

**PALMER  
SODERBERG, INC.**

**Drywall, Plaster,  
Acoustic, Ceramic Tile,  
and Vinyl**

**Safety Manual**

**PALMER SODERBERG, INC.  
3730 40<sup>th</sup> AVENUE, INC.  
ROCHESTER, MN, 55901  
507-288-4213**

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**PALMER SODERBERG, INC.**  
**A WORKPLACE ACCIDENT AND INJURY REDUCTION ACT**  
**(AWAIR PROGRAM)**

**Minnesota Statute 182.653**

**Subd. 8. WORKPLACE PROGRAMS.** An employer covered by this section must establish a written workplace accident and injury reduction program that promotes safe and healthful working conditions and is based on clearly stated goals and objectives for meeting these goals. The program must describe:

- (1) How managers, supervisors, and employees are responsible for implementing the program and how continued participation of management will be established, measured and maintained;
- (2) The methods used to identify, analyze and control new or existing hazards, conditions, and operations;
- (3) How the plan will be communicated to all affected employees so that they are informed of work-related hazards and controls;
- (4) How workplace accidents will be investigated, and corrective action implemented; and
- (5) How safe work practices and rules ***will be enforced.***

An employer must conduct and document a review of the workplace accident and injury reduction program at least annually and document how procedures set forth in the program are met.

This booklet outlines the Statement of Policy and Safety Objectives for **Palmer Soderberg, Inc.**, as required under the MINNESOTA AWAIR Act.

**Originally Adopted: October 1, 1995**

**Revised: February 8<sup>th</sup>, 2022**

**PALMER SODERBERG, INC.**  
**STATEMENT OF SAFETY POLICY**

It is the policy of **Palmer Soderberg, Inc.** to strive for the highest safety standards pertaining to safety in the *drywall, stucco, acoustic, resilient flooring and ceramic tile industry*. This is to ensure that our employees work in a safe and healthy environment, free from recognized hazards.

Safety does not occur by chance. It is the result of careful attention to our work by all involved. Therefore, it will be a requirement that all involved, managers, supervisors, employees, and suppliers share the responsibility of maintaining a safe workplace.

This safety program has been developed to assure compliance with all Federal and State OSHA regulations. Regard for the safety of all employees, the general public and our customers is of great importance to **Palmer Soderberg, Inc.**

Accidents can be prevented and the safety of all is the goal we want to achieve.

We have a legal obligation to provide a safe place to work, the proper personal protective equipment, proper tools and a work environment conducive to safe work practices. These safety policies are a primary concern to the management of this company.

We want our safety programs to do what they are supposed to do, with responsibilities assigned and understood. Our desire is not just to have impressive looking safety documents, we want to educate our employees and have everyone take ownership in making and keeping **Palmer Soderberg, Inc.** a safe place to work.

Sincerely,

Dan Soderberg  
President

# **PALMER SODERBERG, INC.**

## **ASSIGNMENT OF SAFETY CHAIN OF COMMAND**

**Tom Sexton**

**507-288-4213 (OFFICE)**

**507-254-6217 (CELL)**

**Scott Bertrand**

Safety Director – (951)-249-6977

**Palmer Soderberg Office**

3730 40<sup>th</sup> Ave NW, Rochester, MN

**PHONE (507) 288-4213**

**FAX (507) 288-8208**

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**PALMER SODERBERG, INC.**  
**GENERAL STATEMENT OF POLICY**

It is the policy of this company to provide a safe and healthful place of employment for ALL OF OUR EMPLOYEES.

It is therefore the purpose of this stated policy to:

1. Abide by all Federal and State OSHA regulations as they pertain to the *drywall, stucco, acoustic, resilient flooring and ceramic tile* industry.
2. Apply common sense and safe practices to all jobs.
3. Exercise good judgment in the application of this policy.
4. Protect the public from any and all hazards which may result from our operations.

To accomplish these goals, the following assignments of responsibility are assigned:



## MANAGEMENT, SUPERVISORS AND EMPLOYEES RESPONSIBILITY FOR IMPLEMENTING THE AWAIR PROGRAM:

### MANAGEMENT:

1. Establish rules and programs designed to promote safety, and to make known to all employees the established rules and programs.
2. Provide all supervisors with copies of appropriate rules and regulations.
3. Inform employees of their duties and of management's expectations for performing their jobs safely.
4. Ensure that all equipment is safe and operational.
5. Identify training needs on workplace safety.
6. Conduct periodic safety meetings.
7. Inform employees of new developments in the *drywall, stucco, acoustic, resilient flooring and ceramic tile* industry.
8. Provide employees with all required personal protective equipment.
9. Impress upon all, the responsibility and accountability of each individual to maintain a safe work place.
10. Record all instances of violations and investigate all accidents.
11. Enforce all safety rules and regulations governing this company.
12. Conduct safety inspections at company facilities, maintain records, and continually monitor the program for effectiveness.

### EMPLOYEES:

1. Work safely in such a manner as to ensure your own safety as well as that of your fellow workers and others.
2. Request help when unsure about how to perform any task safely.
3. Inspect the condition of tools before using them.
4. Inform management immediately of any problems with tools and / or equipment.
5. ***Take the initiative to correct any known or suspected unsafe conditions or unsafe acts. If such action is beyond your control or expertise, let management know immediately.***
6. Practice safe driving principles.
7. Make sure vehicle and equipment inspections are up to date.
8. Provide management with suggestions as to the types of personal protective equipment required to perform your job safely.
9. ***Wear and use all personal protective equipment and proper clothing as required for the job being performed.***
10. Report for work in good mental & physical condition to safely perform your duties.
11. Help management in the identification and elimination of existing or potential hazardous conditions.
12. Attend company and industry sponsored safety programs, as directed.
13. Follow all safety rules.
14. Keep all work areas clean of debris.

## II. METHODS USED TO IDENTIFY, ANALYZE AND CONTROL NEW OR EXISTING HAZARDS:

Identification, analysis and control of workplace hazards and potential hazards within the *drywall, stucco, acoustic, resilient flooring and ceramic tile industry* is critical to the success of this safety program.

1. Workplace hazards will be identified through a review of insurance accident records, First Reports of Injury forms, regular safety inspections, and employee suggestions.
2. Due to the unique nature of the *drywall, stucco, acoustic, resilient flooring and ceramic tile industry*, employees are faced with situations in which exposure to hazards may take place away from company owned facilities. Therefore, employees need to be aware of potential hazards away from our facility.
3. **Analyze Hazards:** Refer to Safety Data Sheets (SDS), especially for solvents; First Report of Injury forms; Accident / Incident Reports. Look for damage to our industrial trucks, tools and equipment.
4. **Internal Controls:** Use the correct equipment for the job. Use proper personal protective equipment (PPE) for the job. **Palmer Soderberg, Inc.** will provide appropriate training for its employees. Employees will be kept informed of changes and trends in the *drywall, stucco, acoustic, resilient flooring and ceramic tile industry* - primarily through trade journals and active participation in trade associations. In addition, **Palmer Soderberg, Inc.** will use special equipment, such as bakers' and standard scaffolding to control workplace hazards.
5. **Outside Controls:** **Palmer Soderberg, Inc.** will also try to control hazards through education of vendors and suppliers. We need to inform them of their role in our safety efforts. They will be required to follow our safety procedures when working in our facilities.



### **III. HOW AWAIR PLAN WILL BE COMMUNICATED TO ALL AFFECTED EMPLOYEES SO THEY ARE INFORMED ABOUT WORK RELATED HAZARDS:**

The AWAIR Program will be communicated to all affected employees by a variety of techniques:

1. Written policies will be distributed and formally reviewed with all employees. We will review requirements under Federal and State safety regulations. Documentation of these meetings will be maintained at the offices of **Palmer Soderberg, Inc., Rochester, MN.**
2. Safety information will be communicated through regularly scheduled safety meetings, regularly scheduled training, and informal safety discussions with our employees. We will also use posters, and other methods. Topics for such meetings will be identified through review of accident records, employee exposure to workplace hazards and suggestions from our safety committee.
3. All safety meetings will be documented. The dates of such meetings, name of instructors, subjects discussed, and those attending the meeting will be documented.

### **IV. HOW WORKPLACE ACCIDENTS WILL BE INVESTIGATED AND CORRECTIVE ACTION IMPLEMENTED:**

Accident investigation is an important part of the safety program. The next two pages of this plan outline the accident investigation procedures at **Palmer Soderberg, Inc.**

(Note: Any work-related accident that results in the death of an employee or the hospitalization of three or more employees must be reported to the Minnesota Department of Labor & Industries (**MnOSHA**) Area Office within eight (8) hours at: **507-389-6507**. Reporting of work-related fatalities or catastrophes after hours: **1-800-321-6742**. Top management will perform notification of regulatory authorities, as well as affected family members.)

When a medical emergency exists, any **Palmer Soderberg, inc.** employee may immediately contact emergency medical responders.

## PALMER SODERBERG, INC. ACCIDENT INVESTIGATION PROCEDURES

The purpose of Accident Investigation is not to place blame, but to determine the cause, so corrective actions can be taken to prevent a recurrence.

- Any injury that occurs on the job, even a slight cut or strain, ***must*** be reported to your supervisor. All injuries must be reported the ***same day*** for insurance reasons. Injuries not reported immediately will **NOT** be covered by insurance.

After an accident has occurred, it is the responsibility of your supervisor to perform an investigation and complete the accident report. The supervisor will fill out the "Accident Investigation Report" based upon information provided in the investigation.

1. Investigate the nature of the injury.
  - a) What was the injury?
  - b) What part of the body was affected by the injury?
2. Investigate the source of the injury.
  - a) What object, substance or motion inflicted the injury?
3. Find out where the accident occurred.
4. Determine if a hazardous condition was present at the time of the accident.
5. Determine if an unsafe act was committed.
6. Notify **Tom Sexton *immediately*** at: **507-254-6217**  
If **Tom** is not available, then contact the following:  
**PSI Office: 507-288-4213**  
**Safety Director: Scott Bertrand 951-249-6977**

7. Post Accident Alcohol & Controlled Substance Testing:

Any employee involved in an accident, as an injured employee, or anyone operating equipment that has caused a work-related accident, helping to operate machinery, equipment, or vehicles involved in a work related accident, may be required to submit to drug and/or alcohol test.

## V. HOW SAFE WORK PRACTICES WILL BE ENFORCED:

Enforcement of workplace safety and health rules are essential for all to clearly understand that following safety regulations is the law. Everyone associated with **Palmer Soderberg, Inc.**, whether an employee, suppliers, visitor or customer needs to understand that safety rules and regulations will be enforced.

It should be clearly understood that the following procedures will be used to enforce these policies:

1. **First Violation:** Employees found in violation of any of the safety policies and procedures for the first time will be given verbal warning. The employee will be provided with training (or retraining) on the safe procedures for performing the task in question.
2. **Second Violation:** If an employee is found to have violated safety policies for a second time will receive a formal written warning explaining the seriousness of not following **Palmer Soderberg's** safety policies. The employee will also be provided with retraining on safe work practices.
3. **Third Violation:** A third violation will result in the employee receiving a suspension without pay. The duration of the suspension will be determined based upon the nature and severity of the safety violation.
4. **Fourth Violation:** The fourth time that a **Palmer Soderberg** employee is found to have violated company safety policies, that employee will be terminated.

It should be noted that if any act by an employee is deemed to be a willful or gross violation of these policies, (for example: violating the Lockout / Tagout, Scaffolding or Fall Protection policies and procedures), which could result in an injury to himself/herself, or other employees, such action could result in any stage of disciplinary action, up to and including immediate termination.

**Palmer Soderberg, Inc.** will implement enforcement of these policies.

(Note: If after receiving a formal reprimand for violation of these safety policies, and the employee has worked safely over a period of two (2) years without any further safety violations, all previous records for such reprimands shall become removed from the employee's personnel record.)

## **SAFETY EQUIPMENT**

Almost all equipment today is supplied with signs and warnings regarding limitations and dangers. These signs normally address the primary dangers, which could result in the event of misuse. Equipment **must be inspected daily**, at a minimum. ***Ensure that all guards and safety devices are properly in place.*** Also, employees must follow safety procedures established by the equipment's manufacturer.

Ensure that all types of scaffolding have been inspected **prior to each days use!** ***Place special emphasis on wheels, wheel locks and pins on baker's scaffolding.***

## **HAND TOOLS**

Examine all hand tools prior to each use. Use the tools **only** for their designed and intended use. ***If any hand tools or extension cords are damaged, take them out of service immediately***

Some areas of our facility may be designated as "**restricted areas**" in which only specially approved tools may be used. This is intended to help reduce the potential for sparks igniting flammable liquids or vapors.

## **ALCOHOL & CONTROLLED SUBSTANCES**

Workers reporting under the influence of alcohol or controlled substances will not be allowed to work. Under no circumstances will an employee be allowed to be under the influence of, or in possession of an illegal controlled substance **at any time**.

## **PERSONAL PROTECTIVE EQUIPMENT**

Personal Protective Equipment (PPE) includes safety glasses, splash proof goggles, face shields, hard hats, protective gloves, aprons, hearing protection, respiratory protection, appropriate footwear and other specialized equipment designed to protect **Palmer Soderberg's** employees.

Employees are expected to wear PPE in performance of such duties as to require their use.

All PPE is to be inspected by the user **prior** to wearing it at the beginning of his/her shift to ensure it is in good condition. Any damaged PPE is to be replaced immediately. ***PPE must also be cleaned and properly stored after being used.*** This includes respirators, rubber gloves and aprons face shields.

**PALMER SODERBERG, INC.**  
**EMPLOYEE RIGHT-TO-KNOW PROGRAM GUIDE**  
**(HAZARD COMMUNICATION)**

This program includes guidelines on identification of chemical hazards and the preparation and proper use of container labels, placards and other types of warning devices.

**A. Chemical Inventory**

1. **Palmer Soderberg, Inc.** maintains an inventory of all known chemicals in use on the company's premises. A chemical inventory list is available from Tom Sexton.
2. Hazardous chemicals brought on to, stored, or used on company property by **Palmer Soderberg's** employees will be included on the hazardous chemical inventory list. (Look for words on the container label such as: *Caution, Warning* or *Danger*.)

**B. Container Labeling**

1. All chemicals on site will be stored in their original or approved containers with a proper label attached, except small quantities for immediate use. Any container not properly labeled will be labeled or properly disposed of. (No container will be accepted without a proper label.)
2. Employees may dispense chemicals from original containers only in small quantities intended for immediate use. Any chemical left after work is completed must be returned to the original container.
3. No unmarked containers of any size are to be left in the work area unattended.
4. **Palmer Soderberg, Inc.** will rely on manufacturer applied labels whenever possible, and will ensure that these labels are maintained. Containers that are not labeled, or from which the manufacturer's label has been removed, will be relabeled.

**C. Material Safety Data Sheets (MSDS)**

1. There will also be a copy of the MSDS's available at our job sites and at the **Palmer Soderberg's** office, **Rochester, MN**. These sheets will be in the books marked "MSDS".

**D. Training**

Employees will be trained to work safely with hazardous chemicals. Training will include the use of lectures, videos, question and answer sessions, toolbox talks, quizzes, plus:

1. Training will be provided at the time of initial employment and annually thereafter on the hazard communication standards.

2. Methods that may be used to detect a release of a hazardous chemical(s) in the workplace.
3. Physical and health hazards associated with chemicals.
4. Protective measures to be taken.
5. Safe work practices, emergency responses and use of personal protective equipment.
6. Information on the Hazardous Communication Standard including:
  - \* Labeling and warning systems
  - \* An explanation of Safety Data Sheets (SDS)

#### **E. Personal Protective Equipment (PPE)**

Required PPE is available from the shift supervisor. *Any employee found in violation of PPE requirements will be subject to disciplinary actions*, up to and including discharge.

This requirement also includes the wearing of safety goggles, ear protection and other protective equipment, as required for the duties being performed.

#### **F. Emergency Response**

1. Any incident of overexposure to spills of hazardous chemicals/substances must be reported to your supervisor at once.
2. Your immediate supervisor will be responsible for ensuring that proper emergency response actions are taken in leak and spill situations.

#### **G. Hazards of Non-Routine Tasks**

1. Supervisors will inform employees of any special tasks that may arise which would involve possible exposure to hazardous chemicals.
2. Review of safe work procedures and use of required PPE will be conducted prior to the start of such tasks. Where necessary, areas will be posted to indicate the nature of the hazard involved.

#### **H. Informing Other Employers**

1. Other on-site employers are required to adhere to the provisions of the Hazard Communication Standard.
2. Information on hazardous chemicals known to be present will be exchanged with other employers. Employers will be responsible for providing necessary information to their employees.
3. **Palmer Soderberg's** Hazard Communication program will be readily accessible to other employers performing service work at **Palmer Soderberg's** job sites.

**I. Posting**

**Palmer Soderberg, Inc.** has posted information for its employees, in the *company office* and in *each of the company's job trailers* on the Hazard Communication Standard.

**GENERAL HAZARDOUS CHEMICAL INVENTORY LIST**

**CAULKS  
SILICONE  
NON-IONIZING RADIATION (Laser Lights)**

**(A COMPLETE LIST CAN BE FOUND IN THE MSDS NOTEBOOK)**

**WATCH FOR WARNING LABELS**

**PALMER SODERBERG, INC.**  
**EMPLOYEE RIGHT-TO-KNOW TRAINING**

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

Circle the best answer:

1. The Temperature at which a flammable gives off enough vapor to burn is called:
  - a. the ignition temperature
  - b. the flash point
  - c. the combustion point
  
2. Hazardous materials can be found as:
  - a. solids
  - b. liquids
  - c. gases
  - d. all of the above
  
3. When you are working in an area with either a lack of oxygen to breathe or high levels of toxic materials in the air, which type of respirator may be required?
  - a. air supplied
  - b. air purifying
  - c. none of the above
  
4. If you are told that your exposure to a material requires you to wash your hands before eating or smoking, the primary route of entry into your body for that material is probably through:
  - a. inhalation
  - b. absorption
  - c. ingestion
  - d. hearing
  
5. When working with corrosives, what personal protective equipment should be worn?
  
6. List three common methods for controlling or reducing the exposure to a toxic material?
  
7. List at least two sources of information about hazardous materials in the workplace.



**PALMER SODERBERG, INC.**  
**MSDS EXERCISE**

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

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

Answer the following questions by reviewing the Material Safety Data Sheets (MSDS) provided by the instructor.

1. What is the name of this material?  
Date of Issue:
2. Who is the manufacturer?
3. If this material is flammable or combustible, what is the material's flash point?
4. If this material is a potential health hazard, what is the Permissible Exposure Limit (PEL)?
- T F 5. This is a reactive material.
- T F 6. Gloves and/or eye protection are suggested when exposed to this material.
- T F 7. Use this material in well ventilated areas, away from sparks or flames.
- T F 8. This material evaporates quickly, so don't worry about cleaning it up.
- T F 9. There is never a need to wear a respirator when exposed to high concentrations of this material.
10. What are the possible health effects from overexposure to this material?
11. What are the First Aid procedures when using this material?
12. What are the steps to be followed in case of a spill or accidental release of this material into the atmosphere?
13. What precautions must be taken when using this material during normal operations?

Trainer's Name: \_\_\_\_\_

**PALMER SODERBERG, INC.**  
**SAFETY MEETING**

**TOPIC:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**Employees Attendance:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Other Topics Discussed:** \_\_\_\_\_

\_\_\_\_\_

**Comments/Suggestions:** \_\_\_\_\_

\_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

**PALMER SODERBERG, INC.  
AWAIR / HAZARD COMMUNICATION  
PROGRAMS**

**SIGN OFF STATEMENTS**  
(Employees, Foremen and Supervisors)

I have read, and I understand **Palmer Soderberg, Inc.**'s AWAIR & Employee Right-to-Know program and other health and safety guidelines, and I agree to follow the safety rules it contains.

**Employee Signature:** \_\_\_\_\_

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

\* \* \* \* \*

I have instructed the above employee in the safe working practices for the position of:  
(describe job operations, safe work activities, MSDS, Lockout/Tagout, etc.)

**Supervisor / Instructor's Signature:** \_\_\_\_\_

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

\* \* \* \* \*

**Reviewed and Verified by Safety Coordinator:**

**Signature:** \_\_\_\_\_

**Date Verified:** \_\_\_\_\_

# **APPENDIX**

**AWAIR Enforcement Document**

**Hazard Identification Reports**

**Accident Investigation Report**

**Jobsite Safety Checklist**

**Scaffold Checklists**

**PSI Alcohol & Controlled Substance Policy**

**PSI Respiratory Protection Program**

**Crystalline Silica Policy**

**Fall Prevention and Protection**

**PALMER SODERBERG, INC.**

# AWAIR SAFETY PROGRAM ENFORCEMENT RECORD

## GENERAL INFORMATION ON VIOLATION

Date of Violation: \_\_\_\_\_ Time Violation Occurred: \_\_\_\_\_ a.m. / p.m.

Employee(s) Involved: \_\_\_\_\_ Duties of Employee: \_\_\_\_\_

How long has this employee worked here? / Date of Employment: \_\_\_\_\_

Where did violation occur? \_\_\_\_\_

## TYPE OF VIOLATION

Please indicate the standards to which this safety violation relates. Check as many as apply to this case.

Housekeeping  Eye / Face Protection  Hard Hat  Respiratory Protection  
 Fall Protection  Lockout / Tagout  Hand Protection  Foot Protection  
 Using Faulty Tools  Ladders  Scaffolding  Welding/Cutting, etc.  
 Materials Handling  Machine Guarding  Electrical  Equipment Operations  
 Hand & Power Tools  Hazardous Substances  Means of Egress  Hearing Protection

Describe the specific circumstances surrounding this violation: \_\_\_\_\_

In your opinion, was this violation a result of (circle appropriate response)?

**Unsafe Act**

**Unsafe Condition**

**Both**

For this employee, this violation was the (circle one): **First Second Third Fourth**

## SEVERITY OF THE VIOLATION

In the opinion of the safety officer, how would you judge the severity of the offense involved in this violation? (Circle one.)

**Minor**

**Severe**

**Willful / Gross**

Did this unsafe act or condition lead to any of the following situations (check all that apply)?

Injury to employee or others;  Property Damage;  Near-miss;  No damage;

## ACTION TAKEN RESULTING FROM THIS VIOLATION

Employee training  Verbal Warning & Retraining  written Warning

Employee Suspension

Employee Termination

## ACTION TAKEN (continued)

Describe the nature of any injuries or property damage, or potential damage resulting from this violation.

What training or retraining was provided to the employee as a result of this safety violation?

**Describe what corrective action has taken place to correct this problem.**

**Does the employee understand the nature of this violation and why safety policies are important?**

Yes

No

**The undersigned have reviewed the nature of this safety violation and have discussed the reasons why Palmer Soderberg, Inc. has taken enforcement measures in this situation.**

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

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

Signature of Safety Director or President: \_\_\_\_\_

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



**PALMER SODERBERG, INC.**  
**HAZARD IDENTIFICATION REPORT**

This form is to be used by **Palmer Soderberg, Inc.**'s employees to help identify and correct identifiable hazards faced by employees both at company facilities and in our service area.

*Upon completion, this form should be given to Tom Sexton.*

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

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

Time Hazard was identified: \_\_\_\_\_ A.M. / P.M.

**Location of Hazard:**

**Describe Hazardous Condition:** (Describe below the nature of the hazard)

**Corrective Action Recommended:** (What action is needed to correct this situation?)

**What Action Did You Take To Control or Eliminate This Hazard:** (Were you able to correct this hazard? If not, why not?)

**If You Were Unable To Take Corrective Action, Who Should Correct This Problem?**

**What Recommendations Do You Have To Prevent This From Reoccurring?**

Signature: \_\_\_\_\_

**Report #:** \_\_\_\_\_

**PALMER SODERBERG, INC.**  
**HAZARD IDENTIFICATION REPORT RESPONSE**

This Response Report will be attached to the original Hazard Identification Report to document action taken when the identifying employee was not able to correct the described hazard.

Date Report Completed: \_\_\_\_\_ Hazard Report #: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_

Date Report Received: \_\_\_\_\_ Time Report Received: \_\_\_\_\_ AM / PM

**Describe Action Taken In Response To The Initial Hazard Identification Report:**

**Was The Hazard Eliminated Or Controlled?** (Circle one)

**YES NO**

**If Not, Why Not?**

**What Further Action, If Any Needs To Be Taken?**

Signature: \_\_\_\_\_



**PALMER SODERBERG, INC.  
ACCIDENT INVESTIGATION REPORT**

<b>Name(s) of Worker</b>	<b>Date of Accident</b>	<b>Time of Accident</b>
<b>Location of Accident</b>	<b>Type of Accident: (Fall, Cut, Fire, Explosion, etc.)</b>	
<b>Part of Body Injured:</b>	<b>Property Damaged: (If any)</b>	

(In filling out this section, please focus on the following aspects during your investigation: **WHO; WHAT; WHERE; HOW;** and **WHY**. *Remember*, the purpose of this report is to gather information to prevent future accidents, not to place blame.)

**Description of Accident:** (Diagram on back)

**Analysis:** What actions, failure to act, and/or unsafe conditions contributed most directly to causing this accident?

Preventable

Non-Preventable (Did employee(s) do everything reasonably possible?)

**Prevention:** What action has been taken to prevent a recurrence?

\_\_\_\_\_  
Employee's Signature

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

\_\_\_\_\_  
Signature

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



## Near Miss Report

A near miss is a potential hazard or incident that has not resulted in any personal injury. Unsafe working conditions, at risk employee behavior, improper use of equipment or use of malfunctioning equipment have the potential to cause work related injuries. It is everyone's responsibility to report and /or correct these potential accidents/incidents immediately. Please complete this form as a means to report these near-miss situations.

Location		Date	Time am <input type="checkbox"/> pm <input type="checkbox"/>
<input type="checkbox"/>	Check all that apply:		
	At risk behavior <input checked="" type="checkbox"/>	Unsafe equipment <input type="checkbox"/>	Unsafe condition <input checked="" type="checkbox"/>
Description of incident or potential hazard			
Employee Signature			Date

### Near Miss Investigation

Description of the near-miss condition
Causes (primary & contributing)
Corrective action taken (remove the hazard, replace, repair, or retrain in the proper procedures for the task)
Not completed for the following reason(s)

Report completed by	Date
Management review	Date

Palmer Soderberg, Inc. - **Phone:** (507) 288-4213 **Address:** 3730 40th Ave NW, Rochester, MN 55901

**PALMER SODERBERG, INC.  
JOB SITE SAFETY CHECKLIST**

**Name of Job Site:**

**Date of Check:**

<b>TEMPORARY FACILITIES</b>	<b>In Compliance</b>	<b>Not Applicable</b>
a. GFCI's of assured grounding program	_____	_____
b. Site/storage layout for placement for materials, shanties, equipment, etc.	_____	_____
c. Water (including drinking water) and sanitary facilities	_____	_____
d. Communication system	_____	_____
e. Job site security equipment (fencing, lights, etc.)	_____	_____
f. Temporary access & parking facilities	_____	_____
g. Adequate temporary power	_____	_____
 <b>PAPER WORK REQUIREMENTS</b>		
a. Copy of OSHA standards & poster	_____	_____
b. Posting area for employee notices	_____	_____
c. Emergency phone numbers	_____	_____
d. OSHA 200' (during February)	_____	_____
e. Copy of assured grounding program, if in use	_____	_____
f. Maintenance records for equipment (cranes, material hoists, etc.)	_____	_____
g. Contractors safety program & rules	_____	_____
h. Approvals (deep trenches, demo surveys, shoring, etc.)	_____	_____
i. Proof of training and safety instructions (lasers, powder actuated tools, first aid, etc.)	_____	_____
j. Written respiratory protection program	_____	_____
k. Required signs (Hard Hats, Danger, No Trespassing, Caution, etc.)	_____	_____
l. Required special permits (burning, welding, traffic, etc.)	_____	_____
m. Workers Compensation notice	_____	_____
n. Accident and treatment report	_____	_____
o. Written Hazard Communication Program	_____	_____
p. MSDS for all materials on site	_____	_____
q. Hazardous chemicals list	_____	_____

	<b>IN</b>	<b>NOT</b>
	<b>Compliance</b>	<b>Applicable</b>
<b>EMERGENCY NEEDS</b>		
a. First aid trained personnel	_____	_____
b. First aid kit (checked at least weekly) on site	_____	_____
c. Fire extinguishers (or water equivalent)	_____	_____
d. Emergency evacuation plans	_____	_____
<b>PROTECTIVE EQUIPMENT</b>		
a. Hard Hats	_____	_____
b. Safety Glasses	_____	_____
c. Respirators	_____	_____
d. Ear Plugs	_____	_____
e. Tagged alloy steel chains	_____	_____
f. Trench and excavation shoring tools	_____	_____
g. Personal Protective Equipment for visitor's	_____	_____
h. Back-up alarms operational	_____	_____
i. Safety cans for all flammable liquids	_____	_____
<b>GENERAL SAFETY REQUIREMENTS</b>		
a. Cleanup schedule and waste disposal	_____	_____
b. Safe access (stairs, ladders, etc.)	_____	_____
c. Safety library-safety handouts, data sheets, manufacturer's instructions, etc.	_____	_____
d. Flashers, signals, barricades, and reflective clothing for traffic control	_____	_____
e. Shop drawings and completion schedules	_____	_____
f. Schedule for safety meetings	_____	_____
g. Hazard Communication Orientation and training materials	_____	_____
h. Equipment maintenance schedule and procedures	_____	_____
i. Proper and sufficient material and equipment for the scope of the work	_____	_____
j. Only qualified operators using powder-actuated tools	_____	_____
k. Proper ladders: Length, style, usage	_____	_____

Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

## **OTHER REQUIREMENTS**

### **A. GENERAL**

- First aid kits and trained personnel available
- Emergency phone numbers posted
- OSHA poster on job
- Drinking water available
- Sufficient sanitary facilities
- Storage areas properly maintained
- Hazard Communication program and data sheets

### **B. EQUIPMENT**

- Maintenance records up to date
- Backup alarms working
- Fire extinguishers available
- Glass in distortion free state
- All equipment guards in place
- Monitoring equipment for confined spaces
- Safety cans for gasoline

### **C. PERSONAL PROTECTIVE EQUIPMENT**

- Hard hats in use
- Eye protection is worn where needed
- All traffic control barricades in place

### **D. SCAFFOLDING / MANLIFTS**

- Name of Site Competent Person: \_\_\_\_\_
- Ladders 36" above landing area and within close access to workers.
- Site has Designated Competent Person.
- Daily Inspections by Competent Person was conducted prior to the start of the shift?
- Proper top rails, mid-rails and toe boards in place.
- Base plates and mud sills used where appropriate.
- Daily inspection of scaffolding takes place.
- Where appropriate, scaffolding is securely attached to structure.
- Cross bracing is in place.
- Planks are in good condition.
- Pins and wheel locks are in properly installed and in good working condition.
- Man lifts have proper railings as specified by manufacturer
- Body harness and lanyards are being used.
- Employees have been trained in proper use of man-lifts.

**PALMER SODERBERG, INC.**  
**SCAFFOLD DAILY INSPECTION CHECKLIST**

Name of On-Site Competent Person: \_\_\_\_\_

Yes    No

- \_\_\_    \_\_\_    **Did the “Competent Person” conduct a daily inspection prior to starting work on the scaffold?**
- \_\_\_    \_\_\_    **Does the scaffold have proper base plates & mudsills (when needed)?**
- \_\_\_    \_\_\_    **Is the scaffolding plumb?**
- \_\_\_    \_\_\_    **Are guardrail systems installed on all open ends where work platforms are 10-feet above ground?**
- \_\_\_    \_\_\_    **Is the guardrail system strong enough and constructed correctly?**
- \_\_\_    \_\_\_    **Are cross braces properly positioned and secured?**
- \_\_\_    \_\_\_    **Is the entire work area properly decked?**
- \_\_\_    \_\_\_    **Does the scaffold have safe and secure ladders or others other means of access and egress?**
- \_\_\_    \_\_\_    **Is the work area free of any tools or other debris that could cause a trip or fall?**
- \_\_\_    \_\_\_    **Are there proper barriers to keep unauthorized people off or away from the scaffold?**
- \_\_\_    \_\_\_    **If other contractors on site are using our scaffolding, do they have a designated “competent person” to perform inspections prior to their use of the scaffolding?**

Signature of Site Inspector: \_\_\_\_\_

**PALMER SODERBERG, INC.  
BAKER / MOBILE SCAFFOLD  
DAILY INSPECTION CHECKLIST**

Name of On-Site Competent Person: \_\_\_\_\_

**Yes    No**

\_\_\_    \_\_\_    **Did the “Competent Person” conduct a daily inspection prior to starting work on the scaffold?**

\_\_\_    \_\_\_    **Does the scaffold have proper wheels and wheel locks?**

\_\_\_    \_\_\_    **Are the wheels securely pinned to the scaffold frame?**

\_\_\_    \_\_\_    **Is the scaffolding plumb?**

\_\_\_    \_\_\_    **Are guardrail systems installed on all open ends where work platforms are 10-feet above ground?**

\_\_\_    \_\_\_    **Is the guardrail system strong enough and constructed correctly?**

\_\_\_    \_\_\_    **Are support braces properly positioned and secured?**

\_\_\_    \_\_\_    **Is the entire work area properly decked and free of damage?**

\_\_\_    \_\_\_    **Does the scaffold have safe means of access and egress?**

\_\_\_    \_\_\_    **Is the work area free of any tools or other debris that could cause the scaffold to tip or fall over?**

\_\_\_    \_\_\_    **If other contractors on site are using our scaffolding, do they have a designated “competent person” to perform inspections prior to their use of the scaffolding?**

Signature of Site Inspector: \_\_\_\_\_

**PALMER SODERBERG, INC.**  
**ALCOHOL AND CONTROLLED SUBSTANCE POLICY**  
**(Revised Effective: October 12, 2010)**

**PURPOSE:**

This policy has been developed in order to help ensure that **Palmer Soderberg, Inc.** operates a safe and healthy working environment for its employees. As part of our ongoing efforts to ensure worker safety, it is the policy of **Palmer Soderberg, Inc.** to have a work place that is free from employees working under the influence of alcohol or other illegal controlled substances.

This policy has been developed in compliance with the *State of Minnesota Drug & Alcohol Testing in the Workplace Act (June 1987) Statute 181.951*, the *Occupational Safety and Health Act (OSHA)*, and the *Americans With Disabilities Act.*, All drug and alcohol testing in this policy will be done pursuant to this written drug and alcohol policy.

As an employer, under **OSHA** regulations (**Section 5 (a)(1) & (2)**) **Palmer Soderberg, Inc.** has a legal responsibility to provide employment and a place of employment which is free from recognized hazards that are causing, or likely to cause, death or serious physical harm to our employees.

We have a legal obligation to *identify, control* and *eliminate* work place hazards. If an employee becomes such a hazard, **Palmer Soderberg, Inc.** will not hesitate to take the appropriate legal action to implement our responsibility - up to and including dismissal.

Due to the very nature of the construction industry, our employees need to be free from the influence of alcohol and controlled substances in order to perform their jobs safely. Your safety and that of your fellow workers depends on this premise.

**I. Policy Requirement:**

**A. Employees Subject to Testing Under This Policy:**

All Palmer Soderberg employees, including corporate officers, will be subject to testing under the alcohol and controlled substance testing policy.



**B. Circumstances Under Which Drug and Alcohol Testing Will Be Required:**

**Palmer Soderberg, Inc.** will utilize the following types of tests for alcohol and controlled substances:

- Pre-Employment Controlled Substance Testing
- Random Testing
- Reasonable Suspicion
- Post-Accident
- Return-to-Duty
- Follow up
- Owner/Project Required Testing

1. **Pre-Employment Controlled Substance Testing:** It will be a condition of employment that all applicants, who have accepted a "*conditional*" job offer must pass a pre-employment controlled substance test. Test arrangement will be made through a qualified and certified testing laboratory.

In the event that a positive test result is received, the "*conditional*" job offer **will be withdrawn.**

However, the applicant would then retain, within 3 working days, the right to challenge the results of such a test by re-taking the test **at the applicant's own expense.** If the results of such a test show a negative result, the "conditional job" offer will be extended to that applicant.

2. **Random Testing:** The Company has the right to randomly test employees for alcohol usage, and random controlled substance.

Such tests will be **unannounced.** Employees randomly selected shall proceed to the test site **immediately.** If the employee is in the process of performing a safety-sensitive function at the time of the notification, the employee will be permitted to safely complete his/her immediate task and proceed to the test site **as soon as possible.**

In the event that the test results for a controlled substance random test prove "**invalid**" or "**diluted**", a re-test will be conducted within one week's time from the date such test results are brought to the attention of **Palmer Soderberg, Inc.**

It should be clearly understood by all employees, those regulations governing the administration of "random pools" that the possibility does exist that some employees may be tested more than once per year for either alcohol and/or controlled substance. Just because your name was selected once does not mean you won't be randomly selected again during that calendar year.

3. **Post-Accident:** All employees that are treated for work-related injuries or illnesses that are considered *recordable* under OSHA regulations will be required to undergo alcohol and controlled substance testing as part of their treatment.

Employees who are not injured, but are involved in a work-related injury in which another employee is injured may also be required to undergo an alcohol and controlled substance testing as part of the routine accident investigation process at **Palmer Soderberg, Inc.**

Employees involved in any accident which results in property damage may also be required to undergo alcohol and controlled substance testing.

4. **Reasonable Suspicion Testing:** "Reasonable Suspicion" means having a basis for forming a belief, based upon specific facts and rational inferences drawn from those facts. **Palmer Soderberg, Inc.** will require any employee to undergo drug and alcohol testing if there is "*reasonable suspicion*" that an employee may be under the influence of alcohol or a controlled substance.

Such suspicions will be based upon observable and measurable behaviors made by managers or other employees trained in observing the effects of alcohol and controlled substances.

Such testing will be conducted when an employee has violated the **Palmer Soderberg, Inc.** policy prohibiting the use, possession, sale, or transfer of drugs or alcohol while the employee is working or while the employee is on **Palmer Soderberg, Inc.** property, job sites or while operating vehicles, machinery or equipment provided by **Palmer Soderberg, Inc.** (This policy also applies to employees using their own vehicles for work activities on behalf of **Palmer Soderberg, Inc.**)

Employees may also be tested when they have been involved in a work-related accident, or were operating or helping to operate machinery, equipment, installing materials, or vehicles involved in work-related accidents.

5. **Return-to-Duty Testing:** In the event that an employee has tested positive and has successfully undergone treatment for the controlled substance for which he/she tested positive, that employee shall be required to undergo a test prior to returning to work. A negative result indicating that the employee is no longer under the influence of the controlled substance for which he/she earlier tested positive is required for that employee to return to work.
6. **Follow-up Testing:** Once an employee has successfully completed a treatment program from a certified substance abuse professional, that employee will be subject to six (6) tests throughout the course of the next twelve (12) month period. Such tests shall be determined by the substance abuse professional.

Such tests may continue up to a total period of 24 months. The substance abuse professional may terminate the requirements for follow-up testing if they determine that such testing is no longer required.

7. **Owner/Project Required Testing:** There may be certain projects where **Palmer Soderberg** may be required to comply with a more stringent alcohol and controlled substance testing procedures than those identified under this written program. If such testing requirements are imposed by the facility owner or the general contractor/construction manager, **Palmer Soderberg, Inc.** employees assigned to such project will be subject to the testing requirements of that project.

**B. Treatment Programs:**

1. **Treatment Program Testing:** **Palmer Soderberg, Inc.** may require an employee to undergo drug and alcohol testing if the employee has been referred by **Palmer Soderberg, Inc.** for chemical dependency treatment or evaluation, or if the employee is participating in a chemical dependency treatment program.

In such cases, **Palmer Soderberg, Inc.** may request and require the employee to undergo an alcohol or drug test without prior notice, during the evaluation or treatment program and for a period of up to two (2) years following the completion of any prescribed chemical dependency treatment program.

**C. Drug Testing Procedural Requirement:**

**Palmer Soderberg, Inc.** shall provide employees with written notice by the distribution of this policy for alcohol and controlled substance testing. Tests will be conducted by a testing laboratory that is subject to statutory oversight.

No employee or job applicant will be required to undergo alcohol or controlled substance testing on any arbitrary or capricious basis.

**D. Drug Testing Notice Requirement:**

**Palmer Soderberg, Inc.** shall provide a form to the employee or conditional employee on, which the individual must acknowledge that he/she has seen **Palmer Soderberg, Inc.** alcohol and controlled substance testing policy.

The employee or conditional employee shall acknowledge any over-the-counter or prescription medication currently being taken and shall provide any other information relevant to the explanation for a positive test result.

**E. Testing Procedures:**

In the event that a **Palmer Soderberg, Inc.** employee requires medical attention, that person shall immediately inform his/her supervisor of the injury. The

employee will then seek medical attention. At which point is to have a post-accident alcohol and controlled substance test. Failure to report for this follow up testing will result in immediate suspension or termination. (Note: Some leeway will be allowed in the event that an injury occurs late in the day or if the injury occurs away from the Rochester/Olmsted County area. In such cases, the employee needs to report first thing the morning following the accident to Olmsted Medical Group for the post-accident drug test.)

Specimens taken for drug tests will then be sent by to a lab for lab analysis. (This lab will be an approved testing laboratory recognized by federal and state regulatory agencies to perform drug testing.)

Results of the drug and alcohol tests will first be reviewed by a physician or licensed health care professional to confirm the results of the tests. Once results have been analyzed, information will then be forwarded to Dan Soderberg, **Palmer Soderberg, Inc.**

Within three (3) working days after receiving a test result report from the testing laboratory, **Palmer Soderberg, Inc.** shall:

1. Inform the employee or job applicant in writing of either a negative or positive test result on an initial screening test or for a negative or positive test result on a confirmatory test;
2. Advise the employee of the right to request and receive from **Palmer Soderberg** a copy of the test result report on an alcohol or controlled substance test; and
3. In case of a positive test result on a confirmatory test, **Palmer Soderberg** will also inform the employee in writing of the right to request a confirmatory test of the original sample at the employee's or job applicant's own expense and the effect of this test on the job offer.
4. In the event of a positive alcohol and/or controlled substance test, a management review committee, comprised of Tom Sexton and Dan Soderberg will review the circumstances surrounding the workplace accident, the potential influence the controlled substance had on the injured worker, and the employee's past work history with **Palmer Soderberg**.

A determination will be made as to the most appropriate course of action in regard to any disciplinary and/or treatment strategies necessary to correct the situation.

**F. Employee Rights for Violations of Drug Testing Policy:**

**Palmer Soderberg** shall not retaliate against any employee or job applicant for asserting their rights and remedies provided under this alcohol and controlled substance testing policy.

**G. Prescription Medications:**

In the event that any **Palmer Soderberg** employee is taking prescription medication, under the direct supervision of a licensed physician, information about the prescription needs to be on file. This information should be given to **Tom Sexton or Dan Soderberg**.

Initially Adopted: November 1, 2002

Revised & Adopted: January 22, 2019

Effective: October 12, 2010

***Daniel L. Soderberg***

**Daniel L. Soderberg, President  
Palmer Soderberg, Inc.**

**PALMER SODERBERG  
POST ACCIDENT ADMINISTRATIVE PROCEDURES**

1. Call **911** in the event of a serious injury.
2. When an employee reports an injury, determine the medical treatment required.
  - a. Arrange for the person to seek the nearest medical attention.
  - b. Provide a map to the nearest clinic.
  - c. A supervisor may take the person to the clinic, depending on the nature of the injury.
  - d. A First Report of Injury must be completed and faxed to the office by the end of the shift.
3. Contact the clinic ahead of time to ensure prompt treatment.
  - a. Emphasize that modified duty will be provided and instruct the physician to call if there are any questions.
  - b. Instruct the clinic to contact either Tom Sexton or Dan Soderberg in the event a person is taken off work, or if a specialist referral is made.
4. ***Drug Screening Procedures:***
  - a. Any employee who seeks medical attention for a work related injury needs to complete a post accident drug test.
  - b. Any person who causes an accident must also be tested.
  - c. ***D & A Testing Services, 829 3rd Ave SE, Suite #265, Rochester, MN*** will complete a post accident drug test of standard protocol.
  - d. ***If a post accident drug test is needed please call D & A to inform them of the pending test (507) 282-8378.***
  - e. If a person sees their family doctor, chiropractor, emergency room, etc., the employee will still need to go to the designated drug testing provider immediately after being released from initial medical treatment.

5. Call the office and report the accident so that we may begin notification of the workers compensation or general liability insurance carrier.
6. After a workplace accident, an accident investigation must be conducted on all injuries, general liability accidents and near misses.
  - a. Dan Soderberg will make a determination as to whether a formal accident investigation should be conducted.
  - b. If a formal accident investigation is needed Dan will assign a competent safety service to conduct a formal accident investigation in order to develop recommendations to help prevent similar types of accidents.

**To: Drug Screening Facility**

**From: Dan Soderberg, President  
Palmer Soderberg, Inc.**

**RE: Post Accident Alcohol & Controlled Substance Test**

Dear Doctor;

\_\_\_\_\_ (Name of employees), has sustained a work-related injury while in the employment of Palmer Soderberg, Inc.

As part of our company's Post-Accident Alcohol and Controlled Substance Policy, we are referring him/her to your facility to have the proper post accident alcohol and/or controlled substance test.

Date of Injury: \_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.;

Job Site: \_\_\_\_\_

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

If the time of the accident occurred after 5:00 p.m., the employee may report immediately on the morning after the accident for the post-accident drug test.

Please forward any required test samples to Medtox for analysis. They will return the results to you for final analysis.

Send final test results and any necessary invoices relating to these tests to: **Dan Soderberg, Palmer Soderberg, Inc., 3730 40<sup>th</sup>. Avenue NW, P. O. Box 7101, Rochester, MN 55903-7101.**

## PALMER SODERBERG POST ACCIDENT PROCEDURES EMPLOYEES

If an employee gets injured on the job, our first priority is to ensure that the injured employee receives prompt medical attention and follows the proper procedures to comply with Palmer Soderberg's Alcohol and Controlled Substance Policy.

If your project site has a foreman, notify him/her about the injury, and then take the following action:

1. Seek prompt medical attention to diagnose and treat your injury.
2. **You Must Notify** the office of your injury when it happens and the need for medical treatment.
3. Inform the medical provider that you are being treated for a work-related injury and that **Palmer Soderberg, Inc.** is your employer.
4. After receiving medical treatment, report to **D & A Testing Services, 829 3rd Ave SE, Suite #265, Rochester, MN** for the post-accident drug and alcohol test. (See map below.)
5. Inform **D & A**, at the time of the test, if you are taking any medications.
6. After the drug test, stop at the Palmer Soderberg office to provide information to Judy regarding the nature and extent of your injury and also any doctor work injury papers or work restrictions. (Barb needs this information so the workers compensation carrier can act promptly to your claim.).



# **PALMER SODERBERG RESPIRATORY PROTECTION PROGRAM**

## **I. INTRODUCTION**

Palmer Soderberg recognizes their responsibility in providing a safe work environment for its employees. One such hazard is the control of air contaminated with vapors, gasses, particles or aerosols. When effective engineering controls are not feasible, appropriate respirators may be required.

## **II. PURPOSE AND SCOPE**

The practices and procedures described here constitute the program under which respirators are effectively utilized at Palmer Soderberg

## **III. RESPONSIBILITY**

A. Palmer Soderberg's Safety Director, Tim Horvei is the Respirator Program Coordinator and as such is responsible for the following:

1. Selection and supplying of appropriate respirators.
2. Implementing training and instruction programs.
3. Administering the overall program.
4. Implementation of Medical Evaluations and fit testing.

B. Supervisory personnel are responsible for:

1. Ensuring that respirators are available as needed.
2. Ensuring that employees wear respirators as required.
3. Inspection of respirators on a regular schedule.

C. The employee is responsible for:

1. Using the respirator supplied to him/her in accordance with instructions and training.
2. Cleaning, disinfection, inspecting, and storing his/her respirator.
3. Reporting a respirator malfunction to supervision.

## **IV. RESPIRATORY SELECTION**

Respirators are selected by the respirator program coordinator. The selection is based on the properties of the air contaminants. The respirators chosen will be determined by manufacturer's tests and company experience.

## **V. MEDICAL EVALUATIONS**

Medical evaluations will be performed on any employee required to wear a respirator to determine the employee's ability to wear a respirator.

## **VI. FIT TESTING**

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

## **VII. INSPECTION AND MAINTENANCE**

Respirators are properly maintained to retain their original effectiveness by: periodic inspection, repair, cleaning, and proper storage.

### **A. Inspection**

1. All respirators are routinely inspected by the user before and after each use and after cleaning to check condition of the face piece, head bands, valves, hoses and filters.

### **B. Maintenance**

1. Respirators that do not pass inspection are replaced or repaired immediately. Repair by the user is limited to changing cartridges, filters and head straps. All other repairs will be performed by professional repair people.

## **VIII. CLEANING**

Individually assigned respirators are cleaned as frequently as necessary to ensure proper protection. The following procedure is used for cleaning respirators:

- A. Filters, cartridges or canisters are removed before washing and discarded as necessary.
- B. Respirators are washed in a detergent solution and rinsed in clean water.

## **IX. STORAGE**

Respirators will be stored in plastic bags or their original cartons and placed so as to keep them safe from surrounding conditions.

## **X. TRAINING**

Every employee who may have to wear a respirator is trained in the proper use of the respirator. Both the employee and his supervisor receive the following training:

- A. Description of the respirator.
- B. Intended use and limitations of the respirator.
- C. Proper wearing, adjustment, and testing for fit.
- D. Cleaning and storage methods.
- E. Inspection and maintenance procedures.

This training is repeated as necessary, so that the employee remains familiar with the proper use. The program is evaluated annually by the program coordinator to determine its continued effectiveness.

**PALMER SODERBERG, INC.**  
**CRYSTALLINE SILICA POLICY**

Palmer Soderberg, Inc. is committed to minimizing employee's exposure to silica dust on all jobsites. To achieve this, all employees must follow strict guidelines and procedures when work tasks produce or disturb crystalline silica dust. In most cases, exposure is of short duration, and can be eliminated or reduced significantly by following proper procedures in accordance with CFR 1926.1153, Table 1. If Table 1 requirements cannot be met, a Job Specific Control Plan will be introduced before any work takes place. All employees will be trained on hazards of silica dust, control methods, work practices, and personal protective equipment to be used. Outlined below are some tasks that may produce dust and what control measures are required.

1. Hammer Drilling- Use dust capturing equipment, vacuum with HEPA vacuum as needed. Use N95 respiratory protection if needed.
2. Drywall Sanding- Use a dust capturing sanding head as needed. Use N95 respiratory protection if needed.
3. Mixing Dry Products with Water (Grout, Stucco/EFIS, Joint Compound, etc.) Carefully use good work practices while pouring dry products in containers. Mix outdoors when possible. Use N95 respiratory protection or use a vacuum to capture dust if creating extensive dust.
4. Cutting Floor and Wall Tile with a saw or grinder- Tile to be cut wet. No dry cuttings allowed unless using a N95 respiratory protection or use a vacuum to capture dust if creating extensive dust.
5. Cutting Drywall- Use dust capturing equipment, vacuum with HEPA vac. Use N95 respiratory protection when cutting overhead.
6. Clean Up/Housekeeping- No dry sweeping without sweeping compound. Use HEPA vac if possible. Use N95 respiratory protection if needed.
7. Floor Grinding- Use dust capturing/ wet equipment. Use N95 respiratory protection if needed.

Exposure will be greatly reduced by following these guidelines and will cover most situations encountered on our jobsites. When circumstances may indicate higher levels of exposure, a Job Specific Control Plan will be enacted to ensure all proper precautions are put into place. This might include fit testing and medical qualification for half mask or full-face respirators, isolation of the work area, ventilation, or any other control or procedure deemed necessary to limit exposure to allowable levels. It is Palmer Soderberg, Inc.'s goal that all employees have the right training, equipment and PPE to work safely in all situations.

# Palmer Soderberg Inc. Fall Protection Plan

## General Fall Prevention and Protection

Anytime workers are working from an unprotected elevation of six feet or more above the ground or next lower level, they must be protected from falling by the use of a fall protection system which may consist of a guardrail system, personal fall arrest system (PFAS), safety nets or other approved means. We may implement fall protection at a lesser height if required by specific job or if there is a danger or hazard in the area below. All workers that are exposed to potential fall hazards must be trained in identifying the hazard, determine which system to use and how to implement it.

The following requirements apply:

**Guardrails-** This is usually the preferred system, as it protects everyone when properly installed and maintained. Must be able to withstand a force of 200 lbs. in any direction. Top rail between 39 and 45 inches, center rail at mid-point. Uprights spaced minimum of 8 feet apart. Toe boards to be used if there are workers below.

**PFAS-** This system is typically used if no other system is feasible. Employees must receive instruction in the proper selection, wearing and use of body harnesses, means of attachment and anchor points. All components must be inspected for serviceability prior to use. Body harnesses must have a good fit and be worn properly. Anchor points, lanyards, retractables and safety ropes must all be able to withstand a force of 5000 lbs. A PFAS must always be used in boom supported aerial lifts and when on suspended scaffolds.

Forman/Supervisors that coordinate work in areas where employees may be exposed to potential fall hazards must be trained and have the ability to determine the best means to protect employees from the hazard.

Additional common-sense methods of preventing trips and falls:

1. Good housekeeping is key to preventing trips and falls.
2. Materials are stored in designated areas out of passageways and not allowed to accumulate in the work area causing a potential hazard.
3. Surfaces are kept free of slipping hazards (ice, grease, oil, chemicals etc.).

The intent of the plan is to:

1. Help prevent falls.
2. Assist workers and supervisors to identify the fall hazards off the site before work begins at heights.
3. Assist in the selection of an appropriate fall protection system(s).

Palmer Soderberg Inc. believes that the safety of our employees is very important and fall prevention and protection is an important aspect of the work site environment to ensure that our employees continue to live safe and healthy lives.