Safety

How much is too much?

Mike West
West Roofing Systems, Inc.
Safety

Is having a written program enough?
HASP
Health And Safety Program
OSHA Standards

• 29 CFR 1926
  – The CFR stands for Code of Federal Regulations
  29 CFR 1926 is the regulations covering the construction industry (That includes roofers).
29 CFR 1910

• 1910 covers “General Industry”
• 1926 refers to sections in 1910 without stating their actual content.
  – An example is 1910.134 Respiratory Protection

All regulations referenced in 1926 are considered a part of 1926
1903/1904/1990

- 1903: inspections, citations, & proposed penalties
- 1904: injury & illness recordkeeping and recording
- 1990: carcinogen policy & model standards
- Health Act of 1970: “General Duty Clause”
Does it have to be written?

- 29CFR 1926.20(b)(1) It shall be the responsibility of the employer to **initiate and maintain** such programs as may be necessary to comply with this part.

- REMEMBER: **If it is not in writing, it does not exist.**
Kill another tree

• Lost Yet?
There is hope!

CCH, Incorporated
1-888-276-5422
&
Mancom Communications, Inc.
1-800-626-2666

Both have published 29CFR1926 with all referenced regulations included in one volume.
“General Duty Clause”
Health Act of 1970

Each Employer:
(1) shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees:
“General Duty Clause”
Health Act of 1970

• Each Employer:
  (2)shall comply with occupational safety and health standards promulgated under this act. *OSHA, Sec. 5. Duties
Employee Employer

• OSHA is concerned with the wellbeing of the Employee not the Employer
• It is the Employer’s responsibility to know, understand, and implement the OSHA Regulations.
1926.21(b)(2)

• “...instruct each employee in the recognition and avoidance of unsafe conditions and the regulations applicable to his work environment to control or eliminate any hazards or other exposure to illness or injury”
1926.20(B)(2)

• “...shall provide for frequent and regular inspections of the jobsites, materials, and equipment. These inspections are to be made by competent persons designated by the employer”.
Competent Persons

- OSHA’s definition: "one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them".
Characteristics of a competent person

• Alert
• Knowledgeable

• ATTITUDE
Common Sense?
BASIC ELEMENTS OF A
SAFETY PROGRAM

• Documentation
• Training
• Accountability
Documentation

• Document your training.
  – Employees should sign-off on training.

• Document jobsite inspections.
  – Written reports with photos.

• Document reprimands for violations.
  – Including written verbal warnings.

• Be consistent.
  – Must not show favoritism or “Just this one time”.
Training

• 1926.503(b) The employer shall provide certification of training. It shall include the name of the employee, the date of training, and the name of the person doing the training.
• OSHA 10 hour or 30 hour for supervisors.
• http://www.osha.gov/dcsp/ote/index.html
Tool Box Talks

• Toolboxtalks.com
• Weekly
• Sign off after each talk
• You can do your foremen
• Foremen can do their crews (accountability).
• Place additional talks in the job file (out of town).
2007 Safety Training Sign-off Sheet

I, ____________________________________________

(PRINT YOUR NAME HERE)

HAVE RECEIVED TRAINING IN THE FOLLOWING SUBJECTS:

1. Respiratory Protection
2. Fall Protection/ Rules of Conduct (CNA)
3. General Safety
4. Emergency Procedures
5. Accident Reports/ Drug Testing
6. Lockout Tagout
7. Safety Awareness
8. Housekeeping
9. Personal Protective Equipment
10. Fall Protection
11. Machine Guarding
12. Cord Safety
13. Setting up a Jobsite Safely
14. Fire Safety
15. Electric Safety
16. Fire Prevention
17. Heavy Equipment Safety
18. Crane Safety
19. Rigging and Lifting with Hydraulic Cranes
20. Insurance Vehicle Claims
21. Fleet Safety Rules
22. Driver Safety Policy
23. Commercial Vehicle Drivers
24. Ladder Safety
25. Hazard Communication
26. Preventing Slips Trips and Falls
27. Guarding Floor and Wall Openings
28. Material Handling
29. Forklift Safety

Signed: ______________________________

Date: ________________________________
Respirator Protection Training

Before signing be sure you understand each of the following:

1. Explanation of the ramification of misuse
2. Discussion of why engineering controls cannot be used instead of respiratory protection equipment
3. Why the particular respirator was selected
4. Limitation of the selected respirator
5. Putting on the respirator
6. Wearing the respirator
7. Maintenance of the respirator
8. Recognizing and handling of emergencies
9. Inspecting the respirator
10. Use of air-purifying respirator
11. Use of air-supplied respiratory equipment
12. Purpose of medical evaluation
13. Proper fit-testing techniques

I understand the use, care, and inspection of the respirator I will be using.

Date: ____________ Signature: _________________________

I have had the opportunity to wear and fit-test the respirator assigned to me.

Date: ____________ Signature: __________________________

Instructor:  James M. West
Test administered by: ________________________________
Type of respirator: Survivair ½ face
Method of testing: *Saccharine *Smoke
Results of test  *Pass   *Fail
(Circle correct result)
ACCOUNTABILITY
### FALL PROTECTION SAFETY CHECK

<table>
<thead>
<tr>
<th>Ladder Safety</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base is away from wall 1/4 height of roof.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Side rails extend minimum 3' above roof.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Ladder tied off to building.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>One person on a ladder at a time.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Three points on ladder.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Ground area clear of hazards.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
</tbody>
</table>

### Skylight/Hole Covers

<table>
<thead>
<tr>
<th>Skylight/Hole Covers</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constructed to support minimum of twice expected load.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Construction of 3/4&quot; plywood or other approved covers.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Covers color coded or marked &quot;hole&quot; or &quot;cover&quot;.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
</tbody>
</table>

### Warning Lines

<table>
<thead>
<tr>
<th>Warning Lines</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required on roofs more than 6' high.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Warning lines 34 to 39 inches above roof surface.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Flags on line every 6 feet.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Lines placed 6 feet from edge of roof.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Lines placed 10 feet from edge of roof when operating mechanical equipment.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Must be made of rope, wire or chain.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>Stanchions with lines connected must support at least 16 pounds of force horizontally applied.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>A protected edge is a wall greater than 39 inches.</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>Remarks</td>
</tr>
<tr>
<td>FALL PROTECTION SAFETY CHECK</td>
<td></td>
<td></td>
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<tr>
<td><strong>Guardrails</strong></td>
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</tr>
<tr>
<td>✔️ Required at chutes and hoists and must extend at least 4' on each side, with warning lines from rail along roof edge.</td>
<td></td>
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</tr>
<tr>
<td>✔️ Includes a top rail that is 42&quot; (+ or -) 3&quot; above walking/working level.</td>
<td></td>
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</tr>
<tr>
<td>✔️ Includes a midrail that is midway between the top edge of the guardrail system and the walking/working surface.</td>
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</tr>
<tr>
<td>✔️ Capable of withstanding 200 lbs. of force in any direction.</td>
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<tr>
<td>✔️ Toeboards used (minimum 3 1/2&quot; vertical height) if falling object protection is needed.</td>
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<tr>
<td><strong>Positioning systems</strong></td>
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<tr>
<td>✔️ Anchorages support at least 3,000 lbs. Or twice the potential impact load.</td>
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<tr>
<td>✔️ Does not let the employee get into a position where they can free fall more than 2'.</td>
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<tr>
<td>✔️ Allows employee to move to edge of roof and no further.</td>
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<tr>
<td><strong>Fall arrest systems</strong></td>
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<tr>
<td>✔️ Required for deck replacement and steep slopes.</td>
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<tr>
<td>✔️ Pre-use inspections of harnesses and lanyards.</td>
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<tr>
<td>✔️ Anchorages, lanyards, lifelines support at least 5,000 lbs.</td>
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<tr>
<td>✔️ Lanyards connected in back of harness, between shoulders.</td>
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<tr>
<td>✔️ Maximum free fall of 6'.</td>
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<tr>
<td><strong>Safety Monitor</strong></td>
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<tr>
<td>✔️ Required when working outside warning lines.</td>
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<tr>
<td>✔️ Monitor has no other job function that interferes with monitoring.</td>
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<tr>
<td>✔️ Supervise safety of employees working outside warning lines.</td>
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<tr>
<td>✔️ Monitor only without warning lines if roof is less than 50' wide, and no mechanical equipment is in use.</td>
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</tr>
</tbody>
</table>

**Foreman's Signature:**

**Inspector's Signature:**
EMPLOYEE REPRIMAND FOR SAFETY VIOLATION

Employee Name ____________________________
Employee Number __________________________

Date: ____________

WARNING TYPE: (check one)
☐ Verbal # ____________
☐ Written # ____________

Please list specific safety violation:
________________________________________
________________________________________
________________________________________

Previous conversations about this specific safety violation:
________________________________________
________________________________________
________________________________________

Specific change in the employee’s performance or behavior that is expected:
________________________________________
________________________________________
________________________________________

Company Statement
________________________________________
________________________________________
________________________________________

Signature ____________________________
Title ____________________________ Date ____________

Employee Statement
☐ I agree with Company Statement.
☐ I disagree with Company Statement.

________________________________________
________________________________________

Signature ____________________________ Date ____________

I have read this reprimand and understand it.
Employee Signature ____________________________ Date ____________
Supervisor Signature ____________________________ Date ____________

☐ This form was refused by employee.

Supervisor Signature ____________________________ Date ____________

*If the Employee Warning Notice, after completion, contains information on the medical condition or history of an employee, then it must be maintained in a separate medical file and treated as confidential in accordance with applicable law and regulations.
Clear & Concise

• Clarify your expectations.
  – Workers need to know what is expected.

• Clarify the consequences.
  – Workers need to know what the consequences will be if safe working practices are not followed.

• Be consistent.
  – Willing to follow through.
  – Impartial.
Controlled Access Zone
Monitor System With Warning Lines

MAY 9 2005
Equipment Grounded

[Image of equipment grounded in the grass]
Good Housekeeping
Airlines Protected
Strain Relief Violation
Work Area Demarcated
Skylights Guarded
Warning Line System
Warning Line System
Note Fire Extinguisher
3’ Above & Secured
REMEMBER

• DOCUMENT EVERYTHING!!!
• TRAIN YOUR EMPLOYEES!!!
• HOLD YOUR EMPLOYEES ACCOUNTABLE!!!

Thanks, and have a great day!

Mike West
Office: 440-355-9929 xt 104