**SILVER STAR WALLSYSTEMS, LLC**

**CONSTRUCTION SAFETY & HEALTH PROGRAM**

**Effective Date: 9/21/2021**

# I N T R O D U C T I O N

Silver Star Wallsystems, LLC shall have sole and complete responsibility for the implementation of a worksite safety plan and shall take necessary precautions for the health and safety of employees and fully comply with applicable provisions of all sections of 29 CFR 1926-OSHA Construction Industry Safety and Health Standards, 29 CFR 1910-OSHA General Industry Safety and Health Standards, National Fire Protection Association codes, and all standards or codes referred to in the listed document and any other applicable standards.

Due to the changing nature of health and safety regulations, and because new information is constantly becoming available, this plan is subject to change.

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***SILVER STAR WALLSYSTEMS, LLC***

***SAFETY PROGRAM***

### ***STATEMENT OF COMPANY POLICY:***

### ***WORKPLACE SAFETY AND HEALTH POLICY***

Silver Star Wallsystems, LLC believes that no job or task is more important than its employees’ safety and health. If a job portrays potential safety or health threats, Silver Star Wallsystems, LLC will make every effort to plan a safe way to perform the task. Shortcuts made by foremen or employees will not be tolerated.

If there is a potential threat observed by an employee that will affect their safety or health, employees will be expected to correct the situation immediately or inform management. Management is responsible to comply with OSHA standards, take adequate precautions and assure the safety and health of all employees.

Management will provide an ongoing commitment and resources for implementation of this Safety Program. All employees will be provided quality safety and health protection. We acknowledge the importance of a positive safety culture, which is why we enforce all policies and procedures. Management will also be responsible for taking consistent action when responding to safety and health procedures, responding to employee reports of hazards or potential hazards, and investigating these reports to take any necessary action. All reports made will be without fear of reprimand. Our employees are encouraged to make safety and health suggestions to help improve the workspace if needed.

Silver Star Wallsystems, LLC has a designated Safety Coordinator and has also designated the superintendent and foreman to implement and administer the safety and health program. They play an important part in creating and maintaining safe work practices, policies, and procedures.

Significant Changes:

No changes have been made to this Safety Program.

***JOB SAFETY ANALYSIS***

The safety coordinator will utilize job safety analysis to determine potential hazards on the job sites.

***JSA WORK SHEET***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | **Division:** | | | **Reference No:** | | |
| **Location:** |  | **Procedure/Task/Plant/Event Assessed:** | | |  | | |
| **Functional/Operational Unit:** |  | **JSA Team Members** | | |  | | |
| **Task Step** | **Hazard** | **Current control** | **Current control effective? Y/N** |  | | **Risk level** | **Proposed control** |
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|  |  |  |  | |  |  |
| **JSA Reported to:** |  |  | **Date Reported:** | |  | |  |

**To be Completed by Manager/Supervisor**

|  |  |  |
| --- | --- | --- |
| **Control proposed by JSA Team approved for implementation** | **Signature** | **Date / /** |
| **JSA registered for a formal risk assessment** | **Signature** | **Date / /** |

All incidents are to be reported immediately whether medical attention is needed or not!

***HAZARD PREVENTION CONTROL***

Our safety coordinator will develop systems to try to prevent and control hazards. In the written system we aim to implement the assurance of guards, housekeeping, and that personal protective equipment is provided and being used.

**Job Site Inspections**

The superintendent or foreman will conduct daily safety checks upon arrival to the job site prior to starting work. Any and all hazards will be documented, reviewed, and corrections will be made in a timely manner.

A record of all safety inspections and correctional steps will be kept at the Silver Star Wallsystems, LLC office.

**Accident Investigation**

All accidents resulting in injury or property damage will be investigated. The purpose of the investigation will be to find the cause of the accident so similar incidents can be prevented in the future. Investigation of the accident will not be to find fault. No matter how minor the accident is, it must be reported to safety coordinator, foreman or supervisor immediately. The foreman or supervisor will then complete initial written accident investigation that day, if possible. All workers who were involved or witnessed the accident will write a statement describing the incident. The safety coordinator will conduct a thorough investigation to determine the causes and discuss corrective and preventative actions.

**Personal Protective Equipment**

The “onsite” competent person will conduct a hazard assessment of the workplace and or job site to ensure that it is in compliance with the OSHA Personal Protective Equipment standard. Personal protective equipment required on job sites are but not limited to: Hard hat, safety glasses, gloves, safety harness and anchors, high visible clothing, or vest.

Hard hats will be worn on required job sites, at all times.

Eye protection will be worn when there are potentials of hazards from flying objects or particles, chemicals, arching, glare, or dust.

Work boots shall be worn at every job site to protect from falling objects, chemicals, or sharp objects. Safety toe footwear may be necessary in some instances. Athletic or canvas shoes shall not be worn on any job site.

Protective gloves and clothing shall be worn when required.

Harnesses and lanyards shall be utilized for fall protection when performing work six feet or more from the ground.

The safety coordinator, superintendent and foreman are responsible for issuing all required PPE to employees. Employees shall contact safety coordinator for any and all PPE that is needed.

**Policies, Procedures, Safety and Health Rules**

The safety coordinator is responsible for implementing all decisions, policies and safety and health procedures. Specific safety and health procedures that are required by OSHA will be in writing. A copy of the written safety program will be available at each job site in the foreman safety binder.

All safety procedures shall be obeyed. Failure to do so will result in disciplinary action. Upon the first violation the employee will receive oral warning and notation in personal file. Upon the second violation employee will be sent home from work with a written warning followed by one day suspension. Upon the third violation employee will be sent home from work with a written warning followed by a one-week suspension and or termination.

Silver Star Wallsystems, LLC has a zero-tolerance policy. Some safety violations are taken very seriously and will result in zero warnings and termination will result.

A record of the disciplinary action form will be maintained of all disciplinary actions and kept in Silver Star Wallsystems, LLC office.

Table, letter

Description automatically generated

**Written Hazard Communication Program**

Silver Star Wallsystems, LLC ensures all employees know the hazardous chemicals they are exposed to and work with and around. Silver Star Wallsystems, LLC has a separate binder for the written hazard communication program that is available upon request. The binder includes the written hazard communication program, SDS Sheets, the list of chemicals used on all jobsites, and training.

**Fall Protection**

Fall protection shall be required whenever working at six feet or above.

Fall protection will be provided by one or more of the following but is not limited to:

1. Guardrails
2. Hole coverings
3. Fall arrest systems (harness and lanyard)
4. Retractable devices
5. Rope grabs

When conventional fall protection is infeasible or creates a greater hazard, the employees are required to contact the safety coordinator, superintendent, or foreman and they will investigate and determine what system will be used to perform the task safely.

The scaffolding fall restraint systems, anchors, hand and power tools, ladders and all ither equipment shall be inspected prior to each use daily. The employees shall follow the manufactures instructions for all equipment. Scaffold inspections shall be documented. If the employee is unsure how to perform the task in a safe manner, they shall notify the safety coordinator, superintendent, or foreman.

**Electrical Safety**

Silver Star Wallsystems, LLC has basic safety rules to be followed to avoid electrical incidents:

1. Shall stay at least 10 feet back from power lines, in ALL directions. Shall remain further back if voltage exceeds 50,000 volts.
2. Materials shall not be stored under powerlines.
3. Use GFCI interrupters when plugging into temporary power or using an extension cord.
4. Extension cords with missing prongs shall be removed from service.
5. Do not operate wet power tools.
6. Keep extension cords from being dragged or run over.
7. Keep extension cords out of wet areas.
8. Employees shall not wire anything or make electrical repairs.
9. Assume all wires and electrical boxes are live, unless made certain they are not.
10. Shall not store any materials within 3 feet of electrical boxes.

**Excavation Safety**

Silver Star Wallsystems, LLC does not perform any type of work in excavations. Employees shall contact their superintendent or foreman with questions pertaining to excavations.

**Fire Protection and Prevention**

The Occupational Safety and Health Administration requires employers to implement fire protection and prevention programs in the workplace. These regulations can be found mainly in Subpart F and in Subpart C.

Silver Star Wallsystems, LLC will take all necessary steps and precautions to prevent fires. Fire equipment will be periodically inspected and maintained in working conditions.

**Ladder Safety**

The use of ladders with broken or missing rungs, broken or split side rails, or with other defects or faulty construction is prohibited. Ladders that have any defects will be removed and withdrawn from service. Ladders shall be used on a solid, level surface. They will be inspected daily before use and maintained periodically.

**Aerial Lift Safety**

Aerial lifts are vehicle-mounted, boom-supported aerial platforms that are used to access aboveground job sites. Silver Star Wallsystems, LLC will take proper measures to ensure the safe use of aerial lifts by all employees. All aerial lifts will be inspected daily prior to use.

**Scissor Lift Safety**

Any and all employees operating the controls of the scissor lift or occupying the platform shall be familiar with the safety and operating procedures. All scissor lifts will be inspected daily prior to use and maintained periodically. Employees are aware that there is electrocution hazards due to the machine not being insulated. Employees will maintain safe clearances from electrical power lines and apparatus.

**Scaffolding Safety**

Scaffolds shall be erected, moved, dismantled, or altered only under the supervision of a competent person and will have guardrails and toe boards installed. When scaffolding hazards exist that cannot be eliminated, then engineering practices, administrative practices, safe work practices, Personal Protective Equipment, and proper training regarding Scaffolds will be implemented. These measures will be implemented to minimize those hazards to ensure the safety of employees and the public. Employees shall comply with all applicable guidelines contained in this safety policy and procedure. Employees will report damaged scaffolds, accessories, and missing or lost components.

**Forklift Safety**

Forklift operations will be in compliance with OSHA regulations and will be inspected daily prior to use. If any hazards are presented the operator will stop use, evaluate and then work can continue if hazards no longer present. If hazards still present the forklift will be taken out of service. Forklifts will be operated in a safe manner at all times.

**Hand & Power Tool Safety**

Applies to all hand-held tools and equipment with point of operation hazards which may inflict injury on the operator. Employees will handle tools in safe conditions and will comply with the ANSI safety standard for mechanical power transmission apparatus.

***Training***

Silver Star Wallsystems, LLC has a comprehensive safety and health training program tailored to the scope of work for this project. All employees receive a project safety orientation upon assignment to the project. Topics include but are not limited to:

* *Fall Protection*
* *Scaffold Safety*
* *Ladder Safety*
* *Hazard Communication*
* *Housekeeping*
* *Lock Out/ Tag Out*

Training records are maintained electronically and/or on site in the job site office. Should OSHA visit our job site, these training records are one indication of our implementation of an active safety program on this site.

Safety meetings are scheduled to review safety inspections, findings, and corrective actions taken; critical safety procedures, discuss recent workplace incidents, and to celebrate safety milestones. The Project Manager/Superintendent should schedule routine safety meetings in advance or set a regular date/time to be sure that all workers can plan to attend this safety meeting. Records of these meetings are maintained electronically and/or on file in the job site office with attached attendance sheets.

Contractor shall conduct a project specific safety orientation for all Subcontractor personnel who work on the project.

Contractor shall conduct a pre-mobilization safety meeting with each trade prior to the trade commencing work and keep minutes of the meeting.

Contractor shall hold daily “toolbox” safety meetings prior to the start of each work shift. The meeting shall have a duration of 10 to 15 minutes and must be documented.

***Medical Services***

In case of an emergency, the clinic and/or hospital that will provide emergency medical treatment to workers injured on this job will be instituted at the job site. Silver Star Wallsystems, LLC does not require any employees to perform first aid measures; anyone who elects to do so may provide first aid or help to those already doing so.

***Accident and Incident Investigation***

All accidents resulting in injury or property damage will be investigated. The purpose of the investigation will be to find the cause of the accident so similar incidents can be prevented in the future. Investigation of the accident will not be to find fault. No matter how minor the accident is, it must be reported to safety coordinator, foreman or supervisor immediately. The foreman or supervisor will then complete initial written accident investigation that day, if possible. All workers who were involved or witnessed the accident will write a statement describing the incident. The safety coordinator will conduct a thorough investigation to determine the causes and discuss corrective and preventative actions.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Accident/Incident Investigation Form* | | | | | | | | | | | |  |
| *Check one:*  Injury Incident Both injury and incident Fatality Vehicle Close call / near hit | | | | | | | | | | | |  |
| **1. SUPERVISOR CONTACT INFORMATION** | | | | | | | | | | | |  |
| a. Supervisor / investigator / UTR / POC name: | | | | | | b. Title: | | | c. Directorate/dept: | | d. Ext: | e.  M/S: |
|  | | | | | |  | | |  | |  |  |
| f. Place /  location | | | g. Date of incident:  *(mm/dd/yy)* | | h. Time of incident: (military time) | i. Date and time of first knowledge of incident (if different than incident time): | | j. Creation date of this report: | | | |  |
|  | | |  | |  |  | |  | | | |  |
| m. Subcontractor involved? If yes, name and contact information | | | | | |  | | | | | |  |
| **2. INJURED PARTY/DRIVER** | | | | | | | | | | | |  |
| a. If no injury,  check box and skip this  section. | | | | b. Injured party / driver name: | | c. Injured party / driver contact information: | | | | | |  |
|  | |  | | | | | |  |
|  |  | No injury | |
| Injury description: | | | |  | | | | | | | |  |
| **3. WITNESSES AND/OR WITNESS STATEMENT** | | | | | | | | | | | |  |
| a. Witnesses *(name and contact information)* | | | |  | | | | | | b. Witness statement attached? | | Yes      No |
| **4. PROPERTY DAMAGE** | | | | | | | | | | | |  |
| a. List property / material damaged : | | | | | | | b. Nature of damage: | | | | |  |
|  | | | | | | |  | | | | |  |
| c. Object / substance inflicting damage: | | | | | | | d. Approximate cost: | | | | |  |
|  | | | | | | |  | | | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5. THE INCIDENT** | | | | | | | |
| **Causal analysis type:** *(to be determined by Incident Investigation program manager)* | | | |  |  | Root cause analysis  Apparent cause | |
|  |
| **a. Briefly describe what happened (*description of occurrence)*** Investigate scene of incident or conditions. Describe who was involved, when and where the incident happened, what happened, and how. Attach photos if available. | | | | | | | |
|  | | | | | | | |
| **b. Why did it happen? (*description of cause***) What actually caused the illness, injury, or incident? | | | | | | | |
|  | | | | | | | |
| **c. What did you do in response? What were the results?** List actions taken and results. *(Do not enter corrective actions.*  *See Section 6.)* | | | | | | | |
|  | | | | | | | |
| **d. What should be done to prevent a recurrence? Brief final evaluation and lessons learned**  Use descriptive constructive statements (such as “worker should wear safety glasses”; “worker needs training in lifting techniques”; “a ladder should have been used”). Primary focus should be on engineering controls, where possible. | | | | | | | |
|  | | | | | | | |
| **6. CORRECTIVE ACTIONS TRACKING SYSTEM ITEMS** | | | | | | | |
| List action(s) that have or will be taken to prevent a recurrence. There should be a corrective action for each item identified in 5.d. above. Add additional lines as needed. | | By whom | Target completion date | | | | Actual completion date |
| **1.** |  |  |  | | | |  |
| **2.** |  |  |  | | | |  |
| **3.** |  |  |  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **7. WORK PLANNING AND CONTROL (WPC) AUTHORIZATION REVIEW** | | | | | |
| a. Is there a JSA , or SOP that authorized the task being performed when the injury or incident occurred?   * *If* ***yes****, review the document(s), answer the following questions, and attach a copy to this report.* * *If* ***no****, please explain where hazards and controls were documented, and how the worker was authorized to perform work.* | | | Yes    No | | |
|  | | |
| b. Was person involved in incident in full compliance with new and refresher ESH training requirements? If not, please explain. | | | Yes | | |
|  | | |
|  |  | No |
| c. Were hazards sufficiently identified? If not, please explain. | | | Yes | | |
|  | | |
|  |  | No |
| d. Were identified controls adequate? If not, please explain. | | | Yes | | |
|  | | |
|  |  | No |
| e. Were the identified controls implemented? If not, please explain. | | | Yes    No | | |
|  | | |
|  | | |
| **8. AUTHORIZING SIGNATURES** | | | | | |
| a  . | Investigation completed by | Date | | | |
|  |  | | | |
| b  . | Reviewed by Title | Date | | | |
|  |  | | | |
| c . | Investigation approved by Job Titie | Date | | | |
|  |  | | | |
| d  . | Investigation reviewed Job Title | Date | | | |
|  |  | | | |