

# **ServiceBoss International, Inc.**

## **JOB SITE FORMS**

### **Environmental, Health & Safety Program**

Prepared by:  
ServiceBoss International, Inc.  
in association with:  
U.S. Compliance Systems, Inc.

# **JOB SITE FORMS**

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## **Project Emergency Phone Numbers**

ServiceBoss International, Inc.  
Environmental, Health & Safety Program  
**PROJECT EMERGENCY PHONE NUMBERS**

**PROJECT NAME:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**Main Office:** **800-810-0730**

**Police:** **911** [ \_\_\_\_\_ ]  
(If no 911 Service Available)

**Fire:** **911** [ \_\_\_\_\_ ]  
(If no 911 Service Available)

**Ambulance:** **911** [ \_\_\_\_\_ ]  
(If no 911 Service Available)

**Hospital:** \_\_\_\_\_

\_\_\_\_\_  
(Name/Position)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Name/Position)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Name/Position)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Name/Position)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Name/Position)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Name/Position)

\_\_\_\_\_  
(Telephone Number)

**The telephone number of this facility is:** \_\_\_\_\_

**THE ADDRESS OF THIS FACILITY IS:**  
(To be given to emergency responders)

\_\_\_\_\_  
\_\_\_\_\_

## **Designation of Competent Person(s)**

ServiceBoss International, Inc.  
Environmental, Health & Safety Program

**DESIGNATION OF COMPETENT PERSON(S)**

Each individual listed below, by virtue of training and/or experience, is designated a "Competent Person" as that designation relates to the area of expertise noted.

A competent person is one who is capable of identifying existing and predictable hazards in the surrounding or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Area of Expertise)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Safety Director

# Job Site Checklist

## General

ServiceBoss International, Inc.  
Environmental, Health & Safety Program

**JOB SITE CHECKLIST**  
[General]

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

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

\_\_\_\_\_  
(Signature of Competent Person)

Check appropriate box:

Yes No NA

Postings

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. OSHA Form 3165   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. OSHA Form 300A (February 1 to April 30)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Emergency Phone Numbers<br>(Hospital - Emergency Response - Main Office) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Administrative

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a. MSDS readily accessible                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hazard communication information "shared"   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Fire extinguishers accessible and inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Employees appropriately trained             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Job Site

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. First aid kits available and stocked         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. General housekeeping                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Adequate restrooms facilities                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Potable water available                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Warning signs, tags, barricade tape in place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Temporary Electrical Wiring

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. Extension cords inspected & free of defects            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Ground fault circuit interrupters (GFCI) in use        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. All equipment properly grounded                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Temporary wiring clear of employee & vehicular traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Protective Equipment (PPE) Required

(Note: Serviceable equipment available & training received)

- |                                      |                          |                          |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Hard Hats                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eye protection                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Appropriate, approved, work shoes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hearing protection                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Gloves                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



<u>Equipment including PPE, Ladders &amp; Scaffolds &amp; Tools</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>
a. Inspected before use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Defective items tagged and removed from service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Powered Equipment operators trained and authorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ladders

a. Side rails extend at least 3' above upper landing surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ladders tied-off to prevent displacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scaffolds

a. Guard rails, full planking, bracing & ladder access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

Fall Protection

a. Personnel trained in fall protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Residential Construction Interim Standards used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Conventional Fall Protection System Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Guardrail System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Personal Fall Arrest System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Warning Line System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Controlled Access Zone System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety Monitoring System: Monitor must be a competent to recognize fall hazards & know the responsibilities of the position.			
d. Fall Protection Plan used: 29 CFR 1926.502(k); is on site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Enforcement

Unsafe work practices will be corrected immediately upon discovery and if total job site safety cannot be restored, job will be shut down until corrections are made. The below listed persons were working in an unsafe manner & enforcement documentation is or will be prepared at the earliest opportunity consistent with safety.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Unsafe Act & Corrective Measure)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Unsafe Act & Corrective Measure)

# Enforcement Documentation

ServiceBoss International, Inc.  
Environmental, Health & Safety Program

**ENFORCEMENT DOCUMENTATION**

Date: \_\_\_\_\_ Check One:  Minor  Major  Willful

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

Supervisor: \_\_\_\_\_

Description of violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible Adverse Consequences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Acknowledgment:

\_\_\_\_\_  
(Employee Signature) (Date)

Employee statement/rebuttal (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses:** (if appropriate & available. An effort should be made to obtain witnesses for willful safety violations)

\_\_\_\_\_  
(Print name) (Signature)

\_\_\_\_\_  
(Print name) (Signature)

Note: With the exception of willful violations, this form will be destroyed after a 12 month period.

**Emergency Action Plan  
&  
Fire Prevention Plan**

ServiceBoss International, Inc.  
Environmental, Health & Safety Program

**EMERGENCY ACTION PLAN**

Events may occur which dictate the evacuation of the facility such as fire, severe inclement weather, power failure, etc.. Additionally events may occur which dictate the need for emergency medical responders. These sets of events fall under our Emergency Action Plan and a multitude of objectives must be met.

The first and foremost objective is the safety of all our personnel. To achieve this level of safety, our plan is designed to get personnel away from danger, treat injury, and provide for a thorough and accurate accounting of all employees.

There may well be situations where certain employees, trained in first aid and/or fire fighting procedures, may prevent a small emergency situation from becoming a major disaster. In these types of situations, these employees, identified in this plan, will remain on the job site to perform the function for which they are trained provided they may perform these duties, in their judgment, in a safe manner. At no time will any employee put himself/herself at risk.

All personnel will receive training on our emergency action plan during initial safety training as well as when our plan changes or the employee's responsibilities change.

If appropriate, on a job site, this emergency action plan will be posted with our emergency escape route diagram and emergency telephone numbers.

When working at a client's facility, our personnel will fall under the provisions of their emergency action plan.

All exits will be identified with a sign having the word "EXIT" plainly legible. Exit signs will be suitably illuminated. Doors, passageways, stairs, etc., which appear to be an exit but are not shall be identified by a sign that reads, for example: "Not an Exit".

Aisles and passageways shall be kept clear to provide a direct, easy egress from our facility.

It is important that the actual implementation of this plan be simple, direct, and carried out without confusion. Each employee must know how to alert others, how to call for assistance, the location of fire extinguishers, the escape route, the rendezvous point (and being accounted for so that others do not put themselves at risk looking for a person who has already reached safety), and specific tasks that may be required of specific personnel during emergency procedures.

A copy of 29 CFR 1926.35, Employee Emergency Action Plans is readily available for review in our Safety Program.

The following are standard operating procedures:

### **EMERGENCY MEDICAL RESPONSE**

Should an injury occur that requires an emergency medical responder, the below listed actions will be taken in order given:

1. Call the emergency response number posted adjacent to this plan.
2. Call the Administrative Office at: \_\_\_\_\_.
  - a. Help will immediately be sent and a person will be designated to direct the emergency responders to the injured person.
  - b. If appropriate, Material Safety Data Sheets will be provided the emergency responders.
3. Provide any medical assistance you are trained and certified to do. Do not provide any medical assistance you are not trained to do.

### **ASSIGNED FIRST AID PROVIDERS**

NAME

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[Note: If none, enter "None".]

**FACILITY EVACUATION PLAN**  
**(FIRE/EXPLOSION/SEVERE WEATHER/MECHANICAL FAILURE, ETC.)**

THE ORDER TO EVACUATE IS GIVEN BY:

\_\_\_\_\_  
(Example: Fire Bell; Three (3) Blasts of an Air Horn; Public Announcement, etc.)

TO ALERT OTHERS:

\_\_\_\_\_  
(Example: Activate alarm; notify main office, Ext No., etc.)

LOCATION OF FIRE EXTINGUISHERS, NEAREST LISTED FIRST:

\_\_\_\_\_  
(Type) (Location)

\_\_\_\_\_  
(Type) (Location)

\_\_\_\_\_  
(Type) (Location)

RENDEZVOUS POINT:

\_\_\_\_\_  
(Example: Parking lot; by dumpster, etc.)

SPECIFIC HAZARDS TO BE AWARE OF:

\_\_\_\_\_  
(Example: List nearby hazardous chemicals. If none, enter "none")

**ROSTER OF PERSONNEL WITH SPECIFIC  
DUTIES DURING AN EVACUATION**

<u>NAME</u>	<u>TITLE</u>	<u>DUTIES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Examples of specific duties: Deenergizing certain equipment or machinery; accounting for personnel at rendezvous point; manning fire extinguishers; directing emergency responders; on alert for First Aid delivery; rescue team member; etc. If none, enter: "None".

ServiceBoss International, Inc.  
Environmental, Health & Safety Program

**FIRE PREVENTION PLAN**

Reference the Fire Protection and Fire Prevention portions of our Safety Program. This referenced sections deal with procedures to prevent a fire, and, in the event of a fire, the various limitations of fire extinguishers. Further reference our Emergency Action Plan which deals with actions to take in the event of a fire and/or evacuation. This Fire Prevention Plan deals not with handling a fire emergency, but rather preventing a fire in the first place.

**HOUSEKEEPING**

One of the first rules of fire prevention is good housekeeping. Good housekeeping can prevent a fire from starting (improper storage of combustibles, for example) and should there be a fire, good housekeeping can: 1) help prevent the spread of the fire, and 2) make fighting the fire an easier task. Some specific housekeeping rules that impact directly on fire prevention are:

- a. Combustible liquids must be stored and covered in approved containers.
- b. All chemical spills including, of course, combustible liquids, must be cleaned up immediately.

NOTE: Care must be taken when cleaning up chemical spills. Information on appropriate personal protective equipment; proper disposal; proper cleanup procedures; required ventilation, etc. is found on the products Material Safety Data Sheet.

- c. Cleanup materials and damaged containers must be properly disposed.
- d. Combustible liquids and trash must be segregated and stored away from ignition sources.
- e. Aisle ways will be kept free of clutter and trash.
- f. Fire exits will never be blocked.



## **FIRE FIGHTING EQUIPMENT**

One often thinks of fire fighting equipment as it relates to the workplace as fire extinguishers. This is true, yet there are other, often more important, pieces of equipment such as sprinkler systems and outside hydrants. While portable fire extinguishers may prevent a small fire from becoming a major disaster, they are not designed to handle large fires. Below listed are items included in our Fire Prevention Plan:

- a. Approved fire extinguishers will be checked on at least an annual basis and they shall always be charged and ready for use.
- b. Portable fire extinguishers will be mounted, located, and identified for easy accessibility.
- c. Fire hydrants will be kept clear and, during the winter months, not be buried by snow.

## **ELIMINATION OF MAJOR WORKPLACE FIRE HAZARDS**

1. Smoking is allowed only in designated areas and smoking materials will be totally extinguished and placed in the appropriate receptacles.
2. All chemical and chemical products will be handled and stored in accordance with the procedures noted on their individual MSDS.
3. Debris will not be allowed to accumulate on the Job Site.
4. Special precautions will be taken when working with an open flame (such as welding) and those areas will be made fire safe by removing or protecting combustibles from ignition.
5. Equipment installed on heat producing equipment will be regularly and properly maintained to prevent accidental ignition of combustible materials in accordance with manufactures instructions. These instructions are incorporated, by reference, in this Plan

## **TRAINING**

Training in fire protection will be accomplished upon initial assignment and annually thereafter as part of our overall safety program. This training shall include items that deal with employee protection in the event of an emergency. All employees will be apprised of the fire hazards of the materials and processes to which they are exposed.

# Accident Investigation Form

**ServiceBoss International, Inc.**  
**Environmental, Health & Safety Program**

**ACCIDENT INVESTIGATION FORM**

Injured Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Job Title: \_\_\_\_\_ Project/Job: \_\_\_\_\_

Date & Time of Accident/Injury: \_\_\_\_\_ Injury: \_\_\_\_\_  
(Date) (Time) (Yes/No)

Nature of Injury or Property Damage: \_\_\_\_\_

Statement of employee involved in the injury or accident (what happened) : \_\_\_\_\_

Witness 1 statement: \_\_\_\_\_

Witness 1 Name & Job Title: \_\_\_\_\_

Witness 2 statement \_\_\_\_\_

Witness 2 Name & Job Title: \_\_\_\_\_

Supervisor/competent person statement \_\_\_\_\_

Was there an injury? \_\_\_\_ Was medical treatment required? \_\_\_\_ Possible lost time accident? \_\_\_\_

Signature of Supervisor/competent person: \_\_\_\_\_

Report Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_

Report review by: \_\_\_\_\_ Date: \_\_\_\_\_

Findings:

Cause of incident: \_\_\_\_\_

Means of preventing a reoccurrence: \_\_\_\_\_

This record will be maintained in the Safety Program Administrator's office for a period of 2 years from the date of accident/injury unless a longer retention is required by law.

If more than 10 employees at any one time in the previous calendar year, this information will be used to complete OSHA Forms 300 and 301 which are used to record and classify occupational injuries and illnesses. Recordable injuries and illnesses must be entered on OSHA Forms 300 and 301 within seven (7) days of receiving information that a recordable injury or illness has occurred.