Meet Today's Webinar Team



Presenter: Ashley Mikytuck

Ashley is a technical writer for Texas Mutual's safety services department. She joined the safety services support center in early 2015 as a safety representative and is now assisting the department with written safety content. Ashley holds a bachelor's degree in urban studies from the University of Texas.



Presenter: Josh White

Josh is a safety services representative for Texas Mutual's safety services support center. He conducts virtual, telephonic safety surveys with our small business owners to help provide guidance in their workplace safety efforts. Josh joined the safety services support center in early 2016 and has been doing his part to keep Texas safe by offering his expertise to our policyholders.



Moderator: Hannah Bolton

Hannah is a safety services representative for Texas Mutual's safety services support center. She conducts phone surveys, internal support for the safety services department, and provides policyholder services by providing guidance in their safety endeavors. Hannah has a degree in Communications from Texas A & M University, Corpus Christi.

Safety Program 101 for Safety Managers



Agenda

Where do you begin

What everyone is responsible for



Agenda

Where do you begin

What everyone is responsible for



Agenda

Where do you begin

What everyone is responsible for





Where do I begin?





Your new role



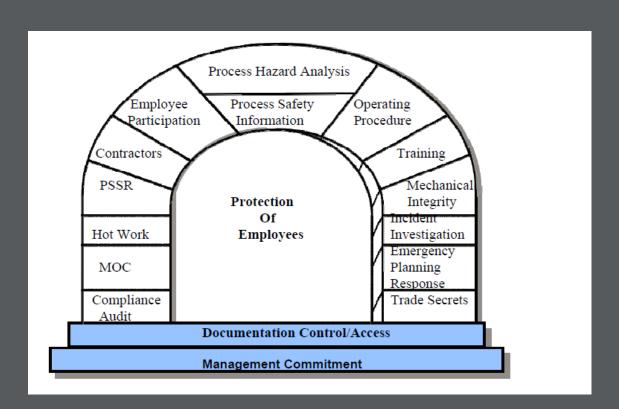
What a
Safety
Manager is



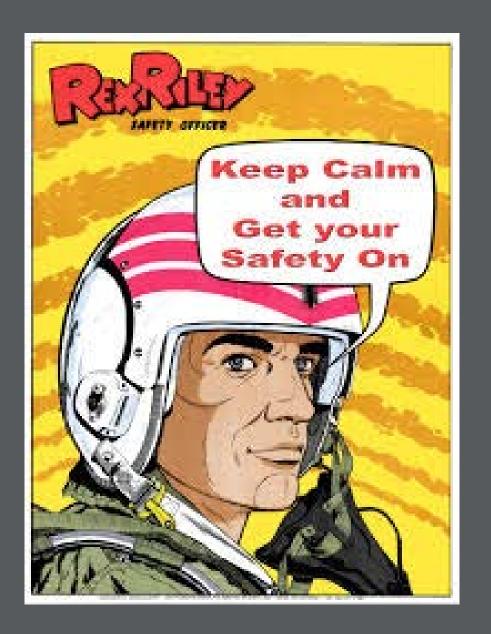
Where do I start?



Involvement



Principles of safety management



Establish a safety philosophy



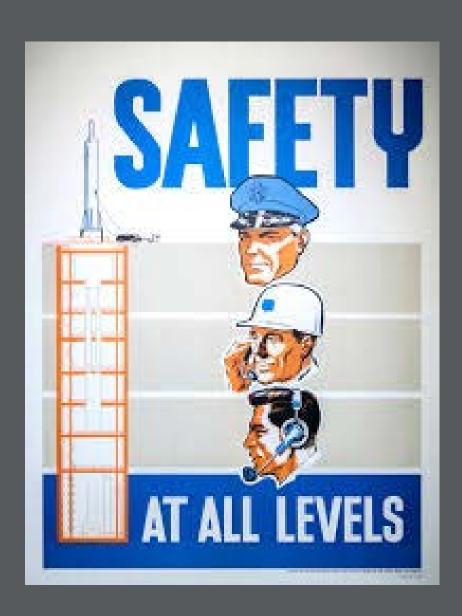
Set expectations



What an incident free environment looks like



Four "A's" of an incident free safety environment



Create a safety statement





Why do I need?

Contractor Safety Program

Purpose

The contractor safety program is designed to protect company and contractor employees, equipment and facilities from injury, accident or loss. Contractors are persons not directly employed by the company who provide specific labor or services.

Examples of contractor employers:

- Construction companies
- · Utility service or repair companies
- Janitorial services
- · Pest control services companies
- · Food service and vending groups
- · Transportation and shipping services
- · Raw product suppliers

As a condition of doing business with [COMPANY], all contractors must comply with applicable local, state and federal regulatory requirements and our company safety procedures and policies. Specific compliance is required in the following.

Responsibilities

Management

- Ensure contracts for bids contain appropriate information concerning the contractor safety program, including all requirements
- · Provide access to safety data sheet (SDS) material upon request of contractors
- · Monitor all contractor activity at their location
- Ensure the area in which the contractor employees are working is maintained safe and free of hazards
- Provide contractors with specific safety program requirements

Elements



Worksite analysis

SAFETY AND HEALTH PROGRAM

Do you have an active safety and health program in operation that deals with general safety and health program elements as well as management of hazards specific to your worksite?

Is one person clearly responsible for the overall activities of the safety and health program?

Do you have a safety committee or group made up of management and labor representatives that meets regularly and reports in writing on its activities?

Do you have a working procedure for handling in-house employee complaints reparding safety and health?

Are you keeping your employees advised of the successful effort and accomplishments you and/or your safety committee have made in assuring they will have a workplace that is safe and healthful?

Have you considered incentives for employees or workgroups who have excelled in reducing workplace injuries/illnesses?

PERSONAL PROTECTIVE EQUIPMENT

Are employers assessing the workplace to determine if hazards that require the use of personal protective equipment (for example, head, eye, face, hand, or foot protection) are present or are likely to be present.

If hazards or the likelihood of hazards are found, are employers selecting and having affected employees use properly fitted personal protective equipment suitable for protection from these hazards?

Has the employee been trained on ppe procedures, that is, what ppe is necessary for a job task, when they need it, and how to properly adjust it?

Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials?

Are approved safety classes required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?

Are employees who need corrective lenses (glasses or contacts) in working environments having harmful exposures, required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures?

Are protective gloves, aprons, shields, or other means provided and required where employees could be cut or where there is reasonably anticipated exposure to corrosive liquids, chemicals, blood, or other potentially infectious materials? See 29 CFR 1910.1030(b) for the definition of "other potentially infectious materials."

Create a safety plan



Management commitment



Policies and procedures



Safety inspections



Equipment inspections



Program audits



Identifying potential hazards



Record keeping

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Form approved OMB no. 1218-0176

U.S. Department of Labor
Occupational Safety and Health Administration

You must record information about every work-related injury or liness that involves loss of consciousness, restricted work activity or job bransfer, days away from work, or medical breament beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1984 8 brough 1994.12. Test fee to use two lines for a single case if you need to. You must complete an injury and illness incident professional. You will be provided in the professional will be seen to be provided in the professional will be seen to be

Establishment name

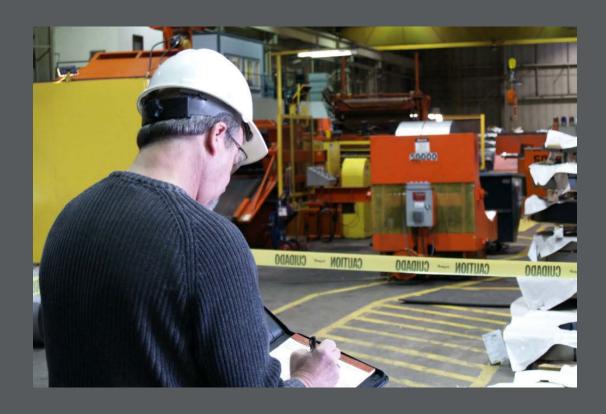
City State

Identify the person Describe the case					Classify the case												
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:			Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
						Death Days away from work Remained at work Job transfer Other record-		Away transfer of restriction (days)		Skin Disorder	Respiratory Condition	Buin	Hearing Loss	All other illnesse			
								or restriction	able cases	(days)	(-1,-)	Injury	Kei	Resp	Poisoning	_ Head	₹
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
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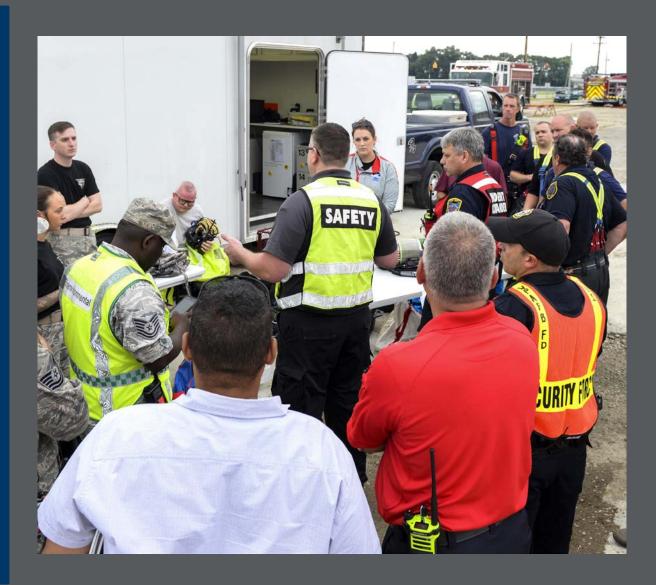
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Skin Disorder Skin Disorder Condition Condition

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this control number. Incident investigation



Training



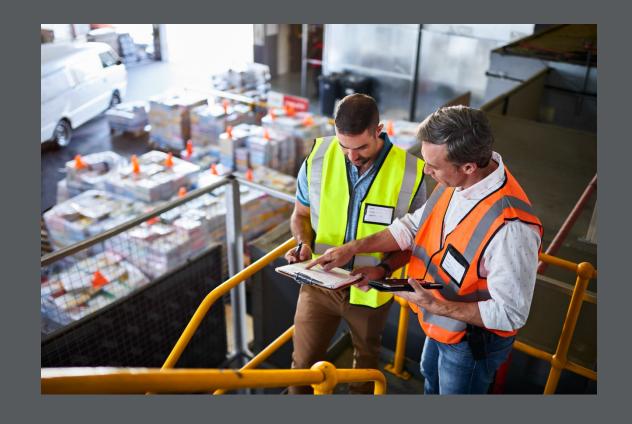
Training



Employee involvement



System review and continual improvement





Responsibilities



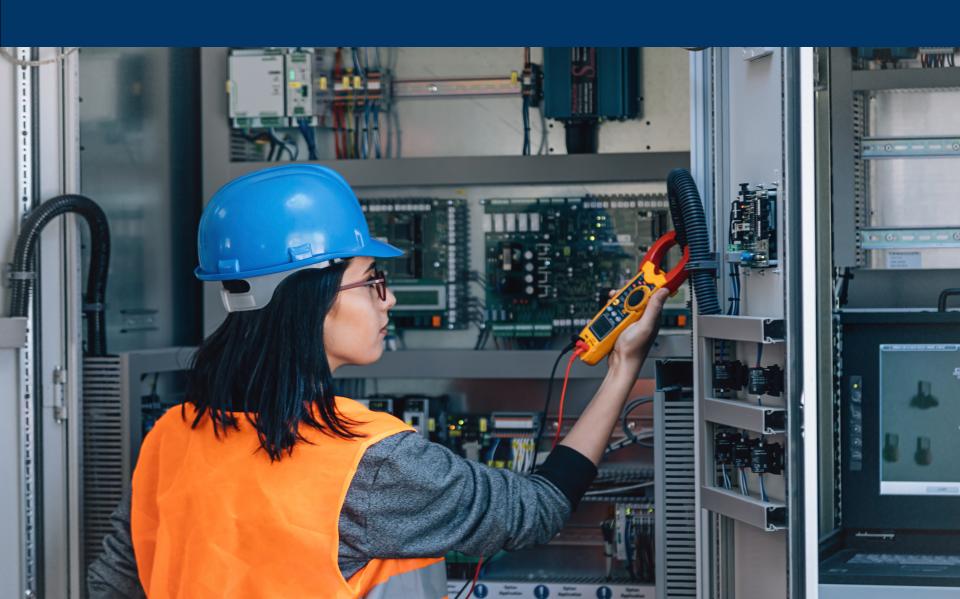
Supervisors/Managers



Supervisors



Employees



New employees



Summary



What everyone is responsible for

Programs in place



Summary

Where to start







Summary

Where to start



Programs in place







Thank You

