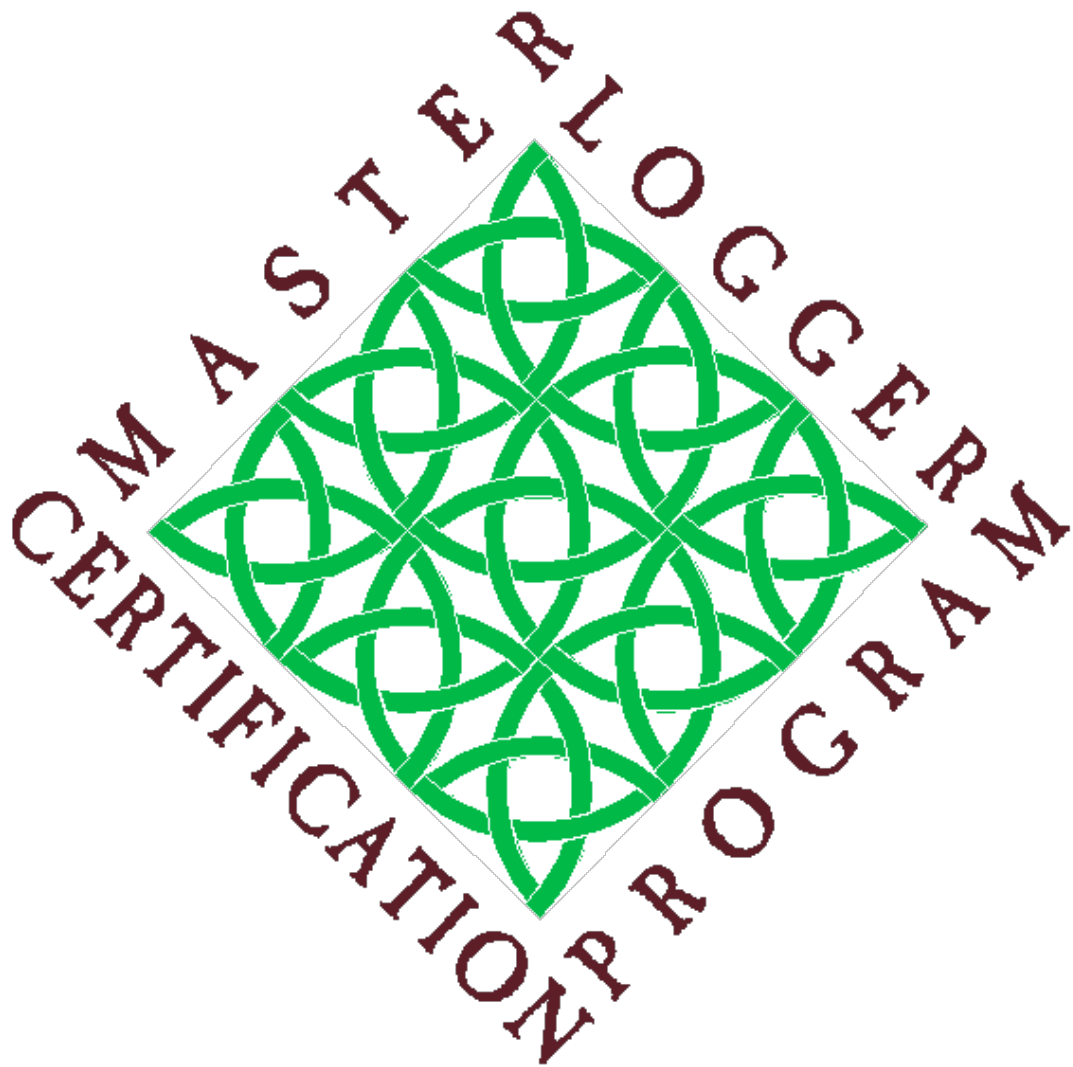


# Written Safety Plan for Sole Proprietors



# SAFETY POLICY

Safety Policy for \_\_\_\_\_

(company name)

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

## **Our policy includes the following:**

1. The owner of the company, or other employee in a position of authority, is designated as Safety Coordinator, and will ensure safety in all aspects of operation in any harvest situation. \_\_\_\_\_ is designated as the Safety Coordinator.
2. The company owner and any person s/he may be working with are responsible for implementing this policy by working in a safe manner.
3. Use of alcohol and/or illegal narcotic drugs on the job or the debilitating effects of their prior use is not permitted and is grounds for immediate termination of contracts.
4. The company owner commits to annual self-education on workplace safety topics, through independent research, subscription to safety periodicals or newsletters, and/or attendance at safety workshops.
5. All accidents will be documented, reported, investigated, and actions will be taken to prevent reoccurrence.
6. All new employees, contractors, or partners working with the company owner will be trained in safe working practices for the particular jobs and closely supervised until they are fully capable of safe performance.
7. All people working on operations with the company owner are required to use personal protective equipment. Equipment will be monitored and kept in good condition.
8. All workers must wear adequate footwear. Tennis shoes, platform shoes, sandals, etc. are not acceptable.
9. All people working on an operation with the company owner are expected to cooperate in keeping work areas clean and free of hazards. Any observed hazards

should be noted and reported to a supervisor when the company owner is not working alone.

10. The company owner and any other person working with him/her is required to keep a safe distance from other employees while moving equipment and other hazards.
11. Equipment will be operated as instructed in a safe and reasonable manner.
12. 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 reinstalled as soon as maintenance activities are completed.
13. Machine and equipment operators will ensure that all guards and shields are in place and in proper working condition prior to beginning and during operations.
14. Equipment will be LOCKED AND TAGGED OUT prior to performing any maintenance, making any adjustments, or removing debris. Coast down time will be allowed for all parts to be completely stopped before starting work.
15. When 'jump starting' equipment, the operator will ensure that its running gear is in neutral, brakes are locked, head blades and/or buckets are lowered, and no safety device designed to prevent machine movement is being bypassed.
16. When mobile equipment (e.g. skidders, dozers, feller bunchers, etc.) are not in operation or parked, blades, buckets, cutting heads, etc. must be lowered to ground level.
17. Operators must wear seat belts when mobile equipment is being operated. Seat belts must be worn by all workers when driving or riding in all motor vehicles.
18. Workers must keep a minimum distance of at least two tree lengths between themselves and mobile equipment and/or felling operations.
19. Trees will never be left lodged. The area in which the lodged tree is located is to be flagged and the skidder operator will pull the tree to the ground as soon as possible.
20. People working on the ground will always check for overhead hazards.
21. When cutting down a tree, a clear path of retreat will be secured before cutting begins to ensure that a line of escape is available.
22. The direction of a tree to be felled will always be planned in advance. Proper undercut will be made on all trees where necessary. A standing tree will never be

cut straight through. Sufficient wood will be left between the undercut and the felling cut that the tree can hinge to prevent kickback.

- 23. Chain saw operators will grip the saw firmly with both hands, wrap the front hand hold bar with the thumb and never cut with the tip of the chain saw blade.
- 24. All chain saws will be equipped with a properly functioning chain brake.
- 25. Workers will not stand between logs that may roll while being bucked, nor will workers position themselves so as to be thrown or struck while logs or the loader is moving poles.
- 26. Workers will be trained in and use proper lifting techniques and body mechanics.
- 27. Properly operating communication tools will be on site, on all machines, at all times, and a regular check-in time with a person off-site will be scheduled.
- 28. Directions to work site will be in the possession of someone off-site. Emergency numbers will be posted on all equipment.
- 29. A complete First Aid kit will be on site at all times and will be serviced/updated once a year.
- 30. Spill kits will be on each piece of equipment and hazardous waste disposal systems will be on each work site.

31. \_\_\_\_\_  
\_\_\_\_\_

32. \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
(date)

Additional signatures:

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

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

# DRUG AND ALCOHOL POLICY

(for use with contracted workers, may be photocopied, signed forms should be kept on file)

Drug and alcohol policy for \_\_\_\_\_  
(company name)

In consideration for a contract with the \_\_\_\_\_, I hereby agree  
(company name)

to the following rules and regulations pertaining to illegal drugs, alcohol and legally prescribed medical drugs:

1. I agree to notify the Safety Coordinator of the need for me to take any prescription drug(s) that may impair the safer 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 vehicles or equipment while conducting work for/with \_\_\_\_\_.
4. I agree never to use illegal or controlled substances while under contract with \_\_\_\_\_.
5. I agree never to conduct work activities for/with \_\_\_\_\_ while under the influence of alcohol or illegal drugs.
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 contract will be terminated immediately.

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

Signed: \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed)

Witness: \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed)

# PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENTS

Personal Protective Gear Required by \_\_\_\_\_  
(company name)

Check (✓) what is required:

<i>EQUIPMENT</i>	<i>Loader</i>	<i>Skidder/Buncher</i>	<i>Sawhand</i>	<i>Other</i> _____
Hard hat	_____	_____	_____	_____
Eye Protection	_____	_____	_____	_____
Hearing Protection	_____	_____	_____	_____
Safety Shoes	_____	_____	_____	_____
Saw chaps	_____	_____	_____	_____
Gloves	_____	_____	_____	_____
Other	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*I understand company requirements for proper use of personal protective equipment.*

***Signature***

***Date***

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

# HAZARD COMMUNICATION (HAZCOM)

Hazard Communication Program for \_\_\_\_\_  
(company name)

This HAZCOM program was developed to make workers with the company aware of chemical hazards. Information is maintained about chemicals on the job through a master list of chemical names, Material Safety Data Sheets (MSDS) kept on file or electronically accessible, and proper labeling of containers.

The HAZCOM coordinator for this company is \_\_\_\_\_.

## ***Complete Chemical List***

A list of hazardous materials used on each job is kept at \_\_\_\_\_  
(location), and is updated as needed.

## ***Master Chemical List***

A list of common and frequently used hazardous materials is available at \_\_\_\_\_  
(location). This list is accompanied by instructions for finding the relevant MSDS for each chemical listed.

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

MSDS information relevant to hazardous materials used on the job is readily accessible.

## ***Container Labeling***

Hazardous material containers will be clearly labeled as to: contents, correct hazard warning or symbol, manufacturer and contact information. Labeling is not required for portable containers intended for immediate use.

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

\_\_\_\_\_  
(date)

# EMERGENCY RESPONSE PLAN FOR HAZARDOUS MATERIALS

Emergency Response Plan for \_\_\_\_\_  
(company name)

Most spills will involve oil, motor oil, or hydraulic oil. Only fuel oil is considered 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.

## ***Reporting the Spill***

Spills that threaten lives or have significant environmental threat must be reported immediately to the Maine Department of Environmental Protection's emergency hazardous waste response service at 1-800-452-4664. When talking with the DEP be sure to:

- ∞ Give good directions to the spill site
- ∞ Do not hang up until you are directed to do so
- ∞ Record the name of the person you spoke to and the time of the phone call.
- ∞ Write a brief report including calls made, DEP answers and responses, and actions taken by you and/or other workers involved.

## ***Handling the Spill***

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

- ∞ Do not attempt to contain it or clean it up
- ∞ Stay a safe distance away
- ∞ Allow no one to enter the area, using flagging if necessary
- ∞ Large volumes of gasoline and other volatile substances should be avoided
- ∞ Call and wait for the DEP response team

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

- ∞ Stop the release if you have been trained and there are no fire or other dangers involved.



# 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.*

# BLOOD-BORNE 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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## Master Logger Certification Program Safety Self-Inspection

CONVENTIONAL LOGGERS 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			
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 (continue on back): \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Logger: \_\_\_\_\_