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**I. MANAGEMENT SAFETY POLICY STATEMENT**

Toro Enterprises, Inc. is committed to uncompromised safety on the job, and our number one goal is to conduct our operations in the safest manner possible. Toro Enterprises, Inc. is continually making every effort possible to provide safe working conditions for its employees and subcontractors. It is also our goal to prevent conditions that could lead to the injury of our subcontractor's employees and members of the general public.

Our management concept at Toro Enterprises, Inc. is not production and safety; it is production with safety. When production with safety is achieved, production with efficiency is attained simultaneously.

The most important part of our work is the protection of the lives and limbs of ourselves and fellow workers. The object of this program is to assist in preventing accidents that cause suffering not only to you but also to your family and dependents.

It is also the intent of this program to fully comply with all current Cal/OSHA Safety Orders relevant to our operations, as well as any other safety regulations we are subject to. If our subcontractors should have more stringent safety requirements than that required by the safety regulatory agencies, then the more stringent standards shall apply. Sub-contractors are required to follow their IIPP which shall be at least as effective as the Toro IIPP. All subcontractors of Toro Enterprises, Inc. shall be provided a copy of our Safety Program, and they and their employees are responsible for adhering to our safety program requirements. All vendors delivering materials or equipment to our yard and/or projects will also be required to comply with all Toro Enterprises, Inc. safety requirements at all times while in our yard or at our projects.

To ensure that established safe work practices and company policies are observed in this company, every employee will be expected to fully comply with the Code of Safe Practices, either issued by supervisory personnel and/or as set forth in this Safety Program.

Toro Enterprises, Inc.

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Frank Borjon, Safety Officer

## II. RESPONSIBILITIES FOR SAFETY

Every employee of Toro Enterprises, Inc. shares an equal responsibility for safety. As such, specific responsibilities for safety are indicated below. Every employee must recognize and enthusiastically fulfill their respective responsibilities for safety.

- 1) The **Company Safety Officer** is Frank Borjon. He has the responsibility of assuring that the Safety Program is implemented, adhered to by all employees, and has the authority to implement and enforce changes and improvements.
- 2) **Safety Coordinator/Safety Coordinator Assistant.** The Safety Coordinator for Toro Enterprises, Inc. is Frank Borjon. The Safety Coordinator Assistant is Rob Kelly. Their responsibilities are to monitor the documentation and record keeping responsibilities of the Safety Program. They will assure that all new employee safety orientation documents, weekly Tailgate Safety Meetings, Safety Inspections, and other required Safety Program documents are accurately completed and filed on a timely basis. They shall report to the Safety Officer any employee failing to fulfill their written Safety Program responsibilities on a timely basis.
- 3) **Management Responsibilities.** All other managers and foremen/supervisors are responsible for implementing and maintaining the Safety Program in their work areas and for answering questions about the Safety Program. Each manager and foreman/supervisor will keep a current copy of the Safety Program in the field, and provide a copy of the Code of Safe Practices to every new employee. Foremen/supervisors have the primary responsibility for assuring that all employees and subcontractors under their jurisdiction obey the Code of Safe Practices.
- 4) **Employee Responsibilities.** It is vital to the success of our business that employees follow prescribed safe work practices. Upon hiring, every employee will receive a copy of the Code of Safe Practices, and other relevant safety information. They will also receive a New Employee Safety Orientation. After that, employees are expected to fully comply with Toro Enterprises, Inc. Code of Safe Practices, and to otherwise question their immediate supervisor if they are uncertain of their ability to comply with a specific Code of Safe Practice. Violations of the same safety practices will result in disciplinary action, up to and including suspension or termination, as indicated later in this Manual.

JOBSITE RESPONSIBILITY

The Injury and Illness Prevention Program (IIP Program) jobsite administrator for

\_\_\_\_\_  
(Enter jobsite name)

is \_\_\_\_\_  
(Enter Safety Administrator's name)

OFFICE/STORAGE YARD RESPONSIBILITY

The Injury and Illness Prevention Program (IIP Program) office/storage yard administrator is:

\_\_\_\_\_  
(Enter Safety Administrator's name)

The administrator has the authority and responsibility for implementing the provisions of this program for Toro Enterprises, Inc..

All managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program is available at the main office and at each jobsite.

### III. COMPLIANCE

Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe work environment.

Our system of ensuring that all workers comply with the rules and maintain a safe work environment include:

- Informing employees of the provisions of our IIP Program
- Evaluating the safety performance of all employees.
- Recognizing employees who perform safe and healthful work practices
- Providing training to employees whose safety performance is deficient
- Disciplining employees for failure to comply with safe and healthful work practices

#### DISCIPLINARY PROCEDURES

It is imperative that all employees and subcontractor employees become thoroughly familiar with the safety rules. Failure to comply with safety rules or procedures, or failure to wear the appropriate safety equipment, will result in disciplinary action (with the exception of violations of the drug policy, which will be dealt with separately).

An employee who fails to follow a prescribed safety policy, rule, regulation or order will be subject to the following disciplinary action:

1st offense-	verbal warning with written documentation
2nd offense-	written warning notice
3rd offense-	3- to 5- day suspension without pay
4th offense-	Termination

In the case of violations by subcontractor employees, the foreman/supervisor shall notify the subcontractor's foreman of the violation, and inform him that further violations will result in that employee being removed from the Project.

However, Toro Enterprises, Inc. reserves the right to impose more severe disciplinary action to include termination of any employee who by his/her willful or reckless disregard of a safety policy, rule, regulation or order contributes to a safety hazard which has resulted in or has potential to result in serious injury, serious illness or death.

#### IV. COMMUNICATION

The Safety Program requires, and Toro Enterprises, Inc. shall assure, that adequate communication exists for all safety issues of concern to the employees and Toro Enterprises, Inc.. We must be sure that every employee is able to freely communicate any concerns they have regarding safety, and that Toro Enterprises, Inc. respond and resolve any safety issues that arise.

There are various means of communicating safety put in place by Toro Enterprises, Inc.. They include:

- 1) New worker orientation including a discussion of safety and health policies and procedures.
- 2) Review of our IIP Program.
- 3) Workplace safety and health training programs.
- 4) Regularly scheduled safety meetings.
- 5) Effective communication of safety and health concerns between workers and supervisors, including translation where appropriate.
- 6) Posted or distributed safety information.
- 7) A system for workers to anonymously inform management about workplace hazards.
  - a. Each jobsite will have a supply of addressed and stamped envelopes and "*Report of Safety Hazard*" forms
  - b. Employees can fill out the form and anonymously send it in to the main office
  - c. Suggestions will be discussed at the weekly safety meetings and quarterly safety committee meetings.
- 8) A labor/management safety and health committee that meets regularly, prepares written records of the safety and health committees meetings, reviews results of the periodic scheduled inspections, reviews investigations of accidents and exposures and makes suggestions to management for the prevention of future incidents, reviews investigations of alleged hazardous conditions, and submits recommendations to assist in the evaluation of employee safety suggestion.
- 9) Tailgate safety meetings for field employees, held at the start of every jobsite, and weekly thereafter. The "Tailgate Safety Meeting" form found in the Appendix may be utilized.

**V. HAZARD ASSESSMENT (Safety Inspections)**

Periodic safety inspections will be conducted to identify and evaluate workplace hazards and will include the following:

- 1) Weekly for construction jobsites.
- 2) Annually for the office and shop.
- 3) When we initially established our IIP Program;
- 4) When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;
- 5) When new, previously unidentified hazards are recognized;
- 6) When occupational injuries and illnesses occur;
- 7) When we hire and/or reassign permanent or intermittent workers to processes, operations, or tasks for which a hazard evaluation has not been previously conducted; and
- 8) Whenever workplace conditions warrant an inspection.

The "Jobsite Safety Inspection Report Form" is to be used at construction sites, with a copy turned into the office after correcting hazards. The office/shop inspection form is to be used for the office/shop inspections. Forms are located in the Appendix.

The foreman of a jobsite is responsible for completing the weekly site inspection. He/she is also responsible for assuring that any deficiencies are corrected promptly. If the hazard observed is serious, employees shall not be allowed to work in that area until the hazard is corrected. Upon correction of the hazard, the correction will be noted on the inspection form prior to it being turned in to the office.

## **VI. ACCIDENT INVESTIGATIONS AND REPORTS**

It is the policy of Toro Enterprises, Inc. to carry out a thorough program of accident investigation. The foremen/supervisors will be primarily responsible for making an investigation of all accidents in their area of responsibility. Accidents involving fire, death, serious injury, or extensive property damage will also be investigated by Toro Enterprises, Inc. Safety Officer.

The primary goal of the accident investigation program is the prevention of future similar accidents through the knowledge derived from the investigations. Additionally, the investigation will be used to prepare reports required by Federal and State law as well as the Worker's Compensation Insurance Carrier.

The Accident Investigation process shall also be utilized to investigate any Near Miss Incident that occurs. A Near Miss Incident is defined as an incident where an unsafe condition or unsafe work practice resulted in an accident, without personal injury, or where property was damaged, or where property damage or personal injury could have occurred due to the unsafe condition and/or unsafe work practices that occurred. Employees are required to report any Near Miss Incident to their foreman/supervisor, who is required to complete an Accident Investigation Report, even if no property damage or personal injury resulted. The goal is to identify corrective action before a Near Miss becomes an actual accident and injury.

When an accident occurs on a project, the foreman/supervisor will follow these procedures:

- 1) Go to the scene of the accident at once
- 2) Talk with the injured person, if possible. Talk to witnesses. Stress getting the facts, not placing blame or responsibility
- 3) Listen for clues in other workers' conversations. Unsolicited comments often have merit
- 4) Encourage people to give their ideas for preventing a similar accident
- 5) Study possible causes - unsafe conditions, unsafe practices, etc.
- 6) Write your accident report giving a complete, accurate account of the accident
- 7) Follow up to make sure conditions are corrected. If they cannot be corrected immediately, report this to the Safety Officer
- 8) Publicize corrective action taken so that all may benefit from the experience

Writing the Accident Investigation and Report

In order for the accident report to be effective, it should contain, as a minimum, a detailed answer to the following questions:

- 1) Where the accident took place
- 2) What was the employee doing? Explain in detail the activity of the employee at the time of the accident
- 3) What happened? Indicate in detail what took place; describe the accident, the type of injury, the part or parts of the body affected and whether the employee was wearing appropriate safety equipment, weather conditions, jobsite conditions, etc.
- 4) What caused the accident? Explain in detail the condition, act, malfunction, etc., that caused the accident. Remember that it is possible to have more than one reason or cause for an accident
- 5) What can be done to prevent a similar accident? Indicate corrective action to prevent recurrence

**VII. HAZARD CORRECTION**

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

- 1) When observed or discovered;
- 2) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection; and
- 3) All such actions taken and dates they are completed shall be documented on the appropriate forms.

## **VIII. SAFETY TRAINING**

All permanent and intermittent workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction may be provided through a brief on-site safety meeting, at corporate meetings, and/or corporate training sessions. Any training and instruction shall be provided as follows:

- 1) When the IIP Program is first established;
- 2) To all new employees, except for those in construction who are provided training through a Cal/OSHA approved construction industry occupational safety and health training program (complete the New Employee Safety Orientation process and form, copy in the Appendix);
- 3) To all employees given new job assignments for which training has not been previously provided;
- 4) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
- 5) Whenever the employer is made aware of a new or previously unrecognized hazard;
- 6) To foremen/supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
- 7) To all employees with respect to hazards specific to each employee's job assignment.

**IX. RECORD KEEPING**

Our establishment is on a designated high hazard industry list. We have taken the following steps to implement and maintain our IIPP Program:

- 1) Records of Jobsite Safety Inspections, including the person(s) or persons conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on the Jobsite Safety Inspection form; and
- 2) Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers are recorded on a worker training and instruction form.
- 3) Inspection records and training documentation will be maintained according to the following schedule:
  - a. For one year, except for training records of employees who have worked for less than one year which are provided to the worker upon termination of employment.

Records will be maintained in a separate binder located at the main office.

**X. APPENDIX OF FORMS**

Jobsite Safety Inspection Report  
New Employee Safety Orientation Checklist  
Tailgate Safety Meeting  
Accident Investigation Report  
Report of a Safety Hazard  
Safety Committee meeting Minutes  
Notice of Disciplinary Action

**Jobsite Safety Inspection**

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

Inspected by: \_\_\_\_\_

Project: \_\_\_\_\_

Job No. \_\_\_\_\_

Proj Mgr: \_\_\_\_\_

Time

Number of Personnel \_\_\_\_\_

Following is a list of items inspected, corrections required, and comments:

Inspection Item	Yes	No	Comments	Person Responsible For Follow-up	Completion Date
<b>Site Conditions &amp; Housekeeping:</b>					
• Neat and Orderly Jobsite Free of Trash & Obstructions					
• Toilet Facilities W/Exterior Wash Station are Clean, Serviced & Graffiti Free					
• Drinking Water & Cups Available					
• Shade Provided to Employees					
<b>Emergency Contacts:</b>					
• Emergency Phone #'s & Map To Emergency Room Posted					
• Competent Person(s) Identified					
<b>Legal Postings:</b>					
• State & Federal Legal Postings Visible					
<b>First Aid Equipment:</b>					
• First Aid Kits Available On Site					
• First Aid Kits Full & Maintained					
• First Aid Trained Persons On Site & Identified					
• Eyewash Station or Solution Available					
<b>Hazard Communication:</b>					
• Current IIPP On Site & Available					
• MSDS On Site & Available					
<b>Fire Protection:</b>					
• Extinguishers On Site With Inspection Within Last 12 Months-Check Monthly					
• Flammable Materials Stored in Proper Containers & Identified					
• Welding Bottles Properly Stored					
• BackFlash on Torches					

Inspection Item	Yes	No	Comments	Person Responsible For Follow-up	Completion Date
<b>Personal Protective Equipment:</b> <ul style="list-style-type: none"> <li>• Everyone On Site W/Hardhat</li> <li>• Orange Shirt or Vest Worn</li> <li>• Boots With Leather Upper Worn</li> <li>• Eye Protection Available &amp; Worn as Needed</li> <li>• Ear Protection Available &amp; Worn as Needed</li> <li>• Gloves Available</li> <li>• Dusk Masks Available</li> <li>• Toe Protection Available &amp; Used if Needed</li> </ul>					
<b>Concrete Operations</b> <ul style="list-style-type: none"> <li>• Rebar Caps in Place</li> <li>• Required Protective Equipment Worn When Pouring Concrete:                             <ul style="list-style-type: none"> <li>√ Rubber Boots</li> <li>√ Eye Protection</li> <li>√ Gloves</li> </ul> </li> </ul>					
<b>Confined Space:</b> <ul style="list-style-type: none"> <li>• Competent Person Trained &amp; Identified</li> <li>• Permit / Non-Permit Identified &amp; Documented</li> <li>• If Permit, Sign-in/Out and Attendant in Place</li> <li>• Air Monitors Available, Charged, &amp; Calibrated (30 days)</li> <li>• Testing Performed &amp; Documented</li> <li>• Emergency Response Plan in Place &amp; Communicated</li> </ul>					
<b>Crane Safety:</b> <ul style="list-style-type: none"> <li>• Crane Set Up Properly</li> <li>• Ground Conditions capable of supporting crane</li> <li>• Operator NCCO Certified w/Card</li> <li>• Current Load Chart in Cab</li> <li>• Crane &amp; Critical Pick Checklist Filled Out &amp; Available For Review</li> <li>• Current Crane Certification in Cab</li> </ul>					
<b>Rigging &amp; Hoisting Safety:</b> <ul style="list-style-type: none"> <li>• OSHA tagged &amp; Certified Chains &amp; Chokers Available &amp; Used</li> <li>• Rigging equipment stored properly (off ground)</li> </ul>					
<b>Electrical Safety:</b> <ul style="list-style-type: none"> <li>• GFCI's</li> <li>• Grounding</li> <li>• No Loose or Torn Cords</li> <li>• Lock-Out Tag-Out Performed</li> </ul>					

Inspection Item	Yes	No	Comments	Person Responsible For Follow-up	Completion Date
<b>Equipment Operations:</b> <ul style="list-style-type: none"> <li>• Seatbelts Worn</li> <li>• Backup Alarms Working</li> <li>• Tires in Operating Condition</li> <li>• Height &amp; Swing Clearance</li> <li>• Cold Iron Checks Done Daily</li> </ul>					
<b>Excavation Safety:</b> <ul style="list-style-type: none"> <li>• Competent Person Trained &amp; Identified</li> <li>• Soil Classification Completed</li> <li>• Sloping Requirements Followed</li> <li>• Over 20' Deep Engineered</li> <li>• Shoring in Place as Required (5' or Deeper, or When Conditions Require)</li> <li>• Tabulated Data On Site</li> <li>• Spoils Location (2 ft. from Edge)</li> <li>• Ladder Access (25 ft. Rule)</li> <li>• Barricades in Place</li> <li>• Plates Available &amp; in Place</li> <li>• Emergency Plan in Place &amp; Communicated</li> <li>• Rescue Equipment Available Onsite</li> </ul>					
<ul style="list-style-type: none"> <li>• Air Monitors Available, Charged, &amp; Calibrated (30 days)</li> <li>• Air Monitoring Done &amp; Documented</li> </ul>					
<b>Fall Protection:</b> <ul style="list-style-type: none"> <li>• Competent Person Trained &amp; Identified</li> <li>• Walking &amp; Working Surfaces Clear</li> <li>• Exposed Sides &amp; Edges Protected</li> <li>• Guardrail System in Place</li> <li>• Safety Harnesses Available</li> <li>• Safety Harness Worn</li> <li>• Employees Tied-Off as Required</li> <li>• Laynards &amp; Harness Pass Inspection</li> <li>• Holes Covered</li> <li>• Recovery Action Plan</li> </ul>					
<b>Hand Tools:</b> <ul style="list-style-type: none"> <li>• In Working Order</li> <li>• Power Cords Undamaged</li> <li>• Tool Guards in Place</li> </ul>					
<b>Ladders:</b> <ul style="list-style-type: none"> <li>• Ladders On Site in Working Condition</li> <li>• Extend 3' From Top of Excavation &amp; Tied Off</li> <li>• Broken Ladders Off The Job</li> </ul>					

Inspection Item	Yes	No	Comments	Person Responsible For Follow-up	Completion Date
<b>Scaffolding:</b> <ul style="list-style-type: none"> <li>• Erected According to Manufacturer's Specs</li> <li>• Correct Plank Type</li> <li>• Fall Protection in Place</li> <li>• Toe Boards in Place</li> <li>• Mud Sills in place 10"x10"</li> <li>• Mid &amp; Top Rails in Place</li> </ul>					
<b>Traffic Control:</b> <ul style="list-style-type: none"> <li>• Written Plan in Place</li> <li>• Trained/Competent person on site</li> <li>• Inspections Performed &amp; Documented</li> <li>• Proper Signage in Place &amp; Un-obscured</li> <li>• Flaggers in Correct Place With Escape Route</li> <li>• Flaggers With Proper PPE</li> <li>• Flaggers Have Access to Water &amp; Breaks are Available</li> </ul>					
<b>Site Security</b> <ul style="list-style-type: none"> <li>• Master Switches Disabled Daily</li> <li>• Storage Vans Locked &amp; Blocked Daily</li> <li>• Materials on top of containers secure</li> </ul>					
<b>Orientation and Training</b> <ul style="list-style-type: none"> <li>• New Hire Orientation completed &amp; documented</li> <li>• Weekly toolbox talks completed &amp; documented</li> <li>• MSDS covered during toolbox meeting</li> </ul>					
<b>Other Project-Specific Requirements:</b>					
<ul style="list-style-type: none"> <li>•</li> </ul>					
<ul style="list-style-type: none"> <li>•</li> </ul>					
<ul style="list-style-type: none"> <li>•</li> </ul>					
<ul style="list-style-type: none"> <li>•</li> </ul>					



**New Employee Safety Orientation**

- Employee: \_\_\_\_\_ Trade/Title: \_\_\_\_\_
- Date Hired: \_\_\_\_\_ New Hire: \_\_\_\_\_ or Rehire: \_\_\_\_\_ Foreman: \_\_\_\_\_

**Foreman: Check off each of item as you discuss it with the new hire employee prior to having employee start work.**

1. Employee provided company Code of Safe Practices.
2. Explained function of company safety program.
3. Reviewed injury reporting procedure.
4. Reviewed equipment operation rules.
5. Reviewed safe lifting procedures.
6. Will forklift training be required.
7. Reviewed housekeeping and clean-up procedures.
8. Workplace Violence Prevention Plan (WVPP) reviewed.
9. Location of first aid kits.
10. Reviewed Hazard Communication Program, location of Safety Data Sheets (SDS) and how to read SDS.
11. Reviewed evacuation procedures and any specific duties.
12. Heat Illness Prevention Program (HIPP) review.

I acknowledge that the information on the above subjects was furnished to me during my orientation

Employee' s Signature: \_\_\_\_\_ Date, \_\_\_\_\_  
 Employee Printed Name: \_\_\_\_\_

I have instructed the above-named employee in the fundamentals of the safety practices.

Foreman/Supervisor's Signature: \_\_\_\_\_ Date, \_\_\_\_\_

Tailgate Safety Meeting

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

Chaired by: \_\_\_\_\_

**AGENDA**

Review Jobsite Safety Inspection Report:

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Review recent incidents and close calls:

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Discuss upcoming work activities that require additional awareness:

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Other items discussed:

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Participant's Signatures  
Name

Signature

Company

Participant's Signatures Name	Signature	Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accident Investigation or Near-Miss Report

To be completed by the foreman/supervisor of the employee involved

Involved Employee's Name \_\_\_\_\_

Job Position/Title \_\_\_\_\_

Shift Hours \_\_\_\_\_ Days Off \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Date And Time of Accident \_\_\_\_\_ Location \_\_\_\_\_

Task Being Performed When Accident/Near-Miss Occurred \_\_\_\_\_

Date, Time Accident/Near-Miss Reported \_\_\_\_\_ To Whom? \_\_\_\_\_

Name(s) of Witness(es) \_\_\_\_\_

Witness(es) Comments \_\_\_\_\_

Describe how the Accident /Near Miss Occurred \_\_\_\_\_

What Part of The Body Was Injured? \_\_\_\_\_

Describe the Injuries In Detail \_\_\_\_\_

Date, Time You First Sought Medical Attention \_\_\_\_\_

Name of Doctor and/or Hospital \_\_\_\_\_

Could Anything Be Done To Prevent Accidents of This Type? If So, What?

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material misrepresentation for the purpose of obtaining or denying workers' compensation benefits or payment is guilty of a felony.

Report of a Safety Hazard

Associate/business partner Name: \_\_\_\_\_ Jobsite: \_\_\_\_\_ Date

Observed: \_\_\_\_\_

(optional)

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

Describe Substance, Equipment, Process, Practice, or Workplace Condition:

Identify the Health and/or Safety Hazard:

Corrective Action (or Training) Recommended to Minimize or Abate Hazard:

————— For Safety Committee Use Only —————

Corrective Action Taken:

Individual(s) Responsible for Corrective Action:

Date Initiated:

Date Completed:

Safety Committee Meeting Minutes

DATE OF MEETING: \_\_\_\_\_

CALL TO ORDER BY: \_\_\_\_\_

- UNFINISHED BUSINESS (All matters on which definite decisions have not been made should be brought up for reconsideration):
  
- NEW BUSINESS (suggestions, observations, Cal/OSHA changes, etc.):
  
- REVIEW OF ACCIDENTS, NEAR MISSES & STATISTICS (Discussion of accident trends, large losses and other significant incidents):
  
- REVIEW OF INSPECTIONS (Overall results of jobsite inspections, emerging trends, repeat issues):

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MINUTES RECORDED BY: \_\_\_\_\_

*(Use back of page when additional space is needed.)*

*(Signatures of all attendees attached)*

Notice of Disciplinary Action

Cal/OSHA requires disciplinary action be taken against all those who fail to comply with the Injury and Illness Prevention Program (IIPP).

**Toro Enterprises, Inc.** considers the safety of our employees, subcontractor’s employees and customers to be very important. Therefore, to prevent accidents, it is our policy to strictly enforce the Injury and Illness Prevention Program. Infractions of the IIPP will result in one of the following:

- 1<sup>st</sup> Infraction - Verbal Warning, with Written Documentation
- 2<sup>nd</sup> Infraction - Written Warning
- 3<sup>rd</sup> Infraction - Within 1 year of second instance, 1 to 5 days off without pay
- 4<sup>th</sup> Infraction - Within 1 year of third instance, discharge

\_\_\_\_\_, \_\_\_\_\_ you have been observed working in the \_\_\_\_\_ (Employee Name) \_\_\_\_\_ (Company if subcontractor) following unsafe manner, contrary to Toro Enterprises, Inc. Injury and Illness Prevention Program:

Description of Violation(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is your:	First	Second	Third	Fourth
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Action taken, therefore is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Foreman/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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

Company if subcontractor: \_\_\_\_\_

Foreman (if different from above): \_\_\_\_\_