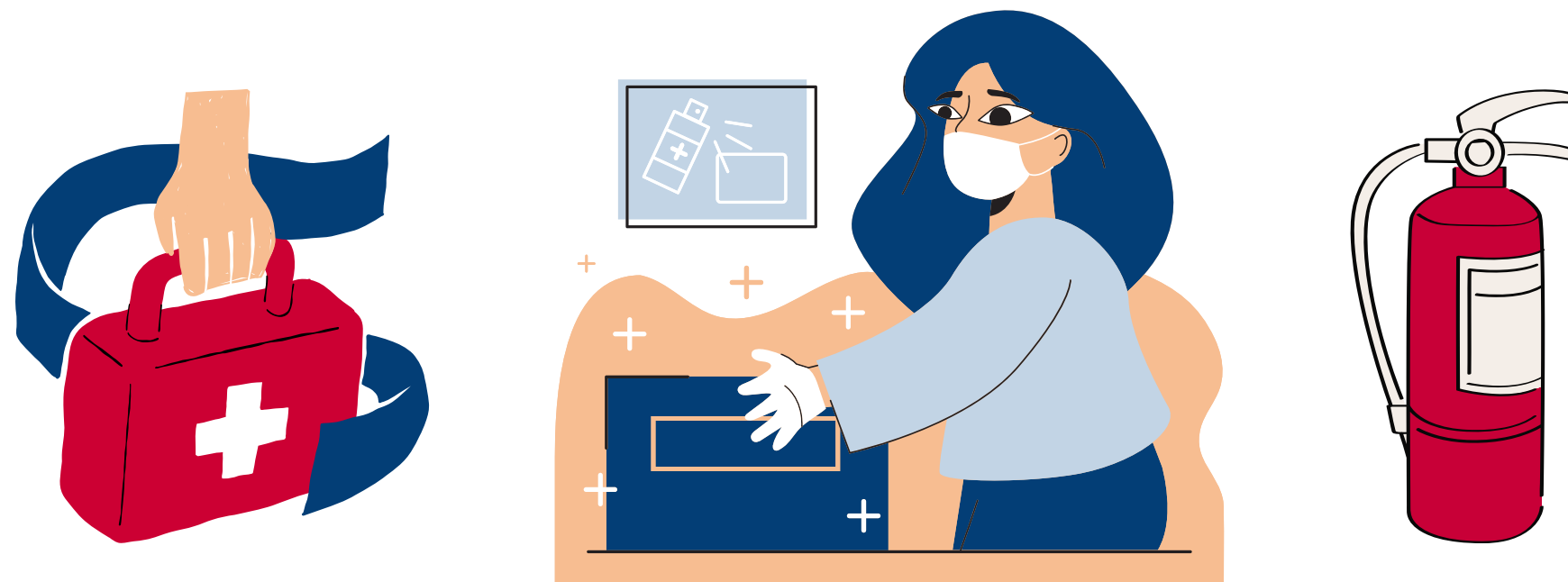


OSHA TRAINING – FEBRUARY



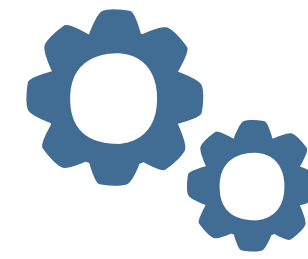
INJURY AND ILLNESS PREVENTION PROGRAM



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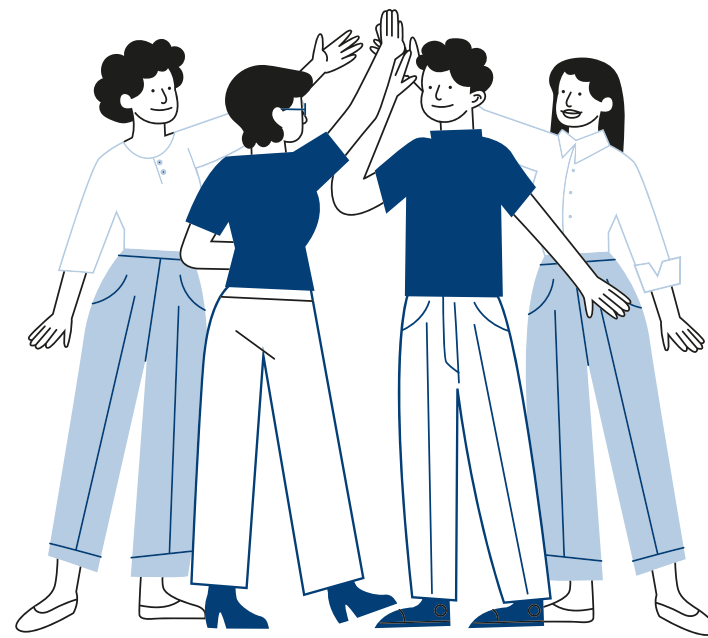
RESPONSIBILITY



Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by **all** employees.

- Supervisors and lead personnel 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.



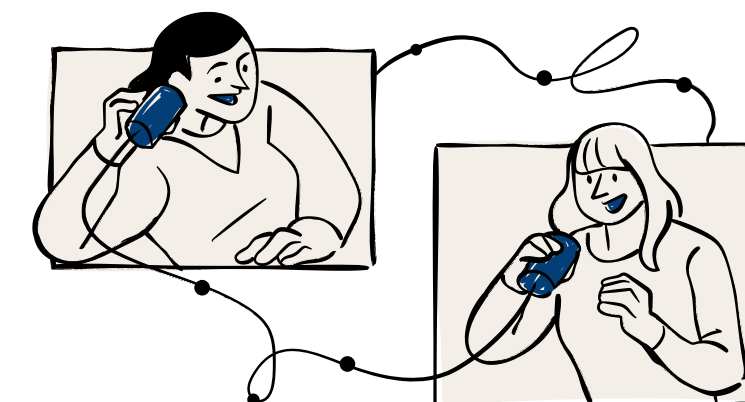
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COMMUNICATION & TRAINING



- New Hire Orientation
- Supervision to ensure effectiveness, workplace-specific safety and health training.
- Safety meetings held annually.
- Effective written and verbal communication of safety and health concerns between workers and supervisors, including language translation where appropriate.
- Posted and distributed safety information.
- Whistleblower protection and access



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HAZARD ASSESSMENT



Periodic inspections on the following schedule:

- Annually and/or:
 - When new substances, processes, procedures or equipment that present potential new hazards are introduced into our workplace;
 - When new, previously unidentified hazards are recognized;
 - When occupational injuries and illnesses occur;
 - 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
 - Whenever workplace conditions warrant an inspection.



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ACCIDENT / EXPOSURE INVESTIGATIONS

- Investigation of workplace accidents, hazardous substance exposures will be done by the Office Manager/Supervisor and as needed by the corporate OSHA Compliance Officer, and will include:
 - Visiting the scene as soon as possible;
 - Interviewing affected workers and witnesses;
 - Examining the workplace for factors associated with the accident exposure/near-accident;
 - Determining the causes of the accident exposure/near-accident;
- Taking corrective action to prevent the accident exposure/near-accident from reoccurring; and
- Recording the findings and corrective actions taken on the attached OSHA Form 30 I.



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HAZARD CORRECTION



- ***Unsafe or unhealthy work conditions, practices or procedures at our work facilities shall be corrected in a timely manner*** based on the severity of the hazards, and according to the following procedures:
 - *When observed or discovered;*
 - *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.
 - It **is necessary for workers to correct the hazardous condition** & shall be provided with the necessary protection; and All such actions taken and dates they are completed *shall be documented on the "Identified Hazards and Correction Record"*



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RECORDKEEPING



1. **Records of scheduled and periodic inspections** should include:
 - a. The person(s) conducting the inspection
 - b. The workplace hazards (i.e., unsafe conditions and work practices that have been identified)
 - c. The action(s) taken to correct the identified unsafe conditions and work practices, are recorded on the Hazard Assessment Checklist*
 - d. The Identified Hazards and Correction Record*
 - e. The Investigation / Corrective Action Report. These records are maintained for at least one (1) year.

2. **Documentation** annually of *safety and health training* for each worker. This documentation is maintained for at least one (1) year.



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OSHA MANUAL FORMS

WORKSITE HAZARD ASSESSMENT

Practice Name: _____

Date of Site Audit: _____

HAZARD CATEGORY (IV, V)	HAZARDS OBSERVED YES/NO IF YES, EXPLAIN	CURRENT CONTROLS	SUGGESTED CONTROLS/COMMENTS
I. BLOODBORNE PATHOGENS			
II. FIRE SAFETY/EVACUATION			
III. ELECTRICAL			
VI. WALKING AND WORKING SURFACES			
VII. LASER/RADIATION			
VIII. HAZARDOUS CHEMICALS			
IX. TRANSPORTING BIOHAZARD WASTE			
X. ERGONOMICS			
XI. WORKPLACE VIOLENCE			
XII. TUBERCULOSIS			
XIII. RECORD KEEPING			

Personal Protective Equipment Hazard Assessment			
Bloodborne Pathogens (SSP)			
Hazardous Chemicals			

I certify that this assessment was performed as documented above.

		Corrective Action(s) Needed;
Signature of OSHA auditor	Date	1.
		2.
		3.
		4.
		Date Corrected:

Physician Signature _____

Date _____

Y:\OSHA 2016\2016OSHASiteAuditResultsForm



OSHA Compliance Team

To report any unsafe working conditions:

Email: compliance@prohealthpartners.com

(You can identify yourself or you can report anonymously)

Contact:

- **Arley** (562) 361-4932 / atolentino@argusmso.com
- **Josh** (562) 206-1730 / jprodigalidad@argusmso.com
- **Caitlyn** (562) 206-1733 / csimpson@argusmso.com

