

INJURY AND ILLNESS PREVENTION PROGRAM

Contract Services Group, Inc.

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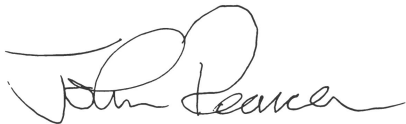
POLICY STATEMENT

It is the policy of Contract Services Group, Inc. and its affiliates (hereafter referred to as CSG or the Company) that injury and illness prevention shall be considered primary importance in all phases of operations and administration. CSG is committed to developing, implementing and ensuring that every employee is entitled to a safe and healthy work environment. Therefore, every reasonable effort will be made in the interest of Accident Prevention, Fire Protection, Health Preservation, Heat Injury Prevention, and Hotel Housekeeping Musculoskeletal Injury Prevention. CSG's management is committed to production with safety, and when it is simultaneously attained, a safe, healthy, and productive work environment is achieved. Our responsibility is to provide safe healthy working conditions for our employees and verify that all safe work practices are being used at all times. Compliance with OSHA safety regulations is considered a minimum standards.

CSG emphasizes the integration of health and safety measures into all job tasks so that accident prevention, health, quality, and job performance become part of the management system. This will be accomplished through the cooperative efforts of managers, supervisors, and employees, all working together as a team. The Company's culture encourages its employees to communicate with management on safety and health related matters. The ultimate goal is to stimulate an interest in safety and health through promoting lifestyle changes that ultimately become part of the organizational culture.

By recognizing this as a cooperative effort, and accepting mutual responsibility to operate safely, we expect the overall safety and well being of all our employees to be a primary focus.

Sincerely,

A handwritten signature in black ink, appearing to read "John Pearce". The signature is fluid and cursive, with a large loop at the beginning.

John Pearce
Chief Executive Officer

RESPONSIBILITIES

The following persons are responsible for implementing the Injury and Illness Prevention Program for CSG.

Jorge Carpio	Leonard Malray	Lynn Presley
Vice President	Vice President	Vice President

Management:

In effectively executing their safety responsibilities:

- 1) Managers will be familiar with Company's safety programs and ensure effective implementation of these programs;
- 2) Be aware of all safety considerations when introducing a new job and its equipment;
- 3) Give maximum support to all programs and committees whose function is to promote safety and health;
- 4) Demonstrate active leadership in all safety programs and IIPP enforcement through participation and example;
- 5) Review all accidents to ensure that proper reports are being complete and appropriate action is taken to prevent repetition.

Supervisors:

Supervisors' responsibilities are to ensure the foundation of the safety programs by:

- 1) Knowing, understanding, and complying with all Company safety and health rules;
- 2) Providing complete safety training to employees prior to the assigned duties;
- 3) Consistently and respectfully enforcing all Company safety rules;
- 4) Inspecting work areas continuously to detect unsafe conditions and work practices;
- 5) Investigating all injuries to determine cause, treat immediately and refer to the Human Resources office to ensure prompt reporting to the insurance carrier.

Employees:

The responsibilities of employees for safety include the following:

- 1) Knowing, understanding, and complying with all Company safety and health rules;
- 2) Applying the principles of accident prevention in their daily duties and reporting any incident that is a near miss or almost an accident;
- 3) Wear the appropriate Personal Protective Equipment (PPE) required for the task;
- 4) Encourage co-workers to work safely and report unsafe acts and conditions to supervisors;
- 5) Report all job injury, illness or property damage to a Supervisor immediately and promptly seek medical treatment if needed;
- 6) Reporting hazardous conditions (unsafe equipment, floors, materials, etc.) and unsafe acts promptly to a Supervisor;
- 7) Report any incident that is a near miss or almost an accident.

COMPLIANCE

Management, Supervisors, and all employees are responsible for ensuring that all safety, health policies, and procedures are clearly communicated and understood. Follow all policies and procedures to maintain a safe work environment.

The following is CSG's system to ensure that workers comply with rules to maintain a safe work environment. This may not be a complete list but is a major representation of these rules.

1. Informing workers of the provisions of the IIPP, MIPP, HIPP; and GISO Article 5;
2. Evaluating the safety performance of all workers;
3. Recognizing employees who perform safe and healthful work practices. This is accomplished by participation in CSG's Incentive Plan(s);
4. Providing training to workers whose safety performance is deficient;
5. Counseling workers for failure to comply with their agreement to follow safe and healthful work practices. The following outlines our process:
 - a) Minor violation = Verbal warning (with Supervisor notes);
 - b) Major violation = from a verbal warning up to termination of employment;
 - c) Repeat violation = Complete investigation documented by Supervisor, employee counseled, investigation submitted to Executive Management;
 - d) Continued Offense = Suspension up to termination of employment.
6. Other means that Company uses to ensure employee compliance with safe and healthful work practices include:
 - a) Training and retaining programs;
 - b) Only Company approved chemicals, equipment; and materials will be used;
 - c) Signed attendance at safety training;
 - d) Documented Supervisors Observations;

COMMUNICATION

Our system of communication is designed to facilitate a two-way safety and health information in a format that is readily understandable to all affected personnel:

- 1) Responsible Vice Presidents will hold the responsibility of enforcing all safety programs and for issuing disciplinary action as required;
- 2) New worker orientation, workplace specific safety and health training will be enforced;
- 3) Safety Committee meetings will be held at least monthly;
- 4) Supervisors' meetings will be held quarterly with safety always being a component of these meetings;
- 5) Effective communication of safety and health concerns between workers and supervisors;
- 6) Implementation of site-specific codes of safe work practices, and signs posted that distribute safety information;
- 7) Employees are empowered to shut down any work process they deem to be unsafe.

SAFETY COMMITTEE & SAFETY MEETINGS

CSG's safety committee will be comprised of supervisors and/or employees of multiple departments and management. They will have scheduled meetings and review the following:

- 1) Minutes of the previous meeting;
- 2) Unfinished business of the previous meeting;
- 3) Self-inspection reports;
- 4) Discussion of accidents and corrective action taken;
- 5) Accident trends;
- 6) New and outstanding recommendations submitted by outside agencies (insurance carrier, fire department, OSHA, etc.);
- 7) New business.

Group safety meetings for operating departments will be held on a regular basis.

Employee attendance and discussion topics will be documented.

HAZARD ASSESSMENT

Periodically, but no less than quarterly inspections to identify and evaluate workplace hazards shall be performed by CSG Management according to the following schedule:

1. When Company Injury and Illness Prevention Program was first established;
2. When new substances, processes, procedures or equipment that present potential new hazards are introduced into our workplace;
3. When new, previously unidentified hazards are recognized;
4. When occupational injuries and illnesses occur;
5. When Company hire and/or reassign workers to processes, operations, or tasks for which a hazard evaluation has not been previously conducted;
6. Whenever workplace conditions warrant an inspection.

Periodic inspections consist of identification and evaluation of workplace hazards utilizing applicable sections of the attached Hazard Assessment Checklist. The Job Safety Analysis Form will be utilized to identify risks and state safe practices to be utilized in the performance of such tasks, and any other effective methods to identify and evaluate workplace hazards.

The work CSG does is completed at different locations; therefore the initial Job Safety Analysis Form is the responsibility of the senior project manager to complete for unique risks not previously identified.

The Work Plan is a stand alone document that identifies project activities at individual projects. The senior project manager is also to complete the Work Plan.

ACCIDENT/EXPOSURE INVESTIGATIONS

Investigation of workplace accidents, hazardous substance exposures and near-accidents will be the responsibility of job site supervision and operations management.

1. The primary responsibility is attend to any injured worker(s);
2. Visit the scene of the accident or exposure as soon as possible;
3. Interview affected workers and witnesses;
4. Examine the workplace for factors associated with the accident/exposure/near-accident;
5. Determining the causes of the accident/exposure/near-accident with a thorough investigation;
6. Ensure corrective action has been taken to prevent the accident/exposure/near-accident from re-occurring;
7. Record the findings with pictures and narrative, and corrective actions taken.

REGULATORY AGENCY REPORTING

The Cal-OSHA definition of "Serious Injury or Illness" is any death, injury or illness occurring in a place of employment or in connection with any employment, which requires inpatient hospitalization for a period in excess of twenty-four (24) hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include any injury, illness or death caused by an accident on a public street or highway or in the commission of a criminal act.

In the event of a serious injury or illness as defined above an identified Vice President listed above must be notified immediately. The Vice President is required to notify OSHA within 8 (eight) hours of the incident.

When making such report, the reporting party shall include the following information, if available:

1. Time, date, address and contact at the site of accident;
2. Employer's name, address and telephone number;
3. Name and address of injured employee(s);
4. Detail description of accident;
5. List and identity of any law enforcement agencies present at the site of accident.

HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures at Company's work facilities 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, Company 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;
3. All such actions taken and dates when they are completed shall be documented on the attached Job Safety Analysis Form.

TRAINING AND INSTRUCTION

CSG will provide training to all its operational employees and their supervisors in an effective manner for the employees to have an understanding of their duties.

All workers shall have training and instruction on general and job-specific safety and health practices. The Company's Injury and Illness Prevention Program (IIPP), Hotel Housekeeping Musculoskeletal Injury Prevention (MIPP), Heat Injury Prevention Plan (HIPP), and General Industry Safety Order, Article 5 Window Cleaning will be utilized in training.

Training and instruction shall be provided as follows:

1. When the programs are first established, or revised;
2. Continuously;
3. To all new workers, housekeepers, supervisors, and workers 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 Company becomes aware of a new or previously unrecognized hazard.

This training will include (but is not limited to):

1. Explanation of all pertinent training, emergency action plan, fire prevention plan, and procedures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed;
2. Signs, symptoms, and risk factors commonly associated with musculoskeletal injuries;
3. The elements of the MIPP and all records and their availability to housekeepers;
4. The process for reporting safety and health concerns without the fear of reprisal;
5. Provisions for medical services and first aid, including emergency procedures;
6. Proper housekeeping, such as keeping stairways and isles clear, work areas neat and orderly, and promptly cleaning up spills;
7. Body mechanics and safe practices including identification of hazards at the workplace, how those hazards are controlled during each housekeeping task, the appropriate use of cleaning tools and equipment, and the importance of following safe work practices to prevent injuries;
8. Training supervisors on how to identify hazards, the Company's hazard correction procedures, how defective equipment can be identified and replaced, obtain additional equipment; evaluate the safety of housekeepers' work practices, and to effectively communicate with housekeeper's concerning any problems.

In addition, CSG provides specific instructions to all workers regarding hazards unique to their job assignment to the extent that such information was not already covered in other training.

Please refer to the IIPP Training Requirements for all various training topics covered.

RECORDKEEPING

CSG has ten or more employees and keeps records as follows:

RECORD TYPE	RETENTION PERIOD
1. New Employee Orientation Training	1. Course of Employment – File in Personnel File
2. Ongoing Safety Training	2. Filed on a regular basis and revised as needed
3. Safety Inspection Reports	3. Filed on a regular basis and revised as needed
4. Certification Training	4. Course of Employment or until new certification training is conducted
5. Accident/Incident Investigations	5. Minimum 10 years plus length of employment or as legally required
6. OSHA 300 Logs	6. As required by Law
7. Employee Exposure Records	7. 30-Years plus length of employment or as required by law

Job Safety Analysis Form

Contract Services Group, Inc.	Injury & Illness Prevention Program Job Safety Analysis Form
	480 Capricorn Street • Brea, CA 92821 Phone: 714-582-1800 • Fax: 714-582-1799 •

Picture of task/equipment:	Task:		
	Job location:		
	Job Title:		
	Analyzed by:		
	Date:		
Required PPE:			
Required/Recommended Training:			
ACTIVITY	HAZARDS	CONTROLS	COMMENTS/DATES CORRECTED

EQUIPMENT	
<i>TOOLS AND EQUIPMENT</i>	<i>TRAINING & INSPECTION CRITERIA</i>

PERSONNEL			
<i>NAME</i>	<i>ROLE/ASSIGNMENTS</i>	<i>OSHA-RELATED TRAINING^{iv}</i>	<i>HAS COMPLETED SAFETY TRAINING FOR THE JOB HAZZARDS OF THE POSITION</i>
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

Preparer	
<i>Name and signature of person who filled out this AHA:</i>	<i>Date:</i>

By signing this AHA, the preparer is certifying that the information provided is true, and that any change in the conditions described in this AHA or inadequacies found for protecting employees during the activity may require a revision to this AHA.

Acceptance by CSG Management			
<i>Print Name</i>	<i>Signature</i>	<i>Title</i>	<i>Date:</i>
			<i>Date:</i>

ⁱBreak the task down into individual, sequential steps.

ⁱⁱIdentify the hazards associated with each individual step.

ⁱⁱⁱDevelop solutions to minimize or eliminate each hazard. For each hazard, there should be at least one solution to offset it.

^{iv}Copies of training tests and/or certificates must be included with this AHA, with Project-Specific Service Schedule or Plans and/or with CSG's APP.

Contract Services Group Work Plan

WORK PLAN	1. JOB NAME	2. DATE	3. TIME
4. WORK PERIOD(S) (DATE/TIME)			
5. WORK PLAN OBJECTIVES (INCLUDE ALTERNATIVES)			
6. WEATHER FORECAST FOR WORK PERIOD			
7. SAFETY MEASURES			
8. PERSONNEL ASSIGNED			
9. PREPARED BY		10. APPROVED BY	

New Hire Orientation

Employee Name _____

Supervisor _____

Date Start Orientation _____

Job Site _____

I. General Safe Work Practices	Employee Initials	Supervisor Initials
1. Reviewed emergency procedures	_____	_____
2. Conducted facility tour—review processes, fire extinguisher location, emergency exits, emergency equipment, etc.	_____	_____
3. Reviewed safety policy compliance procedures	_____	_____
4. Reviewed accident reporting procedures	_____	_____
5. Reviewed Code of Safe Practices	_____	_____
6. Reviewed IIPP/safety policy statement/employee responsibilities	_____	_____
7. Reviewed hazard reporting procedures/Hazard Report Form	_____	_____

II. Specific Work Practices
1. Issued and instructed on proper care and use of the following Personal Protective Equipment (PPE): eye protection, gloves, safety foot wear, etc.)
2. Reviewed specific machinery/tools/equipment employee will work on/with and how to operate it safely. List machinery/tools/equipment: _____
3. Additional training programs administered (Specific operations tasks. Boom lift, scissors lift certifications, etc.).
4. Reviewed hazardous materials and location/content of SDS's.

General and specific safe work practices have been explained to me and I understand them and what is expected of me in terms of workplace safety. I agree to comply with the codes of safe practices.

Employee #: _____ Employee Print Name: _____

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Hazard Assessment & Controls (General Sample)

ACTIVITY	HAZARD	MEASURES TO CONTROL RISK	RISK RATING <ul style="list-style-type: none"> • Low - Inj. Possible • Medium - Inj. Probable • High - Death, Serious Inj.
Ladder/Step Stool Use	Fall From Ladder/ Step Stool	<ol style="list-style-type: none"> 1. Use appropriate ladder. Step (A-Frame) Ladder for free standing work; Extension Ladder for access to other levels; 2. Set up. "A" frame properly extended and locked. Do not lean an "A" frame ladder against anything to use like an extension ladder; 3. Extension Ladder 4 to 1 pitch, extended 3 feet above access point, tied off as applicable; 4. Inspection- Remove damaged or unsafe ladders and step stools from use, tag "do not use"; 5. Proper use- No use of top two (2) steps on Step Ladder and top three (3) rungs on Extension Ladder; 6. Belt buckle leaning rule-do not over-reach. Keep belt buckle inside the ladder rails; 7. No carrying materials or tools in hands when climbing; 8. 3-Point Contact. Use two hands and one foot, or two feet and one hand when climbing/descending; 	MEDIUM/HIGH - Serious injury probable, death possible

ACTIVITY	HAZARD	MEASURES TO CONTROL RISK	RISK RATING <ul style="list-style-type: none"> • Low - Inj. Possible • Medium - Inj. Probable • High - Death, Serious Inj.
Material Handling/Lifting	Strain From Lift/Push/Pull	<ol style="list-style-type: none"> 1. Proper technique- Lift with legs, do not twist with load; 2. Two person lift- All loads over 40 pounds, get help; 3. Use mechanical lifting equipment- Forklift, hand truck, cart. 	LOW/MEDIUM - Minor to serious injury possible/probable
General Walking/Working Area	Slip, Trip, Fall On Same Level	<ol style="list-style-type: none"> 1. Orderly housekeeping; 2. Clean all slip hazards immediately; 3. Approved footwear- Good traction soles required; 4. Routing- Keep tools and material out of walk aisles. 	LOW/MEDIUM - Minor to serious injury possible/probable
Heat	Exhaustion, Heat Stroke	<ol style="list-style-type: none"> 1. Personnel trained, oriented, and acclimatized to job site conditions; 2. Adherence to Heat Injury and Illness Prevention Plan. 	MEDIUM/HIGH - Serious injury probable, death possible
Hand Tool Use	Hand Injury, eye, cuts, strains	<ol style="list-style-type: none"> 1. Training and orientation on all tools; 2. Inspection- Remove damaged or unsafe tools from use, tag “Do Not Use”; 3. Proper use- Do not use a tool for a purpose it’s not intended; 4. Hand/body part positioning- Do not put parts of the body in positions to be injured or trapped; 5. Gloves- Use the proper glove for the application. 	LOW/MEDIUM - Minor to serious injury possible/probable

ACTIVITY	HAZARD	MEASURES TO CONTROL RISK	RISK RATING <ul style="list-style-type: none"> • Low - Inj. Possible • Medium - Inj. Probable • High - Death, Serious Inj.
Power Tool-Equipment Use	Hand/Face/Body Injury Electricity, strains, noise	<ol style="list-style-type: none"> 1. Training and orientation on all tools; 2. Inspection- Remove any equipment with damage or missing guards; 3. Remove any tool or temporary cord missing any prongs; 4. Use GFCI power in wet conditions; 5. Lay cords to avoid slips, trips and falls. 	MEDIUM/HIGH - Serious injury probable, death possible
Fall Protection	Body, others	<ol style="list-style-type: none"> 1. Only trained and authorized personnel may work in fall protected conditions; 2. Adherence to fall protection plan. 	MEDIUM/HIGH - Serious injury probable, death possible
Confined Spaces	Body, Engulfment Suffocation	<ol style="list-style-type: none"> 1. Only trained and authorized personnel may work in confined spaces; 2. Adherence to Confined Space Entry Plan. 	MEDIUM/HIGH - Serious injury probable, death possible
Mobile Equipment	Body/Others	<ol style="list-style-type: none"> 1. Only trained and authorized people can operate mobile equipment; 2. Inspection – Completed prior to use; 3. Maintenance – equipment maintained per manufacturers specifications, or removed from service. 	MEDIUM/HIGH - Serious injury probable, death possible
Fire Prevention	Fire	<ol style="list-style-type: none"> 1. Training and orientation on hazardous locations; 2. Appropriate fire extinguisher in immediate area; 3. Personnel trained in proper use; 4. Smoke only in designated areas. 	MEDIUM/HIGH - Serious injury probable, death possible

ACTIVITY	HAZARD	MEASURES TO CONTROL RISK	RISK RATING <ul style="list-style-type: none"> • Low - Inj. Possible • Medium - Inj. Probable • High - Death, Serious Inj.
Chemical Safety	Burns To Eyes, Skin, and Throat	<ol style="list-style-type: none"> 1. Use chemicals in accordance with the label and SDS; 2. Wear required protection for eyes, skin and breathing; 3. Properly store supplies to prevent spills; 4. Ensure secondary bottles/spray bottles are properly labeled; 5. Clean up any spills immediately. 	LOW/MEDIUM – Minor to medium injury possible/probable
Vehicle Operation	Collision, Strains To Back, Knees, Ankles	<ol style="list-style-type: none"> 1. Only authorized drivers may operate company vehicles; 2. Inspection- Drivers are required to inspect vehicles before use. Remove unsafe vehicle from service; 3. Seat belts are to be used at all times; 4. No personnel may ride in cargo area; 5. Maintain proper following distance from other vehicles (3-5seconds unloaded/loaded); 6. No cell phone use without hands free technology, no/texting while driving. 	MEDIUM/HIGH - serious injury probable, death possible
Electrical	Shock, Electrocutation	<ol style="list-style-type: none"> 1. Lock and tag out electrical sources before working on them; 2. Only trained persons allowed to repair electrical equipment; 3. Report all damage to electric cords, plugs and wall receptacles. 	MEDIUM/HIGH - serious injury probable, death possible
Housekeeping Floor job duties	Collision strains to back, arms, hands, and legs	<ol style="list-style-type: none"> 1. When sweeping, dusting, scrubbing, mopping, vacuuming, and polishing floors make sure to have the right body posture. 2. Follow the Company’s safety policies when doing this work to prevent injury to self or others. 	LOW/MEDIUM – Minor to medium injury possible/probable

ACTIVITY	HAZARD	MEASURES TO CONTROL RISK	RISK RATING <ul style="list-style-type: none"> • Low - Inj. Possible • Medium - Inj. Probable • High - Death, Serious Inj.
Housekeeping moving and loading/unload and cleaning duties	Collision strain to back, knees, hands, and arms	<ol style="list-style-type: none"> 1. When moving equipment or furniture follow instructions in how to properly move it; 2. If the item is too heavy ask for assistance; 3. Read the labels and make sure it is the correct chemical for the task; 4. Make sure correct items are being placed in the linen carts; 5. Must follow instructions always in how to pull and push all carts. 6. If the loading is too difficult to move ask for assistance; . 	LOW/MEDIUM – Minor to medium injury possible/probable
Housekeeping Room Job duties	Body/ Others	<ol style="list-style-type: none"> 1. When removing and supplying linen and other supplies in the rooms, make sure the proper transport equipment is being used; 2. Collecting and disposing of trash, should be done according to established policies; 3. Make sure all items left for guest use are properly labeled; 4. Inspect the room one last time to ensure all the proper supplies have been left and cleaning has been done correctly. 	LOW/MEDIUM – Minor to medium injury possible/probable

Code of Safe Practices

- 1) All employees shall follow all safety rules, always work in a safe manner and report all unsafe conditions or practices to their Supervisor. If your supervisor does not respond to correcting an unsafe condition report it a responsible Vice President whose names are listed in the IIPP.
- 2) All injuries or accidents must be reported IMMEDIATELY to your supervisor;
- 3) Damage or unsafe equipment or tools shall not be used and shall be removed from service and tagged “DEFECTIVE”;
- 4) No employee shall use any equipment, chemicals, or other supplies for which he or she has not been trained to use;
- 5) When lifting, follow correct procedures in lifting, and if it is too heavy ask for help;
- 6) Wet or slippery floor conditions must always be posted with signs, and spills need to be cleaned up immediately;
- 7) Employees shall not attempt to repair equipment, tamper with equipment or remove any parts from equipment. All tools and equipment shall be maintained in good condition, as well as, janitor closets must be kept clean and organized. An authorized trained technician will do all repairs;
- 8) Anyone known to be under the influence of drugs or intoxicating substances is not allowed on the job site;
- 9) Smoking is not allowed in any work area. Smoking is only allowed during breaks and in authorized areas.
- 10) Work will be well planned and supervised to prevent injuries, therefore, no horseplay and other distractions such as use of cell phones, radios, “Walkman” or “Ipod” devices that tend to have adverse influence on safety will not be allowed;
- 11) No one shall knowingly be permitted or required to work while the employee’s ability or alertness is impaired by fatigue, illness or other causes that it might unnecessarily expose the employee or others to injury;
- 12) Only approved slip resistant shoes should be worn at work. Assigned PPE must be used at all times;
- 13) All floor machines will be unplugged, turned off, and laid down when not in use, a floor machine will NEVER be left unattended with the plug still in the wall;
- 14) Only employees authorized to drive personal vehicles for business may do so. Any employee who drives Company or personal vehicles for Company business must complete CSG’s driving program.

This Code of Safe Practices is a major representation of mandatory work safety practices for all employees.

It should not be considered a complete list of mandatory safe work practices

Code of Safe Practices Acknowledgement

This is to acknowledge that I have received a copy of Contract Services Group, Inc. (Company) Code of Safe Practices. I have read these, understand them, and will comply with them while working for the Company. If I am unable to read them I will have them read to me.

I understand that failure to abide by these rules may result in disciplinary action and possible termination of employment.

I also understand, that I am to report any injury to my supervisor immediately and report all safety hazards.

I further understand that I have the following rights:

- I am authorized to shut down any work function that I deem to be unsafe.
- The Company has on file at all job sites Safety Data Sheets (SDS) of chemical products used in the workplace, and I am able to review them at any time.
- The Company will reward employees who report unsafe work conditions or present work safety enhancements.

Every jobsite has on file a copy of its Injury & Illness Prevention Plan (IIPP), which includes compliance with Heat Illness Prevention Plan (HIPP), and Musculoskeletal Injury Prevention Program (MIPP). These documents are available to every employee for review.

Employee Name - printed

Employee Signature

Date

Training Attendance

Contract Services Group, Inc	Date:
Dept./Area:	Presenter:
Topic:	

Printed Name – Apellido la letra de molde	Signed Name - Firma
1.	
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Notes:	

Supervisor's Investigation

Location of Accident			Date of Occurrence	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Reported
Personal Injury			Property Damage		
Injured's Name:	Date of Hire	Age	Property Damaged		
Job Title	Years on Job		Est. Cost	Actual Cost	
Type of Injury	Part of Body		Nature of Damage		
Object/Equipment/Substance causing injury			Object/Equipment/Substance causing damage		
D E S C R I B E	Clearly describe how the incident occurred. Attach or email photos if any were taken.				
A N A L Y Z E	<p>What acts contributed to this accident?</p> <p> <input type="checkbox"/> Unauthorized operation <input type="checkbox"/> Failure to follow SOP's <input type="checkbox"/> Disabling a safety control <input type="checkbox"/> Unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear PPE <input type="checkbox"/> Inappropriate tools/equip. <input type="checkbox"/> Other: </p>				

	What conditions contributed to this accident? <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Work area layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed PPE <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Overcrowding <input type="checkbox"/> Other:		
	What has been done to correct the unsafe condition?		
Loss Severity Potential <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor		Probable Recurrence Rate <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare	
Do you question the validity of the claim? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach a separate narrative statement			
P R E V E N T	What has been done to prevent recurrence? <input type="checkbox"/> Enforce SOP's <input type="checkbox"/> Revise Codes of Safe Practices <input type="checkbox"/> Individual Training <input type="checkbox"/> Tail-Gate Training <input type="checkbox"/> CSG Discipline Issued <input type="checkbox"/> Redesign Task Analysis <input type="checkbox"/> New Tool/Equipment <input type="checkbox"/> Other:		
	Person Responsible for Implementing Action: Print Name - _____ Signature - _____		
	Date Completed: _____		
Investigated By: _____		Date: _____	
Reviewed By: _____		Date: _____	

**Temporary Transitional Duty
Acknowledgement of Work Restrictions**

I have been advised of the physical limitations outlined by the attending physician/medical provider and understand my work restrictions. I further understand that it is my responsibility not to violate these restrictions without specific medical authorization. I further agree that if management asks that I perform duties that would violate this work restriction, I will immediately advise my assigned supervisor and/or other management, if necessary, of my physical limitations concerning the requested duties.

I understand that all company policies and procedures are applicable to the temporary transitional-duty program, and as a participant in this program, I will adhere to company policies and procedures.

RESTRICTIONS:

Employee Name: _____

Employee Signature _____

Date _____

Supervisor Name: _____

Supervisor Signature _____

Date _____

MANDATORY COMPLIANCE TRAINING

All required CSG employees are trained in the following government mandated programs:

Injury & Illness Prevention Program (IIPP) Training Requirements

Heat Illness Prevention Plan (HIPP)

Musculoskeletal Injury Prevention Program (MIPP)

IIPP Training Requirements

The following is a list of the *Instruction and Training* requirements contained in the **Construction Safety Orders** (Subchapter 4) and the **General Industry Safety Orders** (Subchapter 7) of Title 8, Division 1, Chapter 4 (with several references contained in Chapter 3.2) of the California Code of Regulations. Also included are references to both Competent Person and Qualified Person.

While every effort has been made to ensure the accuracy of the information presented, users are cautioned to refer to Title 8 and the specific sections of interest. This list is a guide only and not meant to be a substitute for –or a legal interpretation of – the occupational safety and health standards.

Users may review Title 8 Regulations at: <http://www.dir.ca.gov/samples/search/query.html>

Training Topic	Section	Frequency	Job Class
Accident investigation	3203 a 7 f	Initial	Supervisors
Accident prevention tags	3341 d 5	Initial	Impacted employees
Blood borne pathogens	5193 g 2	Initial + Annual	Potentially exposed employees
Elevating work platforms and aerial devices	3648 l 7 3648 c 3638 d	Before use	Authorized personnel
Emergency Action Plan	3220 e	Initial + Updates	Impacted employees
Ergonomics	5110 b 3	Initial	Affected employees

Fall Protection	1671.1	Initial	Qualified & Competent Person
Fire Extinguisher	6151 g1-2	Initial + Annual	Assigned employees
Fire Prevention Plan	3221 d1-2	Initial + New Hzrds	Exposed employees
First Aid, CPR	3439 b	Initial + Changes	Supervisors, Assigned employees
	3400 b	Cert. Expiration	
Hazard Communication	5194 b 1	Initial + New chemicals or processes	Exposed employees
Heat Stress	3395 e	Initial	Exposed employees
Industrial Lift Trucks	3657	Initial	Operators
	3664 b	Post accident	
	3668	Unsafe operation At least every three (3) years	
IIPP	3203 a 7	Initial + Updates	All employees
Job Hazards	3203 a 7	Before assignment New hazards	All employees
Lockout/ Blockout	3314	Initial	Affected employees
	3314 j	When updated	Qualified Person
Machinery and equipment	1510 b	Before use	Qualified Person
Medical, Exposure records Access	3204 g, 1	Initial Annual	Affected employees
Personal Fall Arrest	1670 b19	Before Use	Competent Person

Restraint systems

Personal Protective Equip.	3380 c	Initial	PPE users
CA Posting requirements	340	Initial	All employees
Process Safety Mgmt.	5189 g	Initial Refresher Supplemental certification	Involved employees
Scaffolding	1637	Initial Refresher	Qualified Person, Competent Person Affected employees
Supervisor Safety	3203 a 7 F	Initial Change	Supervisors

DEFINITIONS:

Qualified Person - A qualified person is a person **designated** by the employer; and by reason of **training**, experience, or instruction has demonstrated the ability to perform safely **all** assigned duties; and, when required is properly licensed in accordance with federal, state, or local laws and regulations.

Examples: **Fall Protection**, 1671.1

Competent Person

A competent person is a person who is **capable** of identifying existing and predictable hazards in the surroundings or working conditions that are unsanitary, hazardous, or dangerous to employees. The competent person has the **authority** to impose prompt corrective measures to eliminate these hazards.

Examples: **Fall Protection** Plan implementers and supervisors 1671.1;

The Cal/OSHA Publications website contains additional publications that may be of interest. To

review, download, or order free educational materials, go to: www.dir.ca.gov/dosh/puborder.asp

Contract Services Group, Inc.

Heat Illness Prevention Plan

1.0 Purpose

This Heat Stress Prevention Program has been developed to provide workers with the training and equipment necessary to protect them from heat related exposures and illnesses.

2.0 Training

All employees who are or may be exposed to potential heat related illnesses will receive training on the following:

- The environmental and personal risk factors that cause heat related illnesses;
- The employer's procedures for identifying, evaluation and controlling exposures the environmental and personal risk factors for heat illness;
- The importance of frequent consumption of small quantities of water, up to 4 cups per hour under extreme conditions of work and heat;
- The importance of acclimatization
- The different types of heat illness and the common signs and symptoms of heat illness;
- The importance of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves, or in co-workers.
- The employer's procedures for responding to symptoms of possible heat illness, including how emergency medical services will be provided should they become necessary;
- Procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider;
- How to provide clear and precise directions to the work site.

3.0 Supervisor Responsibilities

- All supervisors will be provided a copy of this program and training documents prior to assignment of employees working in environments where heat exposures may occur.
- Supervisors will be provided the procedures to follow to implement the applicable provisions of this program
- Supervisors will be provided the procedures to follow when an employee exhibits symptoms consistent with possible heat illness, including emergency response procedures.

4.0 Provision of Water

Employees shall have access to potable water. Water shall be provided in sufficient quantity at the beginning of the work shift to provide one quart per employee per hour for drinking the entire shift for a total of 2 gallons per employee per 8-hour shift. Employees may begin the shift with smaller quantities of water if effective procedures for replenishment of water during the shift have been implemented to provide employees one quart or more per hour.

5.0 Access to Shade

Employees suffering from heat illness or believing a preventative recovery period is needed shall be provided access to an area with shade that is either open to the air provided with ventilation or cooling for a period of no less than five minutes. Such access to shade shall be permitted at all times. Shade areas can include trees, buildings, canopies, lean-tos, or other partial and/or temporary structures that are either ventilated or open to air movement. The interior of cars or trucks are not considered shade unless the vehicles are air conditioned or kept from heating up in the sun in some other way.

6.0 Heat Stress Disorders

6.1 Heat Rash (Prickly Heat)

Symptoms:

- Red blotches and extreme itchiness in areas persistently damp with sweat.
- Prickling sensation on the skin when sweating occurs.

Treatment:

- Cool environment.
- Cool shower.
- Thorough drying.

Heat rashes typically disappear in a few days after exposure. If the skin is not cleaned frequently enough the rash may become infected

6.2 Heat Cramps

Symptoms:

- Loss of salt through excessive sweating,
- Cramping in back, legs and arms

Treatment:

- Stretch and massage muscles.
- Replace salt by drinking commercially available carbohydrate/electrolyte replacement fluids.

6.3 Heat Exhaustion

Heat exhaustion occurs when the body can no longer keep blood flowing to supply vital organs and at the same time send blood to the skin to reduce body temperature.

Symptoms:

- Weakness.
- Difficulty continuing work.
- Headache.
- Breathlessness.
- Nausea or vomiting.

- Feeling faint or actually fainting.

Treatment:

- Call 911.

Help the victim to cool off by:

- Resting in a cool place.
- Drinking cool water.
- Removing unnecessary clothing.
- Loosening clothing.
- Showering or sponging with cool water.

It takes 30 minutes to cool the body down once a worker becomes overheated and suffers heat exhaustion.

6.4 Heat Stroke

Heat stroke occurs when the body can no longer cool itself and body temperature rises to critical levels.

Symptoms:

- Confusion.
- Irrational behavior.
- Loss of consciousness.
- Convulsions.
- Lack of sweating.
- Hot, dry skin.
- Abnormally high body temperature.

Treatment :

- Call 911.

Provide immediate, aggressive, general cooling.

- Immerse victim in tub of cool water;
- Place in cool shower; or
- Spray with cool water from a hose; or
- Wrap victim in cool, wet sheets and fan rapidly.
- Transport victim to hospital.

Do not give anything by mouth to an unconscious victim.

7.0 Safe Work Procedures

7.1 Supervisors Responsibilities

Supervisors are responsible for performing the following:

- Give workers frequent breaks in a cool area away from heat.
- Adjust work practices as necessary when workers complain of heat stress.
- Oversee heat stress training and acclimatization for new workers and for workers who have been off the job for a period of time.
- Monitor the workplace to determine when hot conditions arise.
- Increase air movement by using fans where possible.
- Provide potable water in required quantities.
- Determine whether workers are drinking enough water.
- Make allowances for workers who must wear personal protective clothing (welders, etc.) and equipment that retains heat and restricts the evaporation of sweat.
- Schedule hot jobs for the cooler part of the day; schedule routine maintenance and repair work in hot areas for the cooler times of the day.
- Make available to all workers, cooling devices (hard hat liners/bibs/neck bands) to help rid bodies of excessive heat.

7.2 Workers

Workers are responsible for performing the following:

- Follow instructions and training for controlling heat stress.
- Be alert to symptoms in yourself and others.
- Determine if any prescription medications you're required to take can increase heat stress.
- Wear light, loose-fitting clothing that permits the evaporation of sweat.
- Wear light colored garments that absorb less heat from the sun.
- Drink small amounts of water – approximately 1 cup every 15 minutes.
- Avoid beverages such as tea or coffee.
- Avoid eating hot, heavy meals.
- Do not take salt tablets unless prescribed by a physician.

8.0 Program Review

The Safety Committee will periodically review this program for compliance with all applicable regulatory standards. Updates will be provided to all employees. This plan shall be made available, in writing, to employees and to representatives of the Division of Occupational Safety upon request.

Musculoskeletal Injury Prevention Program (MIPP)

CSG's IIPP program meets and includes the Occupational Safety and Health Standards Board ((OSHSB) mission to promote, adopt, and maintain reasonable and enforceable standards that will ensure a safe and healthful workplace for all workers.

California Code of Regulations Title 8, Division 1, Chapter 4 will be enforced as a component of the MIPP program

Window Cleaning Safety Programs

CSG's widow cleaning safety standards program is governed by General Industry Safety Orders, Title 8 General Industry Safety Orders, Article 5, Window Cleaning and an American National Standard, ANSI/IWCA I-14.1-2001
