Task Letter and Job Offer Letter

- Be sure the task letter include the physician's signature and date
- Double check that you have signed the job offer letter

Hand Deliver Copies of the Two Letters

- Hand deliver it to the injured worker
- If the injured worker is represented by an attorney, you must deliver a copy of the job offer letter and approved task letter to the attorney's office on the same day you delivered it to your injured worker

Recordkeeping

- Keep a copy of each letter for your files
- Be sure to fax or e-mail a conv of

Mailed Letters:

Type up the Formal Job Offer Letter

- Letter should be written on company letterhead
- Be sure the letter is filled out completely
- The letter must be signed, dated and mailed at least 7 business days before the injured worker's start date (if the injured worker lives out of state, it must be mailed 10 business days before start date)

Make copies of the Task Letter and Job Offer Letter

- Be sure the task letter includes the physician's signature and date
- Double check that you have signed the job offer letter

Mail Deliver Copies of the Two Letters

- Using both certified and regular mail, send a copy of the approved task letter and job offer to the injured worker
- If the injured worker is represented by an attorney, send copies of both letters using certified mail

Recordkeeping

- Keep a copy of each letter for your files
- Be sure to fax or e-mail one copy of each letter to your return-to-work specialist
- Include a conv of the receipt for purchase

Panel Masters, Inc.
RETURN TO WORK TASK LETTER

Date:

TIME SENSITIVE: URGENT RESPONSE REQUIRED

Dr.

Facility:

Address:

Re:

Claim #:

Employer:

FAX to:

Attn:

Phone:

Dear Dr. _____ :

Our employee, _____, is currently unable to perform the work required for his or her regular job. We do have a temporary position that I have outlined for your reference.

Job Tasks:

Work Shift: _____ - _____,

Please check the activities that _____ is released to perform.

Employer's Signature
Panel Masters, Inc.
1747A Panorama Point Lafayette, CO 80026

Patient is able to perform the tasks checked above.

COMMENTS: _____

Doctor's Signature

Date

Cc: Injured worker:

Cc: Attorney, if appropriate:

Panel Masters, Inc.
HAND-DELIVERED JOB OFFER LETTER

Date:

Name of Employee:

Employee Address:

Claim #:

Date of Injury:

Dear Injured Worker's Name:

Your treating physician has released you to **modified work**. We have identified a temporary position for you, which your physician states you will be able to perform. Please refer to the attached **job task list**.

The job is: See Attached. You will receive \$ _____ per hour.

This modified duty job will begin at _____ on _____. Please report for work at this time and date.

Your work schedule is as follows:

Hours/day and days/week:
Report to:
Location:

Report Time:
Phone:

We wish you a continued recovery.

Sincerely,

Employer's Signature

Enc.: Signed copy of the Task Letter to Treating Provider with signature and dated

.....
Certificate of Service

I _____ hereby certify that I hand-delivered the above job offer
to _____ on _____.

Employer's Signature

Date

Panel Masters, Inc.
MAILED JOB OFFER LETTER

Date:

Name of Employee:

Certified Mail:

Return Receipt Requested:

Employee Address:

Certified Mail #:

Claim #:

Date of Injury:

Dear _____ :

Your treating physician has released you to **modified work**. We have identified a temporary position for you, which your physician states you will be able to perform. Please refer to the attached **job task list**.

The job is: See Attached. You will receive \$ _____ per hour.

This modified duty job will begin at _____ on _____. Please report for work at this time and date.

Your work schedule is as follows:

Hours/day and days/week:

Report Time:

Report to:

Phone:

Location:

Sincerely,

Employer's Signature

Enc.: Signed copy of the Task Letter to Treating Provider with signature and dated

Cc: Injured Worker

Regular Mail

Cc: Attorney (if appropriate):

Certified Mail Number:

Panel Masters, Inc.

MODIFIED DUTY TASK LIST

_____ **Clean job site** — Sweep, pick up trash and felt, and remove unused materials. Lift up to 20 pounds. Involves walking on uneven ground, standing, bending, stooping, carrying and reaching.

_____ **Clean shop area** — Sweep, mop, power wash floors. Wash windows. Use broom, mop, wash bucket, window cleaner and other cleaning supplies. Involves standing,

_____ **Shop helper** — Maintain buildings, grounds, equipment and tools. Lifting up to 10 pounds. Involves walking, standing, pushing and bending over.

_____ **Inventory** — Count, categorize and set up materials for the shop. May involve handwriting or computer input. Involves standing, stooping, bending, climbing a ladder, pushing, pulling, lifting up to 10 pounds, carrying, handling, fingering and reaching.

_____ **Job site clean/wash equipment** — Use cleaning products to clean hand tools or other equipment used at the job site. (List specific equipment to be cleaned.) Lifting up to 20 pounds. Involves walking on uneven ground, standing and carrying.

_____ **Organize tools** — Organize tool board. Clean and wash tools such as wrenches, screwdrivers and pliers. Can be performed while seated.

_____ **Custodial work** — Clean restrooms, restock bathroom supplies, wipe down sinks and countertops, clean mirrors, wash interior/exterior windows and glass doors, wash walls, empty/remove trash, dust, vacuum carpeted areas and clean employee break room. Lifting up to 10 pounds. Materials: cleaning cloths, cleaning supplies, toilet brush, vacuum, broom and trash bags. Involves sitting, standing, walking, gripping, grasping, bending, stooping, squatting and reaching.

_____ **Painting** — Touch up paint. Interior walls and hallways, including spackling, caulking and taping. Restripe parking lots and paint curb barriers. Painting of equipment and weight bars in the yard/shop area. Lift up to 10 pounds. Involves standing, walking, stooping, bending, climbing ladders, handling, fingering and reaching.

_____ **Sweeping** — Use a push broom to sweep parking lot, common areas, entrances, exits and stairwells. Use a dustpan with a long handle to remove the trash. Involves standing, pushing, handling, grasping, far visual acuity, bending and lifting not to exceed 10 pounds.

_____ **Check and clean fire extinguishers** — Read the expiration date and pressure indicators on each fire extinguisher tag. Note the fire extinguishers that have expired and extinguishers with low-pressure readings. Wipe down fire extinguishers with a wet cloth. Lifting up to 10 pounds. Involves standing, walking, reaching, handling, grasping and fingering.

_____ **View videos** — Watch OSHA/safety videos and outline content. Involves sitting, standing, handling, gripping and fingering.

_____ **Safety manual** — Read and review safety manual. Lifting up to 5 pounds. Involves sitting, standing, walking, reaching, grasping, gripping and handling.

_____ **Assist in office** — Organize, inventory supplies, photocopy materials, fax documents, shred papers, answer phones, and greet customers. Lifting up to 5 pounds. Involves sitting, standing, walking, reaching and handling.

Panel Masters, Inc.
New Employee Safety Orientation Quiz

Employee: _____

Date: _____

Answers Reviewed With: _____

1. All chemicals on the jobsite must:
 - a. Have a safety data sheet available on site
 - b. Be labeled with the chemical name
 - c. Be labeled with general hazard information (flammable, toxic, corrosive, etc.)
 - d. All of the above

2. Generally speaking, fall protection is required when more than _____ above a lower level.
 - a. 4 feet
 - b. 6 feet
 - c. 10 feet
 - d. 15 feet

3. Fall protection harnesses, lanyards, ropes, and anchors must be inspected:
 - a. Before each use
 - b. Weekly
 - c. Monthly
 - d. Annually

4. How many workers can tie off to one fall protection anchor?
 - a. 1
 - b. 2
 - c. 3
 - d. 4

5. How many pounds must a fall arrest anchor hold?
 - a. 500 pounds
 - b. 1200 pounds
 - c. 3600 pounds
 - d. 5000 pounds

6. Hole covers must be:
 - a. Secured
 - b. Capable of support twice the maximum intended load
 - c. Labeled "Cover" or "Hole"
 - d. All of the above

7. Which impalement hazards may fall require guarding?
 - a. Vertical rebar
 - b. Form stakes
 - c. Small diameter conduit and plumbing stub-ups
 - d. All of the above

8. When used as a means of fall protection, warning lines must be set back a minimum of _____ from the fall hazard.
 - a. 6 feet
 - b. 10 feet

- c. 15 feet
 - d. 20 feet
9. Which of the following ladder types are appropriate for construction use (circle each that applies)?
- a. Type 1AA
 - b. Type 1A
 - c. Type 1
 - d. Type 2
 - e. Type 3
10. Extension ladders must be tied off:
- a. At all times
 - b. If set on slippery or unlevelled surfaces
 - c. If wind speeds exceed 20 mph.
11. Eye protection is required:
- a. When operating power tools
 - b. When using hand tools
 - c. At all times while on the project
 - d. Only when instructed by your supervisor
12. High visibility vests must:
- a. Meet ANSI/ISEA Class 2 or Class 3 requirements
 - b. Remain buttoned or zipped up at all times on jobistes
 - c. Be replaced if excessively soiled or faded
 - d. All of the above
13. All corded power tools must be:
- a. Grounded
 - b. Double insulated
 - c. Either grounded or double insulated
14. All electric extension cords must be:
- a. Grounded
 - b. GFCI protected
 - c. Free of damaged insulation
 - d. All of the above
15. Operators must be trained, evaluated, and authorized by Panel Masters, Inc. managment on each piece of equipment (including fork lifts, aerial lifts, scissor lifts, and earth moving equipment) before operating.
- a. True
 - b. False
16. Seat belts are required to be worn in:
- a. Company vehicles
 - b. Forklifts
 - c. Earth moving equipment
 - d. Any equipment equiped with seatbelts and ROPS.
17. Workers rigging loads to a crane must be:
- a. Specifically trained in rigging operations
 - b. Qualified by Panel Masters, Inc. to rig loads
 - c. Both a. and b.

18. When dismounting a vehicle, you should:
- a. Jump the last step, landing on one foot.
 - b. Jump the last step, landing on both feet.
 - c. Maintain three points of contact until both feet are on the ground.
19. Excavations entered by employees must :
- a. Be inspected daily by a competent person
 - b. Be safeguarded by sloping, shoring, or shielding if more than 5 feet deep
 - c. Have spoil piles set at least two feet from the excavation edge
 - d. All of the above
20. Which is the proper way to lift?



Panel Masters, Inc.

NEW EMPLOYEE ORIENTATION CHECKLIST

Employee Name: _____

Date of Hire: _____ Supervisor: _____

The new employee and his/her supervisor must initial the following:

| | Supervisor | Employee |
|--|-------------------|-----------------|
| 1. I have reviewed and agree to follow the safety rules for the Panel Masters, Inc. and specific rules for my position. | _____ | _____ |
| 2. I understand what Hazard Communication is and the location of the MSDS file. | _____ | _____ |
| 3. I have received instruction on the use of fire extinguishers and their locations. | _____ | _____ |
| 4. I understand I must report all injuries to my supervisor immediately. | _____ | _____ |
| 5. I understand that violation of any rules and procedures may result in a 50% reduction in any workers' compensation benefits due me. | _____ | _____ |
| 6. The company disciplinary policies have been explained to me. | _____ | _____ |
| 7. I have read and signed the Designated Medical Provider form. | _____ | _____ |
| 8. I have reviewed and signed the company's Drug Free Workplace policy | _____ | _____ |

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____