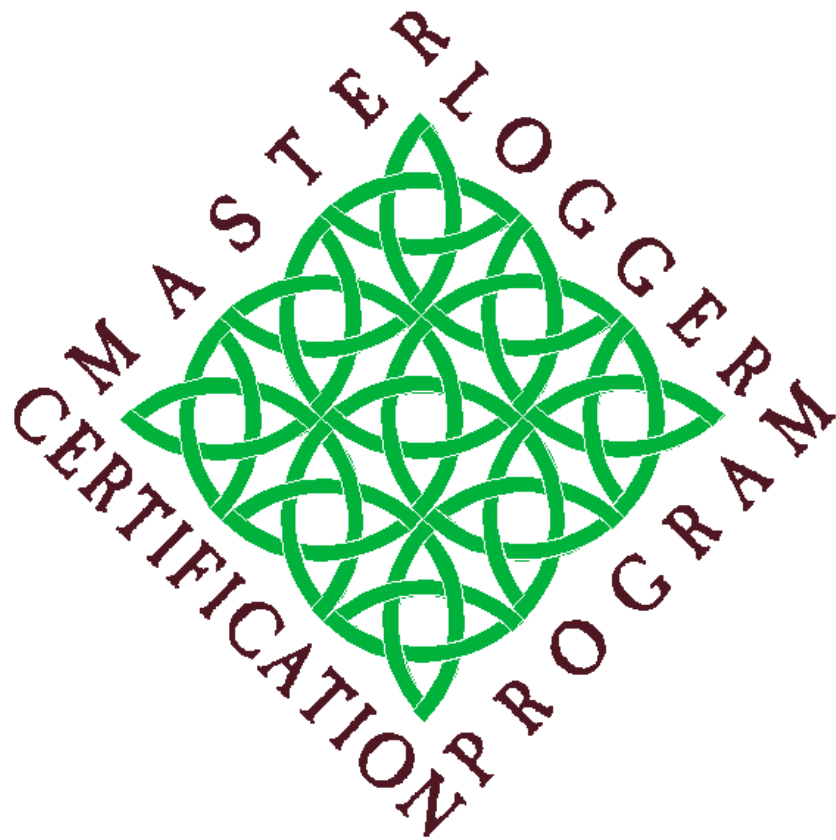


# Employee Safety and Training Manual



(Forms may be used as a master or photocopies made. Signed forms should be kept with employees personnel file.)

# Safety Policy

Safety Policy for

**ANNUALLY**

\_\_\_\_\_  
(Insert company name)

It is the policy of \_\_\_\_\_ that safety is a number one priority and to provide as safe a workplace as possible for our employees. Accidents and injuries are preventable.

Our policy included the following:

1. A responsible employee in a position of authority will be appointed Safety Coordinator. \_\_\_\_\_ has been appointed to fill this position.
2. Owners, supervisors, foreman and employees are responsible for implementing this policy by working in a safe manner.
3. Regularly scheduled safety meetings will be held with all employees.
4. All accidents will be reported, investigated and actions taken to prevent reoccurrence.
5. All new employees will be trained in safe working practices for the particular jobs and closely supervised until they are fully capable of safe performance.
6. All employees are required to use personal protective equipment (PPE) provided by this company or the employee. Equipment will be kept in good condition.
7. Employees will report any and all accidents to their immediate supervisor.
8. All employees are expected to cooperate in keeping work areas clean and free of hazards. Employees will report any observed hazard to their immediate supervisor.
9. Each employee is required to keep a safe distance from other employees while moving equipment and other hazards.
10. Employees will operate equipment as instructed in safe and reasonable manner.
11. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Minimum Safety Requirements

Minimum Safety Rules for

**ANNUALLY**

\_\_\_\_\_  
(Insert company name)

1. All accidents, no matter how slight, must be reported to your supervisor IMMEDIATELY.
2. Any employee injured on the job or requiring medical treatment must first report the injury to her/his supervisor. A medical emergency is an open wound requiring stitches, loss of consciousness, or any injury involving broken bones. If you go to the Emergency Room or to a physician on your own, you may have to pay your own bill. The company has the right to refuse payment when the company has approved a medical provider for treatment and you elect to use the services of another physician without obtaining consent from the company.
3. Personal protective equipment (PPE) (i.e. hard hats, chaps, eye protection, ear protection, gloves, etc.) will be provided and MUST be worn in designated areas at ALL times.

Designated areas where personal protective equipment (PPE) is required are as follows:

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

4. All workers must wear adequate footwear. Tennis shoes, platform shoes, sandals, etc. are not acceptable.
5. Use of alcohol and/or illegal drugs on the job or the debilitating effects of their prior use shall not be permitted and shall be grounds for immediate termination of employment.
6. Machine guards and/or protective shields, barricades, safety devices, etc. shall not be removed except by authorized personnel such as mechanics, maintenance personnel, etc. and shall be re-installed as soon as maintenance activities are completed.
7. Machine and equipment operators must insure that all guards and shields are in place and in proper working condition prior to beginning and during operations.
8. Equipment shall be LOCKED and TAGGED OUT prior to performing any maintenance, making any adjustments, or removing debris. Allow coast down time for all parts to completely stop moving before starting work.

9. When “jump starting” mobile equipment, employees must insure that its running gear is in neutral, brakes are locked, head/blades and/or buckets are lowered, and that no safety device designed to prevent machine movement is being by-passed.
10. HORSEPLAY and running shall not be permitted on the premises, to include all work areas in/out side the buildings and parking lots.
11. If you are familiar with an operation or machine, you must first check with your supervisor prior to proceeding.
12. Any unsafe condition noted must be reported to your supervisor, who is responsible for having the conditions corrected prior to proceeding.
13. When mobile equipment i.e., skidders, dozers, front end loaders, feller bunchers, etc. are not in operation or parked , blades, buckets, cutting heads, etc., must be lowered to ground level.
14. Operators must wear seat belts when mobile equipment is being operated. Seat belts must be worn by all employees when driving or riding in all motor vehicles.
15. Hitching a ride on any mobile equipment, i.e., skidders, dozers, front-end loaders, feller bunchers, etc., is NOT allowed.
16. Employees shall not talk, signal, or distract in any manner another employee while they or you are operating moving and/or mobile equipment, i.e., chain saws, skidders, loaders, feller bunchers, etc.
17. Before starting manual felling, the employee cutting the tree must make sure all other employees are a distance from the stump of at least twice the height of the tree being felled.
18. Workers must keep a minimum distance of at least two tree lengths between themselves and mobile equipment and/or felling operations.
19. Never leave a lodged or hung tree. The area in which the lodged tree is located is to be flagged and the skidder operator notified to pull the hazardous tree to the ground immediately.
20. Employees working on the ground, i.e., stumpers, limbers, skidder operators, etc. shall always observe for overhead hazards, i.e., lodged trees, hung limbs, etc.
21. Employees cutting down trees shall have a clear path of retreat before beginning a cut to ensure that a line of escape is available.

22. Always plan the direction of fall of any tree being felled. Proper undercut must be made on all trees where necessary. Never cut a standing tree completely through. Sufficient wood should be left between the undercut and the felling cut that the tree can hinge to prevent kickback.
23. Chain saw operators must always grip the saw firmly with both hands, wrap the front hand hold bard with the thumb and never ct with the tip of the chain saw blade.
24. All chain saws must be equipped with a properly functioning chain brake.
25. Employees shall avoid standing between logs that may roll while being bucked or position themselves so as to be thrown or struck while logs or the loader is moving poles.
26. Knucklebloom loader operators must never swing the boom over employees.
27. Loader operators shall never load log trucks more than ½ the height of the diameter of the outer logs over stationary standards. The load may be rounded in the middle so as to secure and balance the load.
28. Truck drivers must be at a safe distance away from the truck during loading or unloading operation.
29. When in the immediate vicinity of a log truck each employee shall constantly be aware of, and position himself in such a manner so as to insure that he will not be struck by material falling from the truck.
30. All truck drivers must comply with ALL State and Federal laws, statutes, and regulations relating to highway safety (i.e., speed and weight limits, driving time, stop signs, etc.)
31. Each employee will be trained in, and required to use, proper lifting techniques and body mechanics. When confronted with lifting and/or moving any object for which the employees must exert more force than required in the normal performance of his routine duties, he is to either seek the assistance of an adequate number of employees to lift and/or move the object in a safe manner, or lift and/or move it by mechanical means.

NOTE: These safety rules have been developed for the protection of your safety and health. Abiding by these rules will make our operation more efficient and successful, however, repeated violation of these safety rules will be grounds for termination of employment. The following actions may be taken for repeated violations:

First Offense \_\_\_\_\_

Second Offense \_\_\_\_\_

Third Offense \_\_\_\_\_

Other disciplinary actions:

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**I have read and understand the safety rules listed above and agree to comply with the company's safety requirements.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

# Drug and Alcohol Policy

Drug and Alcohol Policy for

**ANNUALLY**

\_\_\_\_\_  
(Insert company name)

In consideration for employment I hereby agree to the following rules and regulations pertaining to illegal drugs, alcohol and legally prescribed medical drugs:

1. I agree to notify my employer of the need for me to take any prescription drug(s) that may impair the safe performance of my duties.
2. I agree not to operate any equipment or motor vehicle(s) while taking a prescribed drug that may impair the safe performance of my duties.
3. I agree never to drink alcohol when operating employer owned or leased vehicles or equipment.
4. I agree never to use any illegal or controlled substance while employed.
5. I agree to never to report for work while under the influence of alcohol or illegal drugs. I will advise my supervisor upon reporting to work, if I am taking medication prescribed by my doctor that may impair the safe performance of my duties.
6. I agree that if I am asked to take a test for illegal or controlled substances and refuse, that it will constitute my voluntary resignation immediately.
7. I agree that if I violate any of the above rules and regulations, my employment will be terminated immediately.

EMPLOYEE:

\_\_\_\_\_  
(Employee signature)

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

\_\_\_\_\_  
(Dated)

WITNESS:

\_\_\_\_\_  
(Employee signature)

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

\_\_\_\_\_  
(Dated)

# Blood Bourne Pathogen Procedure

**Housekeeping:** All equipment and work areas exposed to blood or other bodily fluids must be cleaned with a disinfectant. All tarps and protective covers should be cleaned or replaced if contaminated. Eating, drinking, smoking, and applying contact lenses are prohibited in areas where there is a possibility of contact with human blood or bodily fluids.

**Hepatitis B Vaccinations:** Any person who has had occupational exposure has the right to request a series of three injections. The logger may arrange for the three injections over a six month period prior to exposure OR have the series within a 24-hour period after a first time exposure. If the series is declined a form must be signed and kept on file stating that decision.

**After the exposure and follow-up:** Record how exposure occurred and the details of the incident. A record of illnesses of the exposed worker should be kept on file for one year after the exposure.

**Signature**

**Date**

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# Hazard Communication HAZCOM Program

CONTINUOUS

Hazard Communication Program for

\_\_\_\_\_ (insert company name)

This HAZCOM Program was developed to make employees aware of chemical hazards, information is provided to employees about chemicals used on the job through a master list of chemical names, Material Safety Data Sheets (MSDS) kept on the job site in a booklet, proper labeling of containers, training for new employees, and annual reviews for all employees.

The HAZCOM Program Coordinator for this company is \_\_\_\_\_.  
The Coordinator is responsible for overseeing the program.

## **Complete Chemical List**

A list of any hazardous materials used on our job site is available at \_\_\_\_\_  
\_\_\_\_\_. (location). The list is updated as needed.

## **Master Chemical List**

A list of common and frequently used hazardous materials is available at \_\_\_\_\_  
\_\_\_\_\_ (location). This list is kept with the MSDS file on the job site and has an MSDS for each chemical listed.

## **Material Safety Data Sheet (MSDS)**

Information on hazardous materials found on the job site are available to any and all employees. The MSDS file is found on the job site at \_\_\_\_\_ (location).

Container labeling HAZARDOUS material containers will be clearly labeled as to: contents, correct hazard warning or symbol, name and address of manufacturer. Labeling is not required for portable containers intended for immediate use.

## **Training**

1. New employees must attend a training session before working with hazardous materials. This training is to cover:
  - Information contained in MSDS
  - Physical and health hazards for job site chemicals
  - How presence or release of materials is detected
  - How to protect against hazards by personal protective equipment, special handling, and other controls

2. All employees must receive an annual refresher training in above and immediate training if a new material is added or new hazard determined.
3. Supervisors must receive training adequate to answer employee questions and monitor job site hazards.
4. Any outside contractor will be advised of any hazards existing on the job site, location of MSDS's and must provide proper labeling and MSDS for any chemical brought on the job site

**Additional Information**

Any employee can obtain additional information by contacting the above named HAZCOM Program Coordinator.

The HAZCOM Program above has been reviewed and I understand my rights and responsibilities.

EMPLOYEE SIGNATURE

DATE

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# HAZCOM Materials Master List

Hazard Communication Program for

**CONTINUOUS**

\_\_\_\_\_ (insert company name)

An MSDS for each of the materials listed below is available at \_\_\_\_\_ (location)

**Materials:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This master list was prepared by and will be updated by:

Name \_\_\_\_\_ Title \_\_\_\_\_

# Emergency Response Plan for Hazardous Materials

CONTINUOUS

Emergency Response Plan for

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(insert company name)

Most spills will involve fuel oil, motor oil or hydraulic oil. Only fuel oil is a “hazardous substance” by definition. The following actions will be used to handle leaks and spills and to prevent any environmental damage not related to employees handling hazardous substances.

Designated persons will be trained as a first response team. Training will include: how to contain spills, how to clean up spills, recognizing hazards in clean up and limits on ability to clean up.

## **Reporting the spill**

Employees must report any leak or spill to an immediate supervisor. The reporting sequence is as follows: Employee to Supervisor to Company Owner.

Spills that threaten lives or have significant environmental threat must be reported immediately. If you cannot reach someone in the chain of command then report directly to state Emergency Management agency. (for ME contact Maine Emergency Management Agency)

### ***When talking to your agency be sure to:***

- give good directions to spill site
- do not hang until directed to do so
- record name of person you spoke to and time
- write a brief report including calls made, public agency answers and responses, actions taken by you and other company employees

### ***Handling the spill***

If the material is listed as hazardous or you do not know what it is:

- do not attempt containment or clean up
- stay a safe distance away
- allow no one to enter the area, use flagging if necessary
- large volumes of gasoline or other volatile substances should be avoided
- call and wait for the first response team

### ***If the material is known and not hazardous:***

- if you have been trained, and fire and other dangers do not exist, stop the release

The "FIRST RESPONSE TEAM" of trained employees:

_____	_____
_____	_____
_____	_____

Spill clean-up and supplies consist of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and are located at \_\_\_\_\_

I have read and reviewed this Emergency Response Plan and understand my duties.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

# PPE Requirements

**CONTINUOUS**

Personal Protective Equipment Requirements for

\_\_\_\_\_

(insert company name)

Check ( ✓ ) what is required:

Equipment	LOADER	SKIDDER/ BUNCHER	SAWHAND	TRUCK DRIVER	OTHER
Hard Hat					
Eye Protection					
Hearing Protection					
Safety Shoes					
Saw Chaps					
Other					
Other					
Other					

I understand the above company requirements for proper use of personal protective equipment on a daily basis.

EMPLOYEE SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

# FIRST AID FOR LOGGERS

## First Aid Kit Contents

The following list includes the minimum amount and type of first aid supplies accepted by OSHA for a small logging crew of one to three employees.

- Instructions for requesting emergency assistance, which include: Emergency phone numbers, Life Flight phone numbers, Directions to the work site, Your name, Your phone/radio number, Your location, Nature of the accident, Number of people injured, Time of the accident, Condition of the victim(s), Name/description of the person who will meet the ambulance/Life Flight
- Gauze pads (at least 4"x4")
- Two large gauze pads (at least 8"x10")
- Box of adhesive bandages
- One package of gauze roller bandage at least 2" wide
- Two triangular bandages
- Wound cleaning agent, such as sealed moistened towelettes
- Scissors
- Blanket
- Tweezers
- Adhesive tape
- Two elastic wraps
- Splint
- *Resuscitation equipment such as resuscitation bag, airway or pocket mask*
- *3 pair of latex gloves*
- *1 barrier (surgical mask)*
- *1 pair of safety glasses or goggles*
- *6 plastic bags for disposal of blood-soaked items*

*Items in italics make up a Biohazard kit that can be included within the First Aid kit or stored separately. Both should be readily accessible on each piece of equipment. This PPE helps to meet the OSHA standard for blood-borne pathogen kits.*

# Safety **First!** Tailgate Meeting

**Topic Covered** \_\_\_\_\_ **Date** \_\_\_\_\_

Items discussed:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Examples discussed:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Questions proposed by employees (check box if follow up is needed).

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Notes: \_\_\_\_\_

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

Attendee Signatures:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____





COURSE / DATE	Employee Names							
	date	date	date	date	date	date	date	date
PPE								
Hearing								
HAZARD Communications								
Fire Ext. & Plan								
Lockout/Tagout								
Oil Spills / SPCC Plan								
Truck Driver								
Video Display Training								
First Aid								
CPR (every 2 years)								
Logging Standard								
Ergonomics Training								
Bloodborne Pathogens								
Equipment Repair								
Develop A Safety Culture								
Drug & Alcohol Awareness								
Equipment Manual Review								
Employee Alarm Plan								
Frostbite / Hypothermia								
Heatstroke / Heat Exhaustion								
Seatbelts								
Safe Operation on a Slope								



Partners for Workplace Safety™

## Self-Inspection

Equipment Operators

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

	Full Compliance	Not Used/ Needs Improvement	No Compliance
<b>Personal Protective Equipment</b>			
1. Hard Hat	_____	_____	_____
2. Eye Protection	_____	_____	_____
3. Hearing Protection	_____	_____	_____
4. Leg Protection- if saw is available	_____	_____	_____
5. Safety Boots	_____	_____	_____
6. Gloves	_____	_____	_____
<b>Equipment Review</b>			
7. Braking System	_____	_____	_____
8. First Aid Kit	_____	_____	_____
9. Cab Clutter - all items secured	_____	_____	_____
10. Escape Exits	_____	_____	_____
11. Seat Belt	_____	_____	_____
12. Saw and Gas Transport	_____	_____	_____
13. Operator Protection	_____	_____	_____
14. Access - steps, handholds, walkways	_____	_____	_____
15. Machine Guarding	_____	_____	_____
16. Fire Suppression	_____	_____	_____
17. Communication System	_____	_____	_____
18. Fluid Leaks	_____	_____	_____
<b>Chainsaw Review</b>			
19. Game of Logging Training	_____	_____	_____
20. Chain brake	_____	_____	_____
21. Throttle Lock	_____	_____	_____
22. Chain Catcher	_____	_____	_____
23. Idle Speed	_____	_____	_____
24. Filing Technique	_____	_____	_____
<b>Operating Conditions</b>			
25. Job Site Layout	_____	_____	_____
26. Unmanaged Hazard Trees	_____	_____	_____
27. Separation of Operation	_____	_____	_____
28. Chainsaw Starting Technique	_____	_____	_____
29. Haz/Mat Handling	_____	_____	_____
30. Seatbelt Use	_____	_____	_____
31. Proper Shutdown	_____	_____	_____
32. Lockout/Tagout	_____	_____	_____

Comments: \_\_\_\_\_

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



Partners for Workplace Safety™ Name: \_\_\_\_\_

# Self-Inspection

Conventional Loggers

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

	Full Compliance	Not Used/ Needs Improvement	No Compliance
<b>Personal Protective Equipment</b>			
1. Hard Hat	_____	_____	_____
2. Eye Protection	_____	_____	_____
3. Hearing Protection	_____	_____	_____
4. Leg Protection	_____	_____	_____
5. Safety Boots	_____	_____	_____
6. Gloves	_____	_____	_____
<b>Skidder Review</b>			
7. Parking Brake	_____	_____	_____
8. First Aid Kit	_____	_____	_____
9. Blade Down	_____	_____	_____
10. Cable and Choker Condition	_____	_____	_____
11. Seat Belt	_____	_____	_____
12. Saw and Gas Transport	_____	_____	_____
13. Fire Extinguisher	_____	_____	_____
14. Operator Protection	_____	_____	_____
<b>Chainsaw Review</b>			
15. Chain Brake	_____	_____	_____
16. Throttle Lock	_____	_____	_____
17. Chain catcher	_____	_____	_____
18. Idle Speed	_____	_____	_____
19. Filing Technique	_____	_____	_____
<b>Felling Techniques</b>			
20. Information Before Felling	_____	_____	_____
21. Open Faced Notch	_____	_____	_____
22. No Bypass	_____	_____	_____
23. Back Cut Level	_____	_____	_____
24. Long Even Hinge	_____	_____	_____
25. Fiber Pull	_____	_____	_____
26. Bore Cut at Least 20% of Trees	_____	_____	_____
27. Use of Escape Route	_____	_____	_____
28. Body Position & Use of Sight Line	_____	_____	_____
<b>General Work Conditions</b>			
29. Job/Trail Layout	_____	_____	_____
30. Lodged Trees	_____	_____	_____
31. Setback Trees	_____	_____	_____
32. Unmanaged Hazard Trees	_____	_____	_____
33. Skidder Away From Felling Area	_____	_____	_____
34. Separation of Operation	_____	_____	_____
35. Chainsaw Starting Technique	_____	_____	_____

Comments: \_\_\_\_\_

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